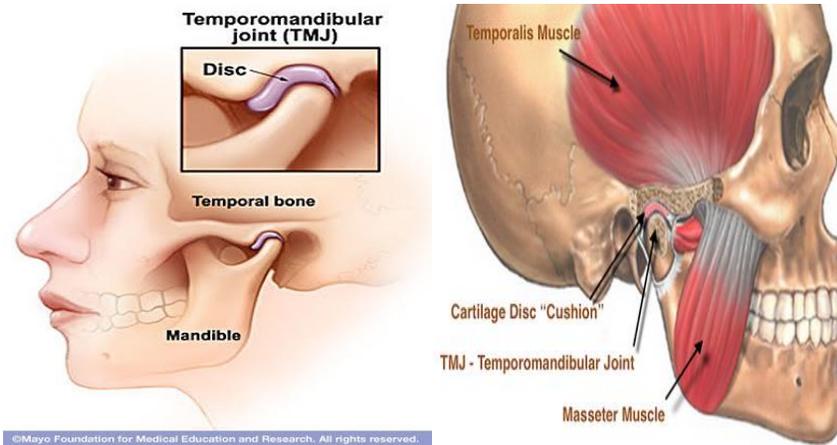


## Why do you have Jaw pain? By Dr. David G Lee

### - Temporomandibular joint disorder (TMJD)

Temporomandibular joint connects your jaw bone to your skull with a cartilage disc and this disc absorbs shock like cushion. If this joint is malfunctioning, it can cause pain in your jaw and in the muscles that control jaw movement.



You might have headache, dizziness, pain or tenderness in your jaw unilaterally or bilaterally (clicking, catching, popping). Moreover, aching pain in and around your ear (hearing loss, ear infection, tinnitus) or your face (muscle pain, sinus problem). Or perhaps you have neurologically related symptoms such as speech difficulties, reflex sympathetic dystrophy syndrome(RSDS), Trigeminal neuralgia or Bell's palsy.

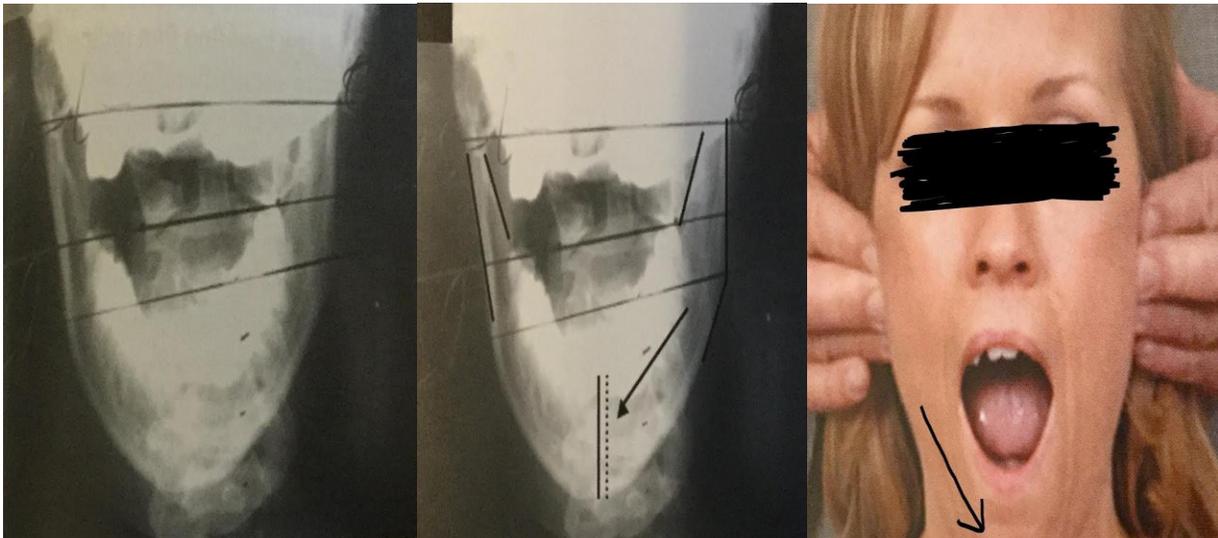
TMJD is often difficult to determine due to a combination of factors, such as genetics, damage of TMJ disc by arthritis (rheumatoid arthritis or osteoarthritis), jaw bone misalignment, spinal dysfunction (upper neck spine or scoliosis) or jaw injury. People who suffer from bruxism, meaning they clench or grind their teeth in long-term can also cause jaw problem.

Out of the many research articles, one published in Aug, 2014 said that the range of motion and deviation of TMJ has been improved by correction of scoliosis of patients.

On the other hand, another article published in May, 2015 said high levels of neck disability is correlated with high levels of jaw disability and this finding emphasizes the importance of considering the neck and its structures when evaluating and treating patients with TMJD. Adding to it written in April, 2015, subjects with TMJD had signs of upper cervical spine movement impairment, greater in those with headache. This study provides evidence accounting for the importance of examination of upper cervical mobility.



According to researches, upper neck spine misalignment is closely correlated with jaw problem because a LOT of neural signals are transmitted there. Amount of TMJD patients I've seen have experienced an immediate relief just after upper neck spinal correction without touching their jaw. Specific and precise examination plus X-ray analysis should be performed. Then the doctor need to analyze which direction the jaw is deviated when you open and close your mouth. Self-massages would be helpful to relieve the muscles. In most cases, TMJD can be relieved with self-managed care or nonsurgical treatment. Surgery is typically a last option after conservative care have failed.



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