

# Temporomandibular (jaw) Joint Problems

---

**Maxillofacial**

**Patient Information Leaflet**

## **What is the temporomandibular joint (TMJ)?**

The TMJ is the joint between the lower jaw and the skull, which is situated just in front of the ear canal. The joint includes a cartilage disc, which separates the jaw from the skull. There are also 4 powerful chewing muscles, which move the jaw when speaking or chewing.

## **What is temporomandibular joint dysfunction (TMD)?**

This is a common group of conditions associated with the chewing system. Problems can affect one or both of the jaw joints, chewing muscles and teeth. The symptoms from these conditions vary from person to person.

## **What are the symptoms?**

Common symptoms include:

- Jaw and face pain
- Jaw joint noise: such as clicking, grating or popping
- Earache
- Headache
- Limited mouth opening
- Jaw locking
- Pain radiating along the cheek bone or down the neck
- Most jaw joint problems are made worse by chewing and at times of stress

## **Is this condition serious?**

Although the symptoms of TMD can be worrying, most go away again on their own, and typically last a few months. If you have had TMD it does not mean you will get arthritis in your jaw joints.

## **What causes it?**

Temporomandibular dysfunction can be associated with many things including:

- Trauma (for example, a knock to the face or jaw)

- Unexpected wide mouth opening – as in very wide yawn
- Biting down on something hard
- Tooth grinding (bruxism) and tooth clenching, often at night
- Stress
- Uneven bite or altered chewing pattern to avoid a sore tooth

Sometimes no obvious cause can be found but symptoms may be associated with other stress related disorders such as tension, headaches, low back pain and abdominal pain

### **What is happening to cause the symptoms?**

- Pain can be caused by the muscles in and around the joint tightening up and also causing limited mouth opening
- Joint noise occurs if the cartilage disc is stretched out of its normal position and moves abnormally during jaw movements
- The noise sounds louder to the patient as the joint is just in front of the ear
- Occasionally the cartilage disc can slip forward in the joint and not return to its normal position, causing locking of the joint and limited mouth opening.

### **What are the treatments?**

Generally treatment is aimed at relaxing the joint muscles allowing the cartilage disc to return to a normal position. Most TMD will improve spontaneously over a few months. Treatments vary depending on whether you are suffering from muscle pain, derangement of the joint itself, or a combination of both.

#### **Effective treatments include:**

- Reassurance – once it has been explained that the condition usually resolves after a period of time, many patients do not seek further treatment.
- A soft diet that requires little chewing, allowing over-worked muscles to rest
- Painkillers – anti-inflammatory medication such as ibuprofen can reduce both pain and inflammation within the joint.
- Local heat – for example, a hot water bottle wrapped in a towel and applied to the side of the face will increase blood flow in the muscles and help them relax.
- Try to eliminate any habits such as grinding, clenching, or chewing fingernails. This may be difficult as some habits are done when asleep or subconsciously when you may not be aware of them.

- Resting the jaw as much as possible and avoid yawning wide by supporting the jaw with the palm of the hand.
- Bite raising appliance – these are similar to a sports mouth guard and are worn mainly at night. It can help by supporting the joint and surrounding muscles.
- Replace missing teeth to balance the bite or replace worn dentures.
- Antidepressant therapy – this does not mean that you are depressed but long-standing pain can cause this. Like other chronic pain conditions, such as migraines, it has been found that some antidepressant medication is ideal for the treatment of TMD due to their muscle relaxing and pain killing effects. Importantly, they are not addictive.
- Surgery – this is only carried out in a small number of cases. It may involve a steroid injection into the joint, which can be done while awake, a manipulation of the joint while you are asleep, or a washing out (arthrocentesis) of the joint. More rarely, surgery can be performed with a mini telescope and in extreme cases it may be necessary to open the joint and operate on the bones, cartilages, and ligaments.
- Jaw joint and muscle exercises – these are designed to help relax the muscles or to encourage a displaced cartilage to resume its normal position. The best ones are described on the next page, but it is important to carry them out as instructed for them to be effective.

## **Jaw Joint and Muscle Exercises**

The purpose of these exercises is to prevent any clicking of the jaw joint and to strengthen the muscles which pull the jaw backwards. This in turn will relax the muscles.

Set aside two separate five minute periods each day at a time when you are relaxed, sitting upright on a chair and carry out the following manoeuvres:

1. Close your mouth on your back teeth, resting the tip of your tongue on your palate just behind the upper front teeth.
2. Run the tip of your tongue backwards onto the soft palate as far back as it will go, keeping your teeth together.
3. Force the tongue back to maintain contact with the soft palate and slowly open your mouth until you feel your tongue just being pulled away from it. Do not try to open your mouth further; relax for five seconds.
4. Repeat this manoeuvre slowly over the next five minutes in a firm but relaxed fashion.
5. As you open your mouth you should feel tension in the muscles at the back of your jaw beneath your chin. Do not try to open your mouth further; relax for five seconds.

Do these exercises no more than the recommended amount for the first week. Thereafter do them as often as you can.

## Contact Details

**Royal Lancaster Infirmary:** 01524 582440 or 01524 583170

**Westmorland General Hospital:** 01539 715138 (Tuesday or Thursday only)

**Furness General Hospital:** 01229 403614

## Leaflet Details

**Approved by:** PD & ILG

**Date of Publication:** 18/12/2017

**Reference Number:** lc00011246/PIL076

**Author:** Cecily Pike

**Review Date:** 01/12/2020



## **Other formats**

If you would like to receive this information in an alternative format, then please contact : 01539 795497.

## **Travelling to our hospitals**

For the best way to plan your journey visit our website:  
<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497.

## **Useful Contact Details**

NHS 111 (for 24 hour urgent health advice): telephone 111

## **Your Information**

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497.

## **Evidence**

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

## **Feedback**

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

*University Hospitals of Morecambe Bay Trust: a great place to be cared for; a great place to work.*