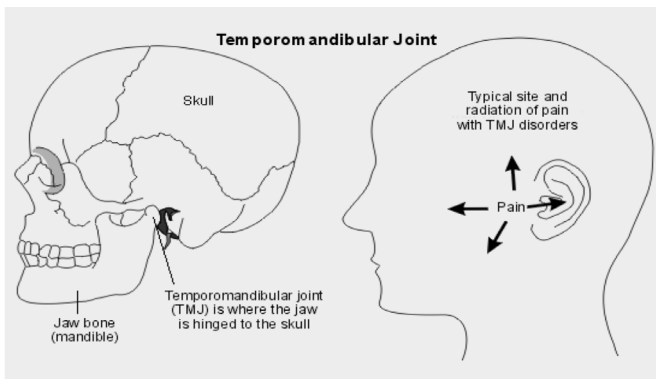


Temporomandibular (Jaw) Joint Problems

Patient information leaflet

Temporomandibular (jaw) joint problems

Temporomandibular (jaw) joint- TMJ is the joint between the lower jaw and the skull, located just in front of the ear canal. The two bones are separated with a cartilage disc. Surrounding the joint there are 4 chewing muscles and ligaments that move the jaw when speaking or chewing.



Temporomandibular joint dysfunction (TMD)

TMD is the name for a group of very common conditions that sometimes affect only the muscles (myofascial pain dysfunction) or in other cases the cartilages and ligaments as well (internal derangement of temporomandibular joint).

Symptoms

- Jaw and face pain

Jaw joint noise (when the disc of cartilage moves out of its normal position between the bones of the jaw joint) such as clicking, crunching, grating or popping

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- Earache
 - Headache
 - Jaw locking
 - Limited mouth opening
 - Pain radiating along the cheek bone or down the neck

What causes it?

Temporomandibular dysfunction can be associated with many things including:

Trauma, for example:

- A knock to face or jaw
- Unexpected wide mouth opening - as in very wide yawn
- Biting down on something hard

- Tooth grinding (bruxism) and tooth clenching, often at night.
- Stress
- Nail biting
- Uneven bite or altered chewing pattern to avoid a sore tooth
- Sometimes no obvious cause can be found but symptoms may be associated with other stress related disorders such as tension, headaches, low back pain and abdominal pain.

Treatment

Treatments vary depending on whether you are suffering from muscle pain, derangement of the joint itself or a combination of both. Generally treatment is aimed at relaxing the jaw muscles allowing the cartilage disc to return to a normal position.

They usually respond to simple measures such as:

- Resting the joint as much as possible and avoiding excessive mouth opening eg yawning
- Soft diet that requires little chewing and avoiding chewing gum
- 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”, ie 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
- Painkillers - anti-inflammatory medication (eg Nurofen) is good and can be taken as either tables or applied as a gel on the outside of the joint

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- 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
 - Antidepressant therapy – this does not mean that you are depressed but long standing pain can cause this. Like other chronic pain conditions such as migraine it has been found that some antidepressant medication is ideal for the treatment of TMD due to their muscle relaxing and pain killing effects. Importantly they are not addictive.

Surgery is rarely required and carried out in a small number of cases. It may involve a steroid injection into the joint, a manipulation of the joint whilst you are asleep, or a washing out (arthrocentesis) of the joint. More rarely surgery can be performed with a mini telescope and in extreme cases it may be necessary to open the joint and operate on the bones, cartilages and ligaments.

Prognosis

Joint problems are usually not serious and do not lead onto other problems eg arthritis of the jaw joint. They can last a few months before getting better and sometimes may return.