

TMJ Disorder

Introduction

The **temporomandibular joint (TMJ)** is unique in that it allows your lower jaw to perform motions in several different directions. You use lower jaw motions whenever you talk, swallow, chew, or yawn. Because of the complexity of the joint structure, anything that changes the way the joint functions can cause pain or other symptoms termed TMJ disorder. There are several possible causes or combination of causes of TMJ, including structural abnormalities, dental problems, stress, and medical conditions such as arthritis. Likewise, there are several treatment approaches for relieving TMJ symptoms. Fortunately, the majority of people with TMJ disorders successfully find relief from their symptoms.

Anatomy

The TMJ located in front of each ear holds your lower jawbone (mandible) in place. The TMJ consists of ligaments, tendons, cartilage, and muscles. The TMJ joints allow you to move your lower jaw in several directions—from side to side, front to back, and up and down. You use such movements when you open and close your mouth.

Causes

There are several causes or combinations of causes of TMJ disorder. Stress that causes teeth grinding or jaw clenching, poor posture, jaw structure abnormalities, injury, arthritis, and dental problems, such as misaligned teeth or problem bite patterns may contribute to TMJ disorder.

Symptoms

A main symptom of TMJ disorder is pain or tenderness at the TMJ in front of each ear. Dull aching pain may spread to your face. You may have an earache or headache. Your pain may increase when you move your jaw. It may be difficult to open and close your mouth, and your jaw may lock at times. A clicking noise may be heard during motion.

Diagnosis

An Ear, Nose, and Throat (ENT) doctor or dentist can evaluate you for TMJ disorder. Your doctor will examine your jaw structures, bite patterns, and jaw movements. Dental X-rays, computed tomography (CT) scan, or MRI scan may be used to provide images of your teeth and jaw structures to help with diagnosis and treatment planning.

Treatment

In many cases, TMJ disorder will resolve without treatment. However, if treatment is needed, there are many options. Relaxation techniques, stretching and massage, or hot or cold packs may help relieve symptoms. Be conscious of your posture and avoid jaw clenching.

Your doctor may fit you with a bite plate or night guard to wear while sleeping to prevent teeth grinding. Orthodontics may correct bite problems.

Your doctor may prescribe pain relieving or muscle relaxing medication. Arthrocentesis, a procedure that uses a needle to remove fluid and debris from a joint may be another treatment option. Surgery to correct or replace jaw structures is only used as a last resort.

Prevention

You may be able to prevent TMJ disorder by:

- Practicing relaxation techniques. Therapy or biofeedback may help as well.
- Maintain good shoulder, neck, and back posture, especially when working at your desk
- Avoid repetitive mouth motions, such as those used during gum chewing, smoking, or chewing on pens or pencils.

Am I at Risk

TMJ disorder occurs more frequently in women than in men. Risk factors for TMJ disorder include:

- Poorly aligned teeth or uneven bite patterns (malocclusions)
- Stress that results in teeth grinding or jaw clenching
- Repetitive motions, such as used for gum chewing, smoking, or chewing on a pen or pencil
- Poor posture that strains the neck, shoulders, and back
- Osteoarthritis, rheumatoid arthritis, or other inflammatory diseases
- Jaw injury
- Joint structure abnormalities, such as disc or tendon problems
- Whiplash

Complications

TMJ disorder can lead to chronic headaches and facial pain.

This information is intended for educational and informational purposes only. It should not be used in place of an individual consultation or examination or replace the advice of your health care professional and should not be relied upon to determine diagnosis or course of treatment.