

# TMJ Syndrome and Chronic Pain

by Bill Wolfe DDS



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**The** Temporomandibular joint is the joint that allows the jaw to open, close, move backward and forward, and side to side. “TMJ syndrome” refers to a malpositioning of this joint and muscles, resulting in muscle contractions, which are a factor in approximately 80 percent of all tension related headaches. If you have any combination of the following complaints, you may be suffering from TMJ syndrome: headache; dizziness; ringing or clogged ears; spasms in the neck, shoulders, back or face; clicking or popping noises of the jaw; inability to open the mouth fully; locking of the jaw joint; pain behind the eyes; earaches; and sinus pain.

Only the lower jaw (mandible) moves; the upper jaw (maxilla) is a fixed part of the skull. The teeth determine the mandible’s position, however, the teeth close only where they fit together the best, which may not be where the jaw muscles want to be. The muscles therefore, assume whatever position is dictated by the teeth. Muscles have a certain resting length at which they operate the best—their “physiological rest position”, where the muscles are in their most relaxed and strongest position, and if not in this position, the muscle fibers will be tensed, impeding blood circulation, resulting in spasm and cramping.

In treating TMJ, there are those dentists who use only the anatomical landmarks of the skull in its relationship to the lower jaw; and those, such as myself, who use the “neuromuscular” concept, which focuses on where the muscles want the jaw to be, instead of where the teeth want the jaw to be. An acrylic “splint” can then be fabricated, fitting over the lower teeth, altering the way the upper and lower teeth fit together, relocating the jaw to the “physiological rest position”. The patient then responds better to other treatments (craniosacral, chiropractic, myofascial, etc.), to assist their recovery and help eliminate muscle trigger points, and adaptation to the new positioning.

When muscles begin to relax, the patient will notice that when not wearing the splint, the teeth no longer fit together in the same way, as the jaw is adapting to its new muscular positioning. Therefore, the final phase of TMJ treatment is to alter the way in which the teeth fit together, so that the patient’s jaw is in the neuromuscular position, even when not wearing the splint, eliminating fatigue, cramping, and other associated symptoms.

From Shirley MacLaine’s recent book, *Above The Line*:

“I had what is called TMJ. I had heard that term. Temporomandibular joint syndrome refers to a malposition of the respective jaw structures and associated muscles. This condition results in muscle contractions which are a factor in approximately 80 percent of all pain related to back and spine. Some seventy-five million Americans are affected by TMJ syndrome, but only about 5 percent of all TMJ patients are actually diagnosed correctly and treated for their problem. I am

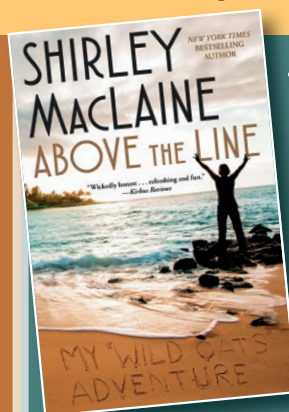
one of them. *Luckily I found Dr. Bill Wolfe in Albuquerque, New Mexico, a mercury-free dentist who constructed a customized splint that I wear over the top of my lower teeth to alter the way the upper and lower jaw fit together to stabilize my entire spinal column. I wear it twenty-four hours a day except when eating. Thanks to the brilliance of Dr. Wolfe, my long-standing back pain and neck pain, the result of decades of overuse as a dancer, has resolved itself.* I’m achieving long-term correction and stability of my spine and enjoying dramatic relief of my chronic pain that I was convinced was going to require surgical intervention. Instead, perhaps the creative expression from my voice had to be balanced with the earth-plane stability of my teeth and muscles in my mouth.”

TMJ syndrome can cause a lifetime of suffering. However, through increased awareness and appropriate treatment, the quality of life for people with this syndrome can be greatly enhanced.

Dr. Bill Wolfe DDS, 505-299-6950 [www.drwolfe.com](http://www.drwolfe.com).

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*Dentistry is always a piece of the total health puzzle – sometimes a very vital missing piece.*

**Bill Wolfe DDS**

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10409 Montgomery Pkwy NE, Ste 102 | ABQ

