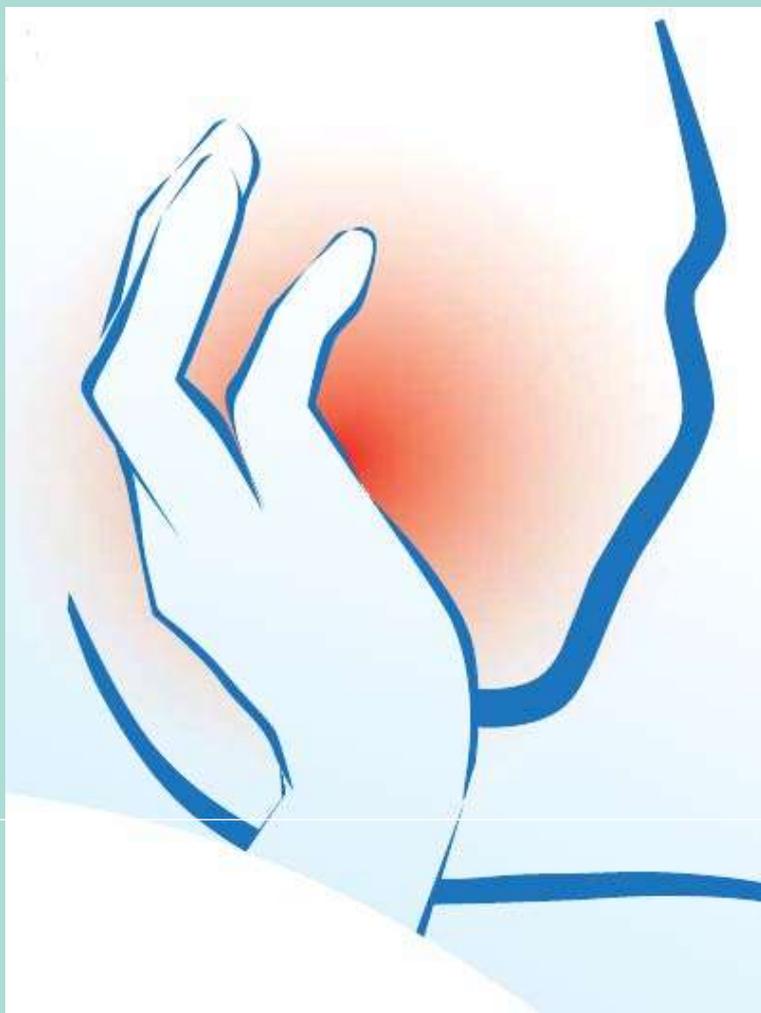


# Eastman Dental Hospital

Temporomandibular disorder  
primary care  
Facial Pain Team



**If you would like this document in another language or format or if you require the services of an interpreter contact us on 020 3456 1053.**

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This booklet has been written by the Facial Pain Team based at The Eastman Dental Hospital.

It is intended for use by patients (or their family and carers) under the care of the team at this hospital. It is not intended to replace discussion with your specialist.

The aim of the booklet is to provide information about temporomandibular disorders and their treatment.

Please do not hesitate to speak with a member of our team if you have any questions, we will be happy to answer them for you.

### **What are the temporomandibular joints (TMJs)?**

The temporomandibular joints (TMJs) are located on either side of the head between the lower jaw and the skull (see below). These are the joints that open and close the jaw. Because of their role in opening and closing the jaw, we use these joints in daily activities like talking and chewing. The TMJs are moved by strong muscles that are attached to the skull and the jaw.

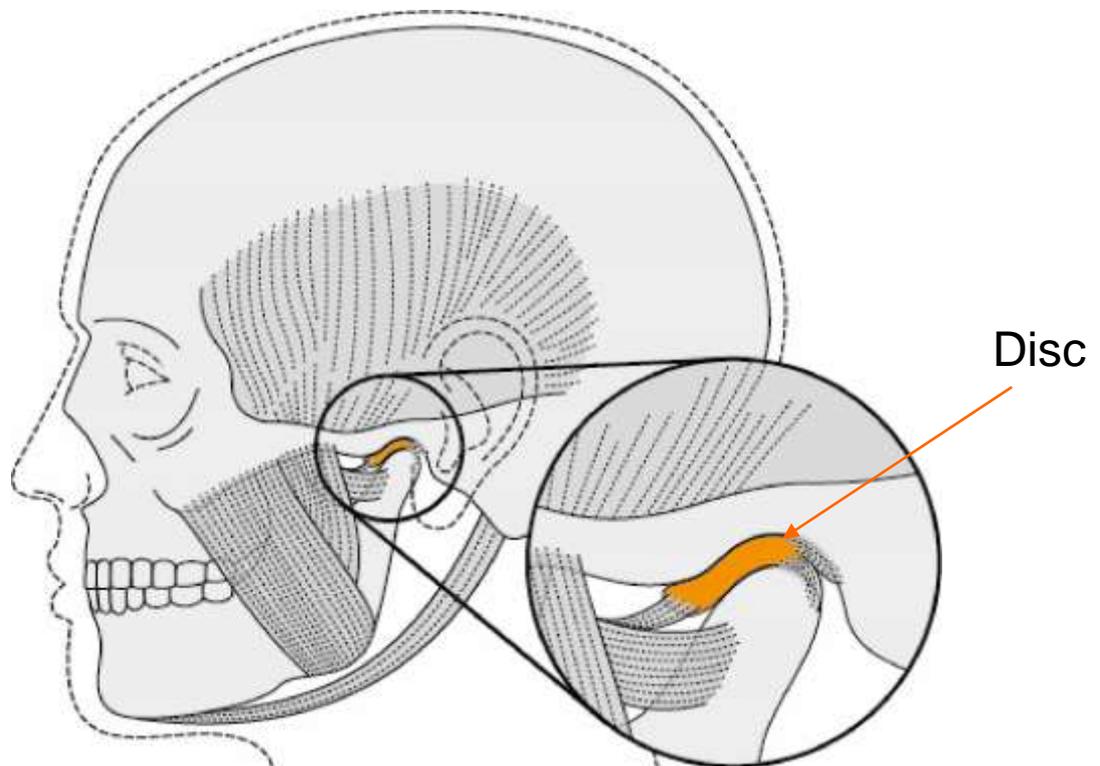


Diagram of temporomandibular joint

## What is Temporomandibular Disorder (TMD)?

Temporomandibular Disorder (TMD) describes a collection of symptoms affecting the TMJs or the surrounding areas or both.

People who experience TMD often describe grinding, clicking or locking of the jaw joint. This can occur on one or both sides of the jaw. Some people also describe pain or discomfort around the jaw or the muscles of the face. However, some people with TMD experience little or no pain.

TMD is a very common condition. It mostly affects young adults, but can also occur in children and older people.

TMD is sometimes called facial arthromyalgia (FAM) or temporomandibular joint dysfunction (TMJD). TMD is rarely a sign of serious disease.

### **What are the features of TMD?**

People who have TMD may notice:

- Clicking or grinding noises coming from one or both of their jaw joints when they open or close their mouth. This is not always painful.
- Locking of the jaw when opening the mouth.
- Difficulty fully opening the mouth.
- Pain, discomfort or tenderness of the jaw joints and surrounding muscles. This pain is often described as a dull ache, but may be sharp and occur suddenly.
- Earache, buzzing or a feeling of 'fullness' in the ear.
- Headache or dizziness.
- Neck ache and other bodily pains, for example backache.
- Problems with sleeping.

TMD symptoms can vary and change over time. Some people experience times of increased symptoms. This does not necessarily mean that the symptoms will remain at this level, or that there is a new problem. It is normal for this to occur in TMD.

### **What causes TMD?**

It is often hard to identify a specific cause for TMD; it can affect anyone. However, it is thought that certain factors may contribute in some people, including, previous injury of the TMJs or surrounding muscles and tooth grinding or jaw clenching.

TMD may also affect those in occupations where it is necessary to hold the jaw in specific positions for long periods – for example musicians. Stress does not cause TMD, but can increase levels of pain.

Although people often worry about clicking and it can be painful, it can be helpful to know that clicking noises suggest altered movement of the disc. The disc is shown on the diagram on page 4 in orange. This is not harmful. Clicking does not indicate damage of the TMJs.

## How is TMD treated?

For many people TMD symptoms are temporary. In some people TMD symptoms improve without specific treatment. Some people are told to use splints. However, currently the effectiveness of splints is not proven either way. In most people TMD symptoms improve when the individual learns how best to manage the symptoms.

There are several things people can do to manage their TMD symptoms. Despite the presence of TMD symptoms (such as pain and clicking) it is helpful to try to:

- Maintain normal activity, such as eating and talking. If an activity causes increased pain, try to continue doing it regularly but in smaller amounts that do not increase the pain.
- Continue doing pleasurable activities, such as hobbies or seeing friends.
- Include some exercise in your daily routine, for example going for a walk, or any other physical activity that Make some time to do something that you find relaxing. The activities that people find relaxing vary a lot, however, some people find guided relaxation such as using a relaxation CD helpful.

In a flare-up (period of increased pain or symptoms) it may also be helpful to consider:

- ❑ Eating a soft diet using both sides of your mouth at the same time, or alternate sides. It is important not to stay on a soft diet for a long time but to gradually return to a normal diet when the pain begins to reduce to its normal level.
- ❑ Reducing activities that involve wide opening of the jaw, where possible, until the pain has reduced, for example prolonged dental treatments.
- ❑ Trying to be aware of jaw clenching which can increase tension in facial muscles. Use gentle stretches to help relax these muscles. Occasionally moving your tongue to the roof of your mouth and letting your teeth move slightly apart can also be a relaxing position for the jaw muscles.
- ❑ Applying moist heat or cold (whichever feels better). Use for 10-20 minutes intermittently throughout the day. Try a warm, damp towel or wrap ice in a thin face towel and apply for no more than five minutes at a time.
- ❑ Using pain medication providing there is no medical reason why these cannot be taken.

Once your symptoms have returned to their usual level, it is helpful to gradually return to normal activity, including eating your normal diet.

### **When is a referral to a specialist clinic needed?**

Many people see an improvement in their symptoms when they begin to apply the strategies discussed in this booklet. However, if symptoms increase in severity and impact significantly on daily life or mouth opening becomes limited, it may be helpful to be referred to a specialist clinic. The specialist team will complete an assessment and may be able to offer advice regarding medication and other self management strategies. Some people may benefit from support in applying these strategies and referral to pain management physiotherapy or psychology may be helpful.

### **For further information**

The Cochrane Library has a consumer section on this topic:  
<http://www.cochrane.org>

UCL Hospitals cannot accept responsibility for information provided by other organisations.

## How to contact us

Facial Pain Clinic

The Eastman Dental Hospital

256 Gray's Inn Road

London WC1X 8LD

Direct line: 020 3456 1053

Extension: 61053

Fax: 020 3456 1105

Eastman Dental Hospital Switchboard Tel: (020) 3456 7899

Email: [facialpain@uclh.nhs.uk](mailto:facialpain@uclh.nhs.uk)

Website: [www.uclh.nhs.uk](http://www.uclh.nhs.uk)

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**Space for notes and questions**

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**Kindness**  
**Teamwork**  
**Improving**