

## TMD Self Management Therapies

Your dentist determined you have a temporomandibular disorder which is often referred to as TMD. The “T” in TMD stands for the temple, “M” for the mandible or jaw, and “D” for a disorder within this complex. This disorder is usually due to an overuse of this system.

We use this system for many activities (talking, eating, yawning, laughing) and when we are not engaged in these, we need to allow our jaw muscles and joints to relax for a sufficient amount of time. The following will help instruct you on how to reduce the TMD pain you are having:

1. Apply heat, ice or a combination of heat and ice to the painful areas. Most patients prefer heat but if that increases your pain, use the combination or just the ice.
  - a. Use heat for 20 minutes two to four times each day. Some patients prefer to use moist heat while others find dry heat just as effective and less of a hassle. Moist heat can be obtained by wetting a thin washcloth with very warm water. The washcloth can be kept warm by wrapping it around a hot water bottle or placing it against a heating pad separated by a piece of plastic wrap.
  - b. Use the combination of heat and ice two to four times each day. Apply heat to the painful area for approximately 5 minutes (shorter if it aggravates your pain). Then apply an ice cube wrapped in a thin washcloth.
  - c. Apply ice wrapped in a thin washcloth until you first feel some numbness then remove it (this usually takes about 10 minutes).
2. Eat soft foods like casseroles, canned fruits, soups, eggs, and yogurt. Do not chew gum or eat hard (raw carrots) or chewy (caramel, steak, bagel) foods. Cut other foods into small pieces, evenly divide the food on both sides of your mouth, and chew on both sides.
3. Avoid caffeine because it stimulates your muscles to contract and hold tension. Caffeine or caffeine-like drugs are found in coffee, tea, most sodas, and chocolate. Decaffeinated coffee also has some caffeine, while Sanka has none.
4. Your teeth should never touch except lightly when you swallow. Closely monitor yourself for a clenching or grinding habit. People often clench their teeth when they are irritated, drive a car, use a computer, or concentrate. Learn to keep your jaw muscles relaxed, teeth separated, and tongue lightly resting on the roof of your mouth just behind your upper front teeth.
5. Observe for and avoid additional habits that put unnecessary strain on your jaw muscles and joints. Some habits include but are not limited to: resting your teeth together, resting your jaw on your hand, biting your cheeks, lips, fingernails, cuticles, or any other objects you may put in your mouth, pushing your tongue against your teeth, and holding your jaw in an uncomfortable or tense position.
6. Posture appears to play a role in TMD symptoms. Try to maintain good head, neck, and shoulder posture. You may find that a small pillow or rolled towel supporting your lower back may be helpful. Make sure you maintain good posture when using a computer and avoid poor postural habits such as cradling the telephone against your shoulder.
7. Your sleep posture is also important. Avoid positions that strain your neck or jaw, such as stomach sleeping. If you sleep on your side, keep your neck and jaw aligned.
8. Set aside time once or twice a day to relax and drain the tension from your jaw and neck. Patients often benefit from simple relaxation techniques such as sitting in a quiet room listening to soothing music, taking a warm shower or bath, and slow deep breathing.
9. Restrain from opening your mouth wide, such as yawning, yelling, or prolonged dental procedures.
10. Use anti-inflammatory and pain reducing medications, such as Aleve, Ibuprofen, Motrin, Tylenol, Aspirin and Percogesic to reduce muscle pain. Avoid those with caffeine, i.e., Anacin, Excedrin or Vanquish.

There is no “cure” for TMD and you may need to follow these instructions for the rest of your life. Your dentist may suggest other therapies in addition to these instructions. No single therapy has been shown to be totally effective for improvement (i.e. 10-20% of patients receiving occlusal splints report no improvement). Based on your symptoms and identified contributing factors, an individualized treatment approach will be recommended and it may be revised as your symptom response is observed.