Enfield Health & Wellness Center
Therapy Options Bulletin for Medical Professionals

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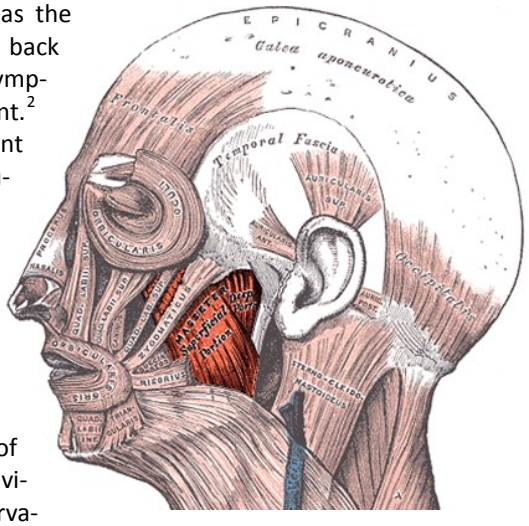
Does Research Support Physical Therapy Treatments for

Temporomandibular Joint Disorders

Temporomandibular joint disorders (TMD) are now ranked as the second most common musculoskeletal pain, behind only low back pain.[1] Up to 75% of US adults will experience at least one symptom of TMD, but only about 5% are said to require treatment.[2] TMD tends to be characterized as a self-correcting complaint requiring mostly patient education and reassurance. The actual chronicity numbers and known consequences, however, suggest that it may be appropriate to offer many if not most patients active treatment options. While 42% of untreated TMD cases become asymptomatic over time, 58% have persisting symptoms after 2.5 years, and 33% have no improvement.[3]



After self-care education, a physical therapy referral is one of the main treatment options. It is sometimes stated that the evidence for physical therapy in TMD is conflicting, but this observation is clouded by the fact that the current body of research labels very different approaches as physical therapy. Various studies on conservative treatments have used the term "physical therapy" to mean biofeedback, TENS, ultrasound, novel exercise devices, laser therapy, splints, and acupuncture.[4,5] These varying approaches have had varying success on different TMD etiologies. While isolating individual treatments to help determine what is effective is a positive research approach, labeling these singular approaches "physical therapy" seems to have led to some confusing generalizations in the literature.

In our own reading[6-8] and the reviews of Alves et al.[3] and McNeely et al.,[5] the preponderance of controlled trials show positive results when the treatment includes posture assessment, exercise therapy, and manual therapy. Two of these studies show a trend toward positive results, but most show statistically significant positive results in pain scores, function measurements, and quality of life. This generalization holds true in cases of both muscular TMD and articular TMD. One exception to this rule is the work of Craane et al. with TMJ closed lock, published in the *Journal of Dental Research* last year.[9]

For decades, organizations such as the National Institutes of Health[10] and the American Academy of Craniomandibular Disorders[11] have recommended physical therapy among the appropriate, first line approaches for TMD, and those recommendations hold true today.[1,2,12] In most cases, the most important and effective physical therapy treatments will be posture correction, manual therapy, and exercise therapy.

One-to-One Care by a Licensed Professional

At Enfield Health & Wellness Center, all scheduled time with your patient is one-to-one time with a licensed therapy professional. We do not use aides or trainers with your patients. We do not attempt to assess your patient while simultaneously monitoring other patients. We feel this difference results in physical therapy programs that progress more efficiently and in better-satisfied patients.

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