Physiotherapy in trismus

Syeda Abida Hussain Sherazi, Bashir ur Rahman Khant

Faculty of Health and Medical Science, University of Azad Jammu and Kashmir

Trismus is a condition and is not a disease itself and may impair eating, impede oral hygiene, restrict access for important dental procedures and adversely affect speech and facial appearance.

We report a case of 12-year old child who had

trauma and underwent a maxillofacial surgical procedure and developed trismus. He was treated conservatively with physiotherapy and had effective relief within half month of treatment. (Rawal Med J 202;46:488-489).

Key words: Trismus physiotherapy, mouth.

INTRODUCTION

Restricted mouth opening is a common symptom in oral and maxillofacial surgical practice. It can be articular or extra-articular. Trismus (lock jaw) is prolonged tetanic spasm of the jaw muscles. Causes can be trauma, neoplastic, neuromuscular, reactive, congenital, psychogenic and drug induced. A study from Karachi, Pakistan showed that three most common causes were oral sub mucosal fibrosis, infection and trauma.

The diagnosis is based on history, clinical examination, radiography. The different treatments are used. Physiotherapy is used to reduce pain, swelling, to soften the tight structure and increase the ROM and strength of muscle to restore the function of oral cavity. We report a case of trismus successfully treated by physiotherapy.

CASE PRESENTATION

A 12 year old boy was referred by a dental surgeon to the physiotherapy Department, Sheikh Zayed Bin Sultan Nahyan Hospital CHM, Muzaffarabad, in March 2020. He fell three month ago from roof and underwent maxillofacial surgery; now he had healed scar. He had pain and difficulty in opening of mouth, especially while having food, speaking and brushing. On examination, he had restrictions in mandibular movements. Pain measured on Wong Baker face pain rating scale⁴ was 4 when he opened mouth forcefully. Physiotherapy including soft tissue mobilization, Maitland mobilization grade 1 to 4, range of motion exercise, hot pack, ice-cream sticks was initiated and patient carried out the exercise at home under the supervision of physiotherapist with full

instructions. All physiotherapy regimes was taken from previous studies.^{3,5-7}

The patient was reassessed/evaluated on 5th, 10th and 15th day and the findings of gradually improvement occurred (Table). After the 15 days, he was discharged from physiotherapy department and was instructed to follow the home exercise plan regularly.

Table. Physiotherapy used and results.

Physiotherapy	1 ST DAY	5 TH DAY	10 TH DAY	15 TH DAY
intervention				
Soft Tissue	Yes	Yes	No	No
Mobilization				
Maitland	Yes	Yes		
Mobilization(gra				
de 1&2)				
Maitland			Yes	Yes
Mobilization(gra				
de 3&4)				
Range of motion	Poor	Poor	Fair	Good
exercise				
Hot Pack	Yes	Yes	Yes	Yes
Ice Cream Stick	3 Inserted	5inserted	6inserted	7inserted
Inserted				
Home Exercise	5set*3time/	5set*3time/	10set*3tim	10set*3time/
Program:	Week	Week	e/Week	Week
Protraction	Yes	Yes	Yes	Yes
Retraction				
Opening Closing				
Later Deviation				
Self				
mobilization				
Wong Baker	4	3	2	0
Face Pain rating				
scale				
Mandibular	2	2	3	4
movement out				
of five grade				
(one mean				
minimal and				
five mean				
complete ROM)				

DISCUSSION

In trismus, aim of the physiotherapy is to decrease pain, reduce the swelling, soften and mobilized scar structure, increase the strength of mastication muscle and increase the range of motion of joint. To reduce swelling, range of motion exercise is used. The pain decreased by Maitland mobilization and hot packs. Several previous studies have showed that range of motion exercise, soft tissues mobilization, Maitland mobilization, hot pack, self mobilization were effective and improved function of oral structure. Majority of cases were reported in dental setups and majority were advised to carry out exercise at home after discharge but were not referred from dental department to the physiotherapy department.

A RCT may be conducted on this condition for generalized result of given physiotherapy regime. There is need to provided awareness amongst patients, clinicians and physiotherapist about the role of physiotherapy in this condition. In summary, trismus is condition which can be effectively treated by physiotherapist by the means of different regimes.

Author Contributions:

Conception and design: Syeda Abida Hussain Sherazi Collection and assembly of data: Syeda Abida Hussain Sherazi Analysis and interpretation of the data: Syeda Abida Hussain Sherazi

Drafting of the article: Syeda Abida Hussain Sherazi Critical revision of the article for important intellectual content: Syeda Abida Hussain Sherazi,

Final approval and guarantor of the article: Bashir ur Rahman Khant

Corresponding author email: Syeda Abida Hussain Sherazi: abi.110@hotmail.com

Conflict of Interest: Informed consent was obtained from parents of the patient before reporting the case.

Rec. Date: Sep 29, 2020 Accept Date: May 28, 2021

REFERENCES

- 1. Dhanrajani PJ, Jonaidel O. Trismus: aetiology, differential diagnosis and treatment. Dental Update 2002:29:88-94.
- 2. Siddiqui HK, Ikram K, Siddiqi SH, Nazir A, Shaikh M, Ahmed E, et al. Common causes of limited mouth opening and its management approach among dentists in Karachi. Baqai J Health Sci 2018;21:40-8.
- APTA. Choose PT Guide. Physical Therapy Guide to Trismus. Revised by Jennifer Miller, Authored by Eric S. Furto, Created: May 11, 2011 Last Reviewed: January 08, 2016
- Garra G, Singer AJ, Taira BR. Validation of the Wong-Baker FACES Pain Rating Scale in pediatric emergency department patients. Acad Emerg Med 2010;17:50-4.
- 5. Pauli N, Andre'll P, Johansson M, Fagerberg-Mohlin B, Finizia C. Treating trismus a prospective study on effect and compliance to jaw exercise therapy in head and neck cancer. Head Neck 2015;37:1738–44.
- Medlicott MS, Harris SR. A systematic review of the effectiveness of exercise, manual therapy, electrotherapy, relaxation training, and biofeedback in the management of temporomandibular disorder. Phys Ther 2006;86:955-73.
- 7. McNeeley ML, Olivo SA, Magee DJ. A systematic review of the effectiveness of physical therapy interventions for temporomandibular disorders. Phys Ther 2006;86:710-25.
- Hoglund LT, Scott BW. Automobilization intervention and exercise for temporomandibular joint open lock. J Man Manip Ther 2012;20:182-91.
- 9. Dijkstra PU. Exercise therapy for trismus secondary to head and neck cancer: A systematic review. Head Neck 2017;39:160-9.