

Advice for patients with jaw joint problems

Introduction

This leaflet gives you information about jaw joint problems and answers many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation, please contact the Oral and Maxillofacial Surgery department. The details are at the end of this leaflet.

What is a jaw joint?

The jaw joint, otherwise known as the temporomandibular joint, is located in front of the ear where the skull and lower jaw meet. The joint allows the lower jaw to move and function. The joint is made up of 2 bones that are separated by a disc of cartilage. Ligaments and muscle surround the joint. Problems with the jaw joint are quite common but typically last a few months before getting better. In some cases, only the muscles are affected (myofascial pain dysfunction), whereas in others the cartilage and ligaments may also be at fault (internal derangement). Some people may have a combination of both.

The most common symptoms are:

- Joint noise – clicking, cracking, crunching, grating or popping.
- Pain – usually a dull ache in front of, or in the ear. This may spread up or down the side of the face.
- Headache (at the side of the head).
- Limited mouth opening (very rarely with locking of the joint).

Most jaw joint problems are made worse by chewing and are aggravated at times of stress.

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Department

**Oral &
Maxillofacial**

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**Patient
Information**

What causes jaw joint problems?

- Pain is caused by the muscles in and around the jaw joint tightening up.
- The disc of cartilage can slip out of its normal position between the bones of the jaw joint and noise is heard when it returns to its normal position.
- The noise can be quite loud as the joint is just in front of the ear.
- The ligaments and muscles surrounding the joint can in turn go into spasm, producing pain and limited mouth opening.

Why have I got jaw joint problems?

Over-use of the muscles surrounding the jaw can cause tightening of the muscles as well as allowing the cartilage disc to slip forward.

Causes of over-use include:

- Grinding and clenching of teeth (when asleep or at times of stress).
- Stress or anxiety.
- Nail biting.
- Regularly holding things between the teeth such as hair grips.
- Loss of a significant number of back teeth.
- An uneven bite.
- Sometimes there is no obvious cause.

Are my problems anything to worry about?

Jaw joint problems are not usually serious and do not lead onto other problems. They can be a nuisance however but usually respond to simple treatment.

What treatment is available?

Treatment is aimed at trying to reduce the workload of the muscles, allowing the cartilage disc to return to a normal position in the joint.

- A soft diet that needs little chewing allows the muscles to rest.

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- Resting the joint as much as possible – avoid yawning, wide opening and biting hard on the front teeth.
- Pain relief – anti-inflammatory medicine, this helps to reduce the muscle cramp or spasm.
- Heat - pressed to the affected area also helps reduce muscle cramp and spasm, for example using a warm towel.
- Habits – reducing or stopping any teeth clenching or teeth grinding habits often leads to a quick resolution of the problem. Remember however, that these habits may be ‘subconscious’ and therefore difficult and slow to treat.
- Relaxation therapy – to control stress and tension.
- Jaw joint exercises – as described later in this leaflet.
- ‘Gum shield’ or ‘night guard’ – a clear plastic splint may be recommended to act as a shock absorber and habit breaker if you clench or grind your teeth.
- Physiotherapy (if needed we will refer you).
- Replace missing teeth – if this is appropriate it will have been discussed with you.
- Muscle relaxants or Botox injections – may be prescribed.

What happens if these methods do not produce an improvement?

Following the above advice may stop or reduce the problem to a point where you can manage the symptoms. In a very small number of cases further treatment or surgery may be needed.

Jaw joint exercises

The purpose of these exercises is to reduce / eliminate clicking of the jaw and to strengthen the muscles which pull your jaw backwards. The exercises will relax the muscles which pull the jaw forwards or to one side as you open your mouth, therefore taking the strain off your jaw joints.

Set aside 4 to 5, 5 minute periods a day when you have time to relax to do the exercises.

Sit in an upright chair and carry out the following:

1. Close your mouth on your back teeth, resting the tip of your tongue on your palate just behind your front teeth.

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2. Run the tip of your tongue backwards on the palate as far back as it will go, keeping the teeth in contact.
3. Force the tongue back to maintain contact with the palate and slowly open your mouth until you feel your tongue just being pulled away from the palate. Do not try to open your mouth further. Keep it in this position for 5 seconds and then close your mouth. Relax for 5 seconds.
4. Repeat this exercise slowly over the next 5 minutes in a firm but relaxed way.

As you open your mouth, you should feel tension in the muscles at the back of your jaw and beneath the chin.

For the first few times that you do the exercise, you should check in front of a mirror that the lower teeth move vertically downwards – that is, there is no slight movement from side to side as you open your mouth. If the exercise is being carried out correctly there will be no clicks or noise from the joints.

At first, it may seem that these exercises make the pain worse. This is as a result of unfamiliar exercise. However, if you carry on doing these exercises several times a day, this will help to strengthen the muscles around your joints.

If the exercise is carried out correctly and regularly over a 2 or 3 week period, you will retrain your jaw muscles so that your jaw opens and closes smoothly without (or with reduced) clicks or jerks and any pain you are experiencing should reduce.

Contact information

If you have any questions or concerns, please contact the Oral & Maxillofacial Surgery department.

Outpatient department

New and follow-up clinic booking enquiries

Tel: 0300 422 6940

Monday to Friday, 9:00am to 4:30pm

Minor surgery (local anaesthetic with/without sedation) booking enquiries

Tel: 0300 422 3197

Monday to Friday, 9:00am to 4:30pm

**Patient
Information**
Inpatient and Day Surgery Unit booking enquiries

Tel: 0300 422 8192

Monday to Friday, 9:00am to 4:30pm

Post-operative concerns

Please contact the Gloucestershire Hospitals switchboard on Tel: 0300 422 2222 and ask for the 'operator' when prompted. When the operator responds, please ask to be put through to the 'on-call doctor for Oral & Maxillofacial Surgery'.

Website

For further information, please visit the Oral & Maxillofacial Surgery webpage: <http://www.gloshospitals.nhs.uk/glosmaxfax>

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation
* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85