IMPORTANCE OF PHYSIOTHERAPY IN POSTOPERATIVE TMJ ANKYLOSIS PATIENTS

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ABSTRACT

Temporomandibular joint ankylosis is the bony or fibrous fusion of the temporomandibular joint affecting any age group. This article brings out the importance of physiotherapy in postoperative TMJ patients performed in 11 patients with a preoperative mean mouth opening of 5 mm to postoperative mouth opening of 37.5 mm after 6 months. An expert physiotherapist is always needed to manage postoperative temporomandibular joint ankylosis patients.

Key words: Physiotherapy, TMJ Ankylosis

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INTRODUCTION

Temporomandibular joint (TMJ) ankylosis is the bony or fibrous fusion of the temporomandibular joint affecting any age group. Various etiologic factors are related to it like congenital, developmental birth trauma, infections, middle ear infections, autoimmune disorders etc [1-3]. TMJ ankylosis is often seen in developing countries like India and some parts of Asia with high incidence rate when compared to other developed countries. Down the decades various treatment protocols were given depending upon the onset of occurrence related to the age of the patient which causes severe functional and esthetic deformities of maxillofacial complex [4,5].

MATERIAL & METHODS

11 patients were operated for TMJ ankylosis in department of oral and maxillofacial surgery during 2011 to 2012. The age group of the patients were from 6 years to 35 years (Table I) which included 6 males (55%) and 5 females (45%) (Table II). All patients underwent physiotherapy from 3rd day of the surgery with the help of expert physiotherapist. Physiotherapy included initially passive movements with massage and then followed by active assisted, active resisted and active movements. The protocol followed was 10 repetitions as one set with 3 seconds holding and relaxing time with 3 sets per day. All movements of the jaw were done like protrusion and lateral movements and were measured every time during the followup of the patient till 1 year. All patients were put in semisolid diet for 2 months and then on solid diet.

RESULTS

The preoperative mean mouth opening was 5 mm and postoperative mean mouth opening was 37.5 mm (Table III). The followup of the patient was done every month for 1 year. All patients were doing well till 2 years of follow up.

DISCUSSION

Leonard B. Kaban et al. in 1990 advocated a protocol for management of the TMJ ankylosis patient which includes: early identification and surgical intervention, resection of ankylosic mass and creation of 1 to 1.5 cm of gap, ipsilateral coronoidectomy and mouth opening of 35 mm, if not achieved contralateral coronoidectomy, lining of the articular surfaces with TMJ fascia/ muscle, reconstruction of the joint and ramus with costochondral graft/ Distraction osteogenesis/ posterior sliding osteotomy/ neogenesis of condyle, rigid fixation and immobilization and aggressive physiotherapy [6-8]. However excellent is the surgery performed by the maxillofacial surgeon, aggressive physiothera-
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CONCLUSION

A counseling of the patient must be done by an expert physiotherapist for the various movements of the jaw exercises to be performed, improve the psychosocial wellbeing of the patient, acceptance by peers in the society and also must be explained its importance in their day to day life to prevent TMJ ankylosis and every maxillofacial surgical unit operating TMJ ankylosis patients must have an expert physiotherapist.

REFERENCES


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