Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GENERAL HEALTH

Jaw pain and TMJ disorder

usually self-limiting, and easily made worse

Temporomandibular disorder is pain and dysfunction of the jaw joint and the muscles that move it. It is common, often related to clenching and grinding, and the great majority of cases settle with simple measures within months. Irreversible dental treatment early on is the thing most likely to make it worse.

Seek urgent assessment if you have

- a jaw that is **locked open or closed** and will not move
- jaw pain with **facial swelling, fever or difficulty swallowing**
- jaw or ear pain with **chest tightness, sweating or breathlessness** — heart attacks present this way
- **new severe jaw ache on chewing in someone over 50**, with scalp tenderness or headache
- **numbness of the face or lip**, or a lump in front of the ear
- jaw pain following **significant trauma**

Jaw claudication — aching in the jaw muscles on chewing that eases when you stop — in someone over 50 is a key symptom of giant cell arteritis, which can cause sudden permanent blindness and needs same-day treatment. Cardiac pain can present as jaw pain alone, particularly in women.

Typical symptoms

- **Pain in front of the ear**, in the cheek or temple, often worse in the morning or after chewing
- **Clicking, popping or grating** on opening — painless clicking alone needs no treatment at all
- **Limited opening**, or the jaw deviating to one side
- **Headaches**, particularly temple headaches
- **Earache with a normal ear**, and sometimes ringing or a blocked sensation
- **Tooth sensitivity or facial muscle tightness**, worn or flattened teeth

What drives it

- **Clenching and grinding**, often at night and often unrecognised — the commonest factor by far
- stress, anxiety and poor sleep

- habits: nail biting, chewing gum, chewing pens, resting the chin on a hand
- prolonged dental work, or a wide yawn
- arthritis in the joint, and occasionally injury
- some medicines, including certain antidepressants, which increase grinding

Avoid irreversible treatment early

Occlusal adjustment — grinding down teeth to change the bite — orthodontics and full-mouth reconstruction were once commonly offered for TMJ pain. Evidence does not support them as a first-line treatment, and they cannot be undone if the pain turns out to be muscular, which it usually is. **Start with reversible measures, and give them three months.** Most cases settle without any permanent change to the teeth or joint.

Self-management — the mainstay

Do

- Eat soft food for a few weeks; cut food into small pieces
- Apply heat for 15 minutes several times a day for muscle pain
- Gentle jaw exercises — controlled opening within a comfortable range
- Rest the jaw: teeth apart, lips together, tongue on the roof of the mouth
- Address sleep and stress, which drive night-time clenching

Avoid

- Chewing gum, tough meat, crusty bread, hard or chewy sweets
- Wide yawning — support the chin with a hand
- Nail biting, pen chewing, resting the chin on your hand
- Sleeping face-down with the jaw pressed into the pillow
- Testing the click repeatedly to see if it is still there

Other treatment

- **Anti-inflammatories** for two to three weeks, taken regularly.
- **A splint or bite guard** made by a dentist, worn at night, which protects the teeth and reduces muscle activity. Over-the-counter boil-and-bite guards are less effective and can alter the bite.
- **Physiotherapy** — manual therapy, exercise and posture work, which has good evidence.
- **Botulinum toxin injections** into the chewing muscles for severe clenching and muscle hypertrophy, where conservative measures have failed.
- **CBT and relaxation**, which target the clenching rather than the joint.
- Referral to maxillofacial surgery for the small minority with genuine internal joint derangement.

Why come to us. Jaw pain sits awkwardly between dentist, GP and specialist, and people are often passed between them. We can assess you properly, exclude the causes that matter — cardiac pain, giant cell arteritis, ear and dental infection — with **bloods and ECG in-house and results the same visit**, and treat the muscular cause with prescribed medication, physiotherapy and, where appropriate, **botulinum toxin injections performed here**. Seven days a week, no referral needed.

Assessed properly, and the serious causes excluded

Bloods and ECG in-house, physiotherapy and injections on site.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Physiotherapy** · **Medical Aesthetics** · **ENT (Ear, Nose & Throat)** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and Royal College of Surgeons guidance on temporomandibular disorders. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.