

# WHEN TO CONSIDER TMD

*Jaw pain often reflects an overlap of **muscle, joint, headache, cervical, sleep and behavioural factors**, making diagnosis unclear*

## WHEN JAW PAIN IS LIKELY JAW RELATED

- Jaw clicking, locking or limited opening
- Morning jaw pain or headaches
- Pain worsened by chewing or clenching
- Normal dental tests with persistent pain
- History of headache, neck pain, bruxism or poor sleep
- Familiar pain reproduced on jaw muscle or TMJ palpation

## QUICK CHAIR-SIDE SCREEN

### Ask

Does chewing change the pain?



### Palpate

Masseters, temporalis, TMJ's -  
Does this pain feel familiar?



### Observe

Opening pattern,  
deviation or clicking



Sore Jaw muscles + limited opening + headache worsened by chewing → consider TMD

## INITIAL CONSERVATIVE CARE

- Reassurance & education
- Soft diet (short term)
- Heat therapy
- Brief NSAID course (if appropriate)



**Diagnosis-driven, conservative care for complex jaw pain**

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## WHEN TO CONSIDER REFERRAL

Referral is appropriate when diagnosis is unclear, symptoms persist, or there is concern about progression to chronic pain:

- Jaw, temple, or ear pain where the primary source is unclear
- Pain aggravated by chewing, clenching, or jaw movement without clear dental cause
- Symptoms persisting longer than 3 months or not improving with initial care
- Limited opening (<35 mm), deviation, locking, or clicking with associated pain or functional limitation
- Difficulty chewing, jaw fatigue, or avoidance of certain foods
- Persistent jaw symptoms following trauma
- Uncertainty or poor response to splint therapy
- Coexisting headache, poor sleep, neck pain, or high distress contributing to symptoms

***Early referral may help prevent chronic pain***

*TMJ Centre Melbourne, provides dedicated assessment and management of temporomandibular disorders (TMD), jaw pain, headaches and related facial pain conditions. Our structured assessments consider contributing factors such as sleep, stress, cervical influences and overlapping pain conditions to guide diagnosis and management. With advanced training in pain management and sleep medicine, we provide conservative, evidence-based treatment tailored to each patient and support referring clinicians through clear DC/TMD diagnosis and shared care, while patients continue routine care with their usual dentist.*



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