

Jaw Joint Problems

Information and advice

This leaflet aims to answer many of the common questions about jaw joint problems. If you would like further explanation please ask a member of the medical or nursing staff.

What is the temporomandibular joint?

The temporomandibular joint (jaw joint) is the 'hinge' 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 and can typically last a few months before getting better.

In most instances only the muscles attached to the joint are affected (myofascial pain dysfunction) but in some 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 – especially around the face and temples
- 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 or cartilage moves out of its normal position between the bones of the jaw joint.

Most commonly the cartilage slips forward and a noise is made when it returns to its normal position in between the bones of the jaw joint. This noise can seem loud to you because the joint is just in front of the ear.

The ligaments and muscles surrounding the joint can in turn go into spasm, producing cramping 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 to other problems. They are, however, a nuisance and uncomfortable. Fortunately, jaw joint problems usually respond to simple treatments.

Occasionally, jaw joint problems may return after several years. It is very rare for jaw joint problems to progress to arthritis.

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, treatments are aimed at trying to reduce the workload of the muscles, allowing the disc of cartilage to return to a normal position in the joint, and include:

- eating a soft diet - a diet that requires little chewing which allows over-worked muscles to rest
- taking anti-inflammatory pain medication (e.g. ibuprofen) – this can be taken either as a tablet or applied as a gel on the outside of the joint but this treatment **must** be discussed with your doctor first, as this type of medication is not safe for everyone
- applying heat – e.g. warm water in a hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face
- breaking habits - identifying and stopping any habits such as clenching or grinding (remember that these may be subconscious so you may not be aware of them)
- relaxation therapy - learning techniques to control tension and stress
- jaw joint exercises – your doctor will have discussed the exercises that are best, please remember to carry them out as instructed

- rest - resting the joint as much as possible, e.g. avoid yawning and wide mouth-opening for other reasons
- wearing a splint - a clear plastic soft splint can be made to fit over the **lower** teeth which is worn mainly at night and helps support the joint and surrounding muscles and protect the teeth
- replacing missing teeth - this will balance the way your teeth bite together and if appropriate in your case, it will have been discussed with you

Will I need surgery?

Surgery is only required in a small number of cases. This can involve manipulation of the joint whilst you are under a general anaesthetic (asleep), washing out the joint or a steroid injection, or less commonly, surgery carried out with a mini telescope.

In very rare cases it may be necessary to open the joint and operate on the bones, cartilages and ligaments.

Further questions

If you have any concerns, questions or worries before your outpatient clinic appointment, please contact

Switchboard

Tel: 01342 414000

and ask for the maxillofacial secretary of the named consultant. For urgent enquiries out of hours, please ask for the maxillofacial doctor on call.

Please ask if you would like this leaflet in larger print or an alternative format.