

Muscle Relaxants for Jaw Clenching: When They Help, When They Don't, and What to Try Instead - Smile Solutions

Canonical: <https://www.smilesolutions.com.au/dental-articles/article/muscle-relaxants-for-jaw-clenching-when-they-help-when-they-dont-and-what-to-try-instead/>

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Muscle Relaxants for Jaw Clenching: When They Help, When They Don't, and What to Try Instead

Muscle relaxant injections can be a game-changer for jaw clenching – but they are not a magic bullet, and for some patients, there are better options. Muscle relaxants for jaw clenching have become one of the most searched dental treatments in Australia. Social media is awash with before-and-after photos showing dramatically slimmed jawlines, and the promise of relief from chronic clenching and TMJ pain has driven a surge in demand. The enthusiasm is understandable. For patients who have suffered with jaw clenching, headaches, and facial pain for years – often without adequate treatment – the idea of a simple injection that resolves the problem is genuinely appealing. And in fairness, muscle relaxant injections can be remarkably effective for certain presentations of jaw clenching and TMJ problems. The masseter muscles relax. The pain decreases. The jawline slims. The headaches ease. But here is the part that rarely makes it into the marketing: muscle relaxant injections treat the symptom, not the cause. And for a significant proportion of patients, there are approaches that address the underlying problem more comprehensively, sometimes eliminating the need for ongoing injections altogether. At Smile Solutions, we use muscle relaxant injections as part of our TMD treatment toolkit. We also know when they are the right choice, when they are not, and when combining them with other modalities produces better long-term outcomes than muscle relaxants alone.

How Muscle Relaxants Work for Jaw Clenching

Muscle relaxant injections work by blocking the release of acetylcholine at the neuromuscular junction – the point where nerve signals tell muscles to contract. When injected into the masseter or temporalis muscles, they reduce the force and frequency of involuntary clenching by partially relaxing the muscle fibres. The effect is not immediate. It takes approximately 3 to 7 days for the treatment to take effect, with peak muscle relaxation occurring at around 2 to 4 weeks. The effect is temporary, typically lasting 3 to 6 months before the nerve terminals regenerate and muscle function gradually returns. What patients typically experience

- Reduction in jaw clenching force and frequency
- Decreased jaw pain and facial muscle tension
- Reduced frequency and intensity of tension-type headaches
- Softening and slimming of the jawline (from masseter muscle atrophy)
- Improved sleep quality for some patients
- Reduction in tooth wear rate

For patients with significant masseteric hypertrophy – enlargement of the

masseter muscles from chronic clenching – the cosmetic slimming effect can be dramatic and is often the primary motivator for seeking treatment. When Muscle Relaxants Work Well Muscle relaxant injections are most effective for specific clinical presentations. Masseteric Hypertrophy with Muscle Pain When the masseter muscles are visibly enlarged, tender on palpation, and the patient reports chronic clenching (particularly awake bruxism), muscle relaxant injections can provide significant relief. The muscle relaxation reduces pain, the atrophy reduces the cosmetically enlarged appearance, and the decreased clenching force protects teeth from further wear. Chronic Myofascial Pain For patients who have tried splint therapy, physiotherapy, and stress management without adequate relief, muscle relaxant injections can break the cycle of muscle hyperactivity and pain that becomes self-perpetuating. Adjunct to Other TMD Treatments Muscle relaxant injections can be particularly valuable as a bridge therapy – providing immediate symptom relief while longer-term treatments (orthodontics, splint therapy, sleep disorder management) take effect. Medication-Induced Clenching Patients whose clenching is driven by medications (particularly SSRIs) that cannot be changed or substituted may benefit from ongoing muscle relaxant therapy as a management strategy. When Muscle Relaxants Do Not Work – or Make Things Worse This is the part of the conversation that does not get enough airtime. Muscle relaxant injections are not appropriate for every patient with jaw clenching, and in some scenarios they can be counterproductive.

1. When the Clenching is Secondary to Sleep-Disordered Breathing This is the most important caveat. A growing body of research links sleep bruxism to obstructive sleep apnoea (OSA) and upper airway resistance syndrome (UARS). In these patients, clenching is a compensatory mechanism – the brain activates the jaw muscles to protrude the mandible and maintain airway patency during sleep. Weakening the masseter muscles with muscle relaxant injections in a patient whose clenching is protecting their airway can theoretically worsen the underlying sleep breathing disorder. The jaw muscles are less able to perform their protective function, potentially leading to more frequent airway collapse events. This is not theoretical speculation. Sleep physicians have raised concerns about the widespread use of muscle relaxant injections without prior sleep assessment. If a patient's bruxism is driven by airway issues, the treatment priority should be managing the airway – not relaxing the muscles that are trying to keep it open.
2. When There is Active Disc Displacement in the TMJ Altering the force dynamics across the TMJ by selectively weakening one muscle group can, in some cases, destabilise an already compromised joint. If the masseter is doing compensatory work to stabilise a joint with disc displacement, weakening it may worsen clicking, locking, or joint pain.
3. When the Underlying Cause is Occlusal (Bite-Related) If clenching is driven by a bite discrepancy – premature contacts, missing teeth creating an unstable occlusion, or a significant malocclusion – muscle relaxant injections provide temporary symptomatic relief but do nothing to address the mechanical trigger. The clenching returns every time the treatment wears off because the provocation is still there.
4. When Long-Term Muscle Atrophy Becomes a Concern Repeated muscle relaxant injections over years cause progressive muscle atrophy – the muscle fibres thin and weaken. While this is the desired cosmetic effect for jawline slimming, it raises questions about long-term functional consequences. The masseter muscles serve important functions: chewing, jaw stabilisation, and (as noted above) potential airway maintenance during sleep. Some patients who have received repeated treatments over many years report difficulty chewing hard foods, jaw fatigue with meals, and a sense of jaw weakness. The long-term implications of sustained masseter atrophy have not been studied extensively, and this is an area where caution is warranted.

The Alternatives: What Else Works for Jaw Clenching

- 1 Custom Occlusal Splint Therapy A well-designed, custom-fitted occlusal splint remains one of the most effective tools for managing bruxism and jaw clenching. But – and this is crucial – not all splints are created equal. At our TMD Clinic, splints are designed using data from EMG muscle mapping and T-Scan bite force analysis. The splint design is matched to the specific biomechanical dysfunction identified for each patient. A flat-plane stabilisation splint, a repositioning splint, and a mandibular advancement device all serve fundamentally different purposes. Prescribing the right type for the right indication is what makes splint therapy effective. When properly designed and regularly adjusted, occlusal splints can reduce clenching force, protect teeth, stabilise the TMJ, and – critically – be adjusted over time as the condition changes. Unlike muscle relaxant injections, which provide the same effect regardless of the underlying cause, splint therapy can be fine-tuned.
- 2 Physiotherapy and Jaw Exercises Targeted physiotherapy for the muscles of mastication and cervical

spine can address muscular dysfunction that drives clenching. Techniques include: Manual therapy and soft tissue release Dry needling of trigger points in the masseter, temporalis, and lateral pterygoid muscles Therapeutic exercises to restore normal jaw movement patterns Postural correction, particularly for forward head posture that increases jaw muscle tension Physiotherapy addresses the muscular component of clenching in a way that builds resilience rather than creating dependence. Muscles that are properly conditioned and balanced are less likely to develop the hyperactivity patterns that drive chronic clenching.

3 Osteopathy Smile Solutions has an in-house osteopath who works as an integrated member of our TMD team. Osteopathic treatment takes a whole-body approach to jaw dysfunction, recognising that the jaw does not operate in isolation from the rest of the musculoskeletal system. Cervical spine restrictions, thoracic outlet tension, and cranial bone asymmetry can all contribute to jaw muscle dysfunction. Osteopathic treatment addresses these broader biomechanical factors, often producing improvements in jaw symptoms that localised dental treatment alone cannot achieve. Having an osteopath within the dental practice – rather than relying on external referrals where communication is limited and treatment goals may not align – allows for genuinely integrated care. They work alongside our dentists, discuss cases directly, and coordinates treatment timing to maximise outcomes.

4 Orthodontic Treatment When a genuine malocclusion is contributing to clenching – confirmed by clinical examination and diagnostic data rather than assumed – orthodontic correction can provide a definitive, lasting solution. By establishing a stable, balanced occlusion, the mechanical trigger for compensatory clenching is removed. This is a longer-term solution compared to muscle relaxant injections, but it addresses the cause rather than the symptom. For patients whose clenching is clearly linked to bite dysfunction, orthodontic treatment may eliminate the need for any ongoing symptom management.

5 Behavioural Approaches For awake bruxism, behavioural strategies can be remarkably effective. Awareness Training: simply recognising that you are clenching during the day is the first step. Many patients are completely unaware of the habit until it is pointed out. Habit Reversal: consciously placing the tongue on the palate and separating the teeth when clenching is detected. Stress Management: mindfulness, progressive muscle relaxation, and cognitive behavioural therapy. Environmental Cues: setting periodic reminders on your phone to check for jaw tension and consciously relax.

6 Sleep Assessment and Management For patients whose clenching is linked to sleep-disordered breathing, managing the airway is the priority. This may involve a mandibular advancement splint (designed specifically for airway management rather than just tooth protection), CPAP therapy, or referral for surgical assessment of nasal or oropharyngeal obstruction. When the airway is properly managed, sleep bruxism often reduces dramatically – not because the muscles have been relaxed, but because the trigger for clenching has been removed. At Smile Solutions, we believe in offering patients the full picture – not just the most marketable treatment. Several evidence-based alternatives can address jaw clenching effectively, and for many patients, they produce more durable results than muscle relaxant injections alone. Our Approach: Diagnosis First, Then the Right Tool At Smile Solutions, we do not have a bias toward or against muscle relaxant injections. We have a bias toward diagnosis. When a patient presents with jaw clenching, our TMD Clinic undertakes a comprehensive assessment – clinical examination, EMG muscle mapping, T-Scan bite force analysis, CBCT imaging, and detailed sleep and stress history. Based on this assessment, we develop a treatment plan that may include muscle relaxant injections, splint therapy, osteopathy, physiotherapy, orthodontics, sleep medicine referral, behavioural strategies, or a combination. The right treatment for each patient is determined by their specific diagnosis, not by market trends. For some patients, muscle relaxant injections are genuinely the best option. For others, they are a useful adjunct to more fundamental treatment. And for some, they are the wrong choice entirely. Knowing the difference requires the kind of thorough assessment that skips the guesswork and goes straight to the evidence.

Ready to Get to the Root of Your Jaw Clenching? If you have been considering muscle relaxant injections for jaw clenching, or if you have tried them and found that the relief is only temporary, we would encourage you to explore the full picture. A comprehensive TMD assessment can identify what is actually driving your clenching and match you with the most effective treatment – whether that is muscle relaxant injections, something else entirely, or a strategic combination. Book a Consultation

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