SYMPTOM

Jaw pain

Jaw pain is discomfort in the jaw joint, nearby muscles, teeth, or lower face.

WHAT IT FEELS LIKE
Aching, pressure, tenderness, or sharp pain with jaw movement

WHERE IT IS FELT
Lower face, jaw joints, teeth, or nearby muscles

MOST COMMON CAUSES
Jaw muscle strain, teeth grinding, dental problems

WHEN IT IS URGENT
Facial swelling with fever, or difficulty opening your mouth

USUALLY LASTS
Hours to weeks, based on the underlying cause

SEE A DOCTOR IF
Pain persists, recurs, or affects eating or sleep

Overview

Jaw pain can come from the jaw joint, chewing muscles, teeth, gums, or nearby parts of the face. It may affect one or both sides. Some people notice it only while chewing or yawning, while others have a constant ache.

The jaw meets the skull at the temporomandibular joint (TMJ), just in front of each ear. Problems involving this joint and the muscles that move it are called temporomandibular disorders (TMDs). TMDs are one possible cause of jaw pain, but dental problems, injuries, infections, and other conditions can cause similar symptoms.

The location of the pain does not always reveal its source. For example, pain from a tooth may spread along the jaw, while jaw muscle pain may feel like an earache or headache.

What it may feel or look like

Jaw pain may be dull, sharp, throbbing, burning, or pressure-like. It can begin suddenly or build gradually.

You may also notice:

Clicking without pain or restricted movement does not always need treatment. Painful clicking, repeated locking, or difficulty opening your mouth should be assessed.

- Tenderness near the cheek, temple, or in front of the ear
- Pain when chewing, yawning, or opening your mouth widely
- Clicking, popping, or grinding from the jaw joint
- Jaw stiffness, locking, or limited movement
- Headache, ear discomfort, or facial pain
- Tooth sensitivity, gum swelling, or pain when biting
- Swelling around the jaw or lower face

Common causes

Jaw joint and muscle problems are common causes. Clenching your jaw, grinding your teeth, chewing gum frequently, or biting hard foods can strain the chewing muscles. Stress may contribute by increasing clenching, including during sleep.

TMDs can cause pain around the joint, limited movement, or painful clicking. They may follow an injury, but often there is no single clear trigger.

Dental problems include tooth decay, a cracked tooth, gum disease, or an infection around a tooth. Dental pain may worsen with hot or cold foods, chewing, or pressure on a particular tooth. An impacted wisdom tooth can also cause pain and swelling near the back of the jaw.

Minor injuries or overuse may follow a blow to the face, prolonged mouth opening during dental work, or unusually heavy chewing.

Less common causes include arthritis affecting the jaw joint, sinus or ear conditions, salivary gland problems, and nerve pain. Nerve pain may feel like brief, electric-shock-like attacks triggered by touching the face, speaking, or chewing.

Rarely, jaw discomfort can be pain referred from the heart. This is more concerning when it is new and occurs with chest pressure, shortness of breath, sweating, nausea, or lightheadedness.

When to seek medical care

Call emergency services if jaw pain occurs with chest pressure or discomfort, shortness of breath, sweating, nausea, faintness, or pain spreading to an arm, shoulder, neck, or back. Do

not drive yourself if you may be having a heart attack.

Emergency care is also needed if swelling is affecting your breathing or swallowing. Seek immediate help after a major facial injury if the jaw looks deformed, you cannot close your mouth, or there is heavy bleeding.

Arrange same-day medical or dental care for:

Book a routine appointment if pain lasts more than several days, keeps returning, or affects eating, sleeping, or normal jaw movement. Persistent numbness, a lump, unexplained swelling, or a mouth sore that does not heal also needs assessment.

- Facial or jaw swelling with fever
- Rapidly increasing swelling or pain
- Difficulty opening your mouth
- Pus, a foul taste, or swelling around a painful tooth
- A jaw that has become locked open or closed
- Pain after an injury that affects your bite

How the cause is found

A dentist or healthcare professional will ask where the pain started, what triggers it, and whether you have tooth symptoms, headaches, joint noises, swelling, fever, or a recent injury. They may ask about grinding, clenching, stress, and previous dental treatment.

The examination may include your teeth, gums, mouth, face, ears, and neck. You may be asked to open and close your mouth while the jaw joints and chewing muscles are checked for tenderness, sounds, or restricted movement.

Dental X-rays may help find decay, infection, or an impacted tooth. Other imaging, such as a panoramic X-ray, computed tomography (CT) scan, or magnetic resonance imaging (MRI), is sometimes used after injury or when joint or soft-tissue problems are suspected. Many cases do not require advanced imaging.

Treatment and self-care

Treatment depends on the cause. Dental decay or infection may need dental treatment rather than jaw exercises or a mouth guard. An injury, arthritis, or nerve condition may need separate care.

For mild pain without urgent warning signs, you can try short-term measures:

A pharmacist can help you check whether a pain medicine is suitable with your health conditions or other medicines.

If clenching or grinding is suspected, a dentist may discuss a professionally fitted oral appliance. Avoid treatments that permanently change your bite unless a qualified clinician has identified a clear reason and explained the benefits and risks.

Physical therapy, relaxation strategies, and exercises may help some jaw muscle or joint problems. Exercises should match the suspected cause; forcing a painful or locked jaw can make symptoms worse.

- Choose softer foods and take smaller bites
- Avoid chewing gum and very chewy or hard foods
- Limit wide yawning and other movements that worsen pain
- Apply gentle warmth or a wrapped cold pack, whichever feels better
- Let your jaw rest with your teeth slightly apart
- Use non-prescription pain medicine only if it is safe for you and follow the label

What to expect

Pain from brief overuse or muscle strain may improve over days with rest and reduced strain. TMD symptoms can come and go, especially when clenching or stress is involved.

Dental pain usually continues or worsens until the tooth or gum problem is treated. Antibiotics alone do not correct problems such as decay or a damaged tooth, although they may be used for certain spreading infections.

Return for follow-up if treatment is not helping, symptoms are worsening, or new swelling, fever, numbness, or trouble opening your mouth develops.

Common questions

Can stress cause jaw pain?

Stress can lead to jaw clenching or teeth grinding, which may strain the muscles and joints. This does not mean the pain is imaginary. Addressing stress may help, but persistent pain still deserves an assessment for dental and other causes.

Why does jaw pain feel like an earache?

The jaw joint sits close to the ear, and nearby structures share nerve pathways. Jaw muscle or joint pain can therefore feel as though it is inside the ear. Ear conditions can also cause nearby pain.

Is jaw clicking a problem?

Painless clicking without locking or limited movement may not need treatment. Arrange an assessment if clicking is painful, the jaw repeatedly locks, or movement is becoming restricted.

Should I see a dentist or a doctor?

Start with a dentist if the pain seems linked to a tooth, gum swelling, biting, or temperature sensitivity. A primary care clinician can assess pain that is not clearly dental or that comes with other symptoms. Follow the urgent and emergency advice above when warning signs are present.

Sources

- National Institute of Dental and Craniofacial Research: TMD (Temporomandibular Disorders)
- National Health Service: Temporomandibular disorder
- National Health Service: Dental abscess
- Centers for Disease Control and Prevention: About Heart Attack Symptoms, Risk, and Recovery
- Gauer RL, Semidey MJ. "Diagnosis and Treatment of Temporomandibular Disorders." American Family Physician . 2015;91(6):378-386.