

Provider Perspectives on Caring for People with TMD

- Anthony H. Schwartz DDS
- Univ. of Maryland School of Dentistry
 - The Johns Hopkins Hospital

Or, Why won't my insurance
cover my TMD expenses?





TMJ



THE MONEY JOINT






A Little History

JAMA, 1952 The TM joint was noted to be responsible for “vertex and occipital pain, otalgia, glossodynia, and pain about the nose and eyes”

Enter Dentistry!



Therapies accepted on the basis of testimonials, clinical opinion, and blind faith rather than science.

History (2)

- *Determination after many years of treatments and millions of dollars of patients' money, that occlusion was rarely the problem.*
- *'University of Holiday Inn'*

Las Vegas Institute for Advanced Dental Studies

“What is TMD/TMJ?”

https://www.lviglobal.com/about_lvi/what-is-tmdtmj/

Some common symptoms include:

- ‘Migraine’ pain
- Facial pain
- Jaw joint pain
- Back, neck, cervical pain
- Postural problems (forward head posture)
- Pain in the face
- Opening of the mouth (commonly known as “Locked Jaw”)
- Headaches (tension type)
- Pain in the muscles surrounding the temporomandibular joints
- Pain in the occipital (back), temporal (side), frontal (front), or sub-orbital (below the eyes)
- Pain behind the eyes – dagger and ice pick feelings
- Multiple bites that feels uncomfortable or, “off,” and continually changing
- Clenching/bruxing
- Tender sensitive teeth to cold
- Deviation of the jaw to one side
- The jaw locking open or closed
- Ringing in the ears, ear pain, and ear congestion
- Sinus like symptoms
- Dizziness or vertigo
- Visual Disturbances
- Tingling in fingers and hands
- Insomnia -difficulty sleeping

Hidden underneath these symptoms are generally a negative impact on the blood flow to the brain

as well as diminished airway and often nighttime sleep problems.



LVI has developed a Core Curriculum consisting of seven courses that serve as the roadmap for success on the path to becoming a Full Mouth Doctor. This Core Curriculum consists of:

Foundations in Restoring Complex Cases

Core II: Orthotic Maintenance, Adjustment and Principles of Reconstruction

Core III: Mastering Dynamic Adhesion in Complex Reconstructive Cases

Core IV: Mastering all the Principles of Phase One

Live Core V: Beginning of Physiologic Rehabilitation Case

Live Core VI: Finalization of Physiologic Rehabilitation Case

[Back to top](#)

LIVE CORE VI – FINALIZATION OF PHYSIOLOGIC REHABILITATION CASE



Course Type: Core Curriculum

Search for:



This course presents so much more than learning how to predictably prepare 28-32 units in one appointment. Attendees should be able to accurately diagnose complex occlusal and restorative signs and symptoms, correctly determine a patient's vertical dimension, and ensure patient comfort with your results. You will be taught the nuances of post-cementation treatment and the importance of micro-occlusal adjustments.

[REGISTER HERE](#)

[INFORMATION PACKET](#)

It is about understanding and applying what LVI considers to be the epitome of care and treatment that a restorative dentist can provide their patients. Full Mouth Reconstruction is the culmination and implementation of your occlusal training combined with the application of your restorative training. This course is designed to complete your understanding of the fundamental Physiologic and Aesthetic concepts and should change how you are able to optimally treat every patient in your practice!



MYOTRONICS
Helping Build the Perfect Bite

Shopping cart is empty.

Search

PRODUCTS SUPPLIES COURSES ABOUT INTERNATIONAL SALES EDUCATIONAL MATERIAL

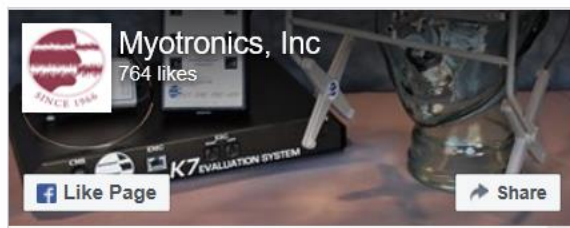
Myotronics Series I

Understanding Practical, Predictable Occlusion



Introducing the New K7: Leading the Field in NMD

[Learn More](#)



Series I - Understanding Practical, Predictable Occlusion

Hands-on Introductory Course

July 19-20, 2019	Baltimore, MD	Dr. Jeff Haddad
October 4-5, 2019	Calgary, AB	Dr. Sam Kherani
November 15-16, 2019	Los Angeles, CA	Dr. Michael Miyasaki
February 7-8, 2020	Miami, FL	Dr. Michael Miyasaki
April 24-25, 2020	TBD	Dr. Michael Miyasaki

Series II - Refining Physiologic Neuromuscular Orthotics & Restorative Functional Smiles

Hands-on Over-the-Shoulder Live Patient Treatment Course

October 10-12, 2019	Sacramento, CA	Dr. Michael Miyasaki
March 19-21, 2020	Calgary, AB	Dr. Sam Kherani

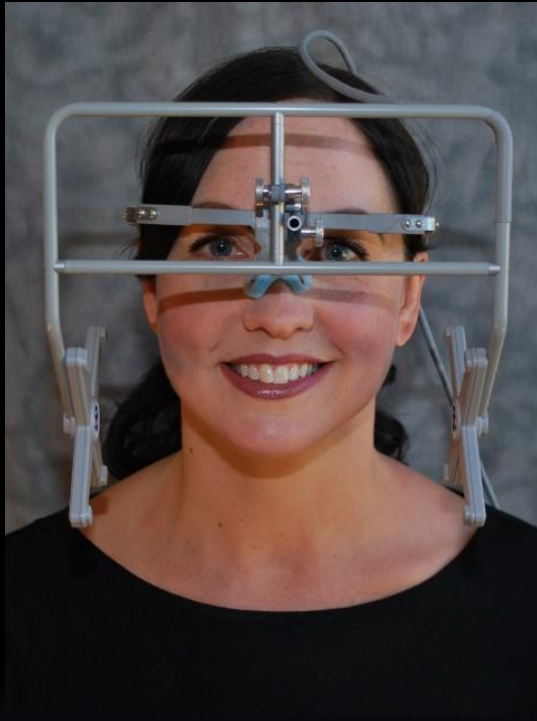
[MYO-NEWS](#)

[Getting Your Bite Right Booklet](#)

[Myotronics Courses](#)

[Universities Using Myotronics Equipment](#)

Jaw Tracking, Surface EMG, Electrosonography



SOUNDS VS. VIBRATIONS

Are vibration and sound the same? Well, yes and no. All audible sounds come from vibrations, but not all vibrations produce an audible sound. In fact, our ears are simply incapable of hearing joint vibrations at the low frequencies that some important joint pathologies produce. We may also be confused by the combined sounds of two conditions present in the same joint or the side it's on. This is probably why research studies show that auscultation has about the same accuracy as random chance.¹⁻⁴ Furthermore, ears (and microphones, incidentally) pick up room sound and other artifacts, where JVA picks up only vibrations from the joint itself.

JVA AS A PROCESS

The process of JVA is initiated by recording bilaterally the vibration waveforms in the time domain (Fig. 3a). This provides the measures of amplitude and duration. Next, an FFT is calculated, which supplies the indications of pitch and harmonics (Fig. 3b).

What becomes evident to the practitioner is that each TM joint condition is accompanied by a specific combination of amplitude, duration and frequency characteristics.

According to research performed by Dr. Albert Owen III,⁵ the incidence of TMD signs and symptoms in adolescents has been reported to range from 18 percent to 63 percent. In fact, Widmalm et al⁶ found a prevalence of joint sounds of 16.7 percent even among pre-school children (mean age =

APPLIED KINESIOLOGY

<http://www.appliedkinesiologyclinic.com/tmj.htm>

As modern science learns more about the controlling mechanisms within the body, we are able to treat more of the health problems to which man is subjected. Interestingly, we find that more and more symptoms are treated far from the site of the symptom itself. *It is not uncommon to have a sacroiliac pain treated at the site of the jaw joint; a few years ago this would not have been considered. (EMPHASIS ADDED)*

[Diplomate Directory](#)[Certification Guidelines](#)[Application](#)[Dates & Deadlines](#)[Application Process](#)[Examination Process](#)[Recommended Reading](#)[Annual Dues](#)

Recommended Reading

Examination for Diplomate, American Board of Craniofacial Pain

The following materials will be provided by the ABCP to candidates on CD-ROM or electronically upon a completed Diplomate application, including all required documentation and fees:

- *Imaging of the Temporomandibular Joint* by Westesson and Katzberg (formerly part of the CRANIO Clinics series, print)
- *Intraoral Orthotics* by W. Steve Bledsoe, Jr. (formerly part of the CRANIO Clinics series, print)
- *Selected articles from The Journal of CRANIO® Mandibular & Sleep Practice*

GTO 1967.jpg

GTO.jpg

Type here to search





ABCP Recommended Reading

<http://www.abcp-us.org/abcp/recommendedreading/diplomate.cfm>

Face The Pain

[This is good for the various neuropathic pain syndromes (i.e., Ernest Syndrome, **NICO**, Neuralgias, etc.)]



Contemporary Orthodontics, 4th edition by William Profit. Elsevier
Publishers
(especially chapters 1-6)

“You will leave this course prepared to treat TMD and Sleep Disordered Breathing at a level you didn’t even know existed. No other CE program has delivered results like this one. Dr. Olmos’ researched/evidenced based systems added \$1,000,000 of production to our practice within 12 months. This will be the best investment you’ve ever made in your practice.”



If you were controlling the purse strings of an


Insurance company, you would have a great many reasons to be suspicious of dentists treating TMD. Additionally, and sadly, more dentists are in 'the wrong camp' than the evidence based one.

- *This makes the field undesirable for young dentists.*

- *So, what to do?*



Specialty

- Specialty certification informs insurance carriers of the qualifications and training of orofacial pain specialists.
 - Universities will offer formal post-graduate programs to prepare graduates for the ABOP exams
 - Proper prescribing practices will be taught.
 - Physicians, dentists and the public will know to whom they can comfortably refer.
- 



American Board of Orofacial Pain (ABOP)

- 25 years of evidence based, psychometrically validated examinations
 - Commission on Dental Accreditation (CODA), a joint effort of the US Dept. of Education and the American Dental Association, declares the purpose of post graduate TMD/OFP training is to prepare for the ABOP certification exams.
 - (CODA Accreditation Standards for Orofacial Pain, 2018)
- 