COTTONWOOD ENDODONTICS,PC
EXCEPTIONAL ENDODONTIC CARE

Roger K. Warren, D.D.S.
4252 S. Highland Drive, Suite 100
Salt Lake City, UT 84124-2658
801-278-3636 · cottonwoodendo.com

A GUIDE FOR PATIENTS

Is it your tooth, or your jaw?

Understanding TMD: jaw joint and muscle pain that can feel like a toothache

Pain from the jaw muscles and joints is one of the most common reasons a healthy tooth seems to ache. Tight, tender spots in the chewing muscles can send pain to the upper and lower back teeth. **The pain is real; it is simply coming from somewhere other than the tooth.**

What is TMD?

Temporomandibular disorders (TMD) affect the jaw joints, the chewing muscles, or both. You have a jaw joint in front of each ear, each with a small cushioning disc.

- **Muscle pain** is most common: sore, tight or tired chewing muscles, often from clenching or grinding.
- **Joint problems** happen when the disc slips, causing clicking, catching or locking, or when the joint is inflamed or arthritic.

Clues the pain may not be dental

- A dull, steady ache that is hard to pin to one tooth
- Worse with chewing, yawning or clenching
- Felt on both sides, or moves from tooth to tooth
- Pressing on the cheek or temple brings it on
- Numbing the tooth does not stop the pain

Signs and symptoms

- Pain in front of the ear, in the jaw or at the temples
- An aching face, often worse in the morning or after meals
- Earache or ear fullness without an ear infection
- Clicking, popping or grating when you open or chew
- Trouble opening wide, or a jaw that catches or locks

What can contribute

Clenching or grinding, stress and poor sleep, a jaw injury or long dental visit, posture and neck tension, arthritis, and habits like gum chewing or nail biting.

How we find the cause

- Your story: where it hurts, when, and what helps
- Gentle pressure on the jaw muscles and joints
- Measuring your opening and listening for joint sounds
- Testing your teeth to rule out a dental cause
- A 3D CBCT scan when needed

Treatment, step by step

We begin with gentle, reversible care. Most people never need more than the first two steps.

1. **Self-care.** Soft foods, heat or ice, jaw rest and habit awareness.
2. **Conservative care.** A custom night guard, physical therapy, short-term medicine, and help with stress and sleep.
3. **Targeted treatment.** Trigger point injections, or rinsing the joint (arthrocentesis).
4. **Surgery.** Rarely needed, and only for joint problems that do not respond to other care.

Caring for your jaw at home

- Choose softer foods; cut food into small pieces
- Skip gum, ice, hard candy and very chewy foods
- Keep your jaw relaxed: **lips together, teeth apart**
- Use moist heat or a cold pack on sore muscles
- Support your chin when you yawn
- Notice daytime clenching, nail and pen chewing
- Avoid sleeping face down with a hand under your jaw

Call us promptly at 801-278-3636 if your jaw locks open or closed, pain lasts more than two weeks, or pain comes with swelling, fever or numbness.

Our commitment to you. A root canal cannot be undone. Before we recommend any treatment, we make sure the tooth is truly the source of your pain.

General information only; not a substitute for an exam. Adapted from the DC/TMD diagnostic criteria (2014), the American Academy of Orofacial Pain, and J. P. Okeson, Management of Temporomandibular Disorders and Occlusion.

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