If your jaw only clicks, you often need no treatment.

Most jaw noises, jaw pain and trouble opening the mouth come from temporomandibular disorders (TMD). TMD is not life-threatening, and most people get better with standard care and self-care.[1]

4 types and their main treatments

What to do depends on the type[2]

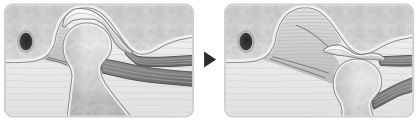
Type (where)	Symptoms[3]	Main treatment
 **Jaw muscle pain** The muscles that move the jaw (temples, and the cheek near the angle of the jaw)	Muscle pain. Hurts when opening the mouth or chewing	Explanation and lifestyle changes, muscle massage, painkillers.[4] A mouthguard (splint) if needed[5]
 **Jaw joint pain** The jaw joint (just in front of the ear)	Joint pain. Hurts when opening the mouth or chewing	Explanation and lifestyle changes, painkillers.[4] A splint or mouth-opening exercises if needed[5]
 **Disc displacement** Returns on opening. The cushion (disc) in the joint is out of place	Clicking when opening and closing the mouth	**If there is no pain and the mouth opens normally, treatment is often not needed**[6]
 **Disc displacement** Does not return (locking). The cushion (disc) in the joint is out of place	The jaw catches and the mouth won't open	Mouth-opening exercises.[5][6] If that doesn't help, options include rinsing out the joint[8]
 **Degenerative joint disease** The joint bone changes shape	A grating sound[9]	If painful, start with gentle, low-burden treatment, as with the other types

It's common for one person to have more than one type.[2] The figures are simplified.

Why the jaw clicks

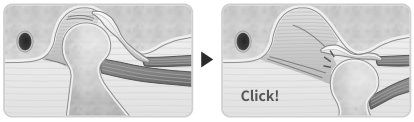
Cross-section of the jaw joint. **Left: mouth closed. Right: mouth open**

Normal



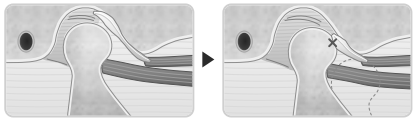
The disc sits on top of the bone. On opening, they move forward together.

Clicking (disc returns)



On opening, the bone rides over the displaced disc and gets back under it. That's the "click."[3][9]

Locking (disc doesn't return)



The displaced disc blocks the bone from moving forward, so the mouth won't open.[3][6]

Skull · Tip of the lower jaw · Cushion (disc) · Tissue behind the disc · Muscle that pulls the jaw forward · Ear canal

Disc displacement is common: it has been reported in **18–35%** of the general population.[6]

"When will it get better?"

1–3 months Most **pain** improves with time. With initial treatment, it usually settles in about 1–3 months.[7] If it hasn't improved after about 3 months, see a specialist.[5]

Clicks may stay A clicking **sound** usually just continues without pain: a "noisy annoyance." Only a small number go on to locking.[6] If your jaw locks, see a dentist.

From your clinic A clinic stamp is fine for contact details

Phone _____ **Type** ☐ Muscle pain ☐ Joint pain ☐ Disc (clicking) ☐ Locking ☐ Bone changes

Opening hours _____ **To do** ☐ Lifestyle ☐ Massage ☐ Painkillers ☐ Splint ☐ Opening exercises

Notes _____ **Next visit** ☐ Treatment ☐ Follow-up ☐ Referral Date: Time:

References [1][4][7][8][9] Japanese Society for the Temporomandibular Joint. For the public (What is TMD / Main treatments / Other questions / If treatment isn't working / Why the jaw hurts, won't open or makes noise). Accessed Oct 2026. [2] Japanese Society for the Temporomandibular Joint. Announcement of the classification of TMD (2013) and related documents. J Jpn Soc TMJ. 2014;26(2):120-125. [3] Japanese Society for the Temporomandibular Joint. Diagnostic criteria for TMD (2019). [5] Japanese Society for the Temporomandibular Joint. Clinical practice guideline for the initial treatment of TMD, 2023 revision. [6] Naeije M, et al. Disc displacement within the human temporomandibular joint: a systematic review of a 'noisy annoyance'. J Oral Rehabil. 2013;40(2):139-158.

Written by a practising dentist (Zubora Ha Lab, Japan) · November 2026 edition

If your clinic's instructions differ, follow your clinic. Free to use; terms of use: zubora-lab.com/sheets/ (Japanese)

Rest your jaw with habits, not willpower.

What you can do from today

Rather than relying on willpower, set things up so you notice and stop.

- ☑ **While it hurts, avoid hard or very chewy foods**[4]
- ☑ **Don't rest your chin on your hand; mind your posture** (don't slouch)[4]
- ☑ **Reduce constant stress where you can**[4]
- ☑ **If your upper and lower teeth are touching, part them**[4]
- ☑ Even if it bothers you, **don't click your jaw on purpose**
- ☑ **Don't force your mouth wide open on your own** (exercises after diagnosis)[4][5]

Massaging the chewing muscles



Shaded: temple and cheek muscles

Using your whole palm, slowly knead the muscle near the angle of the jaw (masseter) and the temple muscle (temporalis) in big circles. **If it hurts, have a dentist check it first.**[4]

Which doctor should I see?

TMD is treated by **dentists**. Start with your regular dentist. If it's hard to treat, a specialist or university hospital.[7] If your mouth won't open or the pain is severe, an oral surgeon.

Common misunderstandings

Myth **"It clicks, so it needs treatment"**

If there's no pain and the mouth opens normally, a click alone often needs no treatment.[6] Worrying too much can even make it harder to get better.[8]

Myth **"Clicking it on purpose feels better"**

We found no study that directly looked at harm. But the society recommends reducing strain on the joint and muscles.[4] There's no reason to add extra movement.

Myth **"Grinding down or straightening the bite will fix it"**

The guideline strongly recommends against grinding teeth to relieve symptoms.[5] Bite treatment isn't done while symptoms have just started.[7]

Myth **"A mouthguard will cure it"**

A splint is one option for the first few months, but there's no evidence that long-term use cures TMD.[5] If you use one, have it made and checked by a dentist.

When to see a dentist

A mouth that won't open isn't always TMD[9]

Now or soon

- **Can't close your mouth** (dislocated jaw) → go now[12]
- **Suddenly can't open your mouth**, with swelling of the back gums or face, or fever → soon. It may be infection around a wisdom tooth[10]

Book a visit

- **Pain**, or your mouth is getting harder to open → start with your regular dentist
- Over years, your mouth **slowly opens less and less** → see an oral surgeon[11]
- **Rheumatoid arthritis**, or other joints hurt → tell your dentist[8]
- **No better** after about 3 months of treatment → ask for a referral[5]

No need to hurry

- **Only a sound**, no pain, and your mouth opens normally → often no treatment needed. If it bothers you, ask at your next check-up[6]

Clinic contact (stamp is fine)

Notes

References

[4][7][8][9] Japanese Society for the Temporomandibular Joint. For the public. Accessed Oct 2026. [5] Japanese Society for the Temporomandibular Joint. Clinical practice guideline for the initial treatment of TMD, 2023 revision. [6] Naeije M, et al. J Oral Rehabil. 2013;40(2):139-158. [10] Japanese Society of Oral and Maxillofacial Surgeons. Patient information: pericoronitis (accessed Oct 2026). [11] Sato T, Yoda T. Masticatory muscle tendon-aponeurosis hyperplasia. Jpn Dent Sci Rev. 2016;52(2):41-48. [12] Japanese Society of Oral and Maxillofacial Surgeons. Patient information: TMJ dislocation (accessed Oct 2026).

Written by a practising dentist (Zubora Ha Lab, Japan) · November 2026 edition

If your clinic's instructions differ, follow your clinic. Free to use; terms of use: zubora-lab.com/sheets/ (Japanese)