Temporomandibular joint and muscle disorders, commonly called TMJ or TMD, are conditions that cause pain and dysfunction in the jaw joint and muscles that control jaw movement. While a traumatic injury can lead to TMJ problems, in most cases the cause is not clear. Symptoms may include pain in the chewing muscles and jaw joint, jaw muscle stiffness, a clicking or popping sound when opening and closing the mouth, headaches, bite problems (malocclusion), and ear and neck pain. Estimates suggest that more than 10 million Americans suffer from TMJ disorders, with women more frequently affected than men.

Fortunately, discomfort related to TMJ is often temporary and will go away with little or no treatment. For short-term relief, patients can try eating soft foods, applying ice packs, using over-the-counter pain medications, and avoiding extreme jaw movements like gum chewing. If symptoms persist, however, patients should seek a complete evaluation with a dentist or health care provider experienced in treating musculoskeletal disorders and chronic pain. Among the initial challenges is ruling out other conditions that could be causing TMJ-like symptoms, such as sinus or ear infections or nerve-related facial pain.

Research to identify the most effective treatment for TMJ disorders has been inconclusive. Given that, the California Dental Association advises patients to take a cautious approach, especially with treatments that cause permanent changes in the bite or jaw. Stabilization splints, or bite guards, are the most widely used treatment for TMJ. Patients should seek a second medical opinion before considering surgery for TMJ, as there have been no long-term studies demonstrating its effectiveness – nor any standards developed to guide which cases merit such an intervention.

The CDA believes patient education and full awareness of treatment risks are essential for those confronting the disorder.