TMJ Injuries After a Car Accident in Georgia

The Jaw Injury That Can Be Overlooked After a Crash

You walked away from the crash without a broken bone or visible facial injury. Then the clicking starts when you open your mouth. Chewing hurts. An ache spreads from your jaw toward your ear or temple, and headaches that weren't there before the collision begin interfering with your day. Those symptoms can fit a temporomandibular disorder (TMD) after a Georgia car accident, even when the emergency room wasn't focused on the jaw.

At the Law Offices of Gary Martin Hays & Associates, P.C., our Georgia car accident attorneys know that a later TMJ diagnosis can create a causation fight with the insurance company. The strongest cases don't depend on one scan or one symptom. They build the timeline from the crash through the first jaw complaints, clinical findings, treatment, and any imaging a provider decides is appropriate.

The TMJ and the Forces a Car Crash Can Put Through It

The temporomandibular joint sits just in front of each ear and connects the lower jaw to the temporal bone of the skull. A fibrous disc helps the joint move smoothly, while the surrounding muscles, ligaments, and joint capsule help control chewing, speaking, and opening and closing the mouth. The National Institute of Dental and Craniofacial Research uses the term TMD for a group of conditions involving the jaw joints, chewing muscles, and related tissues.

A direct blow to the jaw or face during a collision can injure the joint or surrounding structures. TMJ symptoms can also appear alongside whiplash and other neck injuries after a Georgia crash. Medical research supports an association between whiplash trauma and TMD pain, but the exact cause-and-effect mechanism is still being studied. That distinction matters: a lawyer shouldn't need to oversell biomechanics when the medical history, examination, and treatment record can show what changed after the wreck.

A 2025 systematic review and meta-analysis found TMD pain was more common in people after whiplash trauma than in control groups without whiplash. The study also emphasized early clinical assessment when orofacial pain appears after a whiplash injury. It doesn't mean every rear-end or side-impact crash causes TMJ damage, but it does support taking new jaw symptoms seriously instead of dismissing them because there was no direct facial impact.

TMJ Symptoms Can Overlap With Neck and Head Injuries

A crash-related TMD can produce several symptoms, and many overlap with neck injuries, headaches, dental problems, and other conditions. That's why the pattern matters more than any single complaint:

- **Jaw Pain During Movement:** Pain while chewing, yawning, talking, or opening the mouth can be felt at the joint itself or spread toward the ear, temple, cheek, or neck.

- **Clicking, Popping, or Locking:** Joint noises can occur with TMD, especially when they're accompanied by pain or restricted movement. Painless clicking by itself is common and doesn't automatically mean the joint was injured.
- **Limited or Changed Jaw Movement:** Some people notice that the jaw won't open as far as it did before, deviates to one side, locks, or feels different when they bite and chew.
- **Headache and Referred Facial Pain:** Jaw disorders can produce pain around the temple, face, ear, and neck. Persistent headaches after a Georgia car accident may have more than one possible cause, so providers may need to sort out TMJ, cervical, neurological, and other sources.

Some people notice jaw symptoms immediately, while others don't focus on them until later as more obvious neck or shoulder pain begins to settle. New or changing delayed injury symptoms after a Georgia car accident should be reported promptly so the medical record reflects when they appeared and how they progressed. There isn't a reliable one-to-four-week rule that applies to every traumatic TMD case.

A Normal X-Ray Doesn't Rule Out a TMJ Problem

Emergency room imaging after a car accident is usually aimed at identifying fractures, bleeding, or other urgent injuries. It may not be designed to evaluate the soft tissues inside the jaw joint. That's one reason seeing a doctor promptly after a car accident and reporting new jaw symptoms during follow-up can matter even when the first X-rays were reassuring.

TMD is generally diagnosed through the patient's history and a clinical examination of the head, neck, face, jaw movement, tenderness, and joint sounds. Imaging can be added when the findings or treatment plan call for it. MRI is particularly useful for evaluating the TMJ disc and other soft tissues, while CT is better suited to detailed evaluation of bone. Not every patient needs every test.

A dentist or physician may make the initial assessment and refer the patient to an orofacial pain clinician or oral and maxillofacial specialist when symptoms persist or the diagnosis is uncertain. The important point for a claim is consistency: when the symptoms started, what the examinations showed, whether the complaints continued, and whether the treatment plan matches the condition being diagnosed.

The Insurance Company May Focus on What Was There Before the Crash

TMJ symptoms aren't unique to car accidents. People can develop jaw pain or dysfunction from clenching, arthritis, prior trauma, dental problems, and other causes. That gives an insurer an obvious argument when a claimant has older dental or jaw records. But a prior condition doesn't automatically end the case. If a collision caused new symptoms or materially worsened an existing problem, a crash can still support an aggravation claim involving a pre-existing condition.

The before-and-after record is especially useful in that situation. Prior dental records may show whether jaw pain, clicking, restricted opening, or treatment existed before the wreck. Post-crash records can then show what changed. A clean history isn't required, but the claim is

stronger when the medical evidence accurately separates old symptoms from new ones instead of pretending the past doesn't exist.

Vehicle damage isn't a medical test either. An adjuster may point to a modest repair estimate and argue that the collision couldn't have caused meaningful jaw symptoms, but the amount of visible vehicle damage doesn't necessarily measure the seriousness of an occupant's injury. At the same time, it would be too broad to claim that every low-speed impact can displace a TMJ disc. The medical question has to be answered from the individual patient's history, examination, imaging when indicated, and the rest of the crash evidence.

Objective findings can help, but they aren't a substitute for a complete diagnosis. Reduced jaw opening, reproducible tenderness, locking, bite changes, or MRI evidence of disc position may support the medical picture. A scan can also show findings that existed before the crash or that don't fully explain the symptoms. The treating provider's interpretation and the timeline still matter.

The day-to-day effects matter too. Pain while chewing, difficulty eating certain foods, headaches, sleep disruption, and pain during conversation can affect quality of life even when a person can still work. Those limitations can become part of the evidence supporting pain and suffering after a Georgia car accident, along with medical expenses, lost income, and any future treatment supported by the medical record.

TMJ Treatment Usually Starts Conservatively

Treatment depends on the specific diagnosis and severity of the symptoms. Many TMDs improve with conservative care. Depending on the patient, a provider may recommend temporarily eating softer foods, heat or cold, appropriate pain or anti-inflammatory medication, exercises or physical therapy, and reducing habits such as clenching or gum chewing. Some patients may also be considered for an oral appliance when clinically appropriate.

More invasive treatment isn't automatically better. Federal dental-health guidance cautions that evidence for many TMD treatments is limited and generally recommends avoiding procedures that permanently change the jaw, teeth, or bite unless they're clearly indicated. Injections or surgery may be considered in selected cases, but a serious procedure should be tied to a specific diagnosis rather than used simply because symptoms have lasted a long time.

Neck and jaw symptoms can also overlap, which can make coordinated care important. Someone recovering from whiplash may be receiving physical therapy for the cervical spine while a dentist or orofacial clinician evaluates persistent jaw pain. Keeping those providers aware of the full symptom picture can reduce gaps and contradictions in the record. Since 1993, our firm has recovered more than $1 billion for injured Georgia families. In difficult medical-causation cases, careful documentation can matter more than one dramatic test result.

Get Help With a TMJ Injury After a Georgia Car Accident

If jaw pain, clicking, locking, headaches, or difficulty chewing appeared after your crash, don't rush to close the claim before you understand the diagnosis and treatment plan. An early

insurance settlement offer can arrive while symptoms are still being evaluated, and accepting it generally ends the claim even if additional treatment is needed later.

Our Georgia car accident lawyers can review the crash, medical and dental records, prior history, specialist findings, and the insurance company's causation arguments. We handle injury cases on a contingency fee basis, so there's no attorney's fee unless we recover compensation for you.

Contact Gary Martin Hays & Associates for a free consultation and find out what options may be available before you accept a settlement that doesn't account for the full impact of the injury.