



Peninsula Dental Social Enterprise (PDSE)

Patient Advice Sheet Jaw Joint Pain Management

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Policy will be updated as required in response to a change in national policy or evidence-based guideline.

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 and function. The joint itself 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 typically only last a few months before getting better. In some instances 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 radiate, i.e. 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 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 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?

The cartilage in the jaw joint is thought to slip forwards because of over-use of the muscles surrounding the jaw. This over-use commonly produces tightening of the muscles and may occur as a result of chewing 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.

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 you are suffering from myofascial pain dysfunction, internal derangement of the temporomandibular joint or a combination of 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.

- A soft diet that requires little chewing this allows over-worked muscles to rest
- 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 eg warm water in a hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face
- Identifying and stopping any habits, such as clenching or grinding.
- Remember that these may be subconscious, i.e. you may not be aware of them
- Relaxation therapy and learning 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 eg avoiding yawning
- 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 - if this is appropriate it will have been discussed with you

What happens if these methods do not produce an improvement?

Consideration for an onward referral for specialist opinion.

A restorative dentistry specialist may look at providing a Michigan/Tanar splint and assess the jaw movements.

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 sinister 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 uncommon for jaw joint problems to progress to chronic arthritis.