

Temporomandibular Joint Disease



Evidence-Based Treatment

Over the past 30 years, the concept of surgical management of temporomandibular joint disease (TMJ) has come full circle. Our surgeons believe in conservative management of the joint; reserving surgical intervention as a last resort. Many studies have shown equal efficacy between non-surgical treatment, minimally invasive treatment, and open joint surgery. Given that 85% of TMJ disorders are effectively treated non-surgically, it is preferred and recommended that your patient have a comprehensive evaluation by a non-surgical TMJ/Orofacial Pain specialist prior to seeking surgical consultation. This allows your patient the most efficient and appropriate workup. We work with a variety of these providers throughout the region should you need a referral recommendation.

When non-surgical treatments are not an option, we typically recommend minimally invasive treatment first. The most common treatment we employ is TMJ arthroscopy. This often improves the functionality of the joint, allowing a more acceptable range of motion, especially in cases of disc displacement without reduction (closed lock). Arthroscopy provides a physical view of the joint space, allowing identification of inflammation, adhesions, disk deformity, and more predictable intervention. 80% of the patients that fail non-surgical management improve with this treatment in conjunction with physical therapy.

(continued)

For patients that have failed non-surgical and minimally invasive options, open joint surgery can be entertained. TMJ arthroplasty can achieve debridement of scar tissue, discectomy, release of ankylosis, and end-stage joint replacement. It is important to remember these treatments are only reserved for severely debilitated patients. Some patients may require further referral depending on their medical and surgical histories.

The goal of surgical intervention is to improve function. This is achieved with the combination of surgery and physical therapy. Many patients, but not all, have improvement of pain with these treatments. Occasionally, separate providers are required to manage associated pain, especially in at-risk patients. We can provide referral sources for pain management if needed. We take pride in educating patients about the dangers surrounding long-term opioid use in the management of temporomandibular joint disease and encourage you to do the same.