

# Jaw Joint Problems

The temporomandibular joint (jaw joint) is located in front of the ear where the skull and the lower jaw meet. The joint allows the lower jaw (mandible) to move during chewing and speaking. This joint itself is made up of two bones that are separate a disc of cartilage. Ligaments and muscles surround the joint and along with the cartilage may be a cause of pain or lack of movement.

Problems with the jaw joint are very common but typically only last a few months before getting better.

## The common symptoms are:

- Joint noise – such as clicking, cracking, crunching, grating or popping.
- Pain – usually a dull ache in and around the ear. The pain may radiate, ie move forwards along the cheekbone or forwards into the neck.
- Headache
- Earache
- Limited mouth opening
- Jaw locking.

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

## What causes jaw joint problems?

Pain is caused by the muscles in and around the jaw joint tightening up. Joint noise occurs if the discs of cartilage moves out of its normal position in between the bones of the jaw joint. Most commonly the cartilage slips forwards and a noise is made when it returns to its normal position in between the bones of the jaw joint. The noise sounds louder to some patients than others because the joint is just in front of the ear. The muscles surround the joint can in turn go into spasm; producing pain and limited mouth opening.

## Why have I got jaw joint problems?

Problems may start due to habits such as grinding or clenching the teeth when under stress or at night. Nail biting or holding things between the teeth can also cause jaw joint problems. Less commonly missing back teeth, an uneven bite or an injury to the jaw can lead to the problem. Often no obvious cause is found.

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## Are my problems anything to worry about?

Jaw joint problems are usually not serious and do not lead onto other problems eg arthritis of the jaw joint. They are however a nuisance. Fortunately jaw joint problems usually respond to simple treatments.

## What are the treatments?

Treatments vary depending on whether the problem involves the muscles and ligaments, the cartilage or both. On the whole treatment is aimed at trying to reduce the workload of the muscles so allowing the disc of cartilage to return to a normal position in the joint.

- **Learn the resting position of the jaw** – have the lips together and the teeth slightly apart. Place the tongue as flat as you can on the roof of the mouth as when you say the letter “N”. Breathe through the nose not the mouth. Do this regularly to relax the jaw.
- **Good posture** reduces the stresses on the jaw. Shoulders should be relaxed down but not rounded. The neck should be upright and not in a forward position. Avoid keeping your head to one side eg when on the telephone.
- **A soft diet** – this allows over-worked muscles to rest. Avoid foods such as crusty bread, raw vegetables, steak and toffees. Cut food into smaller pieces.
- **Chew evenly** using both sides of the mouth to prevent muscle imbalance.
- **Painkillers** – anti-inflammatory medication (eg Nurofen) is good and can be taken as either tablets or applied as a gel on the outside of the joint.
- **Heat/ice** – use a warm wheat bag/water bottle wrapped in a towel for up to 20 minutes or use ice wrapped in a damp tea towel for 10 minutes.
- **Massage** – use a gentle circular motion with your fingers over tender muscles to relieve pain and tension.
- **Identifying and stopping any habits** such as clenching or grinding. Avoid resting your jaw on your hand. Avoid wide yawning by supporting the jaw with your hand. During dental work ask for regular breaks to rest the joint. Avoid sleeping on the stomach as this puts abnormal forces on your jaw as well as the neck. Avoid caffeine as this can increase jaw tension leading to pain and headaches.
- **A clear plastic splint** may be provided that fits over the teeth and is worn mainly at night. This helps support the joint and surrounding muscles.
- **Physiotherapy** can offer other treatments to improve pain, tenderness, movement and muscle control.
- **Replacing missing teeth** to balance the bite – if this is appropriate it will have been discussed with you.

## What happens if these methods do not produce an improvement?

Surgery is only carried out in a small number of cases. This can involve an injection into the joint, manipulation of the joint whilst you are asleep or more rarely surgery carried out with a mini telescope. In extreme cases it may be necessary to open the joint and operate on the bones, cartilage and ligaments.

Further information can be found at [www.baos.org.uk](http://www.baos.org.uk)

## Useful contact

Maxillofacial Unit  
Huddersfield Royal Infirmary  
8.30am – 5.00pm  
Reception 01484 355485  
Secretary 01484 342548  
Unit Manager 01484 342336

Physiotherapy  
Huddersfield Royal Infirmary  
Reception 01484 342434

Calderdale Royal Hospital  
Reception 01422 224198

**If you have any comments about this leaflet or the service you have received you can contact :**

Secretary, Physiotherapy Department  
Huddersfield Royal Infirmary

Telephone (01484) 342434

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Amennyiben ezt az információt más formátumban vagy nyelven szeretné megkapni, vegye fel a kapcsolatot fenti részlegünkkel.

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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