

# RISBRUDT REPORTS

We feel called to be a nurturing, supportive and health-centered practice based on integrity, trust, commitment, quality, service, and dedication to technical and behavioral excellence.

*This is an article I wrote for a local publication recently. Seemed appropriate for all of you to consider. Perhaps you know of someone who suffers with a TMJ/TMD problem. We would be complimented and flattered to see them to evaluate their concern.*

## So What If My Jaw Joint Pops and Clicks?

Dental researchers have found clicking and popping noises present in 40-60% of the general population. Considering that normal, healthy TMJs are completely silent at all times, the 40-60% figure is a rather staggering one to consider. So what does it mean? Temporomandibular Joint Disorder (TMD) is a term referring to a number of clinical problems involving the Temporomandibular Joints (TMJs) and associated muscles and structures of the jaw area. The good news is that TMD symptoms are variable in nature, with most being a mild annoyance. A small percentage of patients with TMD have symptoms which degenerate into crippling chronic pain and limited jaw mobility. A recent National Institute of Health study indicates that over nine million Americans suffer with TMJ pain of some level on a regular basis.

## Are You One of Them?

Symptoms of TMJ Disorders are:

- Shortening or flattening of edges of front teeth or craggy, irregular edges
- Eye teeth that have become flat and lost their natural points
- Repetition of dental procedures (particularly bonding) or more involved treatment becoming necessary
- Reports of cracked or broken fillings or teeth
- Sensitivities to hot and cold
- Numerous root canal fillings (“Wearing down” of the teeth, with consequent fracture of teeth and/or fillings, sometimes resulting in root canal therapy or even loss of a tooth due to “splitting” or root fracture.)

- Unexplained “loosening” of teeth or gums “shrinking” or receding from their original levels
- “Notching” along the gumline
- Pain about the face, head and neck regions
- A limited ability to open the mouth wide or move it side-to-side
- Frequent headaches, often around the temple area
- Earaches, buzzing, ringing noises, excess wax or stuffiness in the ears
- Deep pain in the joint itself
- “Sticking”, “catching” or “locking up” of the jaw

## What Causes TMD?

- Lots of dentistry done one tooth at a time. (Imagine a house patched up without a plan, without attention paid to the foundation with only immediate problems dealt with in the cheapest and speediest way possible. Kind of like a portrait painted by four or five different artists.)
- Grinding or clenching: Worn heels on shoes demonstrate the link between brain sensing, adaptive body movement and observable outward change. This adaptive capacity is also exhibited by irregular wear patterns on the tops of teeth, particularly the upper and lower front teeth.

Studies have also shown a link between emotional stress (both positive and negative stress) and the frequency of teeth grinding at night. This chronic, prolonged nightly activity ultimately damages TM Joints or impairs the body’s ability to heal a damaged joint.

Grinding and clenching can also destroy dentistry leading to more dentistry-- a vicious cycle!

- Bad bites which often show up as crooked teeth, “buck teeth”, “deep bites” “overbites”, etc.
- Trauma to head or neck—bicycle falls, car accidents, falling, and yes, even hitting your head on a shelf.
- Anything that keeps your mouth open very wide for an extended period of time, including

long dental procedures and general anesthesia.

- Arthritis may occur in the TMJs, particularly in patients with TM joint dislocations, or patients who suffer from arthritis in other joints of the body.

- Systemic diseases such as gout, lupus, scleroderma, rheumatoid and fibromyalgia may also contribute to TMJ-like symptoms or problems

## Diagnosis and Treatment

Find a dentist who has had advanced training and significant clinical experience in the knowledge and science of occlusion and TMJ disorders. Advanced training is typified by extensive postgraduate study in the fields of occlusion, bite splint therapy, functional jaw orthopedics, membership in “hands-on” types of study clubs dealing with splints or orthotics, a working knowledge of physical therapy, and teaching appointments with universities or postgraduate institutes for dentists. Don’t be afraid to ask about a dentist’s training.

Early treatment keeps treatment more simple! Studies show that if the pain and discomfort are allowed to exist for more than six months, significant complexity of treatment is incurred.

TMJ/TMD can often be successfully treated with dramatic positive results when properly diagnosed and evaluated. So, what should you expect?

## First step—Eliminate other possibilities

The first step in the management of TMJ disorders is to determine that the concern is not another type of medical or dental problem. Doctors call this a “differential diagnosis.” A TMJ screening includes the completion of a thorough TMJ history, radiographic imaging of the teeth and jaw joints, and a preliminary clinical examination of the jaw joints, muscle system, bite and teeth. Your TMJ-trained dentist may order, in some cases, specialized

radiographic images of the jaw joints themselves. Patients are encouraged to seek a concurrent proper medical examination from a medical doctor (ideally an ENT specialist) to rule out the presence of medical problems which may be occurring in combination with or disguising themselves as TMJ problems. Occasionally, a neurological consultation is in order with chronic head a neck pain.

## How are TMJ disorders treated?

The objective is to bring harmony to teeth and jaw joints so that muscles aren't overworked. Overworked jaw muscles produce soreness just as do overworked muscles after a hard workout in the gym, or working hard at a home improvement project.

Initial treatment for TMJ disorder can range from resting the joints, switching to a soft diet and prescribed medication to stabilization of the joints through the use of a specially designed and custom-made hard acrylic orthotic appliance, also known as a bite splint that fits on the tops of the teeth. This appliance when properly designed and personally adjusted and customized to a patient's unique situation redistributes the stresses on the TMJs, and muscle systems while specifically guarding and carefully guiding certain joint movements.

## Does treatment work?

It all depends! Talk with your dentist about what to expect short term and long term. Since the TMJs are one of the most complex joints in the body, closest to your brain, it can be like peeling the layers of an onion to restore natural harmony to all working parts. Depending upon the severity of the problem, treatment requires patience and a change of some habits. The vast majority of cases can be successfully managed through the use of the orthotic appliances and/or a combination of orthotic appliance and physical therapy (to include cold laser therapy) to reduce symptoms and accelerate healing.

Long term, some patients will require restorative dentistry of some kind to maintain jaw joint health. This can range

all the way from long term night use of the bite splint to adult orthodontics or reconstruction of the bite with permanent dentistry. A collaborative relationship with a TMJ-trained dentist can result in a variety of acceptable treatment plans. Can I just buy a mouth guard at the store and treat this problem myself?

This is generally not advisable. Self care with these soft, non-adjustable devices can put additional strain on the already damaged jaw joints. They may also cause an individual to grind their teeth even more at night and thus worsen the symptoms.

## Do dentists need special training to treat TMD?

Yes—definitely!! Be involved and find a dentist who invites your involvement. Most dental schools simply do not commit huge blocks of time to teach occlusion/TMJ due to the heavy demands for all the technical treatment of treating tooth decay and gum disease. So, locating a dentist who knows occlusion/TMJ is a real find, because he/she has an obvious passion for the subject in order to spend the time in postgraduate training to master the clinical skills necessary to treat these complex conditions. In addition, a relationally-oriented dentist, one who appreciates a collaborative relationship with his/her patients can often help a patient make progress faster. As with many health concerns, the better informed you are the more you can help yourself. Don't be afraid to ask questions and lots of them until you can make sense of your condition and the treatment that is suggested.

Hope your fall season is a healthy one!!



Thomas H. Risbrudt, DDS, FAGD

## Use it or lose it!!

Flex plan or insurance benefits. Three months to go!

By the time you read this, there will be less than three months left in the year to utilize your insurance and flex plan benefits. Just a heads-up to call us to reserve time for any treatment that qualifies, so that those precious benefits won't be wasted! Remember, they won't carry over into the new year.

Just so you know, Invisalign cases whose records have been taken this calendar year still qualify, as long as they have been shipped for diagnosis and manufacture.

Make that appointment now, before the holidays interfere!!

## The Cutting Edge

**July 20 Staff meeting—entire team.**  
**July 27, 28 Faculty meeting at the Pankey Institute** to preview new curriculum and fine tune assignments for future teaching dates in Key Biscayne—  
**September 12 Advanced Invisalign Seminar, Irvine—Dr. R.**  
**September 14, 15 Pankey Study Club—Dr. R. and a faculty colleague** mentor a study club of younger practitioners—Westlake Village.  
**September 21—Newport Harbor Academy of Dentistry Speaker: Urs Belser, DMD University of Geneva, Switzerland.** Dr. Belser, who is arguably one of the leading dentists in the entire world, especially in the area of esthetics and porcelain, showed us all the latest information for rehabilitating the compromised anterior dentition.—Dr. R.  
**September 28 Staff meeting—entire team.**  
**October 7-9 Mastering Occlusal Concepts—a specially organized seminar for teaching faculty only at the Pankey Institute in Key Biscayne.** We constructed bite splints on each other to learn more and perfect our application of this useful tool for head and neck pain—Dr.R.

*A total of 99 clock-hours, and 129 man-hours spent on "caring about knowing, knowing about caring." Because—you deserve it!!*