Temporomandibular Joint Treatment

Preamble

As stated in the Massage & Myotherapy Australia (Association) Position Statement, the Code of Ethics and Standards of Practice[i] governing massage therapy and myotherapy apply to treating the Temporomandibular Joint (TMJ). This is particularly true with respect to assessment, risk and therapeutic relationship requirements about communication, consent and professional boundaries.

Aim

These Guidelines serve as a context to therapists to work within an appropriate manual therapy practice. They provide a platform from where the National Education and Ethics Committees can make an informed determination in relation to any complaints that arise.

These Guidelines should be read in conjunction with the Code of Ethics and Standards of Practice[ii] , the practitioners' level of education and the practitioners own scope of practice. It is intended to work alongside current formal training in massage, remedial massage, advanced diplomas and degree levels of musculoskeletal and myotherapy education. It endeavours to provide an outline of the principles of soft tissue treatment of the joints to ensure greatest protection for both clients and therapists.

The Association Board of Directors serves to protect both the membership and the public by adopting these Guidelines which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practice.[iii]

Guidelines

The following guidelines have been developed to assist the therapist specifically in the treatment of the TMJ.

Communication and Consent

At all times, the Therapeutic Relationship[iv] guidelines must be adhered to.

The therapist shall not advertise in a manner which is false or misleading or inappropriate to the resolution of TMJ dysfunctions.

Following a subjective and objective consultation, the therapist should discuss the proposed treatment for the session with the client. This discussion should include the soft tissue techniques to be applied and, at this time, declare that the treatment techniques chosen are within their scope of professional practice. A conservative approach to the application of soft tissue techniques should be taken. The client should sign an 'informed consent form' if they understand and agree to receive the treatment as discussed. The signed form should be filed with the client's file.

The therapist should discuss with the client any referral to a dentist or medical general practitioner (GP) where adjunct treatment options pertaining to the temporomandibular pain may be required.

Therapy Guidelines

The therapist must have training adequate to the demands of the practice:

Prior to the application of soft tissue techniques in the treatment of TMJ, the therapist must be familiar with the anatomy pertaining to TMJ pain which includes:

- Arthrology (joints and articulations)
- Osteology (structure and function of bones)
- Myology (muscles and accessory structures)
- Physiology (function)

The therapist must be trained in, and use, methods for differential diagnosis to decide the best approach to treatment that will be of greatest benefit to the client.

The therapist has the right not to provide treatment:

If the therapist is not comfortable with providing treatment at any time, they should decline to do so and provide the client with referral options. Professionalism must be maintained in communication with the client.

Where there are symptoms of reciprocal disc displacement[v] , the practitioner should not attempt to treat anterior disc displacement (ADD) by means of:

- manipulation under surgery where there may be injection of fluid in the TMJ
- manual manipulation by application of manual force or thrust
- instruction to the client to reproduce pain of clicking by applying leverage to the client's teeth

NB: The above listed techniques are not in the treatment scope of the remedial massage therapist or myotherapist

Technical Guidelines

The approach to treatment of TMJ pain will depend on consideration of a range of factors which may contribute to TMJ pain. These may include:

Mechanical: requiring dental correction, orthodontic, orthopaedic or neural intervention

- Congenital disorders
- Degenerative/inflammatory joint disorder
- Dislocated jaw
- Displaced disc or Lock Jaw
- Infection
- Injury to the condylar process of the mandible
- Osteoarthritis
- TMJ hyper-mobility or hypo-mobility
- Trauma to the face or jaw
- Tumours
- Whiplash

Psychological: requiring psychological or psychiatric consultation

- Systemic:
  - chronic fatigue syndrome
  - familial disease
  - fibromyalgia
  - rheumatoid arthritis
  - tinnitus
  - vertigo

- Anxiety
- Nutrition/diet
- Posture
- Stress

Intra-oral Management Guidelines

To apply intra-oral techniques the therapist must comply with the Public Health and Well-being Act 2008[vi] outlining the use of infection control guidelines in reference to potential body fluid contact and/or skin piercing.

The intended outcome from the use of intra-oral techniques is to reduce myofascial pain through the identification of the trigger points that contribute to the symptoms, to normalise the tissue and to improve the quality of movement of the TMJ.

- The client must be informed as to the process of intra-oral myofascial/trigger point therapy
- The client must be informed about what they should expect to feel during intra-oral myofascial/trigger point therapy
- The client must be informed on what they should expect to feel immediately after experiencing intra-oral myofascial/trigger point therapy
- The client must understand this treatment does not attempt to manipulate the TMJ. Manipulation is beyond the scope of the remedial massage therapist and myotherapist. If manipulation is deemed to be a requirement, the therapist should refer the client to an appropriately trained allied health provider, such as a dentist, physiotherapist, osteopath, chiropractor or surgeon specialising in the manipulation of the TMJ
- Written consent must be obtained by the therapist prior to commencing intra-oral treatment
- The therapist must take all measures to not obstruct the airways of the client at any time during the treatment. Airways of the client must be kept clear at all times

Contraindications to TMJ Intra-Oral Therapy:

- Infections. Do not treat until infection is resolved especially dental infections that may spread, have a direct risk of cardiac infection or cause bacteraemia.
- Acute coronary syndromes
- Angina
- Cardiac pain
- Herpes zoster
- Tooth extraction. The wound should be healed for more than 30 days
- Tooth Infection. Let the treating dentist or specialist finish their treatment. Pain from ongoing treatment will make any muscle work impossible and muscle work may refer to tooth pain making diagnostics difficult.
- Trigeminal neuralgia
- Any recent major dental work, in particular where the use of local or general anaesthetic has been used. A period of 7-14 days after the client has had local or general anaesthetic prior to

the application of intra-oral treatment. Injection sites tend to be sensitive for three days, also the body may need these days to establish balance.

- Recent neck surgery
- Antibiotics. The client should complete the course of antibiotics prior to undergoing intra-oral treatment to allow the underlying problem to be resolved first.

- After a meal where excessive chewing was involved
- Client with sensitive gag reflex

There should be no excessive pressure placed on the client's teeth, mandible, sphenoid, maxilla or zygomatic bones.

Excessive digital pressure intra-orally may result in:

- Dislodging teeth
- Fracturing of bones: mandible, zygomatic, temporal, zygomatic, maxilla, sphenoid, incisors or molars
- Fracturing of teeth: incisors or molars
- Gum damage
- Inducing subluxation of the TMJ
- Infection
- Tearing of intra-oral soft tissue
- Tearing of protective gloves, compromising infection contamination principles

Digital pressure should be applied only to the intra-oral soft tissue of the client and applied within the client's own level of comfort.

At any time should the client not feel comfortable with the treatment, the therapist should stop the treatment and remove their hand from the client's mouth.

Measures should be taken to reassure the client, and to minimise the chance of inducing gagging reflex during the treatment, by instructing the client to draw both knees to the abdomen while maintaining a mild abdominal contraction.

At any time should the client respond with gagging reflex, the therapist should stop the treatment and remove their hand from the client's mouth. The therapist should seek consent from the client prior to continuing with the treatment.

Should there be any intra-oral bleeding, at any time, the therapist must stop the process and refer the client to their dentist.

Infection Control Guidelines

Hands and Forearms

- Hands and forearms MUST be bare and clean
- Garment sleeves of street-wear MUST NOT come below the elbow
- Jewellery of any description MUST NOT be worn.
- Fingers and fingernails should be clean. Nails MUST NOT be painted with coloured lacquer

Washing Hands[vii]

- Wash hands thoroughly and vigorously for 15-20 seconds using the hand-wash provided
- Dry hands using paper towels or clean, dry hand towels
- Rinse hands thoroughly
- DO NOT touch taps with your clean hands. Use elbow controls or clean hand towels to turn off the taps
- The duration of the entire hand washing procedure should take 40-60 seconds

ALWAYS follow the above procedure before and after routine use of gloves or finger cots

Gloves or Finger Cots

- Gloves or finger cots MUST be worn for all treatments
- All client medical histories should include a question regarding latex allergy

Therefore, to assure prevention of cross infection:

- It is preferable to wear latex gloves or finger cots. If the client has a latex allergy, non-latex (vinyl) gloves or finger cots should be worn
- New gloves or finger cots should be used for each client
- Gloves or finger cots MUST NOT be worn outside the clinics
- Gloves or finger cots must be removed and hands carefully washed and dried with clean paper towels or clean, dry hand towels[viii]
- Care should be taken to avoid tearing of the protective glove/cot worn by the therapist to minimise the advent of communicable infectious disease
- Remove gloves by peeling from wrist so the glove turns inside-out as it is removed
- Dispose of gloves/finger cots as per the contaminated waste disposal processes recommended in Australia

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[i] Code of Ethics & Standards of Practice
ii ibid
iii ibid
iv http://www.ohsu.edu/xd/outreach/occyshn/training-education/upload/DevelopingTheraputicRelationships_Ch10.pdf
iv http://www.merckmanuals.com/professional/dental_disorders/temporomandibular_disorders/
v http://ideas health.vic..gov.au/guidelines/personal-care-body-art-industries.asp
vi http://www.hha.org.au/home.aspx
vii http://www.dent.unimelb.edu.au/dsweb/current_students/infection_control.html
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