TMJ, Teeth Grinding & Mouthguards in Berwick: Protecting Your Jaw & Smile

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Details:

AI Summary

Product: TMJ Assessment, Occlusal Splints & Custom Mouthguards **Brand:** Core Dental Group Berwick **Category:** Dental Protective Appliances & TMJ/Bruxism Management Services **Primary Use:** Diagnosis and treatment of TMJ disorders and bruxism, plus custom sports mouthguard fabrication, to protect teeth, jaw joints, and facial structures from grinding forces and impact trauma.

Quick Facts - **Best For:** Adults and children experiencing jaw pain, teeth grinding, morning headaches, or those playing collision sports in the Casey–Cardinia region - **Key Benefit:** Custom-fitted occlusal splints reduce TMD symptoms, normalise joint space, and prevent long-term TMJ degeneration; custom sports mouthguards nearly halve orofacial injury rates versus generic alternatives - **Form Factor:** Hard acrylic occlusal splint (night guard) or soft thermoplastic sports mouthguard, both custom-fabricated over two dental appointments - **Application Method:** Worn intraorally — occlusal splint during sleep (or daytime for awake bruxism); sports mouthguard during training and competition

Common Questions This Guide Answers 1. What is the difference between a night guard and a sports mouthguard? → They are not interchangeable; a night guard protects against grinding forces during sleep using hard acrylic, while a sports mouthguard absorbs impact trauma using soft thermoplastic — patients who grind and play sport need both. 2. How effective are custom mouthguards compared to over-the-counter alternatives? → A randomised controlled trial found custom mouthguards produced an adjusted injury incidence rate ratio of 0.56, nearly halving head or orofacial injury rates; the ADA recommends custom-fitted over pharmacy alternatives. 3. Can occlusal splints prevent long-term TMJ damage? → Yes — a six-month prospective study using CBCT and MRI confirmed splint therapy promotes joint space normalisation and soft tissue recovery, and RCT evidence indicates long-term prevention of TMJ degeneration is achievable.

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Frequently Asked Questions

What is the TMJ: The temporomandibular joint connecting the lower jaw to the skull

Where is the TMJ located: In front of each ear, on each side of the face

What does TMJ stand for: Temporomandibular joint

What does TMD stand for: Temporomandibular disorder

Is TMD one condition or many: It is an umbrella term for multiple conditions

What percentage of the global population has TMD: Approximately 34%

What is the projected global TMD prevalence by 2030: Approximately 39%

What is the projected global TMD prevalence by 2050: Approximately 44%

What percentage of Australians show at least one sign of TMD: Approximately 60–70%

What percentage of people with TMD signs are aware of their condition: Only 1 in 4

What percentage of people with TMD dysfunction seek treatment: Approximately 5%

At what age does TMD incidence peak: Between 25 and 45 years

Do more females or males seek TMD treatment: Females outnumber males by at least 4 to 1

Can jaw pain in the morning indicate TMD: Yes

Can morning headaches indicate TMD: Yes

Can clicking sounds when opening the mouth indicate TMD: Yes

Can a locked jaw indicate TMD: Yes

Can earache without infection indicate TMD: Yes

Can tooth sensitivity without a dental cause indicate TMD: Yes

What is bruxism: Repetitive grinding or clenching of the teeth

How many types of bruxism are there: Two

What are the two types of bruxism: Sleep bruxism and awake bruxism

When are sleep bruxism symptoms worst: On waking

Do awake bruxism symptoms worsen during the day: Yes

What is the general population prevalence range for bruxism: 8% to 31%

What is the mean prevalence of self-reported awake bruxism: 25.9%

What is the prevalence of clinically confirmed awake bruxism: Approximately 16%

Is awake bruxism more common in women or men: More common in women

Is sleep bruxism equally common in men and women: Yes, roughly equal proportions

Can bruxism damage the TMJ joint: Yes

Can untreated grinding cause degenerative changes in the TMJ: Yes

Who often first identifies sleep bruxism: A bed partner or roommate

Does Core Dental Group Berwick assess TMD: Yes

Does TMD diagnosis include a symptom history: Yes

Does TMD diagnosis include visual examination of tooth wear: Yes

Does TMD diagnosis include palpation of jaw muscles: Yes

Is imaging used in TMD diagnosis: Yes, when indicated

What imaging is used for suspected joint degeneration: OPG or CBCT

Can TMD symptoms mimic ear infections: Yes

Can TMD symptoms mimic tension headaches: Yes

What is the most widely used dental intervention for bruxism and TMD: Occlusal splint therapy

What is another name for an occlusal splint: Night guard or bite splint

Does occlusal splint therapy promote joint space normalisation: Yes

How long was the landmark splint therapy study conducted: Six months

Did splint therapy reduce TMD and bruxism-related symptoms in RCT evidence: Yes

Can occlusal splints prevent long-term TMJ damage: Yes, potentially

Are occlusal splints or botulinum toxin-A effective for jaw muscle pain: Both are effective

Do occlusal splints offer additional functional benefits over botulinum toxin-A: Potentially, in specific parameters

What is the primary use of a hard acrylic splint: TMD and moderate-to-severe bruxism

What is the primary use of a soft thermoplastic guard: Mild bruxism and sports protection

Which splint type better reduces muscle hyperactivity: Hard acrylic splint

Which splint type is immediately more comfortable: Soft thermoplastic guard

How durable is a hard acrylic splint: High durability, lasting years with care

How often should a soft thermoplastic guard be replaced: Approximately annually

How many appointments are needed for a custom occlusal splint: Two appointments

What happens at the first splint appointment: Impressions and bite registration are taken

What happens at the second splint appointment: The splint is fitted, adjusted, and polished

Can a boil-and-bite guard replace a custom occlusal splint: No

Does Core Dental Group Berwick offer physiotherapy referrals for TMD: Yes

Is stress a risk factor for bruxism and TMD: Yes

Is sleep hygiene relevant to TMD management: Yes

Does Core Dental Group Berwick refer complex TMD cases to specialists: Yes

What does a sports mouthguard protect against: Impact trauma during sport

Are athletes without mouthguards more likely to suffer dental injury: Yes, 60 times more likely

Does the ADA recommend mouthguards for collision sports: Yes

Does the ADA recommend custom-fitted mouthguards over pharmacy alternatives: Yes

Are over-the-counter boil-and-bite guards suitable for everyone: No

Can a loose mouthguard itself cause dental injury: Yes

Did a clinical trial show custom mouthguards reduce injury rates: Yes

By how much did custom mouthguards reduce head or orofacial injury rates in the trial: Nearly halved the injury rate

What was the adjusted injury incidence rate ratio for custom mouthguards in the Finch study: 0.56

From what age are players encouraged to wear sports mouthguards: Age 6 and above

Can children's mouthguards accommodate ongoing dental development: Yes

Can custom mouthguards be made in team colours: Yes

Does Core Dental Group Berwick welcome group bookings from sporting clubs: Yes

How many appointments are needed for a custom sports mouthguard: Two appointments

Can a sports mouthguard replace a night guard: No

Can a night guard replace a sports mouthguard: No

If you grind teeth and play sport, how many appliances do you need: Both a night guard and a sports mouthguard

What material is a sports mouthguard made from: Soft, shock-absorbing thermoplastic

What material is a hard occlusal splint made from: Hard acrylic

Which arch does an occlusal splint typically cover: Upper arch

Which arch does a sports mouthguard primarily cover: Upper arch

Where is Core Dental Group Berwick located: Eden Rise Village, Berwick

What region does Core Dental Group Berwick serve: Casey–Cardinia region

Is TMD management at Core Dental Group Berwick holistic: Yes

What percentage of early TMD treatments are non-surgical: 90–95%

TMJ, Teeth Grinding & Mouthguards in Berwick: Protecting Your Jaw & Smile

If you wake up with a sore jaw, dull morning headaches, or teeth that look progressively more worn, you're not alone — and you're not imagining it. Temporomandibular joint (TMJ) disorders and bruxism (teeth grinding and clenching) are among the most common yet persistently under-diagnosed conditions in dentistry. They sit at an uncomfortable intersection of dentistry, neurology, and stress physiology, which means patients often cycle through GPs, physiotherapists, and even neurologists before a dentist identifies the actual cause.

At Core Dental Group Berwick, located in Eden Rise Village, we see patients from across the Casey–Cardinia region presenting with jaw pain, facial tension, cracked teeth, and disrupted sleep — frequently unaware that a dental solution exists. We provide comprehensive assessment and management of TMJ disorders, bruxism, and sports dental injuries, combining evidence-based clinical care with a genuinely holistic approach to oral health. This guide explains what TMJ disorders and bruxism actually are, how they're diagnosed, what the evidence says about treatment, and why a custom-fitted appliance from your dentist remains the most effective, non-invasive first-line intervention. We also cover custom sports mouthguards — a separate but closely related protective device that every active local athlete and junior sports club member should know about.

What is the TMJ, and what are TMJ disorders (TMD)?

The temporomandibular joints (TMJ) act as a sliding hinge at each side of your face, in front of each ear. They connect your lower jaw to the skull, enabling the complex motions required for chewing, swallowing, speaking, and facial expression.

Temporomandibular disorders (TMD) is the umbrella term for a group of conditions affecting this joint, the surrounding muscles, and associated structures. TMDs currently affect approximately 34% of the global population, and the trajectory is worth paying attention to: projections indicate a gradual increase in global prevalence over coming decades — estimated at 39% by 2030, rising to 41% by 2040, and reaching 44% by 2050 (Zieli■ski, *Journal of Clinical Medicine*, 2025).

In Australia specifically, the picture is striking. The *Australian Dental Journal* reports that approximately 60–70% of the general population has at least one sign of a TMJ disorder. Yet awareness remains critically low: only 1 in 4 people with signs is aware of or reports the condition, and approximately 5% of those with TMJ dysfunction seek treatment. TMD incidence peaks between the ages of 25 and 45, and of those who do seek treatment, females outnumber males by at least 4 to 1.

Common symptoms of TMD

Patients presenting to Core Dental Group Berwick with TMJ-related concerns often report a combination of the following:

- Jaw pain or tenderness, particularly in the morning or after eating - Clicking, popping, or grating sounds when opening or closing the mouth - Limited jaw opening, or a jaw that "locks" open or closed - Facial muscle pain or fatigue, especially in the temples, cheeks, and neck - Earache or a sensation of fullness in the ear without any ear infection - Frequent headaches, particularly upon waking - Tooth sensitivity or pain without an identifiable dental cause - Cramp-like pain radiating through the facial region, often made worse by lengthy dental procedures

Worth noting: unusually for chronic pain conditions, TMJ disorder prevalence is higher amongst younger people. This makes early identification at routine check-ups — as described in our [General Dentistry in Berwick guide](/) — especially valuable.

What is bruxism? Sleep grinding vs. awake clenching

Bruxism is a repetitive jaw muscle activity involving teeth grinding or clenching, associated with rigidity, bracing, or thrusting of the jaw. It exists in two distinct forms with different characteristics: sleep bruxism (nocturnal) and awake bruxism.

Dental damage may look similar in both types, but the timing of symptoms differs. Sleep bruxism symptoms tend to be worst on waking and ease during the day, whereas awake bruxism symptoms may be absent in the morning and then worsen as the day progresses.

Bruxism is common — prevalence reports range from 8% to 31% in the general population. A 2025 systematic review and meta-analysis published in *ScienceDirect* found that self-reported "possible" awake bruxism had a mean prevalence of 25.9% (95% CI 22.2–29.9%), while clinically confirmed "probable" awake bruxism sat at 16.0% (95% CI 10.0–24.5%). Awake bruxism is more common in women, whereas sleep bruxism affects men and women in roughly equal proportions.

Why bruxism is often missed

Many people with bruxism have no idea they do it. Self-reported grinding habits are a poor measure of true prevalence because the behaviour happens unconsciously — often during sleep. Sleep bruxism is frequently first identified not by the patient, but by a bed partner disturbed by the sound of grinding.

The bruxism–TMD connection

Bruxism has been significantly associated with TMJ disorders, including joint pain, disc displacement, and condylar remodelling. Persistent mechanical stress from grinding alters joint loading patterns, which can lead to degenerative changes in the TMJ over time. In practical terms: untreated grinding doesn't stay in your teeth — it progressively damages the jaw joint itself.

Habitually gritting or grinding your teeth increases wear on the cartilage lining the joints, and excessive biting pressure gives the joint little opportunity to recover between meals.

How Core Dental Group Berwick diagnoses TMD and bruxism

Accurate diagnosis is the foundation of effective treatment. At Core Dental Group Berwick, assessment of suspected TMD or bruxism involves a structured clinical examination that goes well beyond a standard dental check-up:

1. **Detailed symptom history** — onset, duration, pain patterns, sleep quality, stress levels, and medication use 2. **Visual examination of tooth wear** — identifying attrition (flat, worn facets) and abfraction lesions at the gum line 3. **Palpation of the jaw muscles and TMJ** — assessing tenderness, asymmetry, and range of motion 4. **Joint sounds assessment** — clicking, crepitus (grating), or locking 5. **Occlusal (bite) analysis** — identifying contact imbalances that may be driving parafunctional habits 6. **Imaging when indicated** — OPG (panoramic X-ray) or CBCT for cases involving suspected joint degeneration or disc displacement (see our [Wisdom Teeth Removal guide](/) for more on our 3D imaging capabilities)

This multi-step approach matters because TMD symptoms can mimic other conditions — including ear infections, sinusitis, tension headaches, and even cardiac pain in rare cases. Ruling out alternative causes is part of responsible diagnosis.

Treatment options: from occlusal splints to holistic care

Whilst 90–95% of early TMD treatments are non-surgical, the range of available interventions is broader than most patients realise. At Core Dental Group Berwick, we take a conservative, evidence-based approach — starting with the least invasive options and escalating only where necessary.

Occlusal splints and night guards

The occlusal splint — also called a night guard, bite splint, or Michigan splint — is the most widely used and best-evidenced dental intervention for both bruxism and TMD.

A landmark prospective observational study evaluated 112 bruxism patients using both CBCT and MRI imaging before and after six months of nocturnal splint therapy. The findings showed that occlusal splint therapy effectively promotes joint space normalisation and soft tissue recovery in bruxism patients with TMJ myofascial pain, regardless of age or gender (published in *PMC/NIH*, 2025).

These appliances decrease sleep-related grinding, tooth wear, headaches, and TMJ dysfunction.

A randomised controlled trial published in *PubMed* (2020) comparing biofeedback splints with standard adjustable occlusal splints found that by reducing burst duration and pathological load on the masticatory apparatus, splint therapy reduces TMD and bruxism-related symptoms and improves physical wellbeing — and in the long term, this could prevent damage to the TMJ.

A separate 2024 randomised controlled trial published in *ScienceDirect* confirmed that both occlusal splints and botulinum toxin-A effectively reduce jaw muscle pain in bruxist patients, improving quality of life and mandibular function, with occlusal splints potentially offering additional benefits in specific functional parameters.

Hard vs. soft splints: which is right for you?

| Feature | Hard Acrylic Splint | Soft Thermoplastic Guard | |---|---|---| | **Primary use** | TMD, moderate–severe bruxism | Mild bruxism, sports protection | | **Durability** | High (years with care) |

Moderate (replaces annually) | | **Jaw muscle effect** | Superior — reduces muscle hyperactivity | Less effective for muscle symptoms | | **Comfort** | Takes some adjustment initially | Immediately comfortable | | **Best suited for** | Sleep bruxism, TMD pain | Mild nocturnal grinding, daytime wear |

At Core Dental Group Berwick, your treating dentist will recommend the appropriate appliance based on your clinical findings, symptom severity, and bite characteristics. A hard acrylic, full-arch upper splint is typically the first-line recommendation for moderate-to-severe sleep bruxism or active TMD pain.

The fitting process at Core Dental Group Berwick

Getting a custom occlusal splint involves two appointments:

1. **Appointment 1:** Digital or physical impressions of your upper and/or lower teeth are taken, along with a bite registration to record how your jaws close together. These are sent to a dental laboratory. 2. **Appointment 2:** The finished splint is fitted, adjusted for precise occlusal contacts, and polished. You receive care instructions and a review appointment is scheduled.

This is a fundamentally different process from over-the-counter "boil and bite" guards, which cannot replicate the precision fit required for therapeutic benefit.

Complementary and holistic approaches

Core Dental Group Berwick takes a genuinely holistic view of TMD management. A splint alone addresses the consequences of bruxism but doesn't always resolve the drivers. Depending on your presentation, your dentist may discuss:

- **Physiotherapy referral** — for jaw muscle stretching, trigger point release, and postural correction, which has evidence support for myofascial TMD - **Stress management strategies** — given that psychological stress is one of the most consistently identified risk factors for both awake bruxism and TMD - **Sleep hygiene review** — because awake bruxism shows a positive association with signs and symptoms of TMD and poorer sleep quality - **Occlusal equilibration** — minor reshaping of specific tooth surfaces to eliminate bite interferences that may be triggering parafunctional habits (only where clearly indicated) - **Referral to oral medicine or maxillofacial specialists** for complex or refractory cases

For patients whose dental anxiety makes jaw clenching worse in the chair, our [Sedation & Sleep Dentistry guide](/) explains how we support anxious patients throughout their care.

Custom sports mouthguards in Berwick: protecting active smiles

Whilst occlusal splints protect teeth and jaws during sleep, sports mouthguards serve an equally important preventive function for athletes of all ages and levels. Berwick and the broader Casey–Cardinia region has a strong sporting culture, with local AFL, soccer, basketball, hockey, rugby, and martial arts clubs active throughout the year. Dental trauma sustained during sport is largely preventable, yet it remains common.

Dental injuries from sport can range from chipped or cracked teeth to complete tooth loss, broken jaws, and soft tissue damage. Athletes who don't wear mouthguards are 60 times more likely to suffer a dental injury.

A sports mouthguard can protect against serious injuries including broken jaws, fractured, cracked or knocked-out teeth, and cut lips and tongues.

Why custom-fitted is non-negotiable

The Australian Dental Association (ADA) recommends wearing a mouthguard for any sport where collision is likely, including training as well as games — and specifically recommends custom-fitted

mouthguards over pharmacy alternatives.

Over-the-counter "boil and bite" mouthguards are not designed to suit everyone. Most people don't have perfect teeth, so a generic guard may not fit snugly. When a mouthguard is roomy or loose, it can displace during play — which is not just ineffective but can itself cause dental injury.

The evidence for custom guards is solid. A study published in *Evidence-Based Dentistry* (Nature Publishing Group) examined 23 Australian Rules football teams randomised to custom-made mouthguards versus usual mouthguard behaviour. When data were adjusted for division of play and age group, custom mouthguards showed a significant protective effect during games and training combined, with an adjusted head or orofacial injury incidence rate ratio of 0.56 — nearly halving the injury rate (Finch et al., *Evidence-Based Dentistry*, 2006).

A custom mouthguard is designed specifically for your dental anatomy, ensuring comprehensive coverage and proper shock absorption exactly where you need it most.

Sports mouthguards for children and teenagers

Players aged 6 and above are encouraged to wear sports mouthguards when playing or training. For children whose teeth are still developing, this is particularly important — a knocked-out or fractured permanent tooth at age 9 carries consequences that last a lifetime. Our [Children's Dentistry in Berwick guide](/) explains how we integrate mouthguard assessment into paediatric dental appointments, and how the Medicare Child Dental Benefits Schedule (CDBS) may offset some costs for eligible families.

The custom mouthguard process at Core Dental Group Berwick

Getting a custom sports mouthguard is straightforward and typically completed in two short visits:

1. **Impressions:** Your dentist takes accurate moulds of your teeth. Children's mouthguards are designed to accommodate ongoing dental development. 2. **Fitting:** Your finished mouthguard is tried in, adjusted for comfort and retention, and you receive care instructions.

Custom guards can be made in team colours, which is particularly popular for junior club orders. Core Dental Group Berwick welcomes group bookings from local sporting clubs — contact the practice to discuss a team fitting session.

Night guard vs. sports mouthguard: understanding the difference

These two appliances are frequently confused, but they serve distinct clinical purposes:

| Feature | Occlusal Splint / Night Guard | Sports Mouthguard | |---|---|---| | **Primary purpose** | Protect teeth and TMJ from grinding forces | Protect against impact trauma | | **Worn when?** | During sleep (or daytime for awake bruxism) | During sport — training and games | | **Material** | Hard acrylic or soft thermoplastic | Soft, shock-absorbing thermoplastic | | **Thickness** | Precisely calibrated for occlusion | Thicker for impact absorption | | **Covers** | Upper arch (usually) | Upper arch (primarily) | | **Replaces the other?** | No — each is purpose-built | No — each is purpose-built |

A common mistake is attempting to use a sports mouthguard as a night guard, or vice versa. They are not interchangeable. If you grind your teeth and play sport, you need both.

Key takeaways

- Approximately 60–70% of the general population has at least one sign of a TMJ disorder, yet most go undiagnosed and untreated — making proactive screening at your regular dental check-up worthwhile.
- Bruxism prevalence ranges from 8–31% in the general population, with sleep bruxism often

undetected until significant tooth wear or jaw damage has already occurred. - Occlusal splint therapy is a well-evidenced, conservative intervention that can normalise joint space, reduce muscle pain, and prevent long-term TMJ degeneration without surgery. - TMD management at Core Dental Group Berwick is holistic: splints are the starting point, not the only tool. Physiotherapy referral, stress management, and sleep hygiene support are integrated into care planning. - The Australian Dental Association recommends wearing a custom-fitted mouthguard for any sport where collision is likely, including training — and custom guards have demonstrated a statistically significant protective advantage over generic alternatives in clinical trials.

Conclusion

TMJ disorders, bruxism, and sports-related dental injuries are three of the most common yet most overlooked conditions in general dental practice. What makes Core Dental Group Berwick's approach different is that we treat these not as isolated complaints but as interconnected aspects of your oral health and overall wellbeing. Whether you're waking up with jaw pain, noticing that your teeth look shorter than they used to, or simply want to protect your child's smile on the football field, the right appliance — fitted precisely and reviewed regularly — makes a measurable difference.

If you recognise any of the symptoms described in this guide, the first step is a thorough examination. Our team at Core Dental Group can assess your bite, jaw function, and tooth wear patterns, and recommend the appropriate intervention — whether that's a custom occlusal splint, a referral for physiotherapy, or a sports mouthguard sized and shaped for your sport.

Related reading: - [General Dentistry in Berwick: Check-Ups, Cleans, Fillings & Preventive Care Explained](/) - [Children's Dentistry in Berwick: Paediatric Dental Care for Infants, Kids & Teens](/) - [Sedation & Sleep Dentistry in Berwick](/) - [Emergency Dentist in Berwick: What to Do for Toothache, Broken Teeth & Dental Trauma](/) - [Dental Crowns & Bridges in Berwick](/)

To book a TMJ assessment or to order a custom mouthguard at Core Dental Group Berwick, contact the practice at Eden Rise Village, Berwick, or request an appointment online.

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Label Facts Summary

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Verified label facts

Product specification data status: No data provided

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General product claims

The following statements were identified in the content. These are general health, statistical, and service-related claims drawn from cited literature, professional body guidelines, and practice descriptions — not from product packaging or a manufacturer specification sheet.

- Approximately 34% of the global population is affected by TMD; projected to reach 39% by 2030 and 44% by 2050 (Zieli■ski, *Journal of Clinical Medicine*, 2025) - Approximately 60–70% of Australians show at least one sign of TMD (*Australian Dental Journal*) - Only 1 in 4 people with TMD signs are aware of their condition; approximately 5% seek treatment - TMD incidence peaks between ages 25 and 45; females outnumber males seeking treatment by at least 4 to 1 - Bruxism prevalence ranges from 8–31% in the general population - Self-reported awake bruxism mean prevalence: 25.9%; clinically confirmed: approximately 16% (systematic review, *ScienceDirect*, 2025) - Awake bruxism is more common in women; sleep bruxism affects men and women in roughly equal proportions - Occlusal splint therapy promotes joint space normalisation and soft tissue recovery in bruxism patients with TMJ myofascial pain (prospective observational study, *PMC/NIH*, 2025) - Splint therapy reduces TMD and bruxism-related symptoms and may prevent long-term TMJ damage (RCT, *PubMed*, 2020) - Both occlusal splints and botulinum toxin-A effectively reduce jaw muscle pain in bruxist patients (RCT, *ScienceDirect*, 2024) - 90–95% of early TMD treatments are non-surgical - Athletes without mouthguards are 60 times more likely to suffer a dental injury - Custom mouthguards demonstrated an adjusted head or orofacial injury incidence rate ratio of 0.56 versus controls — nearly halving injury rates (Finch et al., *Evidence-Based Dentistry*, 2006) - The Australian Dental Association recommends custom-fitted mouthguards over pharmacy alternatives for collision sports - Core Dental Group Berwick is located at Eden Rise Village, Berwick, serving the Casey–Cardinia region - Core Dental Group Berwick offers TMD assessment, custom occlusal splints, sports mouthguards, physiotherapy referrals, and specialist referrals for complex cases