**WHAT IS THE TMJ?**
The TMJ is the joint in front of each ear where the lower jaw (mandible) meets the skull (temporal bone). The TMJ allows for movement of the lower jaw and is the most constantly used joint in the body. For smooth and painless jaw opening, the TMJ must first rotate (turn like a doorknob) then translate (slide forward). A small disc made of cartilage separates and cushions the bones when the jaw is opened and closed.

**WHAT CAUSES TMJ DISORDERS?**
With TMJ disorders, the translation or sliding phase of jaw movement often begins too early. This leads to poor tracking and deviation of the jaw when it opens and closes. The jaw may also be out of alignment when it is closed and resting.

Jaw clenching, teeth grinding, gum chewing, and facial or jaw trauma are common causes of TMJ dysfunction.

- **Myofascial pain** is the most common type of TMJ disorder and affects twice as many women as men. It is often caused by overuse of the jaw muscles, such as teeth grinding (bruxism), jaw clenching (often stress-related), gum chewing, etc.
- **Structural pain** may be due to a dislocated jawbone/disc or damage to the disc. Facial trauma from a car accident or a fight can lead to structural problems with the TMJ.
- **Arthritis** can also cause pain in the TMJ. It may be due to teeth grinding, trauma to the jaw, or normal aging. Rheumatoid arthritis or severe trauma may lead to fusing of the joints, preventing jaw movement altogether.

**WHAT ARE THE SYMPTOMS?**
Common symptoms of TMJ dysfunction include:

- Pain in the face, jaw, and/or ear. The pain may also radiate to the neck or shoulders.
- Headache.
- Clicking, popping, or grating sounds with jaw movement.
- Pain with opening or closing the mouth.
- Difficulty fully opening the mouth.
- Difficulty chewing.
- Locking of the jaw when open.
- Uneven or uncomfortable bite.

Pain is usually worse with jaw movement. Some people experience an ache in the jaw and surrounding muscles when awakening, usually due to teeth grinding or jaw clenching.

Clicking of the jaw is not considered to be a problem unless it is associated with pain and/or limited jaw motion.

**HOW IS IT DIAGNOSED?**
TMJ disorders are usually diagnosed by a history and physical exam. X-rays are usually not helpful. In rare cases, a specialist may order a CT scan for detailed images of the jaw bones and/or an MRI to look for problems with the joint's disc.
HOW IS IT TREATED?

■ Self-Care Measures
Most cases of TMJ are temporary and will resolve in 2-3 weeks with jaw rest and the following:
- Anti-inflammatory pain medications, such as ibuprofen (Advil or Motrin) or naproxen (Aleve). It is important to take these medications with food to avoid an upset stomach. Talk to your medical provider before taking these medications if you have a history of stomach ulcers or kidney disease.
- Warm compresses or ice to the jaw.
- Gentle massage to the jaw.
- A soft diet. Avoid gum, hard candy, and chewy foods.
- Stress reduction techniques, such as breathing exercises, meditation, progressive muscle relaxation, yoga, etc.

It is also important to:
- Avoid biting on objects, like your fingernails, pens, etc.
- Avoid biting your lower lip.
- Avoid biting with your front teeth.
- Keep your upper and lower teeth apart when your mouth is closed.
- Maintain good posture of the head, neck, and back.

■ TMJ Exercises
A variety of rehab exercises exist. Some help to stretch and relax jaw muscles. Others are designed to normalize the mechanics of jaw opening. For specific instructions, please refer to our copy of an effective step-by-step home exercise program developed by Southside Hospital in New York.

■ Medical Treatments
If your symptoms do not improve over 2-3 weeks with the above measures, you may need further evaluation and treatment by a specialist.
- Short-term use of muscle relaxants may be prescribed in certain cases.
- You may be referred to your dentist for a night guard or bite plate. This is a plastic device that fits over your upper and lower teeth to decrease grinding and clenching. The guard should not change your basic “bite” and should not cause pain.
- In severe cases, a specialist may inject a corticosteroid medication into the joint space to decrease inflammation and provide pain relief.
- Injecting botox into the jaw muscles used for chewing may help with myofascial pain.
- In extremely rare cases, surgery may be considered. It is very important to obtain a qualified second opinion prior to undergoing such an extreme measure.

RECOMMENDED WEBSITES:
- www.emedicinehealth.com
- www.mayoclinic.org
- www.nih.gov