

GUIDELINES FOR THE GENERAL PRACTITIONER FOR THE MANAGEMENT OF PATIENTS WITH TEMPOROMANDIBULAR DISORDERS (TMDS)



MANAGEMENT OF PATIENTS WITH TEMPOROMANDIBULAR DISORDERS (TMDS)

In the management of patients with temporomandibular disorders (TMDs), the General Practitioner dentist should:

1. Recognize the evolution of an etiological theory towards a biopsychosocial/medical model and away from a traditional dental framework.
2. Manage TMD pain utilizing conservative, non-invasive, reversible and evidence-based approaches, encouraging rehabilitation, rather than providing an unrealistic expectation of a permanent cure. Management modalities should be directed at the pathophysiological process of joint and muscle pain as well as the psychosocial aspects of chronic pain, customizing management to each patient's individual problems.
3. Recognize the possible existence of comorbidities, with other systemic disorders producing multiple symptoms in susceptible patients. In such patients, it should be realized that TMDs may be only a subset of musculoskeletal pain conditions requiring a medical perspective for management.
4. Understand that there is substantial evidence that in many cases, clinical remission of TMD symptoms occurs without treatment or with only self-care-instructions.
5. Understand that asymptomatic temporomandibular joint (TMJ) noises receive no demonstrable value from treatment.
6. Understand that the concept of routine irreversible alteration of the patient's TMJs, jaws, occlusion or dentition by oral appliances is not validated by well-controlled, well-designed scientific research and if such appliances are to be considered, patients must be made well aware of this, along with a signed informed consent indicating that there is no scientific support for their use, and that reversible treatment can be equally effective for relieving pain and dysfunction.
7. Understand that prior to proceeding to a more aggressive, potentially irreversible treatment, proof of exhaustion of conservative, non-invasive, reversible and evidence-based approaches must be clearly demonstrated and well chronicled within the patient's treatment notes. A clear, signed informed consent indicating that the patient fully understands the complete implications and potential complications must be obtained prior to initiation of treatment. In addition, the patient must understand that failure to manage signs and symptoms with conservative, non-invasive, reversible and evidence-based approaches does not imply or guarantee success with a more aggressive technique.
8. Understand that an inability to identify precise etiologies and pathophysiological processes or the lack of a perfect theoretical model does not prevent the rendering of reasonable and effective management approaches.
9. Understand that the College of Dental Surgeons of Saskatchewan finds it acceptable in the management of patients with temporomandibular disorders to provide, if necessary, a presumptive diagnosis that is probably correct and to deliver only conservative, non-invasive, reversible and evidence-based approaches.
10. Understand that with complex, multifaceted,

multimodal TMJ/head, face and neck pain, a referral for consultation and/or treatment should be made to a specialist in the field of, or any combination of, Oral Medicine, Oral and Maxillofacial Surgery, Prosthodontics and Orthodontics or appropriate medical-specialties.

11. Understand that not all TMJ/head and/or neck pain is related to TMDs and that odontogenic pain and other pathologies should always be ruled out.
12. Understand that if symptoms and clinical findings from head and/or neck pain are not entirely consistent with TMDs or if the patient's pain is not responding to conservative, non-invasive, reversible and evidence-based approaches, a referral should be made to one of the specialists above.
13. Understand that TMJ imaging is considered a special investigation and may be indicated as evidence for the initial diagnostic work-up of a patient, based on clinical signs and symptoms. Initial or additional TMJ imaging may also be indicated if a patient is unresponsive to initial conservative, non-invasive, reversible and evidence-based approaches and is warranted based on the clinical signs and symptoms. The standard of care to potentially screen for or identify gross osseous change of the TMJs is panoramic radiography. Consultation with and/or referral to an appropriate radiologist is recommended when the radiographic investigation is not normally performed in a dental office (e.g., computed tomography for detection of osseous changes and MRI for the morphologic condition and position of the TMJ disc) in order that procedures can be undertaken with the most efficacy while yielding the most useful information.

In summary, the process of achieving a diagnosis utilizing scientifically based measures and methods should be implemented prior to initiating conservative, non-invasive, reversible and evidence-based strategies that may include the following:

- a. Patient education, reassurance and self-care.
- b. Pharmacologic therapy, including, but not limited to anti-inflammatories, analgesics and muscle relaxants.
- c. Physical therapy, as directed by a qualified

physical therapist.

- d. Oral appliances (for example, full-arch coverage, flat-plane stabilization) that do not produce any irreversible changes to the dentition or the jaws.
- e. Behavioural/psychological therapy, provided by appropriately qualified practitioners.

Failure to achieve relief with the above options will necessitate a referral to the above specialties for further consulting, evaluating, investigating and/or treatment.