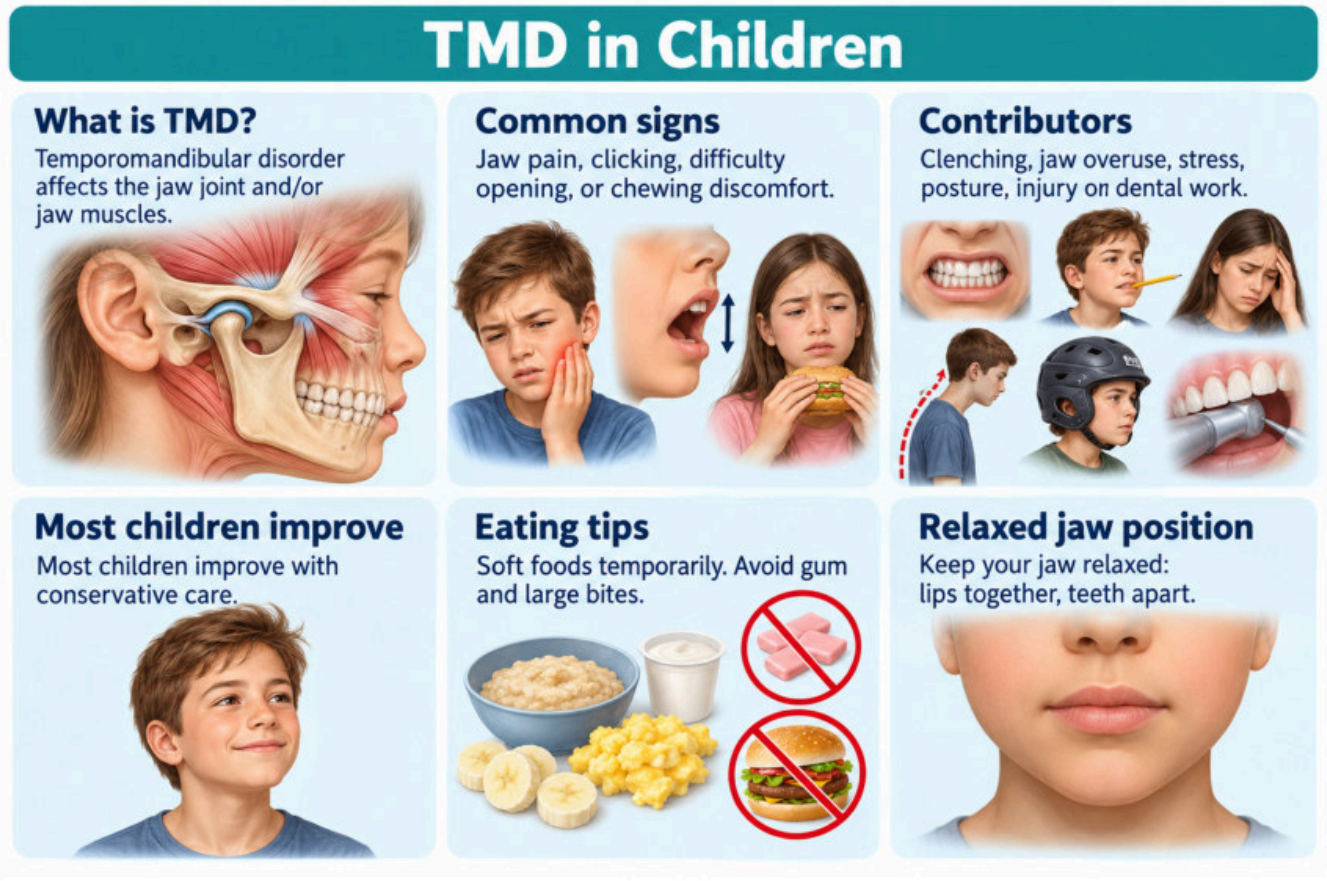
TMD in Children

Temporomandibular disorder: advice for children

TMD in Children

A guide to symptoms, treatment and self-management



Understanding tmd in children

Temporomandibular disorder (TMD) affects the jaw joint (TMJ), the muscles around the jaw, or both. Children may have pain, clicking or difficulty opening their mouth. TMD is common and usually not serious.

Supporting your recovery

Most children improve with simple conservative care and do not need specialist treatment. Symptoms may come and go, but usually settle with growth, posture changes and reduced clenching.

Understanding your condition

Symptoms, causes and when to seek advice

Possible causes

- Jaw strain from hard foods or chewing gum
- Teeth grinding or clenching, often during sleep
- Forward-leaning posture and long screen use
- Stress or anxiety causing jaw tension
- Recent dental work or jaw injury
- Growth and development changes in adolescence

Sometimes no clear cause is found.

Common symptoms

- Jaw pain on one or both sides
- Clicking, popping or grinding sounds
- Locking or catching
- Pain with chewing or talking
- Headaches; ear pain or fullness despite a normal ear examination
- Facial or neck muscle tightness

Symptoms can flare with stress, illness or increased jaw use.

How is TMD diagnosed?

Assessment includes examination, questions about symptoms and habits, and checks of jaw movement and muscles. Scans or X-rays are not normally needed unless another condition is suspected.

Important information

Seek advice if the jaw locks open or shut, eating becomes difficult, pain is severe or persists after 6-8 weeks, headaches or ear symptoms worsen, there is injury, or new neurological symptoms develop.

Recovery reminder

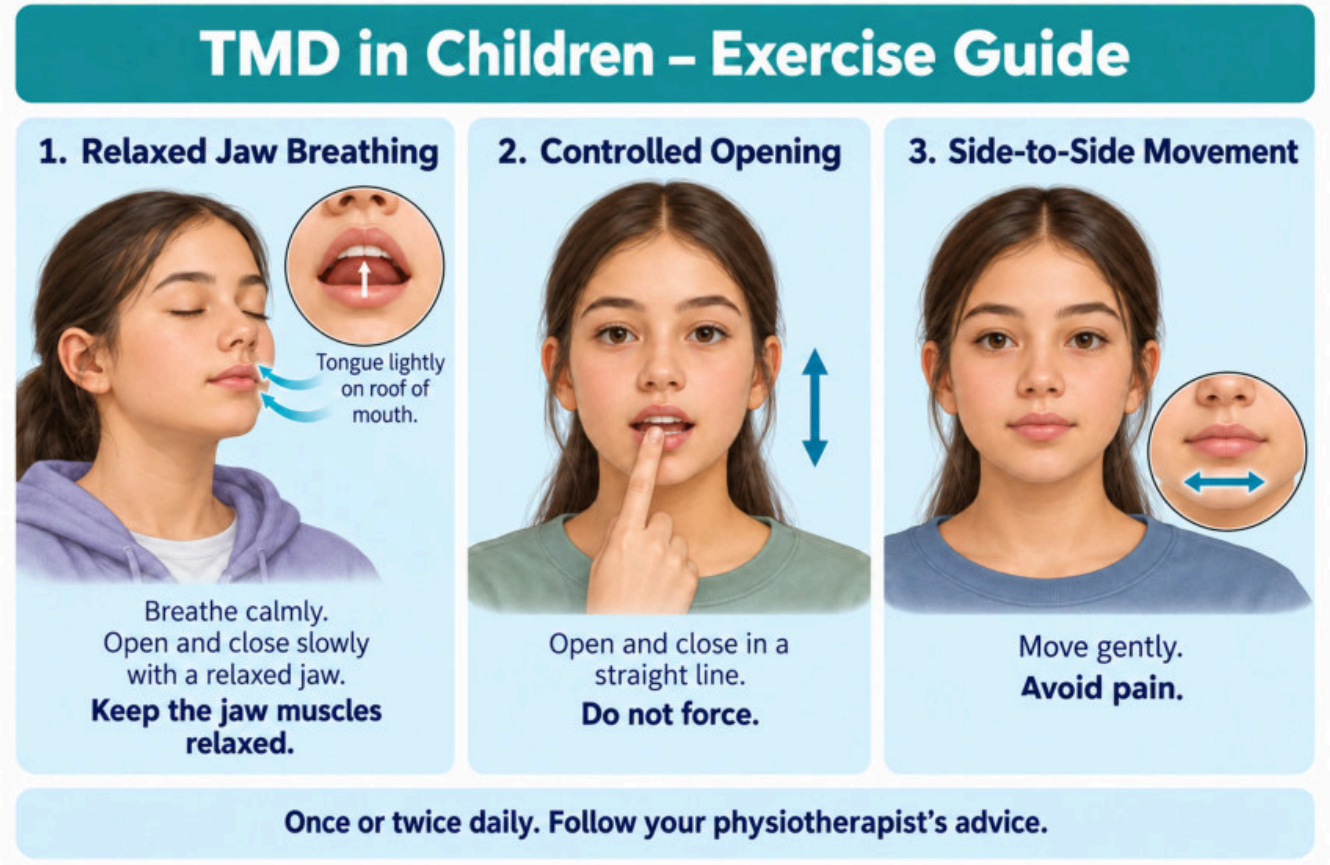
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Exercises and rehabilitation

Gentle movements under professional guidance

Exercise examples

Practise gentle exercises once or twice daily. Keep jaw muscles relaxed and avoid causing pain. A physiotherapist can advise on suitable movements.



Exercise instructions

Relaxed jaw: tongue lightly on the roof of the mouth; slowly open and close.
Controlled opening: use a finger as a small opening reference between the teeth; open and close in a straight line without deviation.
Side-to-side: move the jaw gently without pain. Practise once or twice daily.

Exercise safely

Do not force the jaw open. Rest from chewy foods, gum and large bites. Encourage the relaxed resting position: "lips together, teeth apart."

Management and next steps

Self-care, treatment and when to seek help

Rest the jaw and reduce strain

Temporarily choose softer foods such as pasta, yoghurt or soup. Avoid hard, chewy or sticky foods, chewing gum, tough meats, large sandwiches, wide yawning and large bites.

Heat, ice and pain relief

A warm compress for 10-15 minutes may relax jaw muscles. For painful flare-ups, use ice for 5-10 minutes wrapped in a cloth. Paracetamol or ibuprofen may be used short-term, following age-appropriate dosing.

Habits, posture and wellbeing

Reduce nail biting, pen chewing and leaning on the jaw. Keep lips together and teeth apart at rest. Support the back, keep the head upright and take screen breaks; avoid slumping or lying on the stomach to watch screens. Encourage relaxation, good sleep and breaks from schoolwork.

When to seek further help

Contact your GP, dentist or physiotherapist for severe or persistent pain after 6-8 weeks, jaw locking, significant eating difficulty, worsening headaches or ear symptoms, injury or new neurological symptoms. Persistent cases may need a dental specialist, orthodontist or paediatric pain service.

Recovery outlook

Most children recover fully with simple measures. TMD does not damage the jaw joint in most cases. Symptoms may fluctuate, but usually settle with growth and improved habits.

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