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JAW JOINT PROBLEMS

Information for patients



Jaw Joint Problems

The temporomandibular joint (jaw joint) is located in front of the ear, where the skull and 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 cartilage and ligaments may also be at fault (internal derangement of the 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 forward 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 noises occur if the disc of 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. The noises sound 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 forward because of overuse of the muscles surrounding the jaw. This overuse 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.

What are the treatments?

Treatment varies, 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, to align the disc of cartilage to return to a normal position in the joint. Some of these treatments are:

- A soft diet that requires little chewing; this allows overworked muscles to rest.
- Painkillers and anti-inflammatory medications (e.g. Ibuprofen) are good and can be either taken as tablets or applied as gel on the outside of the joint.
- Heat, e.g. warm water in a hot water bottle (avoid boiling water) wrapped in a towel and applied to the side of the face.
- Identifying and stopping any habits, such as chewing 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, e.g. avoiding yawning widely.
- Providing a clear plastic splint that fits over the teeth and is worn mainly at night. This helps support the joint and the 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 carried out in only a very small number of cases. This can involve manipulation or washing out of the joint space whilst you are asleep or, 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 the 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 weeks. It is very rare for jaw joint problems to progress to arthritis.

Who can I contact with questions or concerns?

You can contact the clinic on;

 BMI Thornbury : 01142661133

 High Trees : 01143493326

 Occidental : 0114 2780110

or email us on maxfac.njl@icloud.com