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## Department of Oral and Maxillofacial Surgery

# Frequently Asked Questions: Jaw Joint Problems

This leaflet has been written to help your understanding **jaw joint problems** and answers many commonly asked questions. If you have any other questions that the leaflet does not answer or would like more information please ask your surgeon. This leaflet has been taken from the British Association of Oral and Maxillofacial Surgeons.

### The Problem

The temporomandibular joint (jaw joint) is found in front of the ear, where the skull and the lower jaw meet. The joint allows the lower jaw (mandible) to move and function. The joint is made up of two bones that are separated by a disc of cartilage. Ligaments and muscles surround the joint.

Problems with the **jaw joint** are very common but normally only last a few months before getting better. Sometimes only the muscles are affected (myofascial pain dysfunction) whereas in others the cartilages and ligaments may also be at fault (internal derangement of temporomandibular joint).

The most 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 move forwards along the cheekbone or downwards into the neck.
- Headache
- Limited mouth opening

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 disc of cartilage moves out of its normal position
- 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 loud to some patients because the joint is just in front of the ear.
- The muscles surrounding the joint can go into spasm, producing pain and limited mouth opening.

## Why have I got jaw joint problems?

The cartilage in the jaw joint is thought to slip forwards because of over-use and tightening of the muscles surrounding the jaw. This may occur as a result of chewing habits, for example, 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. Missing back teeth, an uneven bite or an injury to the jaw can also lead to the problem. Often no obvious cause is found.

## Are my problems anything to worry about?

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

## What are the treatments?

Treatments can vary. On the whole, treatment is aimed at trying to reduce the workload of the muscles. This allows the disc of cartilage to return to a normal position in the joint.

The following things can help:

- A soft diet that requires little chewing; this allows over-worked muscles to rest.
- Painkillers; anti-inflammatory medication (for example: Nurofen) is good and can be taken as either tablets or applied as a gel on the outside of the joint.
- Heat; warm water in a hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face
- Identify and stop any habits, such as clenching or grinding. Remember that these may be “subconscious”, so you may not be aware of them.
- Relaxation therapy and techniques to control tension and stress.
- Jaw joint exercises; the exercises that are best for you will have been discussed by the doctor seeing you. Please remember to carry them out as instructed.
- Resting the joint as much as possible: for example try to avoid yawning and eat soft foods
- Providing a clear plastic splint that fits over the teeth and is worn mainly at night. This helps support the joint and surrounding muscles.
- Physiotherapy
- Replacing missing teeth to balance the bite; this may 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 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, cartilages and ligaments.

## **Are jaw joint problems anything to worry about?**

It is important to realise that jaw joint problems, although a nuisance, are not serious and usually respond to relatively simple measures over a period of time. Patients themselves can manage most of these treatments. Occasionally jaw joint problems may return after several years. It is very rare for jaw joint problems to progress to arthritis.

## **For more information:**

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## **Adapted from:**

British Association of Oral and Maxillofacial Surgeons. Blepharoplasty.  
<http://www.baoms.org.uk/>

Please ask if you require this information in other languages, large print or audio format:  
01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

## Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

## Cantonese

तमने आ माळिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम  
(ओडीओ डोमेट)मां जेठती छोय तो कृपा करीने पूछो.

## Gujarati

تکایہ پرسیار بگہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

## Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو ہر اے مہربانی اس کیلئے درخواست کریں۔

## Urdu



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169 0 169

## Document history

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