



Why does my jaw hurt?

Do you have pain in or around your jaw joint? Does your jaw get stuck? Do you have painful clicking or popping? Are frequent headaches, like migraines, a problem? If so, you may want to ask your dentist about temporomandibular (TEM-puh-roh-man-DIB-yoo-ler) disorders (TMDs).

Your temporomandibular joint allows you to open or close your mouth and slide your jaw from side to side or back and forth. It is a complicated system of muscles, connective tissues, and the bony joint itself. Because it is so complex, your jaw joint can develop a number of problems.¹

Some possible causes of TMDs include¹

- diseases that affect the muscles or joints, like arthritis;
- injury to the jaw joint or connective tissues;
- habitual movements of the teeth and jaws, like grinding or clenching.

Other things, like sinus infections, can cause pain in your jaw area.¹ Your dentist may want to rule some of these out before identifying TMDs as the source of your pain.

DIAGNOSIS

Signs and symptoms of TMDs can include¹

- pain in or around the ear;
- pain when chewing;
- tender jaw muscles;
- painful clicking or popping when opening or closing the jaw;
- difficulty opening or closing the mouth;
- pain when opening your mouth wide;
- headaches, facial, or neck pain.

One large, multiyear study also found that people in whom TMDs develop are more likely to report chronic somatic symptoms—like runny nose, fatigue, or dizziness.² Anxiety and depression have also been associated with TMDs.¹

If TMDs are suspected, your dentist may check your joints and muscles for tenderness. He or she may listen for noises like clicking or popping, ask you about pain, or examine how your jaw moves.

Symptoms may come and go or may bother you all the time. Or may go away without any treatment.

TREATMENT

It is difficult to identify the cause of TMDs. Treatment usually focuses on relieving the symptoms associated with it. There are several things you can try that might help¹:

- eat softer foods;
- limit wide jaw movements;

- avoid chewing gum or biting down on anything hard;
- apply moist, warm compresses.

If your pain is still a problem, your dentist might suggest

- exercises to strengthen your jaw muscles;
- medications like muscle relaxants, pain medicine, anti-anxiety drugs, or anti-inflammatory medications;
- a nightguard or bite plate to decrease clenching or grinding of teeth during sleep.

Your dentist also may refer you to a specialist who has experience working with patients who have dental-related pain. Be well informed before making permanent adjustments, like changing the way your teeth fit together. Ask about the credentialing and educational background of those providing the care, as well as the success rates for the particular procedure you are considering. Explore all treatment options and potential outcomes before making any permanent changes to your bite.

CONCLUSION

Because the jaw joint is so complex, it can be difficult to identify what causes pain in and around the joint. Most treatment focuses on relieving the painful symptoms. Your dentist may be able to teach you ways to reduce the discomfort that comes with TMDs or, if necessary, refer you to a specialist who can offer other treatment options. ■

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1. Gauer RL, Semidey MJ. Diagnosis and treatment of temporomandibular disorders. *Am Fam Physician*. 2015;91(6):378-386.

2. Slade GD, Ohrbach R, Greenspan JD. Painful temporomandibular disorder: a decade of discovery from OPERA studies. *J Dent Res*. 2016;95(10):1084-1092.