

TEMPOROMANDIBULAR JOINT (TMJ) DISORDER

NOLENSVILLE FAMILY MEDICINE
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BASIC INFORMATION

DESCRIPTION

Pain in the temporomandibular joint. This is the joint on either side of the lower jaw that opens and closes the mouth. The disorder affects adults of both sexes, but it is more common in women.

FREQUENT SIGNS AND SYMPTOMS

- Symptoms may come on slowly; they may begin suddenly if there is an injury to the area.
- Dull, aching pain on one side of the jaw. It occurs below or in front of the ear, in the temples, in back of the head, and along the jaw line.
- It may hurt to chew.
- "Clicking" or "popping" joint sounds.
- Unable to open the jaw all the way or rarely, jaw may "lock" in open position.
- Headache, dizziness, and toothache.
- Ears feel pressured, clogged, aching, or you may hear ringing.
- Tired facial muscles from yawning, speaking, or when waking up. Head, shoulder, and neck muscles may ache.

CAUSES

Normally the jaw, the skull, the muscles that attach to and move the jaw, and the involved nerves work together in a smooth relationship. For a variety of reasons, an imbalance occurs in the way one or more of these parts function. This brings about the symptoms.

RISK INCREASES WITH

- Physical and emotional stress.
- Joint is affected by jaw, head, or neck injuries.
- Grinding or clenching teeth (sometimes during sleep).
- Chewing gum or biting nails.
- Tension of the masticatory (chewing) muscles.
- Faulty alignment ("bite") between the upper and lower jaws (disk derangement).
- Osteoarthritis, rheumatoid arthritis, or gout.
- Work habits such as holding a phone between shoulder and ear.

PREVENTIVE MEASURES

No specific preventive measures. Avoid risk factors where possible.

EXPECTED OUTCOMES

The symptoms often clear up on their own in about 2 weeks. In most other cases, simple treatment measures can relieve symptoms.

POSSIBLE COMPLICATIONS

- Arthritis of the joint.
- Chronic pain of the face.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam of the jaw area and ask questions about your symptoms and habits. Medical tests may include jaw range-of-motion studies, x-rays, and others.
- Treatment plans may include lifestyle changes, drugs for pain, diet changes, and simple jaw exercises. For tooth or denture problems, see a dental care provider.
- Try to limit jaw movements and learn to relax the jaw. Don't open it wide. Block a yawn by putting your fist under your chin. Don't chew gum.
- Ice and/or heat may be of benefit in relieving discomfort. Try one and then the other to see what works best for you. Massage the TMJ muscle area.
- Counseling may be helpful for stress problems.
- Simple jaw exercises may help. You will be instructed on how to do stretching and relaxing exercises.
- You may be fitted with a special splint or biteplate that will help reduce clenching or teeth grinding.
- A procedure to wash out the joint or inject pain drugs may be done in a medical office with local anesthesia.
- Severe cases that do not respond to simpler measures may need surgery to reconstruct the joint (rare).
- To learn more: TMJ Association, PO Box 26770, Milwaukee, WI 53226; (414) 259-3223 (not toll free); website: www.tmj.org.

MEDICATIONS

- For pain and inflammation, use nonprescription drugs such as aspirin (not for children) or ibuprofen.
- Muscle relaxants, drugs for pain, or steroids may be prescribed for a short time.

ACTIVITY

No limits.

DIET

Eat a soft diet until symptoms improve. Avoid hard, chewy foods such as bagels.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of temporomandibular joint disorder.
- Symptoms do not improve with treatment.

Special notes:

More notes on the back of this page