

Headache, Dizziness, Ear Pain and Tinnitus? You May Have a Jaw Issue.



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Chiropractors see a lot of patients with jaw disorders, especially when the TMJ issue results in stiffness of the jaw or neck, headache or even neck pain. In addition, chiropractic can also help with jaw issues such as jaw pain, clicking or locking of the jaw.

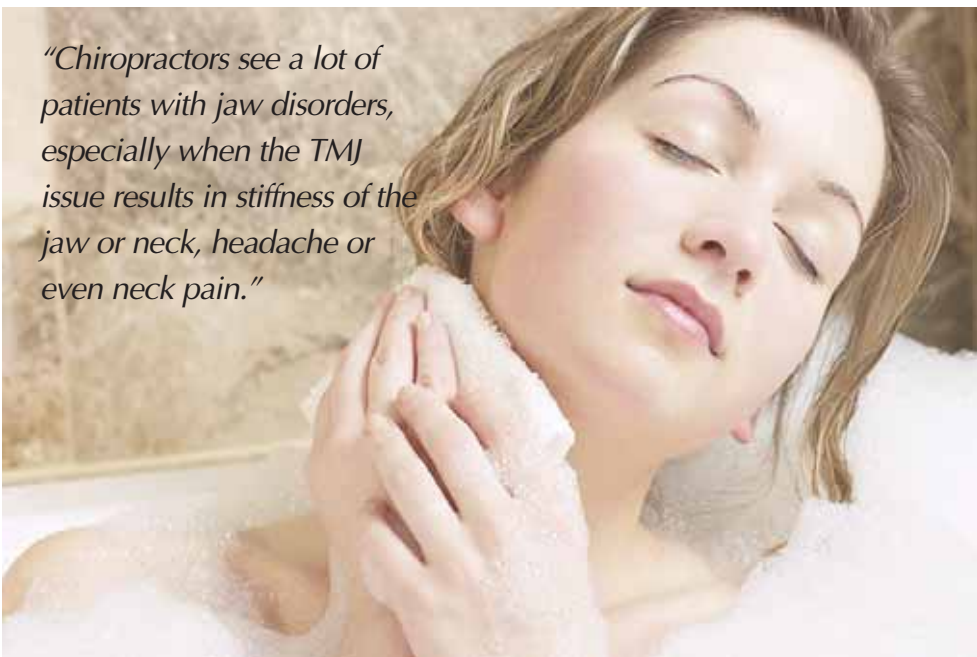
Some issues that predispose people to TMJ issues include teeth grinding or teeth clenching. Many who grind their teeth are completely unaware of this behavior unless they're told by someone observing this pattern while sleeping or by a dental professional who notices teeth wear and tear. Often these patients will awaken with jaw or ear pain or a temple headache.

Other reasons for jaw pain include excessive gum chewing or fingernail biting, misalignment of teeth or bite and jaw trauma – especially if the jaw or associated facial bones have been fractured.

TMJ pain is usually due to asymmetric jaw function, jaw muscle spasm or overuse. Symptoms tend to be chronic in nature and treatment is aimed at eliminating the cause mechanically. Common symptoms include headache, ear pain or ear fullness, jaw noises with movement of the jaw, dizziness and ringing in the ears.

Approximately 80 percent of patients with a TMJ disorder complain of headache, and 40 percent report facial pain. About 50 percent of patients with a TMJ disorder notice ear pain and may even see their general practitioner who will tell them that they don't have signs of ear infection. They may be prescribed an antibiotic prophylactically for a jaw issue at such a time. Almost 40 percent of those with jaw pain will also experience dizziness and over a third will report that their ears feel muffled, clogged or full or will complain of ringing in their ears.

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Damaged jaw joints are suspected when popping or clicking sounds are associated with jaw movement. Chewing may be painful, and the jaw may lock or not open widely. The teeth may be worn smooth or show a loss of the normal bumps and ridges on the tooth surface.

Traditionally, with an acute TMJ issue or a chronic TMJ issue that has become exacerbated, ice is often suggested over the involved joint. A soft diet is generally recommended until the pain subsides, and it may be suggested that anti-inflammatory medication be used as part of home care. Patients are advised to avoid chewing gum or eating hard, chewy or crunchy foods such as raw vegetables, candy or nuts. Foods that require opening the mouth widely, such as a big hamburger, are also not recommended. Dealing with stress to prevent clenching and grinding may be suggested. A bite guard to

prevent nighttime or daytime grinding may be prescribed.

While anti-inflammatories, whether prescribed or over the counter, may provide temporary relief, ultimately the mechanics of a dysfunctional TMJ must be addressed. Passive and active soft tissue work to the jaw, massage, ultrasound with electrical stimulation and acupuncture can all help to decrease pain and increase the range of motion of the joint while specific exercises help stabilize and strengthen the jaw.

For those with a serious bite issue as an underlying cause of their jaw issue, orthodontistry may be in order. Crowns and bridges that seem to throw the bite off may also need additional dental work. Jaw surgery should only be considered after manual therapy and dental treatment options have been explored and exhausted.

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