



Queen Victoria Hospital
NHS Foundation Trust

Information and advice on management of Jaw Joint Problems



What is the temporomandibular joint (TMJ)?

The jaw joint, or TMJ, attaches your skull to the lower jaw. You can feel it with your fingertips, moving like a hinge, just in front of the ear.

It is made up of two bones separated by a disc of cartilage, connected by ligaments, within a capsule.

A number of strong muscles attach in and around, the TMJ. They move your lower jaw to facilitate mouth opening, closing and chewing.

Jaw joint problems are known as temporomandibular disorder (TMD).

What is TMD?

It is a common condition and can affect one or both sides of your face. The symptoms often start during teenage years and episodes usually get better naturally over several months.

You may have symptoms from the muscles attached to the joint (myofascial pain) or in the cartilage and ligaments (internal derangement of the joint). Quite often, it affects both areas.

Typical symptoms are:

- joint noises – such as clicking, cracking, crunching, grating or popping. This noise can sound loud because of the location of the TMJ just in front of the ear
- pain - usually presents as a dull ache and tenderness to touch around and in front of the ear. It typically radiates down the side your face and forwards along the lower jawline or cheekbone. Headache-like pain around your temples can occur and sometimes pain radiates downwards into the sides of your neck.
- restricted mouth opening

TMD is not usually a serious condition. It tends not to lead on to other problems but typically comes and goes. However, it is uncomfortable and can impact upon daily function.

Your symptoms may get worse during or after chewing food and heighten during periods of physical tension and emotional stress.

What causes jaw joint problems?

Joint noises occur when the cartilage disc displaces a bit out of position between the bones of the jaw joint. The disc can slip slightly far forward and make a sound when it returns to its normal position.

This is not the same as a 'slipped disc' or jaw dislocation. It is similar to having a 'clicky' wrist or knee joint and does not require treatment.

The most common reason for your pain symptoms is over-activity of the muscles surrounding and attached to the TMJ. Excess strain on these muscles makes them seize up and causes cramping pain. The resulting tightening can also limit the amount your mouth will open.

This might be due to chewing activities, like grinding or clenching the teeth together (bruxism), when under stress, or at night during sleep.

Other precipitating factors include:

- nail biting
- chewing gum
- holding things between the teeth (eg. pens, hairclips)
- keeping the mouth open for prolonged periods (eg. during prolonged dental treatment or an operation under general anaesthetic)
- resting the lower jaw on your hand heavily for some time
- thrusting the lower jaw forwards either for chewing, or as a habit

Occasionally, an uneven bite, a physical injury or not having enough back (molar) teeth can contribute to TMD.

Often there is no obvious cause. We know that stress can translate into muscular tension and worsen symptoms of TMD.

Imaging techniques are not routinely required to diagnose TMD unless you have persistent symptoms of locking (inability to open or close the mouth.)

Structural damage to the joint is very uncommon.

Rarely, the jaw joint can be affected by arthritis or arthritic disease. This is usually in older patients and it tends to affect one joint at a time.

Imaging such as MRI or x-ray may confirm this diagnosis.

How can I manage my symptoms?

As episodes of TMD often recur, it is useful to know how to limit and prevent them as much as possible, using simple measures.

It is important that you feel able to self-manage your symptoms before they worsen and to learn what your triggering factors might be.

We call this 'conservative' management. It aims to rehabilitate cramping and sprained chewing muscles and allow the disc of cartilage to return to a more normal position in the joint when you open and close your mouth.

Ways of reducing the workload on your TMJ and facial muscles include:

- Resting them as much as possible, for example by avoiding wide yawning and trying to limit holding the mouth open for prolonged periods. Avoid tough, crunchy or very chewy foods and chewing gum.
Try to chew equally on both sides of your mouth, using your back teeth. Consider softening your diet whilst the muscles heal.
- Anti-inflammatory painkillers (e.g. ibuprofen) can be taken as a tablet or applied as a gel over your skin. Please discuss any doubts about whether you are able to take this medication with your doctor or GP.

- Applying heat using warm water in a hot water bottle (avoid boiling water), to the side(s) of the face for 5-10 minutes. We advise you do this once or twice every day (before massage) to relax muscles and relieve pain. You may prefer to use heat pads but we advise to be cautious of hotspots that can burn the skin. Take care not to overheat in the microwave.
- Deep regular massage of the muscles in the side(s) of your face, after the heat application. We recommend doing this at least once every day. It allows your relaxed muscle fibres to lengthen, which gets them used to gently stretching.
- Identifying and stopping any behaviours like clenching or grinding your teeth. Sometimes, you may not be aware of habits like this and a 'pain diary' can be useful.
- Optimising wellbeing and learning techniques to control tension and stress. You should try regulating your sleep to ensure you are getting good quality and quantity. This includes considering reducing caffeine, particularly after midday.
- You may benefit from mindfulness or relaxation techniques such as deep breathing, meditation, Indian head massage or head & neck physiotherapy. A number of studies confirm that acupuncture may be a useful treatment tool and some people find homeopathic treatments helpful.
- Stopping smoking. Please ask us about the smoking cessation service at QVH.
- Wearing a clear plastic or acrylic splint over your teeth, usually overnight and sometimes during the day. They can support the joint and surrounding muscles by distributing the load and protecting your teeth. Your dentist can make and fit a splint and we can advise whether it might help you.
- Replacing missing back teeth can balance the way that teeth bite together and chew. This may be appropriate in your case.

We provide a separate information sheet to illustrate exercises following your clinical consultation. Exercises are contraindicated for patients with arthritic disease. They are not suitable for everyone, it depends on individual symptoms.

Lastly, you may want to consider the use of muscle-relaxant medication, following discussion with your GP.

Will I need surgery?

If your symptoms persist or worsen, we may carry out some imaging and discuss surgical treatment with you.

Surgery is only required in a small number of cases and usually involves manipulation and washing out of the TMJ whilst you are asleep under a general anaesthetic.

Even less commonly, surgery performed with a mini scope to investigate the function and health of the joint may be recommended. It is very rarely necessary to undergo open surgery to modify or replace the jaw joint.

Further questions

If you have any concerns or questions about your outpatient clinic appointment, please contact

Switchboard Tel: 01342 414000 and ask for the secretary of your named consultant.



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Max Facs

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