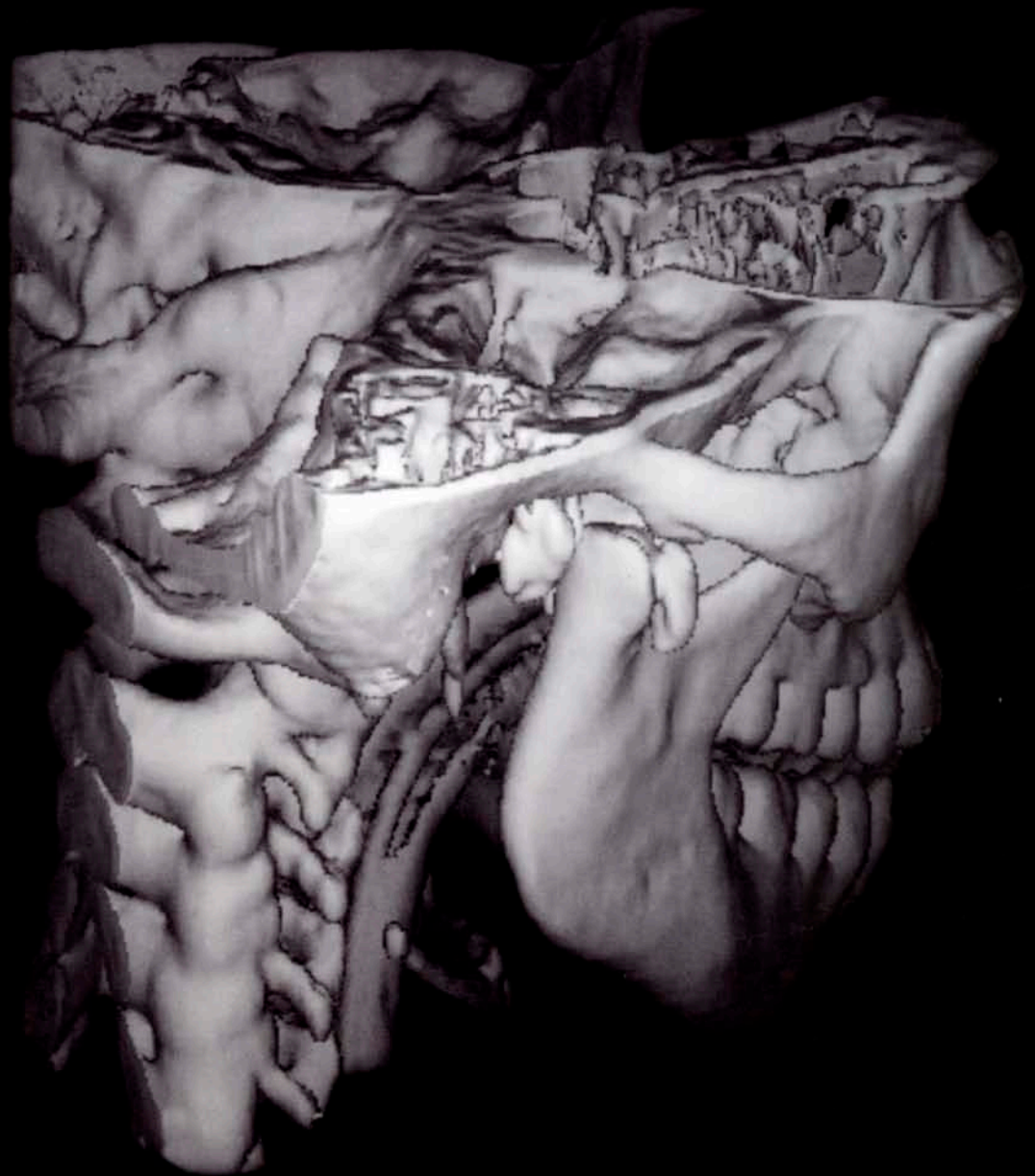


Temporomandibular Joint Dysfunction

A Practitioner's Guide

Annika Isberg

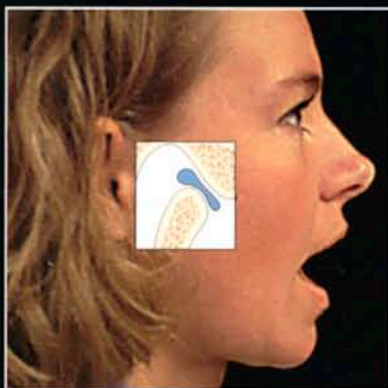


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Temporomandibular joint dysfunction is a very common problem, estimated to affect 20-40% of the population. The causes are mostly orthopaedic in nature, as with other joints in the body, but may involve rheumatoid disease, nerve entrapment, infection or tumour. Symptoms include headache or joint pain, clicking, crepitation, reduction or loss of movement in the jaw and, in adolescents, craniofacial growth deficiency. Often, the dentist is able to carry out effective treatment without further referral to other specialists, but sometimes this will require collaboration with practitioners in other disciplines, particularly orthodontists, radiologists and surgeons.

In every case, however, effective management begins with a correct diagnosis, and in this superbly illustrated new work, the author guides the reader through the wide range of presenting signs and symptoms of joint dysfunction and their causes in both adults and children. Over 650 colour photographs and diagrams demonstrate investigative procedures and clinical findings, as well as the principles of the latest treatments.

This is an essential reference for general dentists and orthodontists, oral and maxillofacial surgeons, and radiologists. As a practical cross-disciplinary review of a very common problem, this book will also be of interest to many neurologists and otolaryngologists.

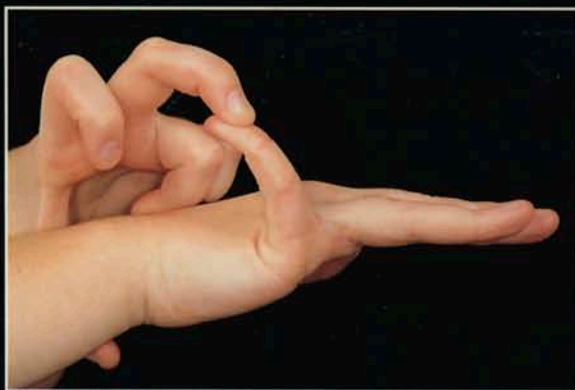
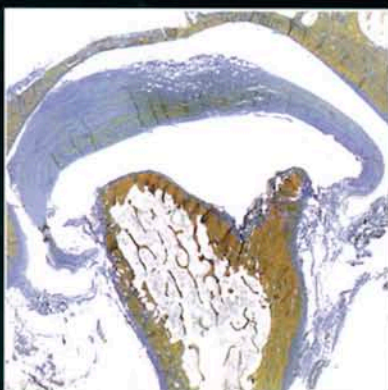
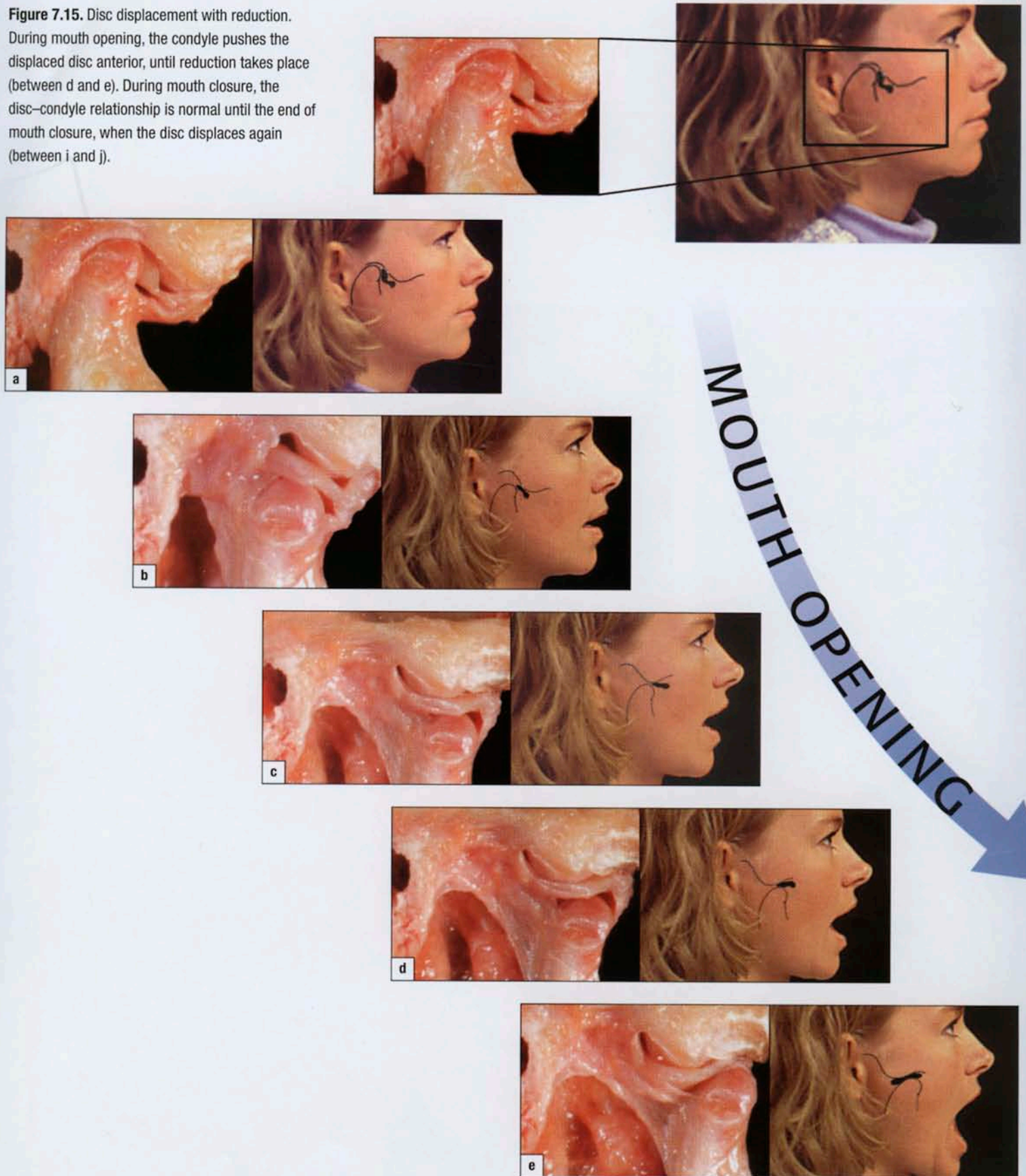


Figure 7.15. Disc displacement with reduction. During mouth opening, the condyle pushes the displaced disc anterior, until reduction takes place (between d and e). During mouth closure, the disc–condyle relationship is normal until the end of mouth closure, when the disc displaces again (between i and j).



TMJ disc displacement with reduction

Disc displacement with reduction is the first stage of disc displacement; it implies that the displaced disc returns to a normal superior position relative to the condyle on mouth opening (Fig. 7.15). The condition is often associated with clicking, which occurs when

the condyle slides over the posterior edge of the disc at either displacement or the normalization of interposition.^{30,31} However, as described in Chapter 3, clicking is not specific to disc displacement, which can occur without clicking. The absence of joint sounds is therefore not an indication of a normal joint.^{15,79}

MOUTH CLOSING