The etiology of TMJ pain and dysfunction is unknown. It is thought that in some cases it is caused by trauma, but many cases have no clear etiology. Not all patients with pain in front of the ear or facial pain have TMJ disease. Many patients with true internal derangement also have muscle pain. Physical therapy, rehabilitation, and muscle treatment are probably the most important conservative measures.

The temporomandibular joint (TMJ) is the small jaw joint located in the front of the ear. The TMJ can cause problems if the disk gets displaced from its normal position on the top of the mandibular condyle. Clinical symptoms are pain, clicking, locking, and limitation of opening the jaw.

TMJ arthrography, once a mainstay in diagnosis of TMJ disease, is not used extensively anymore since the best imaging technique to study the TMJ now is MR imaging. MR shows the bone and soft tissue, and especially the disk. TMJ MR imaging is totally noninvasive and requires no injections.

It is important to understand the difference of pain coming from the muscles of mastication or pain coming from the jaw joint (TMJ). Physical examination and imaging are helpful to make this differentiation. Plain films are used primarily to evaluate for bone disease such as osteoarthritis and traumatic injuries.

Muscle symptoms are obviously not treated with surgery whereas occasionally joint disorders caused by derangement/internal derangement may be treated with surgery.