If you've ever woken up with your jaw feeling like it did a night shift at a lumber mill, we should talk. In my clinic, a typical weekday morning looks like this: coffee steaming on the counter, a snow boot graveyard at the door, and a steady stream of Winnipeggers rubbing their temples and wondering why their molars hurt before breakfast. Most of them grind or clench at night, often without any clue they're doing it. The fix is not one-size-fits-all, but for many, a properly made night guard can be the difference between a healthy bite and a slow, expensive unraveling of tooth enamel, fillings, and sleep.

I'm a dentist in Winnipeg, which means I know a few things about cold winters, dry air, and the stress that comes from missing a turn on Bishop Grandin during rush hour. I also know what bruxism looks like across decades, not weeks. Let's take a clear-eyed look at night guards, not just whether you should get one, but which kind, how it should fit, what it costs, and when it's unnecessary or even a bad idea.

Why people grind in the first place

Teeth have one job, and they're excellent at it: crushing and tearing food. They're not designed to be power tools for your subconscious. Yet plenty of us clench or grind during sleep. For some it's stress. For others it's magnesium levels, medications, a misaligned bite, airway issues, or simple habit loops in the brainstem that light up when you drift into certain sleep stages. Often it's a blend. The person who swears they sleep like a log will still present with shiny flat molars, notches at the gumline, and muscle bands along the jaw that feel like guitar strings.

Grinding rarely sits alone. It piggybacks on how you breathe, how you swallow, and how your joints behave under load. Add in modern life and those eight hours of "rest" can be the hardest work your chewing system does all day.

Do you actually need one?

Here's how I triage in the chair. If you're in your 20s with a bit of winter stress and your teeth look unscathed, I'll watch and advise. If you're in your 40s with cracked fillings and a morning headache four days out of seven, we should act. You don't need a lab report to tell you if your molars are getting sanded down. Your body leaves clues, and your enamel tells the truth.

Use this short self-check. If two or more apply, you're a strong candidate to discuss a guard with a Winnipeg dentist you trust:

- Your jaw muscles feel tired or sore on waking, or you get temples-side headaches in the morning.
- You've noticed flattened biting edges, tiny chips, or cracks in previously fine teeth.
- Your partner hears grinding sounds at night, like someone rubbing two stones together.
- You have sensitivity to cold that has crept up without a cavity to blame.
- You've had one or more fillings or crowns break without an obvious cause.

A quick note on snoring and sleep apnea: if you wake unrefreshed, gasp, or have been told you stop breathing at night, do not start with a night guard. See your physician or a sleep clinic first. A guard can sometimes worsen airway issues if chosen blindly.

What a night guard actually does

A night guard does not “stop” grinding. That’s like saying winter tires stop snow. What it does is give your teeth and joints a controlled surface to meet, redistribute bite forces, and interrupt the tooth-on-tooth friction that destroys enamel and fillings. It can also slightly adjust the jaw’s resting position, which may soothe overworked muscles. The best description I’ve heard from a patient: “It turns my bite from sandpaper into Teflon.”

From a physics standpoint, the guard absorbs and spreads forces across a wider area. From a dental standpoint, it preserves the stuff you can’t grow back. Enamel has no blood supply. Once you grind it away, it’s gone. Your night guard is the bodyguard for that irreplaceable layer.

The kinds of guards I actually use, and when

There are a few main categories. The names can sound like marketing, so let’s sort them by material and purpose, with the trade-offs that matter.

Soft EVA guards. These are the squishy ones. They can be made chairside or in a lab. They feel comfy on day one, which is why many people love them. The problem is durability and muscle response. Some heavy clenchers chew through them in weeks. Soft material can also invite more clenching, like a stress ball for your jaw. I use these for teens with changing bites, or as a short-term option when we need something fast and gentle.

Hard acrylic guards, often called occlusal splints. Rigid, polishable, and adjustable. They hold their shape and can be finely tuned to your bite. These are my workhorses for adults with moderate to heavy bruxism, especially when we’re protecting bigger investments like crowns, veneers, or implants. They tend to last years with proper care. Downsides: they take a little getting used to and cost more up front.

Dual-laminate guards. Soft-ish inside, hard outside. The idea is comfort meets durability. For many people they hit a sweet spot. For the heaviest grinders, they still wear faster than pure acrylic.

Full coverage vs partial. Full coverage spans all the teeth on one arch, typically upper. Partial coverage guards, like NTI-style anterior appliances, contact only a few front teeth. They can reduce muscle activity in some cases, but they require careful monitoring to avoid tooth movement or joint strain. I rarely use partials long term. If I do, it’s with strict follow-up.

Upper vs lower. Upper guards are more common and often more comfortable for first-timers. Lower guards are excellent when upper teeth are short, heavily restored, or if you have a strong gag reflex. If you snore or have airflow concerns, a lower guard can sometimes be less intrusive near the soft palate.

Thickness. Most adult guards fall in the 1.5 to 3 mm range. Thicker is not automatically better. If the guard feels like you’re chewing on a hockey puck, your muscles will push back and your sleep may suffer. I fit as thin as the situation allows while still protecting the teeth.

What it costs here, and what insurance tends to cover

Let’s talk money in plain numbers. In Winnipeg, a custom lab-made night guard from a dentist usually runs in the few-hundred-dollar range. For many adults it lands between roughly 350 and 700 Canadian dollars depending on the material, complexity, and whether we need a bite registration and multiple adjustment visits. Dual-arch guards or special designs cost more.

Dental plans vary. Some cover a portion every two to five years, often 50 percent, sometimes more, sometimes nothing at all. If you have a benefits booklet, check the category for “occlusal guard” or “bruxism appliance.” Some plans specifically exclude them unless there is documented tooth wear or fracture. As a dentist in

Winnipeg, I send pre-determinations when it makes Seven Oaks Dental Centre sense so you're not guessing at the front desk.

Over-the-counter or boil-and-bite guards look cheap at 20 to 60 dollars, but when they don't fit, you clench harder to keep them in, then wake up cranky and abandon them in a drawer. If that drawer already has three failed guards, you've bought a custom one by accident, just with none of the benefits.

How a proper fit works, chairside reality and timelines

Here's the usual sequence in my practice:

First visit. We assess your teeth, gums, and joints. I check patterns of wear and how your jaw moves side to side and forward. If your bite is stable and there are no immediate red flags like sharp tooth edges or cracked cusps that need repair first, we take digital scans. The whole thing takes around 20 to 40 minutes. No gooey impressions unless our scanner is on the fritz, which is rare.

Lab time. A local lab fabricates the guard. Turnaround runs about one to two weeks in Winnipeg, quicker if we're in a pinch and the lab can accommodate.

Delivery. We try in the guard and fine-tune the bite. You should feel even contact across the surface when you close gently, with smooth lateral slides. I adjust high spots until your jaw glides like a zipper, not a gravel road. This appointment is 20 to 30 minutes.

Follow-up. Most people adapt in three to seven nights. If you develop sore teeth or a rocking sensation, come back for minor refinements. Expect at least one fine-tune within the first month. Your body changes through the seasons. So does your bite.

Care that actually keeps it clean, not minty but moldy

Mouths are warm and loaded with bacteria. A guard is prime real estate for biofilm. Toothpaste is often too abrasive, and boiling water warps material. Keep it boring and consistent.

Use this quick routine once a day:

- Rinse the guard with cool water, then brush it gently with a dedicated soft brush and unscented hand soap.
- Once or twice a week, soak it for 10 to 15 minutes in a non-alcoholic denture or retainer cleaner, then rinse thoroughly.
- Always store it dry in a ventilated case, not sealed wet in a baggie.
- Keep it away from heat sources and hot car dashboards.
- If it smells or looks cloudy after cleaning, bring it in. We can ultrasonic-clean and polish it.

Dogs adore night guards. They smell like you and chew like gum. Keep cases off bedside tables unless you're funding your lab's next vacation.

How long do they last?

With normal use, a hard acrylic guard should give you two to five years. I've seen them go seven when the bite is well balanced and the patient is a light grinder. I've also seen one chewed through in three months during a divorce. Life happens. If you grind a trench in the guard, that means it's doing its job. Better there than your molars.

Watch for cracks, a loose fit, or a guard that looks like beach glass. If you find yourself waking with new soreness, you may need a touch-up or a new one. Teeth move a fraction over time, especially if you've lost or restored a tooth since we made the guard.

What if you hate wearing it?

Not everyone takes to a guard. Sometimes the plastic taste bothers you. Sometimes it amps up your gag reflex, or you find yourself spitting it onto the pillow at 2 a.m. Before you give up, try these tactics for seven nights:

- Wear it for an hour before bed while reading or watching TV. Let your brain accept it while awake.
- Start with alternate nights and build to nightly.
- Ask us to thin or polish the edges; a millimeter of bulk can be the difference between fine and no-go.

If it still fails, we consider alternate approaches. For some, small bite adjustments on the teeth themselves reduce triggers. For severe muscle overactivity, targeted Botox to the masseters can help, but it's not for everyone. It can slim the jaw and reduce clenching strength for three to four months. The trade-off: cost, repeat treatments, and potential chewing fatigue. Physical therapy for the jaw, magnesium supplementation within safe ranges, and sleep hygiene to reduce nighttime arousals can all play a role. I've also seen airway work make a life-changing difference. If snoring or daytime fatigue is in the mix, a sleep study opens doors to CPAP or mandibular advancement devices that treat the cause rather than the symptom.

Sports mouthguard vs night guard, not the same animal

A hockey or boxing mouthguard is designed for impact. It's bulkier, covers more tissue, and absorbs a punch. A night guard is designed to guide and distribute bite forces over hours. You wouldn't wear figure skates to play shinny on the river trail, even if they're both skates. Use the right tool.

Special situations I see often

Veneers and crowns. If you've invested in a smile, protect it. Porcelain is strong, but edge chipping under grinding loads is a real risk. I usually prescribe a hard upper guard with careful occlusal guidance. Skip the guard long enough, and you may skip another vacation to pay for repairs.

Implants. Titanium doesn't get cavities, but the bone around it is living tissue. Overload that area with clenching and you jeopardize long-term stability. A guard smooths the ride.

Orthodontics and clear aligners. If you're in trays, they function like a soft guard but not always in the right places. Aligners aren't designed for bruxism in the heavy sense. If you're grinding through them, we may stage a thicker refinement tray for nights or craft a dedicated guard that fits over the new tooth positions once treatment stabilizes.

TMJ disorders. Joint clicking without pain is common. Painful locking or limited opening needs a careful plan. A guard can calm things down, but the design matters. Flat-plane stabilization splints usually beat fancy ramps and gadgets. We also look at posture, workstation ergonomics, and any history of trauma.

Kids and teens. Many children grind in spurts as their bites change. If the baby teeth are the only victims and the child sleeps well, we often watch and wait. For teens cracking enamel or waking sore, a soft or dual-laminate guard shaped to leave room for erupting teeth can help. Compliance is the hurdle. If it lives tangled in orthodontic elastics at the bottom of a backpack, nobody wins.

Climate, dry air, and Winnipeg quirks

Our winters are dry. Dry mucosa triggers mouth breathing for some, and mouth breathing changes tongue posture and jaw position. That can ramp up clenching frequency. A bedroom humidifier, nasal saline before bed, and dealing with snoring will often reduce grind intensity. On brutal cold snaps, I brace for more fractured fillings on my schedule. A night guard won't stop February, but it can blunt its teeth.

An example from the chair

A patient in her early 50s came in after a crown on her lower left molar fractured twice in three years. She swore she was not a grinder, then we pulled up photos from her first visit. Her canine tips had gone from sharp to smooth in that time, and the inside of her cheeks had faint ridges where she clenched. We made a hard upper guard at 2 mm thickness, tuned the bite over two visits, and set a three-month check. A year later, the guard had early wear tracks but the crown was pristine. Her morning headaches dropped from five days a week to one or two, usually after deadline weeks at work. The guard didn't change her job; it changed how her body handled it at night.

Common myths, gently retired

"If I wear a guard, my jaw will get lazy." Chewing a steak, talking, and swallowing keep your muscles fit. A guard won't make them atrophy. If anything, it lets irritated muscles heal from overuse injuries.

"My bite will shift if I sleep in plastic." A properly fitted full-coverage guard distributes contact and is adjusted to your bite. Partial devices are the ones that need caution. If you suspect changes, bring it in early.

"I can just get a cheap one every few months." If they work well for you, great. For many, they either don't stay in or they worsen clenching. And if you're protecting crowns or implants, a flimsy guard is a false economy.

What I check at follow-ups, and what you should notice at home

In the clinic, I look for even wear marks on the guard, check your jaw opening and side movement, and test for any new tooth tenderness. We compare photos. If you started with notches at the gumlines, I want to see them stable. If you had sensitivity to cold, I want that dialed down.

At home, notice morning feelings. Less muscle fatigue. Fewer headaches. No sharp zings when you sip iced water. The change isn't dramatic like a whitening tray, it's cumulative. A quiet jaw is a gift you feel over months.

When to replace, repair, or retire

A guard that cracks through, rocks on your teeth, or smells despite honest cleaning is ready for a fresh start. If a good guard stops feeling good, there's a reason. Maybe a new crown has changed the bite. Maybe you've lost a molar. Maybe your stress job has turned into a stress plus jaw habit that warrants rebalancing. Bring it in. We can sometimes reline or add acrylic. Other times, starting over gives you another multi-year runway.

Keep a backup if you travel often. I have business travelers who keep an older guard in a dopp kit, because hotels are where good guards disappear into neatly folded white sheets. If you leave it in an airport bathroom, it won't make it to lost and found.

Working with a dentist in Winnipeg, what to expect

We’re practical people out here. I won’t push a night guard if you don’t need one. If you do, I’ll map out the why, the cost, and realistic expectations. If your plan helps pay, our front desk will wrangle the codes and the pre-determinations. If it doesn’t, we’ll still aim for durable value so you’re not revisiting the problem twice a year.

If you’re searching for a Winnipeg dentist because your jaw has been auditioning for a percussion section, bring your symptoms and your schedule. We’ll keep the jargon light and the focus on you. There are plenty of ways to protect a smile, and a well-made night guard is one of the quietest, least flashy, most cost-effective tools we have. It doesn’t sparkle. It doesn’t show up on Instagram. It just sits between your teeth at 2 a.m. Doing bodyguard work so your enamel doesn’t have to.

Final thoughts before bed

You don’t need to love plastic to love what a night guard does. It buys you time, calm, and a better morning. If you’ve been putting it off, consider this your nudge. Whether you see me or another dentist in Winnipeg, ask for a measured conversation about your bite, your sleep, and your goals. Good dentistry respects trade-offs. It solves the problem you have, not the one that’s easiest to bill or explain. And sometimes, the best solution is a small, custom piece of acrylic that helps your teeth survive the next decade, Winnipeg winters and all.

Seven Oaks Dental Centre
< a href="https://www.sevenoaksdentalcentre.com">https://www.sevenoaksdentalcentre.com
Address: 2110 Main St, Winnipeg, MB R2V 2C2
Phone: +12043344388