

Peaking Interests

Apex Physical Therapy's
patient newsletter

Summer 2008 Volume three Issue two

A Real Pain in the Jaw

The anatomy and treatment of TMD

By Becky Hahn, DPT

Speaking, breathing, eating – these are just a few normal, day-to-day activities most of us take for granted. But for some, these basic functions can be extremely difficult and painful.

These individuals suffer from temporomandibular dysfunction (TMD) and, according to The National Institute of Health, up to 10 million people in the United States alone can experience symptoms of this disorder at any given time.

TMD can result in a variety of symptoms, including pain or tenderness in the neck or jaw, aching pain in the face and ears, headaches and clicking or locking of the jaw. It can affect anyone, but individuals diagnosed with TMD are most often women between the ages of 20 and 40.

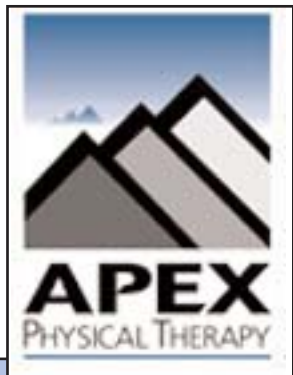
The temporomandibular joint (TMJ) is among the most complex joints in the body, owing chiefly to its combination of hinging and sliding motions. Pain in this joint can occur for a variety of reasons, from trauma to joint dysfunction.

Because triggers and symptoms of TMD are greatly affected by the anatomy of the joint itself, it is important to first understand the muscles and bones that make up the temporomandibular complex in order to effectively understand the disorder.

The TMJ is composed of the mandible, temporal bone, articular disc and muscles of mastication. The mandible sits at the base of the joint. It is a U-shaped bone, along which the lower row of teeth runs. The temporal bone comprises the upper portion of the joint. One temporal bone is situated at the base of either side of the skull and supports the part of the face known as the temple.

Between the mandible and temporal bone sits the articular disc. This component of the TMJ serves two very important purposes, allowing the jaw to open and close smoothly, as well as to absorb shocks to the area. Since the disc serves such a vital role in the mechanics of the joint, any irritation in this area can result in altered joint movement, which in turn can result in functional pain.

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Now serving Five locations

Royersford
341 10th Avenue
Suite 101
Royersford, PA 19468
610-792-8100

Blue Bell
676 DeKalb Pike
Suites 105-106
Blue Bell, PA 19422
610-270-0300

Chalfont
1500 Horizon Drive
Suite 102E
Chalfont, PA 18914
215-712-0300

Pottstown-Coventry
10 Glocker Way
Pottstown, PA 19465
610-323-4300

Lafayette Hill
466 Germantown Pike
Suite 200
Lafayette Hill, PA 19444
610-832-7510

Hours of operation

Mon-Thurs: 8 a.m. - 8 p.m.
Fri: 8 a.m. - 5 p.m.
Sat: 8 a.m. - 12 p.m.

Check out our Web site

www.apex-pt.com

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TMD: analyzing the anatomy, fixing the dysfunction

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The bony anatomy of the joint, however, is not the only area where dysfunction can result in pain. The muscles of mastication – or chewing – are also integral in the function of the joint. These muscles serve to control movement of the jaw and, like other muscles in the body, can spasm and become sensitive or irritated.

The largest muscle of mastication is the temporalis. It sits along the temporal bone and serves to raise the mandible and close the jaw. Place your fingers on your temples, clench your jaw and you'll feel the temporalis muscle in motion. Overuse of the temporalis can result in headaches along the outside of the head.

The masseter, another muscle of mastication, sits along the mandible and serves to produce a powerful bite. If you place your fingers on the outsides of your jaw and clench your teeth, you can feel the masseter in motion. This muscle is active during chewing and grinding of the teeth and can spasm due to overuse.

The various muscles of mastication can become tight and irritated for a variety of reasons. While trauma – such as getting hit in the jaw or suffering whiplash in a car accident – can cause jaw pain, the cause of TMD is more often the result of poor posture or stress.

In individuals with poor posture, the opposing forces of the head moving forward and the jaw moving backward can cause compression of the articular disc and irritation in the joint. Those suffering from stress tend to grind their teeth or clench their jaw, both during the day and at night. This action causes the muscles

of mastication to be constantly flexed, which can result in fatigue and spasm of the muscles.

Thankfully, TMD can most often be treated in a variety of non-invasive ways. Once it is diagnosed by the patient's dentist or family doctor, the patient may be referred to physical therapy. The therapist will evaluate posture; pain; soft tissue flexibility in the upper back, chest and shoulders; and range of motion of the neck and jaw. He or she will then design an exercise program to address the patient's individual deficits.

The primary objective during the first few visits will be to diminish pain and muscle spasms with manual (i.e. hands-on) therapy and modalities, such as moist heat or ultrasound.

Once pain begins to diminish, the therapist will integrate exercises for stabilization and strengthening of the jaw. Exercises focused on improving posture and flexibility of the upper back, chest and shoulders will also be emphasized.

Finally, the patient will be trained in self-massage of the muscles of mastication, as well as identification of their own unnecessary oral habits – like nail biting or gum chewing – and how to modify these behaviors.

If you are suffering from jaw pain or headaches, contact your doctor or dentist, so he or she can determine if the cause of your pain is TMD. If your doctor or dentist recommends physical therapy, Apex's highly trained therapists can help. We can improve your posture and function, while simultaneously diminishing pain throughout the temporomandibular joint or joints, thereby returning you to a normal, pain-free lifestyle.

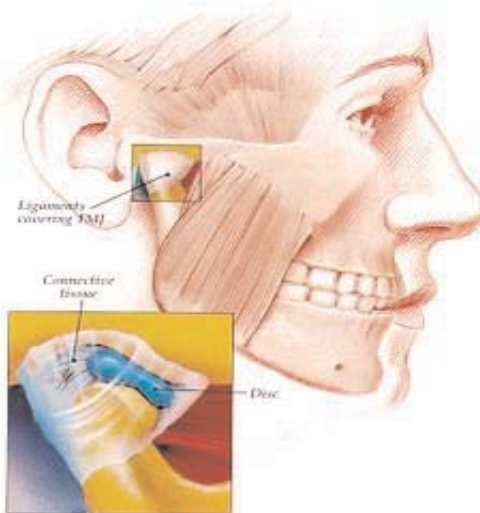


Photo courtesy of qualitydentist.com

Meet our Apex Staff Treat_(ment) for your Tummy



Lisa Washabaugh, PT
Blue Bell

Lisa joined Apex Physical Therapy's Blue Bell office in August of 2007. She graduated cum laude with a bachelor's degree in Physical Therapy from Russell Sage College in Troy, New York in 1981.

Lisa has been practicing for 26 years and brings to Apex a wealth of experience from many areas of physical therapy, including orthopedics, sports medicine and women's health.

Her unique experience treating women with cancer, pelvic pain, incontinence and pre- and post-natal problems makes her one of the few physical therapists in the area to provide these types of care.

Lisa has worked in a variety of both in- and outpatient settings, including nursing homes, nursery schools, hospitals and sports medicine centers. She has also provided home health care to orthopedic, pediatric, neurological and geriatric patients. In addition, Lisa has managed multiple physical therapy offices and served as a clinical instructor for physical therapy students during the span of her career.

Lisa plans to further her education by pursuing her doctorate in Physical Therapy. She also attends continuing education courses throughout the year in order to stay up-to-date on the latest advancements in the profession.

Outside the clinic, Lisa enjoys bicycling, camping, cooking and traveling with her husband and children.



Fried Ice Cream

There's no better way to cool off and indulge during the hot summer months than with this classic treat.

Ingredients

1 quart vanilla ice cream
1 cup crushed frosted cornflakes
1 cup sweetened coconut flakes
1 cup chopped walnuts
2 large eggs
2 tbsp sugar
Vegetable oil (for frying)
Hot chocolate sauce, optional
Whipped cream, optional

1. With an ice cream scoop, form 4 large balls of ice cream.
2. Place on a wax-paper-lined cookie sheet, cover with plastic wrap and freeze at least 2 hours.
3. In a bowl, combine cornflakes, coconut flakes and/or walnuts.
4. Dip ice cream balls in dry mixture, coating lightly, and freeze 30 minutes.
5. In a bowl, beat eggs and sugar.
6. Dip coated ice cream balls in egg mixture; then roll in dry mixture, coating completely, and freeze 1 hour.
7. Heat oil in large pot or deep fryer to 400°F.
8. One at a time, lower coated ice cream balls into the oil and fry about 30 seconds or until golden brown.
9. Remove from oil and place in dessert bowl.
10. Dress with chocolate sauce and whipped cream. Fruit, such as strawberries or cherries, can also be used as a garnish.

Welcome new staff members

Apex would like to welcome a few of our newest staff members:

- Megan Jamison, receptionist in Royersford
- Kelly Ann Jeffery, physical therapist in Royersford
- Sandra Skloff, receptionist in Lafayette Hill

"Effectiveness of Rehab on Subacromial Impingement Syndrome"

Marsha Berger Grant, DPT, OCS, of our Chalfont office is currently participating in a research study, investigating the effectiveness of rehabilitation on patients with shoulder impingement syndrome. Participants from ages 18 to 75 will be accepted and paid \$75.00 to take part. The study will consist of an initial evaluation and 10 treatment sessions over a six week period. Physical therapy will incorporate exercises – including a home program – and manual therapy (i.e. joint mobilization). If you are interested in taking part in the study, please contact Marsha at 215-712-0300.

Relay for Life

The 2008 Pottstown Relay for Life was held May 31 to June 1 at Pottsgrove High School. For the third year in a row, Apex took part in this important 24-hour event, which allows individuals, families, businesses, schools and service organizations to participate in the fight against cancer.

Apex Gives Back

Apex's third annual teambuilding event will take place on August 1, 2008 at the Elmwood Park Zoo. This year, our company will be incorporating community service into our teambuilding by donating and assembling park benches, as well as landscaping an area of the zoo in need of a makeover.



Blue Bell offers Fitness

Apex Physical Therapy is excited to announce that later this summer our Blue Bell office will be moving to a new building adjacent to its current location. This new space will offer 5000 square feet for physical therapy and fitness, as well as locker rooms for our patients' convenience.

Oftentimes, transitioning from physical therapy back to one's gym or regular sporting activities can be a challenge.

Therefore, Apex will be offering our patients the opportunity to join the fitness portion of our center with the primary goal of making their transition from physical therapy to their previous exercise program a smoother process.

DO IT RIGHT :

TECHNIQUES TO ALLIEVIATE TMD PAIN

1. Avoid irritating foods

Choose foods that are not excessively chewy, like steak or bagels. If you are having an exacerbation of pain, try eating more soft foods, like yogurt or pudding to decrease unnecessary forces on the jaw.

2. Avoid unnecessary stresses on the jaw

Certain habits that use the muscles of mastication – like chewing gum or biting your nails – can cause spasm or irritation in individuals who are predisposed to TMJ dysfunction. Try to avoid these activities altogether, but especially during a period of increased pain.

3. Improve your posture

For many of us, our jobs involve sitting in front of a computer for extended periods of time, which can exaggerate already poor posture. It is therefore important to take regular breaks throughout the workday in order to stretch the muscles of the neck and decrease stress throughout the upper back, chest and shoulders. Some of these basic exercises may also be helpful in improving posture:

- Move your neck from side to side in order to improve extensibility of the muscles around the neck.
- Bend your elbows and squeeze your shoulder blades together in order to decrease rounded shoulders.
- Tuck your chin or pull the chin horizontally back in order to help diminish forward head posture.

Each exercise should be held for 10 seconds and performed for 10 repetitions. They should be done throughout the day in order to help stretch the muscles that are affected by poor posture.

4. Relaxation and pain relief techniques

Whether it's a hot bath, yoga or taking a long walk, finding activities that relax you will help decrease stress. And decreasing stress can, in turn, help prevent certain activities – like clenching your jaw or grinding your teeth – that can lead to TMD.

Also, moist heat applied to the jaw itself can help decrease muscle spasms and pain in the area. If you've been prescribed a bite guard by your doctor or dentist, be sure to be compliant with their instructions on its use. Wearing the guard regularly will help decrease stresses throughout the TMJ from clenching of the jaw or grinding of the teeth.

5. Control the motion of your jaw

Extreme opening of the jaw can irritate the articular disc and, in some situations, temporarily displace it. In order to prevent excessive motion of the jaw, avoid taking large bites of food. For example, cut an apple into small slices as opposed to taking a large bite. Also, when yawning, place your fist under your jaw to allow only a moderate amount of motion, thereby preventing hypermobility of the joint.

A TINY TECHNICAL TIP ABOUT TMD

TMDS THE ABBREVIATION FOR TEMPOROMANDIBULAR JOINT IS COMMONLY MISUSED TO REFER TO THE CONDITION OF TEMPOROMANDIBULAR JOINT DYSFUNCTION; SO MUCH SO THAT EVEN MEDICAL PROFESSIONALS OFTEN MIX UP THEIR TERMS.

Achieving the Apex

What patients are saying about their successes at our clinics

"I deeply appreciated the diligent effort [the Apex staff] put forth to assist me in recovering the use of my left arm. After an infection and third operation on my left rotator cuff tear, I did not think the use I have today would be possible. There were times when I was ready to quit. But with encouragement from [my therapist] and the hard work he did, I am back playing tennis and enjoying it."

- Robert B.

"I came into Apex with very severe pain in my hand, forearm and shoulder. This pain would wake me up from a sound sleep. It would also break my concentration at work. This pain is now completely gone, with the exception of [minor pain] once in a while, which can be eliminated with the exercises I have been instructed to perform [at home]."

- Jim M.

"Bilateral knee replacement surgery was very traumatic for me. The pain was unbearable and my function was minimal. With a sense of humor and great professionalism, the Apex team nudged me down the road to success. Thanks to all this good work, I am feeling stronger, almost pain free and walking around like a chick again."

- Ruth B.



Photo courtesy of www.sports.yahoo.com



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