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Temporomandibular Disorder (TMD/TMJ)

Temporomandibular Disorder (TMD) refers to any condition that affects the jaw joint and/or the chewing muscles. You may have TMD if you grind or clench your teeth, have soreness in your chewing muscles, or have sensitive teeth. Other symptoms can include recurrent headaches, clicking/popping of the temporomandibular joint (TMJ), worn chewing surfaces, eroded enamel near the gum line, feeling that your jaw is misaligned, etc.

Whether you realize it or not, almost everyone clenches or grinds their teeth to some extent. You can even have TMD without obvious signs of grinding. This brochure discusses the different types of TMD, the various treatment options, and the warranty we offer on custom occlusal splints (night guards).

Types of TMD

Most people with TMD fall into two basic categories:

Type 1 - Muscle Clenchers. These people carry a lot of stress in their jaw muscles and have soreness/pain in their head and neck muscles and sometimes pain in the jaw joint itself. Often the symptoms are worse in the mornings or the afternoons depending upon the pattern of clenching. This type of TMD is HIGHLY stress-related, and there are a variety of effective treatment options. See the section titled “Treatment for Muscle Clenchers” for more information.

Type 2 - Tooth Bruxers. These people wear their teeth down through the years, but usually have no pain in their jaw muscles or jaw joint, and may have no idea they have a problem. Yet, despite the apparent lack of symptoms, they are slowly eroding their teeth from wear and permanently altering their bite. Left untreated, the wear can lead to the need for extensive dental work, jaw pain, and worsening sensitivity. The wear from bruxing often shows on the sides of the teeth and not necessarily on the chewing surface. Generalized tooth sensitivity is another common symptom. See the section titled, “Treatment for Tooth Bruxers” for treatment options.

What about OTC night guards?

Over-the-counter night guards do not work well. Using one is like hiking in flip-flops versus the support of a good boot. They might be better than nothing, but they fit poorly, come loose easily, are not shaped to meet your needs, and can make things worse in the long run.

There are TMD issues that are more complicated than what is discussed here and that cannot be resolved by the techniques described. For those patients, referral to a specialist may be necessary.

Treatment for Muscle Clenchers

“Type 1” patients

For Muscle Clenchers, the symptoms tend to come and go over the years depending upon an individual's stress levels. For short-term flare-ups of jaw soreness, effective treatments include medications, awareness, jaw exercises, massage therapy, and application of heat and/or cold. For chronic issues, the gold-standard of treatment is using an Occlusal Splint (aka Night Guard).

Medication - ibuprofen (e.g. Motrin, Advil) is an extremely powerful anti-inflammatory. Take 800mg every 8 hours (for up to a week) to diminish muscle soreness. For particularly painful jaw muscles, Dr. Rodriguez may prescribe you a muscle-relaxer to use every night for up to a month.

Awareness - pay attention to your symptoms and be conscious of when you are clenching your teeth. When you catch yourself clenching, take a break and relax your jaw for a few moments. Try a few minutes of slow breathing exercises.

Jaw Exercises - when you catch yourself clenching, or when the jaw muscles are particularly sore, gently hold a wine cork between your *front teeth* for 2-5 minutes. Repeat every 30 minutes as needed. It may also help to do some slow jaw exercises (move your jaw in a slow circle 10 times to gently stretch all the muscles).

Massage therapy - many massage therapists are trained in the basics of TMD-therapy and may offer problem-focused treatment that can significantly improve your symptoms, especially for acute flare-ups.

Cold/Heat therapy - treat the jaw muscles like any other worn out muscle by applying ice or heat (or alternate both) as needed for symptom relief.

Occlusal Splint Therapy (aka Night Guard) - an occlusal splint is a custom fabricated orthotic mouthpiece that is designed to balance the chewing forces in your mouth and reduce the load on the muscles and jaw joint. Usually used at night, occlusal splint therapy is the gold-standard when it comes to treating all types of TMD issues (more on occlusal splints on the back of this brochure).

Treatment for Tooth Bruxers

“Type 2” patients

Bruxism is a chronic condition resulting from increased bite stress to the teeth. Symptoms may develop slowly over the course of many years. Treatment options depend upon the type and severity of symptoms, and include:

Occlusal Splint Therapy (aka Night Guard) - the gold-standard of preventative treatment, an occlusal splint is a custom fabricated orthotic mouthpiece designed to balance the chewing forces in your mouth and reduce the load on the teeth. Generally used at night, occlusal splint therapy is the only treatment that effectively addresses the cause of the wear (more on occlusal splints on the back of this brochure).

Zirconia ceramic crowns - if the chewing surfaces of back teeth have worn down through the enamel, a crown made of zirconia ceramic is recommended for each affected tooth. The strength and durability of zirconia crowns virtually eliminates any future wear and helps to stabilize the bite.

Gum Line Composite fillings - an EXTREMELY COMMON symptom of bruxism is the loss of enamel from the gum line area of the tooth. This is especially pronounced in people who tend to brush too hard. Those areas are often quite sensitive to cold water and even to brushing. Restoring the natural shape of the enamel with composite fillings is often done to insulate and protect that area of the tooth.

Full-mouth rehabilitation - in severe cases with little enamel left on any back teeth, a full-mouth rehabilitation is necessary. Zirconia crowns are added to most or all of the teeth, with additional thickness built in to each crown to restore the height of the lost enamel. Such treatment, often involving a minimum of 8 new crowns (or in some cases 20 or more crowns), and combined with occlusal splint therapy, is very effective, but expensive.

The goal is not to cure your TMD symptoms, but rather to assist you in managing your symptoms so that they no longer interfere with your daily life.

Custom Occlusal Splint Therapy

Occlusal splints, commonly referred to as night guards, are the best way to prevent and treat all types of TMD. Each splint is custom made to fit each patient. There are many types of occlusal splints, and some people may need one type versus another. For most cases, we start everyone with a medium-density splint, designed to fit either the upper teeth or the lower teeth. Only one splint is needed. Some people need/prefer rock-hard splints, while others need a softer, gummier style of splint. We can help you determine which style is best for you.

What to expect with your occlusal splint:

- Your splint should feel comfortable in your mouth and fit snugly, without any tendency for it to come loose.
- When you bite down with it in, you should feel even pressure on the right and left sides. And when you move your teeth around, you should feel like the front teeth touch a little heavier than the back teeth.
- For the first few days you may not feel like it is very effective because all you want to do is chew and clench on it. That is ok. Most people adjust to it within a few days. Stick with it.
- If after a week or two of use you feel like it is ineffective, or making things worse, or you feel something is just not right, please call us to schedule an evaluation and bring in your splint. We may need to adjust it or replace it with a different style.



Custom-fitted occlusal splints are the best way to treat many different types of TMD.

How to care for your occlusal splint:

- Brush and floss your teeth before putting in your splint.
- Use normal soap and water to clean the splint. Do not clean the splint with toothpaste, as it will get scratches and stain easily.
- Do not leave your splint in your car on a hot day, as it will deform from the heat.
- When you come to the office for a teeth cleaning, bring your splint with you and the hygienist will clean it for you. This will also give us a chance to evaluate it and adjust the fit if needed.
- Splints are designed to last 3-5 years. However, heavy grinders may only get one year of use before it needs to be replaced, while others may get five or more years of continual use.
- It is normal for the splint to get discolored and stained from calcium buildup within the first couple of years. As long as the splint is still functional, the discoloration is only cosmetic.

Occlusal Splint Warranty

All of our occlusal splints are custom made in-house and come with a one-year warranty. If during that first year we determine that you need a different style of splint, or if you wear through it or break it, we will make you a new one at no charge. However, we will not replace your splint for free if it is lost, damaged, or because you simply do not want to use it any more.