TMD (Jaw Joint Dysfunction): Symptoms and Treatment | Core Dental

Canonical:
https://www.coredental.com.au/what-is-temporomandibular-joint-dysfunction-tmd-and-how-can-it-be-treated/

Details:

Temporomandibular joint dysfunction (TMD), commonly called TMJ, is a term for a wide range of conditions that affect the temporomandibular (jaw) joint or the muscles of mastication (jaw muscles), leading to pain or other problems. TMD is common, and it can affect adults to varying degrees. Treatment usually begins with conservative steps and moves to more involved options only if needed. At Core Dental our dentists can assess your jaw and explain your options.

Where is the temporomandibular joint located?

The temporomandibular joint connects the lower jaw (mandible) to the temporal bones of the skull. There is one joint on each side of the face, just in front of and below the ear. You use these joints every time you speak, chew, yawn or swallow, which is why a problem in the joint or the muscles around it can be noticeable in everyday life.

What structures make up the temporomandibular joint?

The joint is a complex assembly of bone, cartilage, muscles, ligaments and a small disc of fibrocartilage called the articular disc. The disc sits between the condyle (the rounded top of the mandible) and the temporal bone. It acts as a cushion and allows smooth, gliding movement when you open and close your mouth.

What are the signs and symptoms of TMD?

Signs and symptoms of TMD can include:

pain around the joint (the ear area) and jaw, which may extend to the scalp or down towards the neck, and which is tender to touch

pain that gets worse when speaking, eating or yawning

jaw pain or tenderness, particularly in front of the ear or in the muscles of mastication

limited mouth opening

headaches

clicking, popping or grating sounds when opening or closing the mouth

locking of the jaw in either the open or closed position

Joint sounds such as clicking, popping or grating may be associated with TMD when there is also pain. Without pain, these sounds may be normal. If you are unsure, your dentist can examine your jaw and explain what they find.

What causes TMD?

Causes of TMD are generally related to the jaw muscles or the jaw joint.

Jaw muscles: the muscles can become fatigued, tense and go into spasm. Common risk factors include clenching, grinding and psychosocial issues such as stress and anxiety.

Jaw joint: the joint can be affected by trauma, osteoarthritis and other joint issues involving the bones at the jaw joint.

The aim of treatment is generally to relieve symptoms rather than treat a single underlying cause. For some people symptoms settle without treatment, and for many people symptoms improve with conservative treatment. Your outcome may differ.

What are conservative treatments for TMD?

Conservative treatments are usually where care begins. They can include:

patient education and reassurance

resting the jaw and avoiding large movements

massaging and applying warm packs to the joint and muscles

regular stretching and jaw exercises, with the help of a physiotherapist

behavioural changes to reduce stress and anxiety, and therefore clenching and grinding

a dental splint for people who clench or grind during sleep, which may help some people

short-term medicines to ease symptoms, such as non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants, among others, where suitable

Medicines should only be used as advised by your doctor, dentist or pharmacist, because they are not suitable for everyone. If conservative treatments do not help, referral to an oral medicine specialist or an oral and maxillofacial surgeon may be needed.

What are minimally invasive treatments for TMD?

Minimally invasive options may be considered when conservative treatment has not been enough. They are provided by suitably qualified practitioners and can include:

short-term injections of a muscle-relaxing medicine to relieve symptoms by weakening the muscles

injections of sodium hyaluronate or corticosteroid to treat symptoms of osteoarthritis

arthrocentesis, a procedure in which fluid is drained from the joint and the joint is flushed with a sterile solution to remove debris and inflammatory molecules

arthroscopy, a surgical procedure in which a small telescope is inserted into the joint area so it can be inspected, and any fibrous adhesions that may prevent normal movement can be released, with the site washed out

Each option has its own risks and limits, which your practitioner should explain before you decide.

What are invasive treatments for TMD?

Invasive procedures include open joint surgery and total joint replacement. These tend to be used as final options, only when more conservative options have not worked, and they are needed for only a small number of people with TMD. There are many treatment options for TMD, and they are generally offered in order from most to least conservative.

What should you do if these symptoms sound familiar?

If any of the symptoms described resonate with you, you can visit your dentist to discuss your condition. Your dentist can give you information about TMD, provide conservative treatment options and direct you to further treatment as required. At Core Dental you can tell us about your jaw pain, any clicking or locking, headaches and any grinding you know about. We will examine your jaw and bite, and talk you through reasonable options.

A useful first step is to explain your concern, symptoms and timing when you book. Bring relevant medical information and a current medicines list. Ask what the recommended approach is intended to achieve, whether there are alternatives, and what risks or limitations apply. Treatment time, fees and recovery vary, and a written treatment plan can help you compare stages and payment arrangements.

Call 000 immediately for uncontrollable bleeding, breathing or swallowing difficulty, serious facial injury or other life-threatening symptoms. A jaw that is locked and cannot close, or severe pain and swelling, should be assessed promptly, so contact us.

What the joint is and what dysfunction means

TMJ problems are described loosely in a lot of places. healthdirect, the Australian Government's health information service, sets out the anatomy and the definition precisely, and the definition has three variants that matter for treatment.

The joint. "The temporomandibular joint (TMJ) is the joint on either side of your jaw, connecting your jaw to your skull. The TMJ joint can move in multiple directions", allowing you to speak, eat, swallow and "make facial expressions".

The dysfunction, which is three possibilities rather than one. healthdirect says TMJ dysfunction is when you have a "problem with the muscles around your TMJ", a "problem with the TMJ", or a "combination of joint and muscle problems".

Muscles, joint, or both. That distinction is why treatment ranges from relaxation techniques to jaw exercises to a splint — different variants respond to different things.

How common it is. "It's common to have TMJ dysfunction. Nearly half of all people experience jaw dysfunction at some stage during their life."

The symptoms , verbatim: "pain in your jaw, especially when eating"; "an ache or pain in front of your ear"; "a locking sensation in your jaw, making it difficult to open your mouth"; "a clicking or grating noise when you chew"; "an uncomfortable or uneven bite"; "hearing problems, such as tinnitus (ringing in your ears)"; "swelling around your TMJ".

Tinnitus on a jaw symptom list surprises people, and so does pain in front of the ear being a jaw sign rather than an ear one.

And a pattern worth noticing. "You may notice your symptoms are worse when you are stressed or anxious."

The causes , verbatim: "an injury to your jaw, head or neck"; "an uneven bite"; "jaw clenching or teeth grinding, which may be linked to stress or anxiety"; "wear and tear of your TMJ, usually caused by osteoarthritis"; "other joint diseases, such as rheumatoid arthritis or gout"; "dental (tooth) issues, such as new fillings or dentures that may cause you to have an uneven bite".

That last one is worth flagging to a dentist directly: new dental work that changes how your teeth meet is a recognised cause. And healthdirect adds the honest caveat: "You might have TMJ dysfunction without any obvious cause."

Sources: healthdirect (Australian Government), Temporomandibular joint dysfunction, healthdirect.gov.au (the page states it was last reviewed November 2025). Accessed 6 November 2026.

Diagnosis, treatment and when not to wait

The reassuring part of the published advice is that most cases settle. The important part is the short list of symptoms that should not be waited out.

Most cases improve. "In most cases, TMJ dysfunction improves over time. Your symptoms may go away without needing treatment."

How it is diagnosed. "Your doctor can diagnose TMJ dysfunction." The doctor will "discuss your symptoms", "carefully examine your jaw" and "ask about your medical history". Further tests may include an x-ray, a "computed tomography (CT) scan", a "magnetic resonance imaging (MRI) scan" or a blood test.

The self-management list , which is where treatment starts: "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".

Note that one of those runs against general dental advice — sugar-free gum is recommended elsewhere for saliva flow, but healthdirect asks you to avoid chewing gum while the joint is painful. Both are right in their own context, and the jaw takes precedence while it hurts.

Medicines. "Your doctor might suggest taking pain relief medicines or anti-inflammatory medicines." And: "Talk with your pharmacist about using anti-inflammatory gel that can be applied to the skin around your jaw."

The other options, each with the professional attached. "Relaxation techniques to help relieve stress and anxiety. A psychologist can teach you how to use these techniques." "Gentle jaw-strengthening exercises to help improve your jaw movement. A physiotherapist can show you which exercises are right for you." And: "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."

Three different professions for three different variants, which is the practical consequence of "muscles, joint, or both".

On the splint, one caveat has to travel with it. The Victorian Department of Health, on bite splints for grinding: "In most cases, a bite splint will only help with the symptoms and will not stop you from grinding altogether." No source we have read gives a success rate for a splint, and we are not going to publish one.

When to see a doctor. "See your doctor if you have symptoms of TMJ dysfunction, or you are worried about any changes in your mouth or jaw."

And when not to wait. "Seek urgent care if you have symptoms of TMJ dysfunction, as well as" any of three things: "vision problems, such as double vision or blurred vision", "difficulty eating or drinking", or "frequent and severe headaches".

The complication if it does not settle. "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."

A few weeks is the published threshold for taking it further.

Prevention. "Managing your stress and anxiety levels"; "visiting your dentist regularly to prevent dental problems"; "using a mouthguard at night if you grind your teeth".

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

Frequently asked questions

Is TMD the same as TMJ?

The two terms are commonly used for the same group of problems. TMJ strictly refers to the temporomandibular joint itself, while TMD describes a condition affecting the joint or the jaw muscles. Your dentist can explain which applies to you.

Do clicking or popping jaws always mean TMD?

No. Joint sounds may be normal if there is no pain. They may be associated with TMD when pain or limited movement is also present. If you are worried, your dentist can examine your jaw.

Can stress make jaw pain worse?

Stress and anxiety can contribute to clenching and grinding, which may tire and strain the jaw muscles. Relaxation, behavioural changes and, for some people, a splint may help. Your dentist can talk through what suits you.

Will I need surgery for TMD?

Most people are not likely to need surgery. Care generally starts with conservative options, and more involved treatment is considered only if these do not help. Your practitioner will explain the options for you.

Who can I see about jaw pain?

Start with your dentist, who can examine your jaw, bite and teeth and provide conservative care. If more is needed, they can refer you to a suitable specialist such as an oral medicine specialist or an oral and maxillofacial surgeon.

What is the temporomandibular joint?

healthdirect, the Australian Government's health information service: "The temporomandibular joint (TMJ) is the joint on either side of your jaw, connecting your jaw to your skull." It "can move in multiple directions", allowing you to speak, eat, swallow and "make facial expressions".

What does TMJ dysfunction mean?

Three possibilities: a "problem with the muscles around your TMJ", a "problem with the TMJ", or a "combination of joint and muscle problems".

How common is it?

"It's common to have TMJ dysfunction. Nearly half of all people experience jaw dysfunction at some stage during their life."

What are the symptoms?

"Pain in your jaw, especially when eating"; "an ache or pain in front of your ear"; "a locking sensation in your jaw, making it difficult to open your mouth"; "a clicking or grating noise when you chew"; "an uncomfortable or uneven bite"; "hearing problems, such as tinnitus (ringing in your ears)"; "swelling

around your TMJ".

Can ringing in my ears really be a jaw problem?

Tinnitus is on healthdirect's own symptom list for TMJ dysfunction, as is "an ache or pain in front of your ear".

What does healthdirect list as the causes?

"An injury to your jaw, head or neck"; "an uneven bite"; "jaw clenching or teeth grinding, which may be linked to stress or anxiety"; "wear and tear of your TMJ, usually caused by osteoarthritis"; "other joint diseases, such as rheumatoid arthritis or gout"; and "dental (tooth) issues, such as new fillings or dentures that may cause you to have an uneven bite". It adds: "You might have TMJ dysfunction without any obvious cause."

Could recent dental work have caused it?

It is a listed cause: "dental (tooth) issues, such as new fillings or dentures that may cause you to have an uneven bite". Worth raising with the dentist who did the work.

Does it get better on its own?

Often. "In most cases, TMJ dysfunction improves over time. Your symptoms may go away without needing treatment."

What can I do myself?

healthdirect's 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".

Who else might help?

Three professions for three aspects. A psychologist for relaxation techniques "to help relieve stress and anxiety"; a physiotherapist for "gentle jaw-strengthening exercises to help improve your jaw movement"; and "a dentist or an orthodontist" who "can create a mouth guard suitable for you".

Will a splint stop me grinding?

No, and the caveat matters. The Victorian Department of Health: "In most cases, a bite splint will only help with the symptoms and will not stop you from grinding altogether." No source we have read gives a success rate for one.

When should I seek urgent care?

"Seek urgent care if you have symptoms of TMJ dysfunction, as well as" any of three things: "vision problems, such as double vision or blurred vision", "difficulty eating or drinking", or "frequent and severe headaches".

What if it has not improved after a few weeks?

That is healthdirect's own threshold: "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."

Related services and further reading

General dentistry

Specialist care

Emergency dentistry

Sleep dentistry

What causes TMJ pain and how is it treated?

What causes bad breath and how can it be treated?

I have a cracked tooth. What is that and how is it treated?

4 things to avoid if you have sensitive teeth

How can we help?

If you have jaw pain, clicking, locking, headaches or grinding concerns, our team can assess you at any of our nine Core Dental clinics. Call 13 13 16 or book online through coredental.com.au. See specialist care for more about the specialists we work with, and confirm availability when you book.

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.

Contact Core Dental

Phone	13 13 16
Booking	Online via coredental.com.au
Hours	Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm, Sunday closed

Results, recovery times and potential risks vary for each individual. This information is general in nature and is intended for people over 18. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What is TMD in dentistry?

TMD is short for temporomandibular joint dysfunction, a group of conditions affecting the jaw joint or the jaw muscles that leads to pain or other problems. Core Dental dentists can assess your jaw and explain your options.

Where is the jaw joint found?

The temporomandibular joint connects the lower jaw to the temporal bones of the skull, with one joint on each side of the face just in front of and below the ear. Core Dental dentists check this area when assessing jaw pain.

What is the articular disc?

The articular disc is a small disc of fibrocartilage between the condyle of the lower jaw and the temporal bone. It cushions the joint and allows smooth, gliding movement. Core Dental dentists consider it when explaining jaw joint problems.

Which symptoms may suggest TMD?

Symptoms can include jaw or ear-area pain, pain when speaking, eating or yawning, limited mouth opening, headaches, joint sounds with pain and jaw locking. Core Dental dentists can examine your jaw to work out what is happening.

What are common risk factors for jaw muscle problems?

Clenching, grinding, stress and anxiety are common risk factors for jaw muscle tension and spasm. Core Dental dentists can talk about habits, check your bite and discuss whether a splint may suit you.

What conservative care can a dentist offer for TMD?

Conservative care can include education, jaw rest, warm packs, gentle stretching, behavioural changes and, for people who grind in their sleep, a dental splint. Core Dental dentists can discuss which steps suit you.

When might a jaw problem need a specialist?

If conservative treatment does not help, referral to an oral medicine specialist or an oral and maxillofacial surgeon may be needed. Core Dental dentists can arrange a referral where appropriate after examining you.

How do I book a jaw assessment at Core Dental?

Call Core Dental on 13 13 16 or book online through coredental.com.au. We are open Monday to Friday 8.00am to 6.00pm and Saturday mornings across our nine Melbourne clinics.