

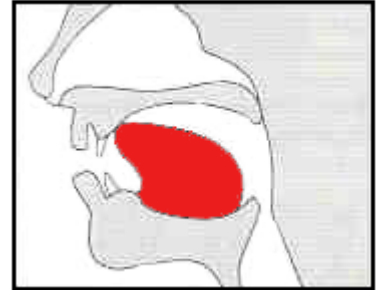
TMJ Exercises for Patients

Charles L. Blum, DC

TMJ condylar (jaw) tracking as well as (jaw joint popping or clicking) crepitus can often be improved using a combination of some specific active exercises to normalize joint translation and disc tracking.

1. Minor joint dysfunction - first stage of home treatment of joint clicking, popping, or crepitus:

The patient presses the tongue against the center of the roof of the mouth directly behind the front teeth (where the tongue would go to say "la"), then opens and closes the jaw. If this alone reduces joint "clicking" and/or normalizes joint motion, the patient should perform three sets of ten repetitions, 4-5 times a day, for 4-8 weeks, then move to #5. If it doesn't improve function, increase tongue pressure, if it still does not stop the "clicking" sound then proceed to the next group of exercises.

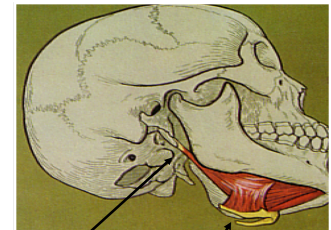


2. Lateralization of the TMJ:

The patient places the tongue behind the front teeth at the roof of the mouth on the side away usually from the "popping" or pain. The tongue needs to be placed as far left or right sufficiently to create the greatest ease in opening and closing while decreasing or eliminating any joint "clicking". The patient needs to repeat this exercise daily. As improvement is noted, they will gradually be able to centralize tongue position. The exercise repeated until the tongue can be placed centrally at which time the patient should proceed with exercise #1.

3. Protrusion and Retrusion:

The patient places the tongue on the roof of the mouth usually more towards the front of the hard palate (to aid in TMJ dysfunction caused by mandibular retrusion) or more towards the back of the hard palate (if caused by mandibular protrusion). The tongue is placed as far forward or backward as necessary to create the greatest ease in opening and closing while decreasing or eliminating any joint "clicking". The exercise is repeated until the tongue can be placed centrally and the patient should proceed with exercise #1.



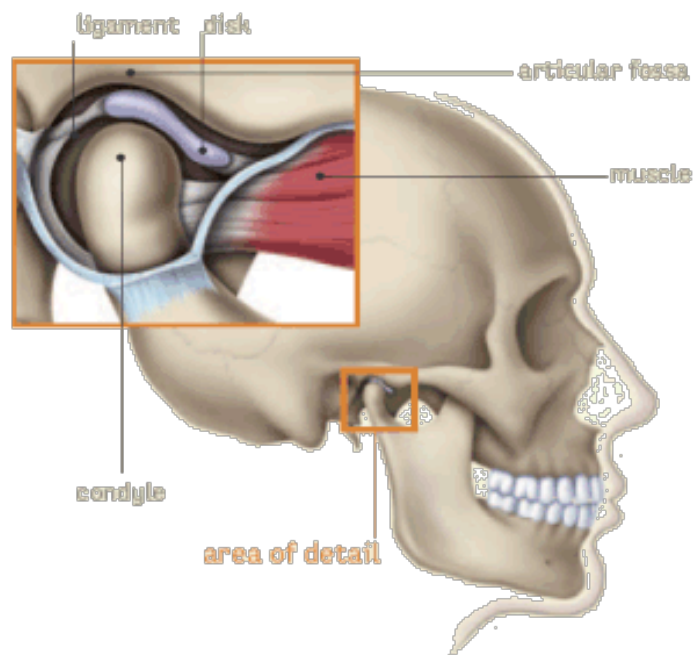
Stylohyoid and Genohyoid Muscles

4. Complex Joint Dysfunction:

With complex mandibular dysfunction, oblique positions and various pressures might be required to find just the right place for the tongue and amount of pressure to reduce joint popping or clicking. With acute cases sometimes the patient may need to limit the full jaw opening initially as the related tissues heal. The patient may also need to be referred for a dental consultation to rule out TMJ disc dislocation or other types of trauma or pathology. However most commonly these exercises will find a manner to guide proper disc translation and reduce and/or eliminate the joint sounds on opening or closing. The ultimate goal is to bring the tongue into a central position at roof of the mouth and reduce or eliminate any joint popping or clicking.

© Charles L. Blum, DC • 2011

1752 Ocean Park Boulevard, Santa Monica, California 90405 • www.drcharlesblum.com



5. Disc Centralization:

Once the patient can perform exercise #1 with without popping or clicking, the patient can then begin the process of reducing tongue pressure until the tongue is only gently touching roof of the mouth as they open and close with joint sounds of quiet serenity or no popping/clicking

The next step is for the patient look in a mirror as they open and close with the attempt to maintain the center of the top teeth with the center of the bottom teeth while fully opening or closing. If the jaw opens without popping or clicking and is opening evenly along a central midline, then no further exercises are indicated, although they can still be performed if so desired.

If the patient's jaw opens to the right or left or juts to one side and then to a midline they will need to perform exercises similarly to the ones performed before, however the goal at this time is to normalize joint translation or encourage central balanced opening. Usually maintaining the tongue in central position at the roof of the mouth as the patient attempts to maintain the jaw in the midline during opening and closing will be sufficient. However in some instances the patient will need to press their tongue to one or the other side to facilitate a central jaw excursion.

Once the proper position is found the patient should perform this exercise, three sets of ten repetitions, 4-5 times a day. Once they can learn how to open and close in a balanced manner they would only need to use the mirror occasionally to assure proper joint motion, and the exercise is performed 4-5 times a day, until they can begin to reduce tongue tension, there is no joint clicking, and their jaw opens evenly along a central midline.

While this exercise will help most patients there are times where some patients have different size jaws from side to side or the tissues have molded in such a fashion that attempting to force balance into the joint will make the condition worse. In these cases you should stop these exercises and contact Dr. Blum or speak with your dentist.