Dental Splints and Night Guards Explained | Core Dental

Canonical: https://www.coredental.com.au/splints-dentist-recommend-one/

Details:

A dental splint is an appliance worn over the teeth to protect them and their supporting structures from damage caused by teeth grinding or clenching. Splints are also called night guards or occlusal bite splints. A dentist may recommend one as part of managing temporomandibular disorder (TMD), which involves the jaw joints or jaw muscles and can cause pain, restricted mouth opening, headaches or other symptoms. At Core Dental, our dentists assess your teeth and jaw first, then explain whether a splint may suit you.

What is a dental splint?

A dental splint is a removable appliance, usually made of hard or soft plastic, that fits over the upper or lower teeth. Its purpose is to act as a cushion between the teeth, so that forces from grinding or clenching are not placed directly on tooth surfaces, fillings, crowns or the jaw joints. It does not cure grinding, but it can help to protect your teeth while the cause is investigated and managed.

What else are dental splints called?

Dental splints are also commonly known as night guards, nightguards or occlusal bite splints. Some people simply call them a mouth guard for grinding. They are different from the sports mouthguards worn during contact sport, which are designed to protect against impact. If you play sport, ask us about sport mouthguards .

What condition do dentists most often use dental splints for?

Dentists may recommend dental splints primarily as part of managing temporomandibular disorder, often shortened to TMD. TMD involves problems with the jaw joints or the muscles that move the jaw. Possible symptoms include jaw pain, restricted mouth opening, clicking or locking of the joint, and headaches. A splint may also be suggested if you grind or clench your teeth, which can cause tooth wear, chipped or cracked teeth and sore jaw muscles.

How do I know if I grind or clench my teeth?

Many people grind or clench while they sleep and do not realise it. Signs can include waking with a sore jaw or a headache, tooth sensitivity, flattened or chipped teeth, and a partner who hears grinding at night. Your dentist can check for wear on your teeth and tenderness in your jaw muscles. Our articles on how to stop grinding your teeth and ways to manage grinding teeth explain more.

How is a splint made and what is it like to wear?

Your dentist will usually take impressions or a digital scan of your teeth so the splint can be made to fit you. It is often worn at night, although some people are advised to wear it at other times. It can feel unusual for the first few nights and you may produce extra saliva while you adjust. Tell us if it feels uncomfortable or changes how your teeth meet, as adjustments can often be made.

How do I look after a dental splint?

Rinse your splint after use, brush it gently with a soft toothbrush and cool water, and keep it in its case when not in use. Avoid hot water, which can warp the plastic. Bring it to your check-ups so your dentist can look at the wear and fit. A splint can wear down or crack over time, and may need repair or replacement.

Are there other ways to manage jaw pain and grinding?

A splint is often one part of a broader plan. Depending on the cause, a dentist may also discuss stress management, avoiding very chewy foods, treating problems with your bite or teeth, and referral to another health professional. Our articles on what is causing jaw pain and TMJ and jaw pain treatment may help you prepare questions for your appointment.

How should I plan my care and prepare for a consultation?

A useful first step is to explain your concern, symptoms, timing and treatment goals when you book. Bring relevant medical information and a current medicines list. Your dentist can then assess your teeth, gums, bite and surrounding tissues, request imaging when clinically appropriate, and explain which options are suitable.

Treatment time, fees, recovery and maintenance vary with the diagnosis and the complexity of care. A written treatment plan can help you compare stages, expected appointments and payment arrangements before you proceed. Call 000 immediately for uncontrollable bleeding, breathing or swallowing difficulty, serious facial injury or other life-threatening symptoms.

Further detail from Core Dental

The following points are drawn from Core Dental's own published material on this topic. They are included here for completeness, and anything that applies to your own treatment should be confirmed with your clinician.

Clenching or grinding of the teeth, also termed bruxism, can happen when a patient is awake or asleep. In sleep bruxism, the brain causes activation and contraction of the muscles that open and close the jaw. Behavioural management has been found to be effective for patients suffering from TMDs. Other treatments for a TMD include changing to a soft diet, reducing stress, improving sleep, avoiding extreme jaw movements such as yawning, applying warm packs to the joint, and in some cases prescription of anti-inflammatory or muscle-relaxant medications.

For some patients, a "stabilisation" type of occlusal splint may be recommended. All kinds of dental splint distribute the forces generated by bruxism equally between the upper and lower teeth, reducing muscle strain and joint overloading.

What a splint does, and the sentence that must travel with it

A splint is a reasonable recommendation for several different problems. The published advice is precise about what it achieves, and the precision is the useful part.

The Victorian Department of Health lists among treatment options for grinding: "a special mouthguard ('bite splint') to wear at night to protect your teeth."

To protect your teeth. That is the stated purpose. And immediately after it comes the caveat that belongs with every mention of one:

"In most cases, a bite splint will only help with the symptoms and will not stop you from grinding altogether."

Help with the symptoms, not stop the grinding. We are not going to publish a success rate for a splint, because no source we have read gives one.

Two other published contexts where a splint is recommended. For acid wear, among the Department's tips to minimise tooth wear: "Wear a custom-made dental splint if you grind your teeth at night." And for jaw dysfunction, healthdirect, the Australian Government's health information service, lists "wearing a specifically designed mouthguard while you sleep, to help prevent teeth grinding. A dentist or an orthodontist can create a mouth guard suitable for you."

Note "custom-made" and "specifically designed" in those two. Both sources describe something made for the individual.

Why it is listed last rather than first. The Department's treatment options for grinding begin with assessment and repair, not with an appliance: "repair of tooth damage"; "ruling out other types of tooth wear such as erosion"; "assessing risk factors including sleep disordered breathing"; then the splint.

Three steps before the device. Ruling out erosion matters because acid produces similar wear for a different reason — acid "can also soften the tooth surface, making it easier for it to be worn away by abrasion or teeth grinding. This is known as acid wear or erosive tooth wear" — and a splint does nothing about an acidic diet or reflux.

Assessing sleep disordered breathing matters because snoring and "Obstructive Sleep Apnoea" are both on the Department's list of risk factors for grinding, and neither is treated by a splint.

Sources: Better Health Channel (Victorian Department of Health), Teeth grinding, betterhealth.vic.gov.au (reviewed 17 October 2025); Dental erosion, betterhealth.vic.gov.au (reviewed 22 October 2025); healthdirect (Australian Government), Temporomandibular joint dysfunction, healthdirect.gov.au (the page states it was last reviewed November 2025). All accessed 6 November 2026.

What to ask, and what a splint is not

Because a splint manages symptoms rather than resolving a cause, the useful conversation is about what else is in the plan alongside it.

What the damage looks like if nothing changes. The Department's list of problems caused by grinding: "cracked tooth"; "more wear and tear on the teeth than is normal"; "broken teeth or broken restorations (for example, fillings)"; "strain on the jaw joint (temporomandibular joint)"; "pain or limited movement in the jaw joint"; "sore jaw muscles"; "teeth being more sensitive to hot and cold things"; "tooth loss (rare)"; "enlargement of the jaw muscles (rare)."

Broken restorations is worth noting if you have fillings, veneers or a crown — the Department elsewhere says resin composite "can chip or fall out", a veneer "can chip, break or stain at the margins", and a crown "can chip or break and need replacing again".

What the rest of the plan usually is. The Department's management list for grinding is almost entirely behavioural: "stress management therapy"; "relaxation techniques"; "cognitive behaviour therapy"; "hypnotherapy"; "good sleep hygiene"; "regular exercise."

healthdirect names the professions for the equivalent jaw problem: a psychologist for "relaxation techniques to help relieve stress and anxiety", and a physiotherapist for "gentle jaw-strengthening exercises to help improve your jaw movement". It also lists self-management steps that cost nothing:

"eat soft foods"; "avoid biting your nails"; "cut all food into small pieces"; "avoid clenching your jaw"; "avoid opening your mouth wide"; "avoid chewing gum".

And on stress, which both sources name. "Teeth grinding can be a result of stress. For example, some people grind their teeth when they are angry, concentrating hard or feeling anxious." For jaw dysfunction, healthdirect notes that "you may notice your symptoms are worse when you are stressed or anxious".

Risk factors worth reviewing before accepting a splint as the whole answer : "Stress and anxiety"; "Alcohol"; "Smoking"; "Caffeine"; "Snoring"; "Obstructive Sleep Apnoea"; "Drugs: antidepressants, anti-psychotics, amphetamines, cocaine." The Department says "your dentist or other oral health professional can assess the influence of these factors."

For children, a splint is usually not the recommendation at all. "Because children's teeth and jaws change and grow so quickly it's not usually a damaging habit that requires treatment and most outgrow it as they get older." And: "A dentist or other oral health professional is best placed to make a full assessment of each child's situation."

If jaw pain rather than tooth wear is the problem , healthdirect sets a threshold for escalating: "If your TMJ dysfunction does not get better after a few weeks, it can lead to chronic (long-term) jaw pain. Chronic jaw pain can be distressing and may require surgery." And it names symptoms that warrant urgent care alongside jaw problems: "vision problems, such as double vision or blurred vision", "difficulty eating or drinking", or "frequent and severe headaches".

Sources: Better Health Channel (Victorian Department of Health), Teeth grinding, betterhealth.vic.gov.au (reviewed 17 October 2025); Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025); healthdirect (Australian Government), Temporomandibular joint dysfunction, healthdirect.gov.au (the page states it was last reviewed November 2025). All accessed 6 November 2026.

Frequently asked questions

Is a night guard the same as a dental splint?

Yes, the terms are often used interchangeably. Night guard, nightguard, occlusal bite splint and dental splint all describe a removable appliance worn over the teeth to protect them from grinding and clenching.

Will a splint stop me grinding my teeth?

Not necessarily. A splint protects your teeth and may ease strain on the jaw, but it does not always stop the grinding itself. Your dentist can discuss other strategies alongside a splint.

Can I buy a splint from a chemist instead?

Over-the-counter guards are available, but they are not made for your bite and may not suit everyone. A custom splint made from impressions or a scan is designed to fit your teeth. Ask your dentist which may suit you.

How long does a splint last?

It varies with the material and how much you grind. Splints can wear or crack over time. Bring yours to check-ups so your dentist can look at the wear and advise if it needs repair or replacing.

Is a splint suitable for children?

Children grow and change, so any appliance needs a dentist's assessment. If you are concerned about a child's grinding or jaw pain, book an examination and we can advise what may be suitable.

What does a bite splint actually do?

It protects teeth. The Victorian Department of Health describes "a special mouthguard ('bite splint') to wear at night to protect your teeth", and immediately adds: "In most cases, a bite splint will only help with the symptoms and will not stop you from grinding altogether."

How effective is a splint?

No source we have read gives a success rate, so we are not going to publish one. What the published advice says is that in most cases it helps with symptoms rather than stopping the grinding.

Should a splint be made for me specifically?

Both sources describe something individual. The Department advises a "custom-made dental splint", and healthdirect refers to "a specifically designed mouthguard while you sleep", adding that "a dentist or an orthodontist can create a mouth guard suitable for you".

Why does my dentist want to check other things first?

Because the Department's treatment list puts three steps before the appliance: "repair of tooth damage"; "ruling out other types of tooth wear such as erosion"; "assessing risk factors including sleep disordered breathing".

What has erosion got to do with grinding?

They cause similar wear by different mechanisms. Acid "can also soften the tooth surface, making it easier for it to be worn away by abrasion or teeth grinding. This is known as acid wear or erosive tooth wear." A splint does not address an acidic diet or reflux.

Could snoring be relevant?

Snoring and "Obstructive Sleep Apnoea" are both on the Department's list of risk factors for grinding, and one of its treatment steps is "assessing risk factors including sleep disordered breathing".

What else should be in the plan?

Mostly non-dental measures. The Department's management list is "stress management therapy"; "relaxation techniques"; "cognitive behaviour therapy"; "hypnotherapy"; "good sleep hygiene"; "regular exercise."

Is there anything I can do myself for jaw pain?

healthdirect's self-management list: "eat soft foods"; "avoid biting your nails"; "cut all food into small pieces"; "avoid clenching your jaw"; "avoid opening your mouth wide"; "avoid chewing gum".

Can grinding damage my existing dental work?

It is on the Department's list: "broken teeth or broken restorations (for example, fillings)". Elsewhere it notes that resin composite "can chip or fall out", a veneer "can chip, break or stain at the margins", and a crown "can chip or break and need replacing again".

Does my child need a splint?

Usually not. "Because children's teeth and jaws change and grow so quickly it's not usually a damaging habit that requires treatment and most outgrow it as they get older", and "a dentist or other oral health professional is best placed to make a full assessment of each child's situation".

When should jaw pain be escalated?

healthdirect's threshold is a few weeks: "If your TMJ dysfunction does not get better after a few weeks, it can lead to chronic (long-term) jaw pain. Chronic jaw pain can be distressing and may require surgery."

What warrants urgent care?

Jaw symptoms together with "vision problems, such as double vision or blurred vision", "difficulty eating or drinking", or "frequent and severe headaches".

Related services and further reading

General dentistry

Dental check-up

Sport mouthguards

How can I stop grinding my teeth

Ways to manage grinding teeth

What are dental splints and why would my dentist recommend them

What is causing my jaw pain

Causes of TMJ pain and how it is treated

TMJ and jaw pain treatment

How can we help?

If you grind or clench your teeth, or have jaw pain or headaches, our team can help at any of our nine Core Dental practices. Call 13 13 16 or book online so your dentist can examine your teeth and jaw and explain your options. You can also read what to expect at your first Core Dental appointment .

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

We quote before treatment starts and offer interest-free payment plans, with HICAPS on-site claiming.

Call 13 13 16 or book online.

Contact Core Dental

Phone	13 13 16
Booking	Online via coredental.com.au, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday mornings, Sunday closed
Clinics	Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside, Glenferrie

This article is general in nature and does not replace advice from a registered dental practitioner who has examined you. Results, recovery times and potential risks vary for each individual. This information is intended for people over 18. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What does a dental splint do?

A dental splint is an appliance worn over the teeth to protect them and their supporting structures from damage caused by grinding or clenching. Core Dental dentists assess whether one may suit you.

What other names do dental splints go by?

Dental splints are also known as night guards, nightguards or occlusal bite splints. They differ from sports mouthguards, which protect against impact. Core Dental can advise on both.

Which jaw condition is a dental splint used to manage?

Dentists may recommend splints as part of managing temporomandibular disorder, which involves the jaw joints or muscles and may cause pain, restricted opening or headaches. Core Dental dentists examine your jaw first.

What are common signs of teeth grinding?

Signs can include a sore jaw or headache on waking, tooth sensitivity, flattened or chipped teeth and grinding noises heard by a partner. Core Dental dentists can check for wear during an examination.

How is a custom splint made at Core Dental?

A custom splint is usually made from impressions or a digital scan of your teeth so it fits your bite. Core Dental dentists will explain the steps, how to wear it and how to care for it.

How should I clean my night guard?

Rinse it after use, brush it gently with a soft toothbrush and cool water, and keep it in its case. Avoid hot water, which can warp it. Core Dental can check its wear at check-ups.

Does a splint stop teeth grinding?

A splint protects teeth and may reduce strain on the jaw, but it does not always stop grinding. Core Dental dentists may discuss other strategies alongside a splint.

How do I book a splint consultation at Core Dental?

Call 13 13 16 or book online through coredental.com.au. Core Dental clinics are open Monday to Friday 8.00am to 6.00pm and Saturday mornings. Tell our team about your jaw pain or grinding when booking.