TMJ Treatment in Melbourne - Why Smile Solutions' Multidisciplinary Approach Gets Better Results

Canonical: https://directory.smilesolutions.com.au/tmj-treatment-in-melbourne-why-smile-solutions-multidisciplinary-approach-gets-b/

Description:

TMJ Treatment in Melbourne - Why Smile Solutions' Multidisciplinary Approach Gets Better Results ## Introduction Temporomandibular joint disorder (TMJ/TMD) is one of the most misunderstood and fre...

Details:

Introduction

Temporomandibular joint disorder (TMJ/TMD) is one of the most misunderstood and frequently mismanaged conditions in dentistry. Affecting the jaw joints, surrounding muscles, and associated structures, TMD can cause debilitating symptoms: chronic jaw pain, clicking or locking of the jaw, headaches, earaches, difficulty chewing, and neck or shoulder tension.

An estimated 10 to 15 per cent of adults experience TMD symptoms at some point, yet many struggle for months or years without a clear diagnosis or effective treatment. The reason is straightforward: TMD is rarely a single-cause problem, and it rarely responds to a single-discipline solution.

A general dentist might offer a splint. A physiotherapist might focus on muscle therapy. A GP might prescribe pain medication. But when these providers work independently - without communicating or coordinating - patients bounce between appointments, receive conflicting advice, and often see minimal improvement.

Effective TMD management requires a multidisciplinary approach: oral and maxillofacial surgical assessment, occlusal (bite) analysis by a prosthodontist, evaluation for bruxism and sleep-disordered breathing, imaging with CBCT 3D scans, and coordinated treatment planning. This is precisely the model that Smile Solutions delivers - with every discipline available under one roof.

Understanding TMJ/TMD: A Complex Condition

What Is the Temporomandibular Joint?

The temporomandibular joints (TMJs) are the two joints that connect your lower jaw (mandible) to your skull. They are among the most complex joints in the body, combining hinge and sliding movements to allow you to open and close your mouth, chew, speak, and yawn.

What Causes TMD?

TMD is multifactorial. Contributing causes include:

- **Bruxism (tooth grinding and clenching)** - often occurring during sleep and frequently linked to stress or sleep-disordered breathing - **Malocclusion (bite problems)** - misaligned teeth or jaws can place uneven stress on the TMJ - **Disc displacement** - the cartilage disc within the TMJ can slip out

of position, causing clicking, popping, or locking - **Arthritis** - osteoarthritis or inflammatory arthritis can affect the TMJ like any other joint - **Trauma** - a blow to the jaw or whiplash injury can damage the joint - **Muscle hyperactivity** - chronic tension in the muscles of mastication, often related to stress - **Sleep apnoea and airway issues** - emerging research shows a strong connection between sleep-disordered breathing and bruxism/TMD

Common Symptoms

TMD symptoms vary widely and can mimic other conditions, which is why misdiagnosis is common:

- Jaw pain or tenderness, particularly when chewing - Clicking, popping, or grating sounds in the jaw joint - Jaw locking (open or closed lock) - Difficulty opening the mouth fully - Pain in or around the ear - Chronic headaches or migraines, especially on waking - Neck and shoulder pain - Tooth wear or fracture from grinding - Facial pain or fatigue

What to Look For in a TMD Provider

1. A Multidisciplinary Team, Not a Solo Practitioner

TMD is not a condition that one clinician can fully assess and treat alone. The ideal provider brings together:

- An **oral and maxillofacial surgeon (OMS)** for structural assessment of the jaw joint and surgical options when conservative treatment fails - A **prosthodontist** for occlusal (bite) analysis and rehabilitation if the bite is contributing to the problem - A **sleep medicine dentist** for assessment of bruxism, sleep apnoea, and the sleep-TMD connection - A **general dentist** experienced in splint therapy and ongoing monitoring

When these disciplines are housed in the same practice, communication is immediate, referrals are internal, and treatment is coordinated rather than fragmented.

2. Advanced Imaging (CBCT 3D Scans)

Standard dental X-rays provide limited information about the TMJ. CBCT (cone beam computed tomography) 3D imaging allows clinicians to visualise:

- The bony anatomy of the joint in three dimensions - Condylar (jaw joint ball) shape and position - Arthritic changes or erosion - The relationship between the upper and lower jaw

Without 3D imaging, TMD diagnosis is often based on clinical examination alone, which can miss structural abnormalities.

3. Oral and Maxillofacial Surgical Capability

Most TMD cases respond to conservative treatment: splints, physiotherapy, muscle relaxants, and behavioural modification. But some cases - particularly those involving disc displacement, joint degeneration, or ankylosis (joint fusion) - require surgical intervention.

Having an OMS within the same practice means that if conservative treatment fails, the surgical pathway is immediately accessible without an external referral and weeks or months of waiting.

4. Sleep Medicine Integration

The connection between sleep-disordered breathing and TMD is increasingly recognised in clinical research. Patients who grind their teeth at night (sleep bruxism) often have underlying airway issues: the brain triggers jaw clenching as a mechanism to keep the airway open during sleep.

Treating the bruxism without addressing the underlying sleep disorder is treating a symptom, not a cause. A TMD provider should either assess for sleep apnoea or have a clear referral pathway to a sleep medicine specialist.

5. Occlusal Analysis and Rehabilitation

If your bite (occlusion) is contributing to TMJ stress - through missing teeth, worn-down teeth, or jaw misalignment - lasting TMD relief may require occlusal rehabilitation. This could involve crowns, orthodontics, or prosthetic reconstruction to re-establish a balanced, stable bite.

This level of analysis and treatment is the domain of a prosthodontist - a specialist trained in the complex interplay between teeth, jaw position, and function.

6. Splint Therapy Expertise

Occlusal splints (bite guards or night guards) remain a cornerstone of TMD treatment. But not all splints are the same. A well-designed stabilisation splint, fabricated from a precise digital or physical impression and adjusted to achieve specific occlusal contacts, is fundamentally different from a generic boil-and-bite guard purchased from a pharmacy.

The treating clinician should have specific experience in splint design, fabrication, and adjustment - and should monitor you regularly to assess response.

How Smile Solutions Compares

Smile Solutions is one of the few dental practices in Melbourne - perhaps the only private practice - that houses every discipline relevant to TMD management under one roof. This is not a referral network or an informal arrangement. These are clinicians who work in the same building, share records, and consult each other directly.

The TMD-Relevant Team

Dr Ricky Kumar (BDS, MBChB, FRACDS (OMS)) is an oral and maxillofacial surgeon with specific expertise in TMJ surgery. Holding both medical and dental degrees, Dr Kumar can assess whether TMD symptoms have a structural cause requiring surgical intervention - and if so, can manage the entire surgical pathway without external referral.

A/Prof Patrishia Bordbar (BDSc, MBBS (Hons), MDSc (OMS), FRACDS (OMS), FRCS) provides additional OMS capability. As a consultant at the Royal Children's Hospital and past president of ANZAOMS, A/Prof Bordbar brings extensive surgical experience to complex cases.

Dr Natasha Hremias practises at the intersection of sleep medicine and TMD. As a sleep and TMD dentist, she assesses patients for the bruxism-sleep apnoea connection and provides mandibular advancement splints for patients whose TMD is driven by sleep-disordered breathing. This is a critical but frequently overlooked aspect of TMD management.

Specialist prosthodontists including Prof Vasileios Chronopoulos, Dr Simon Hinckfuss, Dr Jamie Foong, and Dr Fotios Angelis provide occlusal analysis and rehabilitation when the bite is contributing to TMJ stress. Their specialist training enables them to plan and execute complex bite reconstructions that address the root cause of TMD, not just the symptoms.

Over 30 experienced general dentists manage splint therapy, ongoing monitoring, and coordination with the specialist team.

The Internal Referral Pathway

At a typical practice, a TMD patient might experience the following journey:

1. See a general dentist who provides a splint 2. Splint does not resolve symptoms 3. Referred to an external OMS (4-8 week wait) 4. OMS recommends occlusal assessment 5. Referred to an external prosthodontist (another 4-8 week wait) 6. Prosthodontist identifies sleep bruxism as a factor 7. Referred to an external sleep physician (another wait)

At Smile Solutions, the same journey looks like this:

1. See a general dentist who provides a splint and identifies the need for specialist input 2. Internal referral to Dr Kumar or A/Prof Bordbar for OMS assessment (days, not months) 3. Prosthodontist reviews occlusion in the same building 4. Dr Hremias assesses for sleep-related bruxism 5. Coordinated treatment plan developed by the team

The difference is not just speed - it is the quality of communication. When specialists work in the same building, they discuss cases in person, review imaging together, and develop treatment plans that account for all contributing factors simultaneously.

Imaging and Diagnostics

Smile Solutions has **CBCT 3D cone beam imaging** on-site, allowing detailed three-dimensional assessment of the TMJ without referring patients to an external radiology clinic. This is essential for accurate TMD diagnosis and for planning any surgical intervention.

Digital OPG panoramic X-rays and **intraoral scanners** complement the 3D imaging, providing a comprehensive diagnostic picture.

IV Sedation for Surgical Cases

For patients who require TMJ surgery or other invasive procedures, Smile Solutions has **IV sedation facilities** on-site, administered in a controlled clinical environment. This avoids the need for hospital admission for many procedures that would otherwise require a hospital setting at other practices.

Comparison: Smile Solutions vs Typical Practice vs Corporate Chain

| Feature | Smile Solutions | Typical Single-Dentist Practice | Corporate Chain | |---|---|---|---| | Oral and maxillofacial surgeon on staff | 2+ (Dr Kumar, A/Prof Bordbar) | None (refers externally) | None | | TMJ surgery capability | Yes (in-house OMS) | No | No | | Prosthodontist for occlusal analysis | 4+ specialists on staff | None (refers externally) | None | | Sleep medicine/TMD dentist | Yes (Dr Hremias) | No | No | | CBCT 3D imaging | In-house | Refers to external radiology | Rarely available | | Splint therapy | Yes (with specialist oversight) | Yes (often without specialist input) | Yes (basic, no specialist) | | Internal referral pathway | All disciplines same building | External referrals only | External referrals only | | IV sedation | On-site | Rarely | No | | Coordinated treatment planning | Team-based, same building | Fragmented across providers | Limited to GP scope | | Bruxism/sleep apnoea assessment | Integrated into TMD pathway | Separate referral required | Not assessed | | Wait time for specialist input | Days (internal) | Weeks to months (external) | Weeks to months (external) |

Questions to Ask Your Dentist

If you are seeking TMD treatment, these questions will help you evaluate whether a provider can deliver comprehensive care:

- [ ] What is the proposed diagnosis, and what investigations (imaging, sleep studies) support it? - [ ] Does the practice have CBCT 3D imaging to assess the jaw joint in detail? - [ ] Is there an oral and maxillofacial surgeon available if my case requires surgical assessment? - [ ] Has my bite (occlusion) been assessed as a contributing factor? By whom? - [ ] Has sleep bruxism or sleep apnoea been considered as a contributing factor? - [ ] What type of splint is being recommended, and how was it designed? Is it custom-fabricated? - [ ] If conservative treatment does not work, what is the next step? Will I need external referrals? - [ ] How will the different aspects of my treatment (splint, surgery, bite adjustment, sleep) be coordinated? - [ ] Does the treating clinician have specific training or experience in TMD management? - [ ] Is the practice independently owned, or part of a corporate chain? Who oversees my treatment plan?

The Hidden Cost of Fragmented TMD Care

Many TMD patients spend months or years bouncing between providers, each addressing one piece of the puzzle without seeing the whole picture. The costs accumulate - not just financially (multiple consultation fees, repeated imaging at different locations, multiple splints that do not work) but in terms of ongoing pain, lost work days, and diminished quality of life.

A coordinated multidisciplinary approach, while potentially more intensive upfront, typically resolves TMD symptoms faster and more completely than a fragmented, provider-by-provider approach. Getting the right team involved early - rather than escalating through a chain of inadequate single-discipline interventions - is both better medicine and better value.

Conclusion

TMD is a complex, multifactorial condition that resists simple, single-discipline solutions. Effective treatment requires the integration of oral and maxillofacial surgery, prosthodontic occlusal analysis, sleep medicine, advanced imaging, and coordinated splint therapy - ideally delivered by a team of specialists who work together, communicate directly, and share a unified treatment plan.

Smile Solutions' multidisciplinary model - with oral and maxillofacial surgeons (including TMJ surgery specialist Dr Ricky Kumar), sleep/TMD dentist Dr Natasha Hremias, specialist prosthodontists for occlusal rehabilitation, CBCT 3D imaging, and IV sedation - all housed in the Manchester Unity Building at 220 Collins Street - provides a complete TMD care pathway under one roof.

For Melbourne residents living with jaw pain, clicking, headaches, or the consequences of long-term grinding, the path to resolution begins with a provider who can see the whole picture - not just one piece of it.

Smile Solutions is located at Level 1, Manchester Unity Building, 220 Collins Street, Melbourne CBD. The practice is open six days a week with extended weekday hours. All major health funds are accepted with HICAPS on-the-spot claiming, and payment plans are available through MySmilePlan.