The etiology of oral tori is still not quite clear. Oral tori have been considered to be due to evolution, hereditary factors, nutritional disturbances, masticatory hyperfunction, or environmental factors.

Some researchers believe that masticatory stress associated with occlusal load stimulates the growth of TM. A study of dental patients in Norway concluded that patients with TM had, on average, more teeth present than those without TM.

Temporomandibular disorders (TMD) is a collective term embracing a number of clinical problems that involve the masticatory musculature, the temporomandibular joint (TMJ) and associated structures or both. Parafunctional activity such as grinding, or clenching teeth and/or bruxism is considered to be an etiological factor of TMD.

If parafunctional activity is involved in the etiology of both oral tori and TMD, then the patients with TMD may have a higher prevalence of oral tori compared with patients without these disorders. If the association exists, the presence of tori may suggest the examination for TMD.