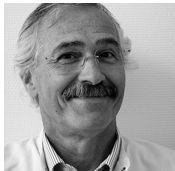


Which approach to TMJ disorders?

Authors :

François UNGER



Institutions :

Exercice libéral, Tours, France

Abstract :

As a referent for other practitioners (dentists, general practitioners, ENT specialists, stomatologists, physiotherapists, rheumatologists, orthoptists, osteopaths...) my practice leads me to seek an answer to the recurrent question: are the patient's disorders related to an occlusal disorder? Knowing that the disorders in question are most often musculo-articular disorders of the mandible, or unexplained pain of the face, limbs or spine, tinnitus, oculomotricity disorders, or unexplained headaches. We know that these disorders are often of multi-factorial origin, and that the greatest caution must be exercised between the assertion of a causality or a correlation.

My approach to TMJ and dental occlusion disorders has emphasized the concepts of clinical examination, diagnosis and minimal invasiveness.

- The clinical examination, and the clinical interview that accompanies it, is the crucial part of the understanding of the situation; a long step that allows one to orient oneself among the established academic diagnostic classifications.

- The etiological diagnosis, which is not always possible, allows us to prescribe an orthosis if it is established; adapted either to the mandibular repositioning or to the relaxation of the masticatory muscles. If the diagnosis is not established, the use of a diagnostic orthosis most often allows the evaluation of the role of occlusion in the pathology being explored.
- No dental or surgical intervention is considered without a precise and validated etiological diagnosis.