

# Conservative TMJ Therapy & Soft No-Chew Diet Guide

A practical, non-surgical plan to reduce jaw joint pain and calm flare-ups.

## What conservative therapy means

- Most TMJ symptoms improve with time and joint protection.
- The goal is to reduce inflammation, decrease muscle overuse, and allow the joint to “settle.”
- Use this plan for 2–6 weeks (or during flare-ups) unless we instruct otherwise.

## Jaw rest and habit changes

- Rest position: lips together, teeth slightly apart, tongue lightly on the palate.
- No gum. Avoid chewy foods (bagels, steak, jerky), crunchy snacks, and hard candy.
- Avoid wide opening: big yawns, large sandwiches, biting into apples, or prolonged dental visits without breaks.
- Limit prolonged talking/singing during flares. Take short “jaw breaks.”
- Watch for clenching: when you notice it, relax the jaw and take slow breaths.

## Heat, ice, and self-care

- Ice for acute flares (first 24–48 hours): 10–15 minutes at a time, several times/day.
- Moist heat for tight muscles (after 48 hours or for chronic tightness): 15–20 minutes, 2–4x/day.
- Gentle massage of the temple and cheek muscles can help—avoid aggressive pressure directly over the joint.
- Posture matters: keep screens at eye level and avoid forward head posture.

## Simple exercises (only if they do not worsen pain)

- Mirror opening: open/close slowly while keeping the jaw centered (5–10 reps, 2–3x/day).
- Tongue-up opening: tongue on the palate, open slightly, then close (5–10 reps).
- Relaxed jaw breathing: teeth apart, slow breathing for 60–90 seconds when muscles feel tight.
- Stop if you get sharp pain, increased locking, or worsening symptoms—call us for guidance.

*General education only. Your care plan may differ based on your anatomy and procedure*

### **Medications and appliances (case-by-case)**

- A short course of anti-inflammatory medication (NSAID) may be recommended—take only as directed.
- Some patients benefit from a nightguard/bite splint to reduce clenching and tooth wear.
- Over-the-counter guards help some patients but worsen others—ask before using long-term.

### **Soft “no-chew” diet (how to do it well)**

- A soft no-chew diet reduces joint loading and helps calm pain quickly.
- Choose foods that can be mashed with a fork and swallowed without chewing.
- Take small bites and avoid wide opening—even with soft foods.
- Stay on this diet during flare-ups (often 1–2 weeks) and advance slowly only as symptoms improve.

### **Easy food ideas**

- Smoothies/protein shakes, yogurt, pudding, applesauce.
- Soups (blended), soft stews blended to a smooth texture.
- Scrambled eggs, soft omelets, tofu.
- Mashed potatoes/sweet potatoes, oatmeal, grits, polenta.
- Well-cooked pasta with smooth sauce; mac & cheese (soft noodles).
- Soft fish; very tender shredded chicken only if it truly doesn't require chewing.
- Hummus, refried beans, soft rice/risotto (well cooked).

### **Avoid these common triggers**

- Gum, chewy breads, jerky, steak, pizza crust.
- Chips, nuts, popcorn, raw crunchy vegetables.
- Hard/chewy/sticky candy.
- Big bites or foods that force the mouth open wide.

### **When to call our office**

- Locking that prevents opening or closing, or repeated episodes of the jaw “getting stuck.”
- Worsening pain despite 1–2 weeks of consistent conservative care.
- New bite changes that persist (teeth not fitting together normally).

*General education only. Your care plan may differ based on your anatomy and procedure*

- Swelling, fever, numbness, or any symptom that feels unusual to you.

Reminder: the most effective plan is consistency—protect the joint, calm the muscles, and re-introduce chewing slowly only when symptoms are improving.

*General education only. Your care plan may differ based on your anatomy and procedure*