TMJ and Jaw Pain Treatment in Melbourne | Core Dental

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Details:

Temporomandibular joint disorder, often called TMJ or TMD, is a group of conditions affecting the jaw joints and the muscles used for chewing. Common signs include jaw pain, clicking or locking, headaches and difficulty chewing. At Core Dental we see people with jaw pain across our nine Melbourne clinics. Treatment usually starts with simple, conservative steps such as a custom splint, jaw exercises and habit changes, and your dentist can refer you to a registered specialist if your case is more complex. Results vary from person to person.

What is temporomandibular joint disorder, and who does it affect?

Temporomandibular joint disorder is a common condition that can affect adults of any age, and it appears to affect women more often than men. Many people live with symptoms for a long time without a diagnosis, moving between different health providers before finding appropriate care. A dentist is often well placed to assess jaw joint and bite problems and to coordinate treatment.

At Core Dental we see people who have lived with jaw pain, headaches and restricted jaw movement for months or years. A clear assessment and treatment plan can make a real difference to day-to-day comfort.

Where are the temporomandibular joints, and what do they do?

You have two temporomandibular joints, one on each side of your face just in front of your ears. They connect your lower jaw, the mandible, to the temporal bone of your skull. They work like sliding hinges, allowing you to open, close and move your jaw from side to side. Every time you chew, speak, yawn or swallow, both joints move together.

Each joint is made up of bone, cartilage, muscles and ligaments, along with a small disc of fibrocartilage called the articular disc. The disc sits between the rounded top of the lower jaw and the skull, acting as a cushion and allowing smooth, gliding movement. When everything is working as it should, you do not think about your jaw at all. When something goes wrong with the disc, the muscles, the joint surfaces or the alignment of the bite, the result can range from a mild inconvenience to significant pain.

What are the signs and symptoms of TMJ disorder?

TMJ disorder does not always present in obvious ways, and many people do not connect their symptoms to the jaw at first. Signs to watch for include:

jaw pain or tenderness, particularly around the joint in front of the ear or in the chewing muscles

clicking, popping or grating sounds when you open or close your mouth, which can suggest the disc has moved from its usual position

locking of the jaw in the open or closed position

a reduced range of jaw opening

pain when chewing, especially harder or chewy foods

headaches, particularly around the temples

ear symptoms, including earache, a feeling of fullness or ringing in the ears

neck and shoulder pain from muscle tension

tooth pain that does not match any visible dental problem

a feeling that your teeth do not fit together properly

Several of these symptoms occurring together can point to a jaw joint problem, but they can also have other causes, so an examination is important. Our article on what causes TMJ pain and how it is treated explains more, and you can read about what is causing jaw pain .

What causes TMJ problems?

TMJ disorder is rarely caused by a single thing. It is usually a combination of factors that together overload the joint.

Teeth grinding and clenching

Bruxism, which is grinding or clenching the teeth, particularly during sleep, can place heavy forces on the jaw joints. Many people do not know that they grind their teeth until a dentist notices signs such as worn tooth surfaces, fine cracks in the enamel, scalloped edges on the tongue or enlarged chewing muscles. See our guides to stopping teeth grinding and managing grinding .

Bite problems

When the teeth do not meet in a stable, balanced way, the jaw joints may compensate, which can strain the joint over time. Missing teeth, poorly fitting dental work and differences in the size or position of the upper and lower jaws can all contribute.

Stress and anxiety

Stress can increase muscle tension, and the chewing muscles are particularly susceptible. Clenching during the day, often without realising it while concentrating or feeling tense, is increasingly recognised as a contributing factor.

Injury

A blow to the jaw, a whiplash injury, or even keeping your mouth wide open for a long time during dental treatment can affect the joint or the disc. Symptoms may appear straight away or develop over weeks to months.

Disc displacement

The articular disc can move forward or sideways from its usual position. In some cases it slips back into place as you open, which can cause a click. In other cases it stays displaced, which may restrict movement and is sometimes called a closed lock.

How do we assess TMJ disorder?

An accurate diagnosis is the starting point for treatment, and it needs more than a quick check of how well you can open and close. At Core Dental your assessment may include the following.

A detailed history

We ask when your symptoms started, what makes them better or worse, and whether you have headaches, ear symptoms or neck pain. We also ask about stress, whether you know that you grind your teeth, and whether you have had recent dental work or an injury.

A clinical examination

Your dentist feels the joints on both sides while you open, close and move your jaw from side to side, checking for clicks, grating, tenderness and asymmetry. They also check the chewing muscles for tenderness and measure how far you can open and move your jaw.

A bite assessment

Your dentist examines how your teeth meet in different positions, looking for early contacts or instability that may be adding to the strain on the joint.

Imaging

Digital X-rays such as an OPG can give a general view of both joints. Where more detail is needed, your dentist may recommend further imaging or refer you for it. Available imaging varies by clinic, so please ask when you book.

What are the treatment options for TMJ disorder?

A guiding principle is to try conservative, non-invasive treatment first. Many people with TMJ disorder improve with these measures, although the outcome differs for each person.

Occlusal splint therapy

A custom-made splint, sometimes called a night guard or occlusal appliance, is worn over the teeth, usually the upper arch, to create an even, stable biting surface. It can reduce the load on the jaw joints by spreading forces evenly, protect the teeth from damage caused by grinding, and help the jaw muscles relax. Splints usually need some adjustment over the first few weeks as your muscles and joint adapt. Read more about dental splints and whether your dentist can recommend one .

Muscle relaxation and physiotherapy

Your dentist may suggest specific jaw exercises, stretches and posture changes. Heat packs on the chewing muscles can help ease tension. For people with severe muscle spasm, a physiotherapist who has experience with jaw problems may also be recommended.

Behaviour changes

Many people clench during the day without realising, for example while driving, working at a computer or during stressful conversations. Becoming aware of the habit and practising a relaxed resting position, with the lips together and the teeth slightly apart, may help reduce symptoms.

Dietary changes

During a flare-up, switching to softer foods reduces the load on the joint and gives inflamed tissues time to settle. This is a temporary measure during treatment rather than a permanent restriction.

Medication

Your doctor, pharmacist or dentist may advise short-term use of anti-inflammatory pain relief for acute pain. In more severe cases, muscle relaxants may be prescribed by a doctor. These are used together with other treatment rather than on their own.

Adjusting the bite

In some cases, carefully reshaping tooth surfaces to remove bite interferences can reduce strain on the joint. It is a precise procedure that is usually considered only after a splint has helped to establish a stable, comfortable jaw position.

When is a specialist referral appropriate?

Most people are first treated with the conservative measures above. Some cases are more complex and benefit from specialist input, for example when there are:

persistent symptoms despite consistent conservative treatment over a period of months

severe disc displacement with locking that does not respond to a splint and exercises

degenerative joint changes seen on imaging

significant jaw differences that contribute to bite instability, which may need orthodontic or surgical correction

suspected internal joint problems where an MRI may help to clarify the disc position

In these cases your dentist may recommend a registered specialist, such as a prosthodontist, an oral and maxillofacial surgeon or an orthodontist. You can read about our specialist care , prosthodontics , oral and maxillofacial surgery and specialist orthodontist services. Specialist availability varies by clinic, so please ask when you book. You can check any practitioner's registration on the AHPRA register at ahpra.gov.au.

How can I manage TMJ disorder over the long term?

TMJ disorder is often a long-term condition that benefits from ongoing management rather than a one-off cure. Many people find that a combination of a splint, awareness of habits and regular dental monitoring helps them stay comfortable, although results vary. Helpful principles include:

wearing your splint as your dentist recommends, which is often every night, with daytime wear sometimes advised during stressful periods

managing stress through exercise, relaxation and enough sleep

keeping up regular dental check-ups to monitor your bite, tooth wear and the condition of your splint

seeking prompt advice if your symptoms flare or new symptoms appear

paying attention to posture, because a forward head position can add strain to the neck and jaw muscles

How can we help?

TMJ disorder does not stop at suburb boundaries, and our care does not either. With nine clinics across Melbourne, you can ask about a jaw assessment at Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside or Glenferrie. We quote before treatment starts and offer interest-free payment plans, with terms published as at September 2026 that you should confirm with us. To learn how we explain your options and costs, see understanding your treatment . Call 13 13 16 or book online.

How common is TMJ disorder, and why is it so often missed?

It is far more common than most people expect. TMJ disorder affects an estimated 10 to 15 per cent of the adult population at any given time, with women disproportionately affected.

Despite that prevalence, many people go years without a diagnosis, cycling through GPs, physiotherapists and even emergency departments without ever being directed to the clinician best equipped to assess and manage the condition. A dentist sees the joint, the muscles and the bite together, which is why jaw pain so often belongs in a dental chair rather than anywhere else.

The pattern is usually gradual. It may start as a dull ache along the jawline after a long day, or difficulty biting into an apple without a twinge of discomfort, and it is easy to assume it is stress, or that you slept oddly, or that it will sort itself out. For some people it does. For many others it gradually worsens, progressing from an occasional annoyance to chronic pain that affects eating, sleeping, concentration and quality of life. The relief people express when they finally get a clear diagnosis and a treatment plan is one of the most rewarding parts of our work.

Why can TMJ pain feel like toothache or a headache?

Because the nerve supply is shared, and this is one of the main reasons the condition is misattributed.

TMJ pain is often felt in the temple region, where it is frequently mistaken for tension headaches or migraines. It can also present as tooth pain that does not correspond to any visible dental problem. The trigeminal nerve that serves the temporomandibular joint also serves the teeth, and referred pain between the two is well documented. If you have been treated for a headache or investigated for a toothache without a clear cause being found, a jaw assessment is a reasonable next step.

If you are experiencing several of the symptoms described above at the same time, TMJ disorder is a strong possibility.

How much should your jaw open, and how is that measured?

Measurement turns a vague complaint into something we can track over time.

A healthy adult can typically open their mouth 40 to 55mm, roughly three finger-widths. People with TMJ disorder often struggle to reach 30mm. At your assessment we measure your maximum opening, your lateral excursion, meaning side-to-side movement, and your protrusion, meaning how far the jaw can move forward. Recording those figures at the start gives us a baseline, so that at later visits we can tell whether treatment is working rather than relying on recollection alone.

We also palpate the joint on both sides during opening, closing and lateral movements, checking for clicks, crepitus, which is a grating sensation, tenderness and asymmetry. We assess the muscles of mastication for tenderness and trigger points, and we examine how your teeth come together in maximum intercuspation, in protrusion and in lateral positions.

What does grinding look like to a dentist?

Often clearer to us than it is to you, which is why so many people are surprised by the diagnosis.

Many people are completely unaware they brux until a dentist identifies the telltale signs: worn tooth surfaces, fracture lines in enamel, scalloping of the tongue, and hypertrophy, or enlargement, of the masseter muscles. Bruxism, particularly nocturnal bruxism, places enormous forces on the joint, far greater than normal chewing loads. It is probably the most significant modifiable risk factor in TMJ disorder, which is also what makes it worth identifying early.

We document patterns of tooth wear that indicate bruxism. The location, extent and nature of the wear tells us a great deal about the forces acting on the teeth and joints, and it informs how a splint should be designed.

How is disc displacement different from an ordinary click?

The difference is whether the disc returns to position, and it changes what treatment is appropriate.

Clicking or popping when opening or closing the mouth indicates that the articular disc has shifted from its normal position. In many cases it recaptures during opening, which produces the click you can hear. In others it remains permanently displaced, a condition called closed lock, which physically restricts movement. A click on its own, with no pain and no restriction, is common and often needs nothing more than monitoring. Locking that does not resolve is a reason to be assessed promptly.

Both osteoarthritis, which is degenerative, and rheumatoid arthritis, which is autoimmune, can also affect the joint, causing inflammation, cartilage breakdown and changes to the joint surfaces.

Where the muscles rather than the disc are the problem, the joint may be structurally sound while the muscles that power it are overloaded. Over time, compensating for a bite that does not meet evenly stresses the joint structures as well.

What can 3D imaging show about the joint?

Imaging answers a specific question rather than being routine for everyone.

Our digital OPG provides a screening view of both joints. 3D CBCT imaging, available at all Core Dental locations, gives a detailed three-dimensional view of the bony anatomy of the condyle, fossa and articular eminence. That is particularly valuable for identifying degenerative changes, condylar asymmetry or bony pathology.

Imaging shows bone well and soft tissue poorly, which is why an MRI is sometimes recommended instead when the position of the disc itself is the question. Your dentist will explain which, if any, imaging your case warrants before it is taken.

Why do we exhaust conservative treatment first?

Because the vast majority of TMJ disorder responds well to non-invasive treatment, and the conservative options carry far less risk than the alternatives.

We always work through conservative measures before considering more invasive approaches. Heat packs applied to the masseter and temporalis muscles can provide significant relief at home. For people with severe muscle spasm, we may suggest physiotherapy with a practitioner experienced in TMJ rehabilitation, since the techniques overlap with general musculoskeletal physiotherapy but require specific knowledge of the masticatory system. Medication and dietary change are adjuncts to other treatment, not standalone solutions.

Reshaping tooth surfaces to remove bite interferences is a precise, conservative procedure, with adjustments measured in fractions of a millimetre, but it requires careful analysis and should only be performed after splint therapy has established a stable, comfortable jaw position. Doing it earlier risks

adjusting the teeth to a jaw position that is itself unstable.

How are occlusal splints made at Core Dental?

In-house, which shortens the loop between the person who assessed you and the person who builds the appliance.

Splints are fabricated by our in-house Smile Lab, where our ceramists and technicians use digital scans to create a precisely fitting appliance. Because the dentist can communicate directly with the technician, literally walking the case into the lab, the result is a level of accuracy and comfort that outsourced laboratory work can struggle to match. If an adjustment is needed after you have worn it, the same loop applies.

How does TMJ care work across Core Dental's locations?

Your records travel with you, which matters for a condition managed over months rather than weeks.

Our CareStack integrated records system means your diagnostic findings, imaging, splint specifications and treatment progress are accessible at any location. You can start your assessment in Southbank near your office and have your splint adjusted in Berwick near home without repeating the diagnostic work.

Through Core Dental's referral pathway to the Collins Street Specialist Centre, patients can access AHPRA-registered specialists including specialist prosthodontists, who have advanced training in occlusion and bite rehabilitation, oral and maxillofacial surgeons for surgical cases, and specialist orthodontists for bite correction. That pathway means you are not left searching for a specialist on your own, because we coordinate the referral and make sure your records, imaging and treatment history transfer with you.

Who owns Core Dental, and why does that matter here?

Core Dental has been family-owned since 1993, which is more than three decades of independent operation with no corporate shareholders and no private equity.

Treatment decisions are made by clinicians, for patients, based on evidence. When it comes to a condition as nuanced as TMJ disorder, where the conservative path is slower and less lucrative than the invasive one, that independence matters.

Frequently asked questions

Can a dentist treat jaw pain?

Yes. A dentist can assess the jaw joints, chewing muscles and bite, and can often begin conservative treatment such as a custom splint, exercises and habit advice. If the cause seems to be outside the mouth or more complex, your dentist can suggest the next step.

What does a clicking jaw mean?

Clicking can occur when the cushioning disc in the jaw joint moves out of position and then back again as you open. A click on its own is not always a problem, but if it comes with pain, locking or difficulty chewing, it is worth having it checked.

Will a night guard stop jaw pain?

A custom splint may reduce strain on the jaw and protect teeth from grinding, and many people find it helpful. It does not suit everyone and may need adjusting over the first few weeks. Your dentist will advise whether it suits your situation.

Is TMJ disorder related to stress?

Stress can increase muscle tension, including the jaw muscles, and clenching or grinding can add to the load on the joints. Managing stress is therefore often part of a treatment plan, together with dental treatment and, where needed, advice from other health professionals.

Do I need surgery for TMJ disorder?

Most people are first managed with non-invasive treatment, and surgery is generally only considered in selected, more complex cases. Your dentist can refer you to a registered specialist, such as an oral and maxillofacial surgeon, if your symptoms persist.

Can arthritis affect the jaw joint?

Yes. Both osteoarthritis, which is degenerative, and rheumatoid arthritis, which is autoimmune, can affect the temporomandibular joint, causing inflammation, cartilage breakdown and changes to the joint surfaces. If you already have a diagnosis of either, tell us at your assessment, because it changes what we expect to see on imaging and how we plan treatment.

Do heat packs help jaw pain at home?

They can. Heat packs applied to the masseter and temporalis muscles provide significant relief for many people, particularly where muscle tension rather than the joint itself is driving the pain. Heat is a comfort measure alongside treatment, not a substitute for being assessed.

What happens to my records if I am referred to a specialist?

We coordinate the referral and transfer your records, imaging and treatment history with it, so you are not asked to repeat the diagnostic work or to find a specialist yourself. Referrals go through Core Dental's pathway to the Collins Street Specialist Centre, where the practitioners are AHPRA-registered specialists whose registration you can confirm at ahpra.gov.au.

How wide should I be able to open my mouth?

A healthy adult can usually open to between 40 and 55mm, roughly three finger-widths. People with TMJ disorder often struggle to reach 30mm. We measure this at your assessment so there is a baseline to compare against later, rather than relying on how it feels from one month to the next.

Related services and further reading

General dentistry

Specialist care

What causes TMJ pain and how is it treated?

How can I relieve TMJ pain?

What is temporomandibular joint dysfunction?

What is causing my jaw pain?

What are dental splints?

How can I stop grinding my teeth?

Ways to manage grinding teeth

Understanding your treatment

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.

HICAPS on-site claiming.

Call 13 13 16 or book online.

Contact Core Dental

Phone	13 13 16
Booking	Online through coredental.com.au, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), 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 is TMJ disorder?

TMJ disorder, also called TMD, is a group of conditions affecting the jaw joints and chewing muscles. Symptoms can include jaw pain, clicking, locking and headaches. Core Dental dentists can assess your jaw and bite and discuss treatment.

Where are the jaw joints located?

The two temporomandibular joints sit one on each side of the face, just in front of the ears, connecting the lower jaw to the skull. A small cushioning disc inside each joint allows smooth movement when you chew, speak or yawn.

What symptoms can point to a jaw joint problem?

Jaw pain, clicking or grating, locking, limited opening, pain chewing, temple headaches, earache or fullness, neck pain and unexplained tooth pain can all be linked. A Core Dental dentist can examine you to find the cause.

How does a Core Dental dentist assess jaw pain?

Core Dental dentists take a detailed history, feel the joints and chewing muscles as you move your jaw, check how your teeth meet and, where appropriate, recommend imaging. This helps identify contributing factors such as grinding or bite problems.

What is the first treatment for TMJ disorder?

Core Dental usually starts with conservative care, often a custom splint, jaw exercises, heat, habit changes and temporary softer foods. Many people improve, though outcomes vary, and splints may need adjusting over the first few weeks.

When might a TMJ patient be referred to a specialist?

Referral may be considered for persistent symptoms despite conservative treatment, severe locking, degenerative changes on imaging or significant jaw differences. Core Dental dentists can recommend a registered specialist, and availability varies by clinic.

Can stress cause jaw pain?

Stress can increase muscle tension and daytime clenching, which can add load on the jaw joints. Core Dental often includes stress management and habit awareness as part of a TMJ treatment plan.

How do I book a jaw pain assessment at Core Dental?

Call Core Dental on 13 13 16 or book online through coredental.com.au. Tell our team about your symptoms, when they began and any recent dental work or injury, and ask which clinic suits you.