

Capsulitis, Non-Reducing Disc Displacement and Myofascial Pain Dysfunction

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CAPSULITIS

Diagnosis

- ROM is usually somewhat reduced (30mm to 40mm) and painful
- “Soft end feel” (patient is able to open wider when pushed)
- Posterior open bite on the same side
- There is pain when the patient attempts to occlude on the affected side, but not when the patient bites on a tongue blade
- History usually includes some sort of traumatic event

Treatment

- 600 mg Ibuprofen q6h for 4 days or Medrol dose pack
- Use of Aqualizer at night and as much as possible during the day
- Physical therapy with Iontophoresis or Phonophoresis
- Re-evaluate in 1 week and determine if there is a need for a nightguard or splint therapy

NON-REDUCING DISC DISPLACEMENT

Diagnosis

- ROM is limited and is usually around 26mm
- The mandible deflects to the affected side on opening
- “Hard end feel”
- Occlusion may be normal
- May or may not have pain upon maximum intercuspation
- History includes “popping and clicking” with occasional “locking”
- Spray and stretch technique doesn’t improve ROM but makes the patient feel a little better
- MRI for accurate diagnosis

Treatment

- “Unlocking procedure” if there is a chance to get the patient back on the disc
- Physical therapy?
- Arthrocentesis?

MYOFASCIAL PAIN DYSFUNCTION

Diagnosis

- Muscular pain to palpation with trigger points
- Characteristic referred pain patterns
- Muscles of mastication often refer pain to the teeth and TMJ
- Trigger point injection may be considered diagnostic as well as therapeutic

Treatment

- Physical therapy
- Massage therapy
- Trigger point injections/acupuncture