



**Peninsula
Dental**
Social Enterprise

Peninsula Dental Social Enterprise (PDSE)

Jaw Joint Pain Management – Patient Information

Version 5.0

Date approved:	December 2024
Approved by:	The Board
Review due:	December 2026
Document classification:	Public

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.

The most common symptoms of jaw joint problems 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 sometimes downwards into the neck.
- Headache
- Limited mouth opening or jaw locking
- Earache or a feeling of 'fullness' in the ear

It is a common condition affecting 8-15% of the adult population. Jaw joint pain typically only lasts a few months before getting better but in some cases it may last longer. Most jaw joint problems are made worse by chewing and are aggravated at times of stress.

What causes jaw joint problems?

Sometimes the muscles in and around the jaw joint can become tight and painful. If the disc of cartilage moves out of its normal position between the bones of the jaw joint this can result in clicking or locking of the jaw. 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. Sometimes the joint can be affected by arthritis which may result in pain from inside the joint and a crackling noise. Any of the conditions above can cause discomfort and limited mouth opening.

Why have I got jaw joint problems?

The causes of jaw joint problems are not fully understood. The disc is often found to be out of position in the joint even in people with no symptoms. Sometimes habits such as grinding or clenching the teeth, nail biting and chewing gum can over-work the muscles and lead to muscular pain. Less commonly, poor posture, 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?

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

What are the treatments?

- A soft diet that requires little chewing this allows over-worked muscles to rest.
- Painkillers - anti-inflammatory medication (e.g., ibuprofen) is good and can be taken as either tablets or applied as a gel on the outside of the joint.
- Heat e.g., warm water in a hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face to relax the muscles.
- Identifying and stopping any habits, such as tooth clenching or grinding.
- Improving your posture.
- Avoid resting your chin on your hand when leaning your elbow on a table.
- Avoid deliberately pushing your jaw forwards to change your jaw position for appearance.
- 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 e.g., avoiding yawning and wide mouth opening. You can stifle a yawn or gently put your hand under your chin to prevent full mouth opening when 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?

Surgery is rarely indicated and is only carried out in a small number of cases. Your dentist will discuss if onward referral to a jaw joint specialist would be useful.

Role of stress

Stress can prolong jaw muscle pain and potentially make it worse. Treatments focusing on reducing stress may be useful and may also help to reduce your pain. Jaw joint problems lasting over six months may cause changes in your emotional wellbeing.

Understanding and acknowledging these issues is the first step to improving your chances of a good recovery.

Therapies which might help include:

- Relaxation therapies, including relaxation apps
- Abdominal breathing techniques
- Meditative yoga
- Mindfulness techniques
- Talking therapies such as Cognitive Behavioural Therapy (CBT).