disc displacement as a cause of limited opening.

Differential Diagnosis Limited Opening (Less than 39mm): Pain Avoidance Sore Joint, Pain Avoidance Sore Muscle, Hemtoma, Muscle Spasm, Masseteric Space Infection, Nonreducing Disc (4b,3b Acute), Joint Fibrosis, Muscle Fibrosis, other.

Palpate First How long with limited opening? Less than 6 weeks 8+Weeks and Can move fully side to side? Or Can move jaw fully left and right Limited side movement Measure Max Opening <39mm Verify hard end point Rule out Masseteric Space Infection Permanent joint damage Temperature Regardless of original cause now have: Palpate Medial Pterygoid, Submandibular Permanent cartilage damage Palpate Salivary Glands Muscle fibrosis Look for decay MRI and CBCT of the TMJ to assess damage Perio probe distal to molars Anti-inflammatory medication if pain Take CBCT or other RG if suspect Physical therapy: active stretching Lievaled Dudy Jenip Painful medial pterygoid area Tongue blade stretch or Dynasplint Caries or Perio pocket distal molars Elevated Body Temp No Signs Infection Masseteric Space Infection Rule out Hematoma Dental injection Refer to Oral Surgeon or ER immediately Risk of airway closure. May need to be intubated No Signs Hematoma Will need CBCT and antibiotics Painful medial pterygoid area Body Temp Normal Maximal Opening Active Stretch Recent Dental Injection Range of Motion side to side Hematoma History of jaw clicking Cold Laser Intraoral Hard end point active stretch Limited Jaw move to one side Soft end point w/ active stretch May or may not have hx clicking Past history of clicking Anterior disc displacement non reducing Easy ROM exercises, especially lateral Palpate TMJ, Load TMJ Refer oral surgeon: CBCT, Arthrocentesis, MRI Palpate Masseter, Temporalis Active Stretch and point to pain Soft end point Active stretch points to joint If no TMJ pain do Anterior Stop TMJ Pain No TMJ Pain Pain Avoidance, TMJ Arthralgia Soft end point, Active stretch points to muscle Joint Pain Diff Dx: Acute Sprain, Chronic Sprain, Osteoarthritis, Perforation of Pseudodisc, Discal perforation, Retrodiscal tissue Pain Avoidance, Muscle Pain impingement, Acute 4a, Fracture, Crush Injury other. Diff Dx: Muscle Bracing Fatigue, Trigger CBCT full field of view of head. MRI of TMJ if not resolved 2 weeks. point, Muscle Spasm, other. Pull Anterior Stop **Acute Sprain TMJ Ligaments** Accufilm **Muscle Bracing Fatigue** Side to side may be limited. Possible posterior open bite Anterior Stop Relieves Soft Diet, Ice 15 min for 3-5x/day, NSAIDs 7 days. Cold laser, Hot cold hot as palliative. Possible Anterior Stop or Anterior Posturing Orthotic 24/7 1 week. Possible Anterior Stop prn Possible Valium 5mg hs for 3 days Chronic Sprain Sprain not resolving, evaluate for sleep bruxing Eval for OMD, Sleep Clenching: DPAS test Osteoarthritis TMJ **Trigger Point** OA on CBCT, NSAIDs 6-12 weeks, Cold Laser 3x week for 3w Can palpate Trigger Point, Cold Laser Relieves. Cold laser, Hot cold hot as palliative. Note: Acute Sprain is much more common than non reducing

Need to find cause TrP: OMD, neck damage