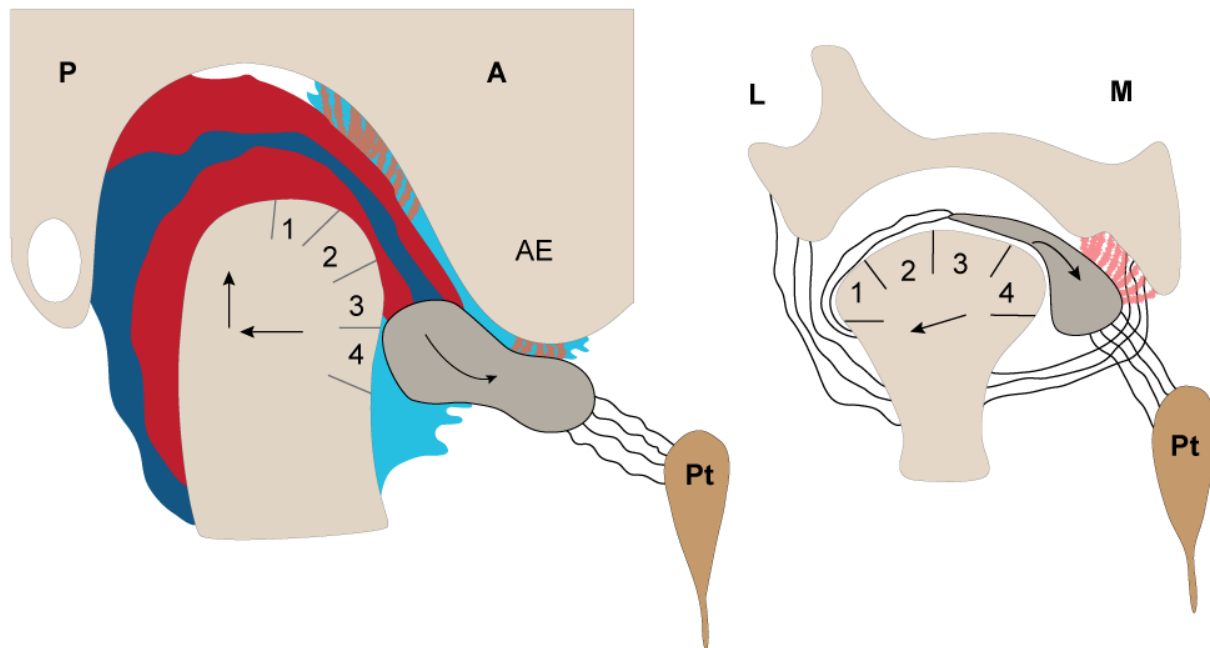


TO CLICK OR NOT TO CLICK, THAT IS THE QUESTION!



PHASE III

In phase III derangement, the posterior and lateral ligament is significantly overstretched and the disc becomes distorted.

Key A = anterior, P = posterior, AE = articular eminence fissure, L = lateral, M = medial, Pt = pterygoid

One of the most common complaints I hear from temporomandibular joint (TMJ) patients is that their jaw will “pop” or “click”. In many cases, the popping or clicking is harmless, painless and does not impair function. Patients ask, if it is more of an annoyance than anything else, should anything be done about it?

The general consensus is to monitor the popping and clicking either with a dentist or physical therapist to make sure range of motion is maintained. In many cases a “clicking” TMJ will not progress, but in some instances clicking may stop and the patient may notice a loss of mouth opening and onset of pain. This should then signal a sure need to follow up with a dentist or physical therapist to address the situation.

There are many physical therapy treatment approaches we have to address either a clicking TMJ that becomes painful and/or one with limited mouth opening and function. When painful clicking occurs but motion is intact, it known as disc displacement with reduction. When clicking stops, mouth opening is limited, and jaw deflection occurs to one side this is known as disc displacement without reduction with limited opening. These conditions usually respond favorably in the hands of a skilled TMJ Physical Therapist.