This leaflet has been designed to explain your condition and it contains answers to many frequently asked questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask us.

**What is the temporomandibular joint (TMJ)?**
The temporomandibular joint is also called the jaw joint. This joint allows your lower jaw to move and it is found in front of your ear where the bones of your skull and lower jaw meet. These bones are connected by ligaments and muscles and the whole joint has a covering (capsule) to protect it. Inside your joint, a disc of cartilage sits between the bones. It moves forwards and backwards as your mouth opens and closes.

**What problems can I have with my jaw joint (TMJ)?**
Problems with the jaw joint are very common. In most people problems do not last more than a few months, and often get better by themselves. Sometimes, the problems are only in the muscles which move your jaw. In other cases, the cartilage and ligaments may be affected. The most common problems that people notice are:

- noises in the joint - clicking, cracking, crunching, grating or popping sounds
- pain – this can be in or around the ear, along the upper or lower jaws or down the neck
- headache – often at the temples
- difficulty with opening the mouth – tightness or ‘locking’

**What causes the noises in my jaw joint (TMJ)?**
If the disc of cartilage stops moving in its normal way, you may hear noises. The most common problem is that the cartilage slips forwards inside your joint and then makes a noise when it returns to its normal position. Sometimes the disc can get stuck and cause your jaw to lock.

**Why is my jaw painful?**
Pain around your jaw joint is often caused by the muscles around the jaw joint tightening up. Sometimes the joint itself can be inflamed and painful.

**Should I be worried about my jaw joint (TMJ) problems?**
Jaw joint problems are usually not serious. Although jaw joint problems can cause you discomfort, they very often respond to simple treatments.

**Why have I got jaw joint problems?**
We think that many jaw joint problems are related to over-use of the muscles around the jaw – particularly the muscles that close your teeth together. This over-use of the muscles can cause them to tighten up. It often happens because of habits like **grinding** or **clenching** your teeth at
night in your sleep or when you are under stress. Other habits like **nail-biting**, lip or cheek-biting, holding things between your teeth or **chewing gum** can also cause jaw joint problems. Some people tend to push their lower jaw forward or to the side when they are stressed, concentrating hard, driving, studying or using a computer (especially playing computer games). This is another possible cause of jaw joint problems.

We also think that the cartilage in the jaw joint can slip forwards because of over-use of the muscles surrounding the jaw. The ligaments and muscles around the joint can then go into spasm. This causes pain and difficulty opening your mouth.

There are other possible causes for jaw joint problems but they are less common. They include injury to your jaw, missing back teeth or an uneven bite. Often, we do not find any cause.

**What can I do to help ease my jaw pain?**
The most important thing is to try not to over-use the muscles around the jaw. This allows them to rest and recover and may also allow the cartilage disc to return to its normal position.

Try to:
- **eat soft food** that does not need much chewing. **NO CHEWING GUM, TOFFEES ETC.!**
- **identify and stop habits** like clenching, grinding, nail-biting and so on. Remember that these habits may be subconscious (you don’t realise you’re doing them). Friends and family can help.
- **rest** the joint as much as possible – avoid opening your mouth very wide when you are eating or yawning. Supporting your chin with a finger when you yawn can help.
- **use heat** to relax the muscles – for example, a damp towel heated in a microwave or a hot water bottle wrapped in a damp towel and applied to the side of your face.
- **use painkillers** to get comfortable. If you are able to take anti-inflammatories, such as ibuprofen, these usually work best. Ibuprofen can be taken as tablets or applied as a gel to the sore areas. Paracetamol is an alternative if you can’t take anti-inflammatories.
- **use relaxation** therapy to control tension and stress. Yoga or exercise may help.

**What will my dentist do?**
Your dentist may give you stronger anti-inflammatory painkillers or prescribe muscle relaxants. You may get jaw exercises to do or your dentist may suggest that you see a physiotherapist. Sometimes your dentist will make a guard for you to wear over your teeth – usually at night.

**What happens if these methods don’t improve the problem?**
For a very few people we may suggest surgery. This is extremely rare and we will try all the other possible treatments first.

This leaflet is available online at http://www.ucc.ie/en/dentalschool/patients