



A guide to...

Temporomandibular Joint Dysfunction (TMJ)

Patient information

How to contact us

Oral and Maxillofacial Department
Watford General Hospital
West Hertfordshire Hospitals NHS Trust
Vicarage Road, Watford, Hertfordshire WD18 0HB

Tel: 01923 217 205

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals@nhs.uk

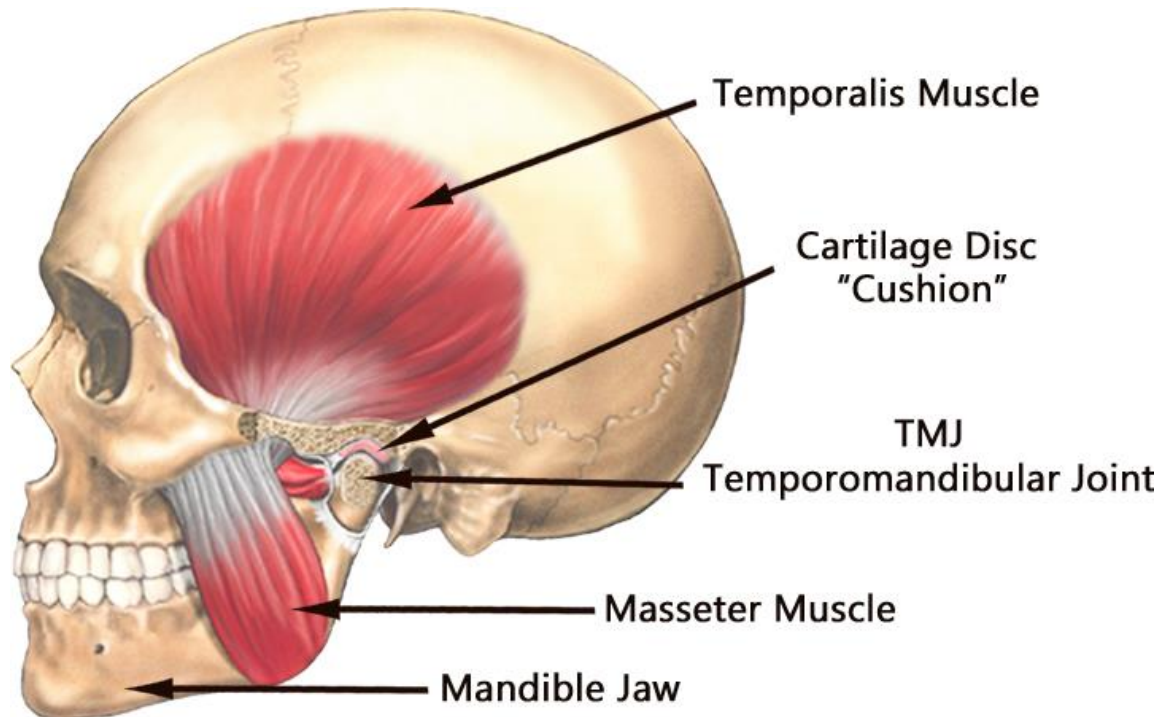


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This leaflet will help you understand your diagnosis and has answers to many of the common questions. Please ask if you have any other questions not covered by the leaflet or would like further explanation.

What is the Temporomandibular Joint Dysfunction (TMJ)

The TMJ is the joint between the lower jaw and the skull. (See diagram below). Like many joints in the body, it has cartilage disc separating the jaw and the skull. There are also four powerful chewing muscles which move the jaw into different positions to allow us to speak and chew.



Who does TMJ Dysfunction affect?

It is generally considered that TMJ Dysfunction is caused by excessive activity in the chewing muscles resulting in jaw clenching or grinding of the teeth. The majority of patients are young (15 to 30 years), otherwise healthy females (and sometimes males).

What are the symptoms?

To make a diagnosis of TMJ Dysfunction you must normally have at least two of the three major symptoms. These are:

- 1) **Pain** in the TMJ or chewing muscles which may radiate into the head or down the neck.
- 2) **Clicking** which is caused by the cartilage disc slipping in and out of its normal position.
- 3) **Limited Mouth Opening** which is due to either muscle spasm or displacement of the cartilage disc causing locking of the joint.

Jaw clenching and tooth grinding are thought to be involuntary anxiety relieving mechanisms. This most frequently occurs at night during sleep and therefore patients are often unaware that it is happening. Many TMJ patients also suffer from other stress related disorders such as tension headaches, low back pain and abdominal cramps (irritable bowel). Sometimes the patient can suffer from an abnormal bite because of missing teeth or a small jaw.

How is TMJ Dysfunction treated?

Your doctor/dentist will examine your jaw joint and muscles to detect signs of muscle spasm and limited mouth opening. An X-ray of the TMJ should give reassurance that you do not have arthritis.

There are at least five options for treatment

- 1) **Reassurance** – once the doctor/dentist has explained that the condition usually resolves after a period of time, many patients do not seek further treatment.
- 2) **Jaw Exercises** – these are designed to relax the chewing muscles.
- 3) **Bite Raising Appliances** – these are similar to sports mouth guards. They are worn over the teeth to prevent them meeting, this in turn reduces muscle activity and muscle spasm.
- 4) **Antidepressants** – do not be alarmed that your doctor/dentist thinks that you are imagining your condition or that you are depressed. The pain killing and muscle relaxant qualities of these antidepressants make them ideal for the management of TMJ Dysfunction. **This medication is not addictive.**
- 5) **Surgery** – Before embarking on surgery, your specialist may require a MRI scan of your jaw joint. You may also be required to undergo a general anaesthetic to look inside the joint with an arthroscope. As the previously outlined measure usually resolve the condition, surgery is rarely used and is generally reserved for severe cases.

Exercise 1: For clicking jaw joint

- A. Sit erect in front of a mirror in good light so that it is possible to observe the muscles under your chin contraction.
- B. With the teeth in light contact attempt to slide the lower teeth backwards by contracting the muscles underneath your chin. You should be able to observe these muscles contracting in the mirror. At no time should the teeth be clenched or parted. Only a sliding movement between the upper and lower teeth should be detected. Tension should be felt in the muscles behind the jaw and beneath the chin, pulling the jaw backwards into the neck. You will be able to feel this by putting your thumb on the muscles beneath your chin and under your ear.
- C. Once the art of muscle contraction is learned it should be done for two or three minutes in each hour, not necessarily in front of a mirror.

- D. Pull the jaw backwards as described and while still keeping tension on the muscles, begin to open and close the mouth, gradually increasing the extent of opening day by day. If the jaw clicks while doing this exercise, then it is being done incorrectly so start again at A.
- E. Gradually increase the extent of mouth opening until full normal movements are restored without producing clicks. After practising this exercise for two or three weeks it will become second nature to you and the click will not return.

Exercise 2: The painful clicking jaw

Exercise A: Reflex opening

- Partly open the mouth against hand pressure on chin for 20-30 seconds. Then open smoothly and widely without deviation, supporting both jaw joints with light finger.

Exercise B: Lateral opening movement

- Support first the left jaw joint with fingers of the left hand and place the right hand against the side of the right jaw; open with a sideways swing to the right against firm pressure from the right hand.

Exercise C: the opposite side

- Do the lateral opening exercises on the opposite side.
- Do each exercise in turn and repeat the whole series six times, three times a day to begin with, then reducing gradually to twice a day, once a day, three times a week etc.

Remember:

- TMJ Dysfunction is not a disease but a temporary malfunction of the jaw joint and its muscles
- Many patients get better whether they have medical treatment or not.
- Almost all remaining patients get better with simple non-surgical methods of treatment.

References

For further information – please see [British Association of Oral and Maxillofacial Surgery](#).

The information leaflet was worded and produced by MR M G Gilhooly (FRCS FDSRCS) Consultant in Oral & Maxillofacial Surgery.

www.baoms.org.uk/patients/conditions/4/jaw_joint_problems

The diagram was taken from Temporomandibular Joint Dysfunction by Dr Michelle Walker <http://mwcdi.com/tmj-dysfunction/>.