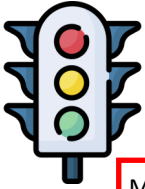


Temporomandibular disorders (TMD) includes a group of conditions that affect the masticatory muscles, the temporomandibular joint and its surrounding structures. TMD includes sprain and strain injuries. TMD can present as pain, abnormal joint sounds, limited jaw movement, and joint/muscle tenderness.

Focused examination



1. Patient History

- Assess level of concern for major structural or other pathologies. If required, refer to an appropriate healthcare provider.
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways.
- Address prognostic factors that may delay recovery.

Major structural or other pathologies may be suspected with certain signs and symptoms (red flags) including:

- Fracture of the mandible (swelling, malocclusion, limited movement), dislocation of the mandibular condyle (muscle spasm, inability to close the mouth, anxiety), fracture/dislocation of the cervical spine (positive Canadian C-spine rule), cancer (history of cancer, unexpected weight loss, nocturnal pain, age >50), infection (fever, intravenous drug use, recent infection), osteoporotic fractures (history of osteoporosis, use of corticosteroid, older age)

Examples of other conditions/co-morbidities:

- Physical conditions: neck pain, headache
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes, heart disease

Examples of prognostic factors that may delay recovery:

- Symptoms of depression or anxiety, passive coping strategies, job dissatisfaction, high self-reported disability levels, disputed compensation claims, somatization

2. Physical Examination

- Assess levels of concern regarding major structural or other pathologies.
- Assess TMJ and cervical range of motion.
- Perform orthopedic tests and palpate the area.

3. Management

- Offer information on nature, management, and the course of TMD. Reassure the patient about the benign and self-limiting nature of TMD and reinforce the importance of maintaining activities of daily living.
- Discuss the range of effective interventions with the patient and, together, select a therapeutic intervention.

4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered.
- Monitor for any emerging factors for delayed recovery.

Incorporate outcome measurements when assessing and monitoring patients for pain severity, function, and co-morbidities

• [Self-rated Recovery Question](#)

• [SF-12](#)

• [Patient Specific Functional Scale](#)

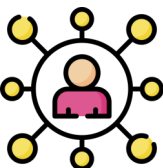
• [Headache Disability Index](#)

• [Pittsburgh Sleep Quality Index](#)

Visit our website for more [outcome measurements](#)

5. Referrals and collaboration

- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms or new physical or psychological symptoms.



Therapeutic Recommendations - Recent-onset (≤ 3 months symptom duration) TMD

Most individuals with TMD recover on their own within a few weeks of the injury. However, It is recommended that the following be performed as a component of standard clinical care:

- monitor symptoms
- reassure about the nature of the pain
- encourage maintenance of activities of daily living

Therapeutic Recommendations - Persistent (>3 months symptom duration) TMD

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any of the following therapeutic interventions*:

Consider self-care management program including, but not limited to, reassurance about the favourable prognosis of TMD, advice on return to activities, maintenance of activities of daily living, discussion of expected pain and pain mechanism, discussion of prognosis, pain coping skills, and self-care strategies or general health

Consider intraoral myofascial therapy

Consider cognitive behavioural therapy

Do not offer[‡] occlusal devices for pain and range of motion¹

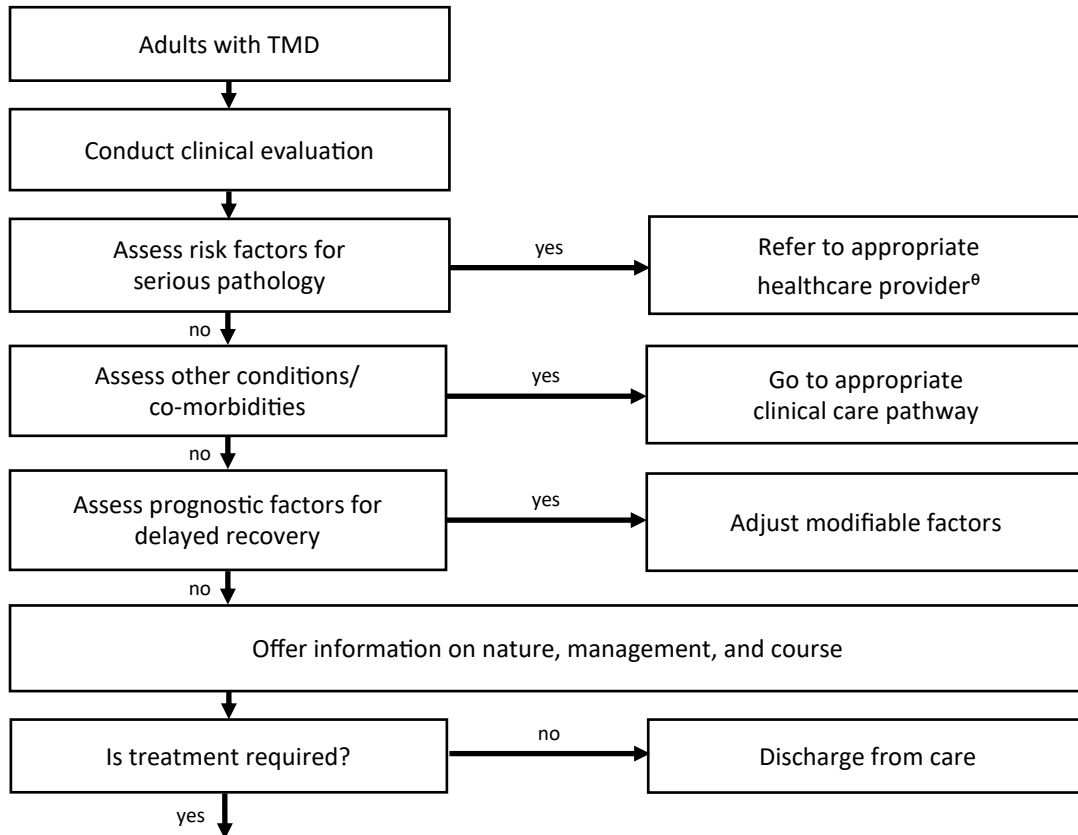
*The guideline does not include interventions for which there is a lack of evidence of effectiveness. The ordering of interventions does not reflect superiority of effectiveness

[‡]Interventions that should not be offered (Do Not Offer) provide no benefit beyond placebo/sham (i.e., statistically significant and clinically important between group differences favoring placebo/sham) or because they are harmful (i.e. serious adverse events or high frequency of minor adverse events)

¹Intervention does not provide any additional benefit

[Côté P, Shearer H, Ameis A, Carroll L, Mior M, Nordin M and the OPTIMa Collaboration. Enabling recovery from common traffic injuries: A focus on the injured person \(section 8\). Centre for Disability Prevention and Rehabilitation. January 31, 2015.](#)

Care pathway for the management of temporomandibular disorders (TMD)



Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any of the following therapeutic interventions*:

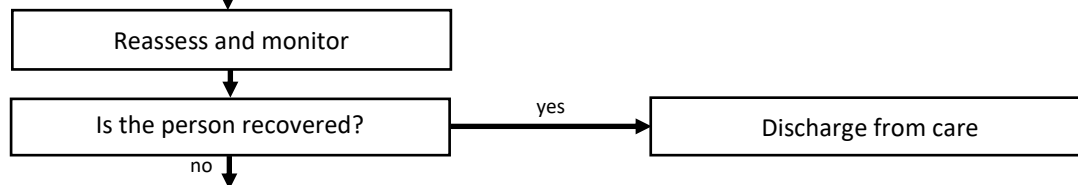
Symptoms ≤ 3 months

- Monitor symptoms, reassure about the nature of the pain, and encourage maintenance of activities of daily living

Symptoms > 3 months

- Self-care management program including, but not limited to, reassurance about the favourable prognosis of TMD, advice on return to activities, maintenance of activities of daily living, discussion of expected pain and pain mechanism, discussion of prognosis, pain coping skills, and self-care strategies or general health
- Intraoral myofascial therapy
- Cognitive behavioural therapy

Do not offer occlusal device for pain and range of motion



1. Incomplete recovery: for symptoms ≥ 3 months, initiate persistent protocol; incomplete recovery after persistent protocol, refer to appropriate healthcare provider
2. Major symptom change (new or worsening physical, psychological symptoms): refer to appropriate healthcare provider

^oReferral to an appropriate healthcare professional who is authorized to take appropriate actions and initiate additional examinations

*The guideline does not include interventions for which there is a lack of evidence of effectiveness. The ordering of interventions does not reflect superiority of effectiveness