

Patient Information

Managing Temporomandibular Joint (TMJ) problems

Oral and Maxillofacial
Department



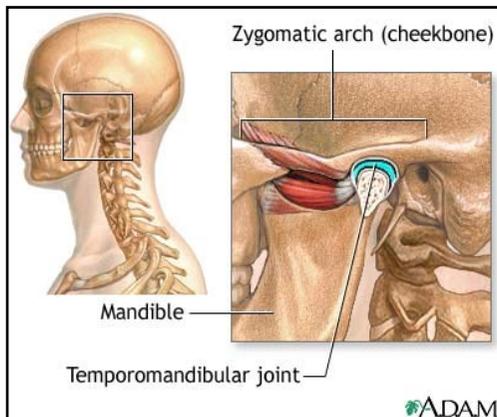
Introduction

The purpose of this leaflet is to help you understand and manage Temporomandibular Joint problems. The condition itself isn't usually serious, and the symptoms it can cause – including pain, jaw joint clicking or popping, and difficulties eating – usually only last a few months before getting better.

What is the temporomandibular joint?

The temporomandibular joint (TMJ) is your jaw joint. It is located just in front of the ear and allows the lower jaw to move and function with the upper jaw. The joint is made up of two bones with a cartilage disc in between. Ligaments and muscles surround the joint.

The TMJ is one of the most frequently used joints of the body . Each component contributes to the smooth operation of the TMJ. When the muscles are relaxed and balanced, and both jaw joints open and close comfortably, we are able to talk, chew, or yawn without pain.



The picture above shows the temporomandibular joint.

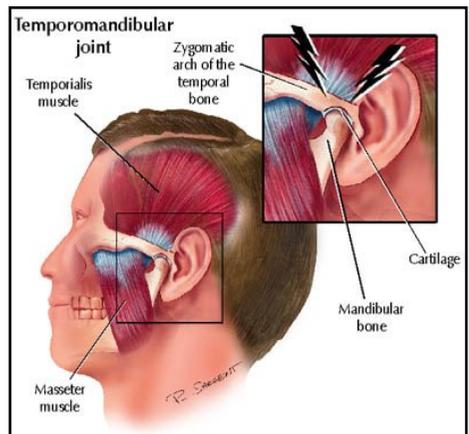
What are the symptoms?

- clicking, popping or grating noises as you chew or move your mouth
- muscle pain around the jaw
- pain in front of the ear that may spread to the cheek, ear and temple
- difficulty opening the mouth – the jaw may feel tight, as if it is stuck, making eating difficult
- headache
- earache or a "buzzing" or blocked sensation in the ear
- pain in other areas of the body – such as neck ache or backache

These symptoms may lead to related symptoms, such as disturbed sleep.

Joint noise occurs if the cartilage disc moves out of its normal position. Most commonly it slips forwards and then clicks back into its natural position. The noise may sound louder to some patients than others due to its proximity to the ear.

This picture shows the muscles involved around the TMJ.



What causes jaw joint problems?

The ligaments and muscles may go into spasm (tighten) which causes difficulty in mouth opening and can be painful. There are a variety of activities which can make the muscles spasm and the pain worse, possible causes include:

- **clenching your jaw or grinding your teeth during sleep (bruxism)** - which overworks the jaw muscles and puts pressure on the joint (often caused by stress)
- **wear and tear of the inside of the jaw joint** - usually caused by osteoarthritis
- **injury to the jaw joint** - for example, after a blow to the face or surgery
- **stress** - some people may inherit increased sensitivity to pain or stress
- **uneven bite** - for example, when new fillings, dental crowns or dentures are fitted
- **loss of back teeth** - this may result in excessive usage of the front teeth to do their work, resulting in muscular pain
- **stress and nervous energy** - it is very common for people under stress to release this nervous energy by either, consciously or unconsciously, clenching or grinding their teeth
- **habits** - nail biting, chewing gum regularly or biting pen tops.

Most jaw joint problems are made worse by chewing and are aggravated at times of stress.

Treatments to help alleviate your symptoms.

Sherman Sore Jaw Regime

Soft diet (resting the joint by eating soft food and avoiding chewing gum, i.e. nothing harder than well-cooked chicken. Avoid hard, crusty foods or those that need chewing a great deal like nuts and French bread sticks. Cut hard food into small pieces.)

Heat (for example, holding a warm flannel, hot water bottle or heat pack over the jaw/sore area for 10-20 minutes, several times a day)

Excessive yawning or opening the mouth too wide to be restricted (avoid long dental appointments or general anaesthesia)

Restrusive jaw exercises in front of mirror

Massage the muscles around the joint

Analgesia (anti-inflammatory painkillers, e.g. Ibuprofen) when required or twenty minutes before performing jaw exercises.

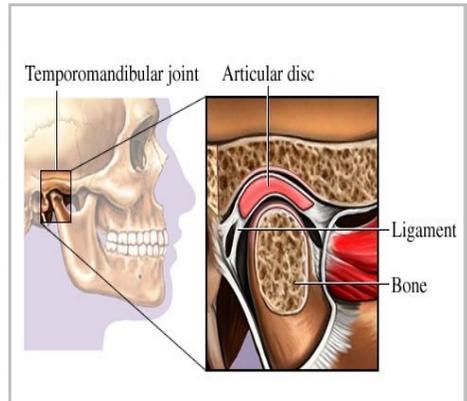
Nocturnal wear of a bite raising appliance (if you clench or grind at night). This should be worn as early as possible after supper, and tooth brushing, so that it “warms up” and does not disturb your sleep.

Additional advice:

- Chew on your back teeth using both sides - avoid biting on your front teeth. Bridges, dentures or implants can replace missing back teeth, helping restore normal jaw movement.
- Avoid excessive chewing, e.g. gum, pen or pencil tops, and don't bite your fingernails - This stops the jaw from having a rest.
- Try and reduce your stress levels – take rest breaks at work and try relaxation techniques.
- Avoid resting your chin in your hand or holding your telephone to your ear using just your shoulders.

An exercise to prevent clicking of the temporomandibular joint

The purpose of this exercise is to stop abnormal forward movement and/or clicking of the lower jaw by strengthening the muscles which pull your jaw backwards. It will also relax the muscles which pull your jaw forwards (or to one side) as you open your mouth, taking the strain off your jaw joints and keep the disc in the correct position.



Set aside four lots of five minute periods every day, preferably when you are feeling relaxed. The best time is usually just before you go to bed, or perhaps when you first get up.

Whilst sitting upright in a chair, carry out the following exercise in front of a wall or vanity mirror:

1. Close your mouth on your back teeth, resting the tip of your tongue on your palate just behind your front teeth.
2. Roll the tip of your tongue backwards onto the soft palate as far back as it will go, keeping the teeth in contact.
3. Slowly open your mouth until you feel your tongue just being pulled away from the soft palate. Do not try to open your mouth further. Keep it in this position for ten seconds and then close your mouth. Hold for a further ten seconds.
4. Repeat this slowly at least twenty times in a firm but relaxed fashion, always checking in the mirror that your lower jaw is moving vertically downwards, not drifting forwards or sideways as you open your mouth. Watching the lines between your upper and lower front teeth will help.

As you open your mouth you may initially feel some tension in the muscles at the back of your jaw and beneath the chin. For the first few times that you do this exercise you may feel the discomfort get slightly worse, but this will get better. If the exercise is being carried out correctly, there should be less clicking or joint noise. If there isn't less, then you may be making some error in carrying out the exercise.

It is important to continue doing this exercise as it will help re-educate your brain's jaw opening programme to a hinge movement. It will also strengthen the muscles and ligaments around the jaw joint, which will help to reduce your discomfort. Some patience may be necessary as usually the longer the period prior to seeking help, the longer it will take for the problem to completely disappear.

If the exercise is carried out correctly and regularly, over a four week period, you should begin to notice less muscle pain, and that the joint opens and closes smoothly without clicks, and any pain you are experiencing should subside over four to six months.

Although a nuisance, jaw joint problems are not sinister and usually respond to the simple measures described in this leaflet. Occasionally they can return, in which case, repeating the measures in this leaflet should ease the problem again.

Questions

If you have any questions that have not been answered by this leaflet, or need further help regarding the exercise, please ask a member of the nursing team.

Contact details

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Monday to Thursday, 8.30am - 5pm
and Friday, 8.30am - 1pm.

Out of these working hours please contact:
Luton and Dunstable Hospital out of hours service ☎ **01582 491166**
and **ask for the maxillofacial doctor on call.**

Reference: Information in this leaflet is taken from www.baoms.org.uk
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