Dysfunction in the jaw muscles and TMJ is related to dysfunction in the cervical spine, and vice versa. Patients with TMJ pain should also be evaluated for cervical spine disorders.

A review of the latest studies from Dr. Your Name.

TMJ Pain May Afflict as Many as 1/3 of Whiplash Patients

Jaw pain, or temporomandibular joint (TMJ) pain, is a common symptom in patients who have been injured in automobile collisions. The link between neck injury and TMJ pain has been recognized in the medical literature for over 40 years.

For years, it was believed that TMJ symptoms were caused by strain of the jaw during the violent motion experienced during whiplash. Indeed, in some cases where there is a direct impact to the jaw, immediate injury can occur to the TMJ. However, studies done specifically on the jaw mechanics during a crash show that the jaw does not generally experience injurious forces during a rear end collision.

A new study from Sweden set out to see how common TMJ pain is after whiplash. This study is unique, because the authors examined a group of patients from their very first appearance in a hospital emergency room, rather than studying a group of chronic patients. The researchers studied 60 patients who “had neck symptoms after whiplash trauma” and compared them to 53 healthy control subjects. The patients were given a follow-up survey one year later.

The authors found that:

- The whiplash patients had significantly more TMJ symptoms than did the control subjects: immediately after the collision, 12% of patients with whiplash injury reported TMJ pain, while only 2% of the control subjects did.
- At the one-year follow-up, 32% of the whiplash patients reported TMJ pain, while only 6% of the control subjects did.
- Seven subjects (12%) “spontaneously expressed a need for treatment of TMJ pain, dysfunction or both, and four (7 percent) expressed a need for treatment of ear-related symptoms.”
- Most importantly, all of these patients had reported their symptoms to their medical providers, but the symptoms were ignored.
This study is important for two reasons:

1. **Litigation Does NOT Cause Delayed Onset of Symptoms.** Most of the patients had delayed TMJ symptoms. Sometimes, insurers question symptoms with delayed-onset. This study refutes the idea that litigating patients are more likely to have symptoms:

   “The national health insurance in Sweden covers health care costs for patients with whiplash injury, and litigation concerning whiplash-related injuries is rare. If damages are paid, they are small. Hence, damages do not constitute an economic incentive for patients in Sweden to overestimate symptoms after whiplash trauma.”

   In this study, 32% of whiplash patients reported TMJ symptoms one year after the injury, and litigation played no role in these cases.

2. **TMJ Pain Originates in the Cervical Spine.** The latest literature on TMJ after whiplash indicates that jaw symptoms have their root in the cervical spine, not the jaw itself. This study adds credence to this theory, since if the injury was directly to the TMJ, one would expect the symptoms to appear very soon after the crash. The delayed onset of symptoms indicates injury and/or dysfunction of the cervical spine, which in turn disrupts the mechanics or the neurology of the head, neck, and jaw.

The authors conclude:

   “Our results suggest that one in three people who are exposed to whiplash trauma is at risk of developing delayed TMJ symptoms that may require clinical management.”

It is important that patients with TMJ symptoms after whiplash have a thorough clinical exam, including the function of the cervical spine.


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