The term “temporomandibular disorders” (TMD) describes a collection of musculoskeletal and neuromuscular conditions that affect the temporomandibular joint (TMJ) and the structures around it, including the muscles, ligaments, and nerves that regulate jaw movement. Temporomandibular disorders can result in a number of symptoms, the most frequent of which are discomfort and dysfunction in the jaw joint and face muscles, which make it difficult to speak, chew, and move the jaw. Temporomandibular disorders generally refer to any disorder affecting the TMJ itself, such as joint inflammation, disc displacement, or osteoarthritis. These disorders can manifest as pain, clicking sounds, popping, limitation of movement, or a combination of these symptoms.

Temporomandibular disorders is a relatively common condition, and its prevalence varies among different populations. It is estimated that about 5–12% of the population may experience some form of TMD symptoms during their lifetime. The condition is more prevalent among women than men, and it often affects individuals between the ages of 20 and 50. Trauma, bruxism, malocclusion, stress, poor posture, and connective tissue disorders are some risk factors associated with TMDs. Temporomandibular disorders is a multifactorial condition with a multitude of risk factors. Prompt diagnosis and management, including physiotherapy interventions, can significantly improve the quality of life for individuals suffering from TMD.

Physiotherapy plays an imperative role in the management of TMDs by addressing the underlying musculoskeletal and neuromuscular dysfunctions that contribute to TMD symptoms. The primary goal of physiotherapy in TMD management is to alleviate pain, restore normal jaw function, and improve the overall quality of life for individuals suffering from TMD. Strategies are tailored based on an individual’s needs and clinical presentation.

Physiotherapy employs manual and therapeutic exercises for the rehabilitation of TMD-affected patients. Manual therapy techniques for TMJ and surrounding structures include joint mobilization, soft tissue mobilization, and trigger point therapy. Joint mobilizations can help address joint restrictions and improve the alignment of the TMJ. This is done by gently moving the TMJ in specific directions to improve joint mobility and reduce pain. Sometimes, a forceful thrust is required to restore normal TMJ function in the form of joint manipulation. In the case of soft tissue mobilization, pressure is applied to the muscles around the TMJ to release tension and help relax. Physiotherapists apply pressure on trigger points of muscle tension and hypersensitivity to alleviate referred pain. Physiotherapists also employ therapeutic exercises for TMD rehabilitation, such as range of motion exercises, strengthening exercises, isometric exercises, and postural exercises.

Various modalities used in TMD management include ultrasound, low-level laser therapy (LLLT), and transcutaneous electrical nerve stimulation (TENS). Therapeutic ultrasound involves the use of high-frequency sound waves to generate deep heating in the tissues. Ultrasound can help increase blood flow, promote tissue repair, and reduce pain and inflammation in the TMJ area. Low-level laser therapy or cold laser therapy is a noninvasive treatment that uses low-level lasers to stimulate cellular function and promote tissue healing. Laser therapy can be beneficial for reducing pain and inflammation in the TMJ region. Transcutaneous electrical nerve stimulation is a modality that uses electrical stimulation to provide pain relief. Electrodes are placed on the skin over the TMJ area, and the electrical impulses help block pain signals and stimulate the release of endorphins. It is important to note that the selection of specific physiotherapy techniques for TMD management depends on the individual's condition, symptoms, and response to treatment. These methods are used either alone or in combination with physiotherapy to treat TMD. Their effectiveness alone or in combination with physiotherapy exercises is also based on the severity of symptoms. Physiotherapists tailor treatment plans based on thorough assessments and may combine multiple approaches to achieve the best outcomes for each patient. Additionally, patient education and active participation in home exercises and self-care practices are essential for the success of physiotherapy treatment for TMD. Literature evidence shows the positive impact of physiotherapy on TMD. Patients with dentures need to be aware of the potential impact of denture fit on their TMJ health. If dentures are contributing to TMD symptoms, physiotherapists can work in collaboration with dentists or prosthodontists to address the issues. For instance, physiotherapy techniques can be used to help patients adapt to new dentures, alleviate any muscle tension caused by ill-fitting dentures, and restore normal jaw movement.

The effectiveness of physiotherapy interventions can vary based on individual patient factors, including the type of TMD, the presence of comorbidities, and the patient’s responsiveness to treatment. While there is evidence supporting the use of certain physiotherapy interventions for TMD, the overall body of research might not be as extensive as for other conditions. More high-quality research is needed to establish the long-term effectiveness of these
interventions. Some TMD cases might be complex and involve a combination of factors such as joint pathology, muscle dysfunction, and psychosocial components. Physiotherapy interventions might not fully address all aspects of these complex cases. Physiotherapy for TMD often requires consistent effort from the patient in terms of performing exercises, maintaining good posture, and adhering to self-care practices. Lack of compliance or unrealistic expectations can limit the outcomes.

Several emerging trends and potential advances in TMD management have shown potential. Remote consultations, tele-rehabilitation, and mobile apps could enhance access to physiotherapy services for TMD patients, especially those in remote or underserved areas. Virtual reality technologies and biofeedback mechanisms could be integrated into TMD physiotherapy to enhance patient engagement, motivation, and treatment outcomes. Advances in diagnostic tools and technology may enable physiotherapists to tailor treatment plans based on individual patient characteristics, improving the precision and effectiveness of interventions. Incorporating mindfulness, relaxation techniques, and cognitive-behavioral strategies into TMD physiotherapy can further address the psychological aspects of TMD and contribute to holistic management. Future research could explore the genetic and biomarker factors associated with TMD, potentially leading to targeted interventions based on individual genetic profiles. High-resolution imaging modalities could provide better insights into the structural and functional aspects of the TMJ and surrounding tissues, aiding in accurate diagnosis and treatment planning.

**REFERENCES**