

# **NASEM Forum on Temporomandibular Disorders**

## **TMD Guidelines Across Professions**

### **Orofacial Pain**

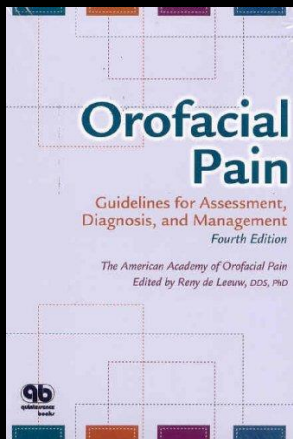
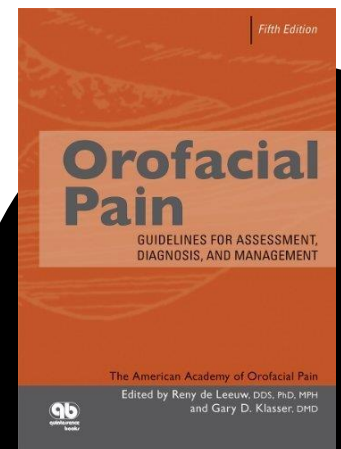
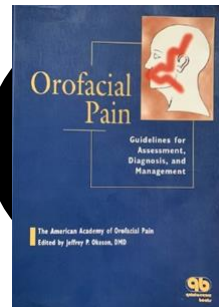
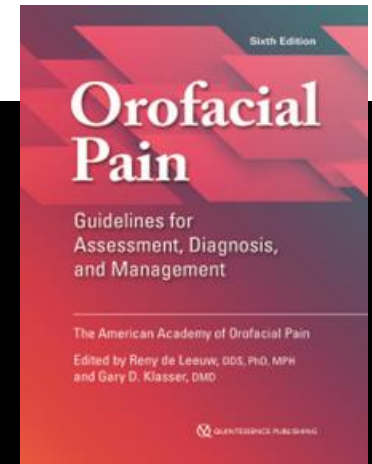
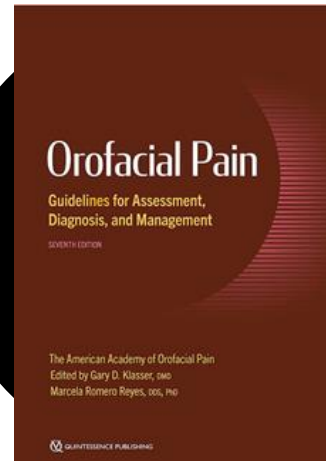
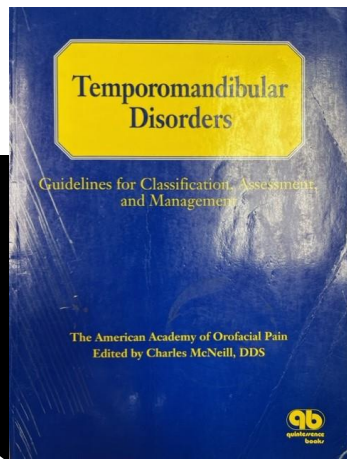
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# Orofacial Pain, a dental specialty

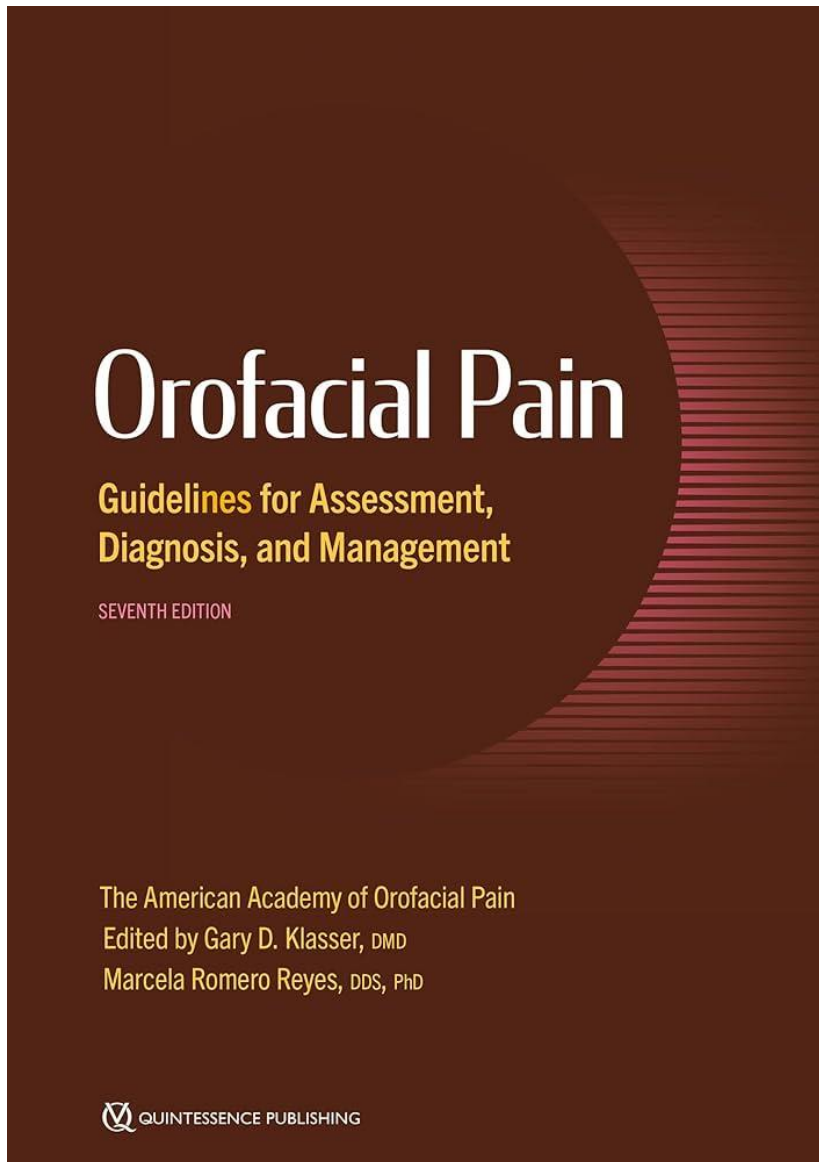
**Temporomandibular  
Disorders**  
are an integral part of the  
specialty!





## The American Academy of Orofacial (AAOP) Pain Guidelines

# Orofacial Pain Guidelines



## Contents

- 1 Introduction to Orofacial Pain
- 2 General Assessment of the Orofacial Pain Patient
- 3 Diagnostic Classification of Orofacial Pain
- 4 Vascular and Nonvascular Intracranial Causes of Orofacial Pain
- 5 Primary Headache Disorders
- 6 Neuropathic Pain
- 7 Intraoral Pain Disorders
- 8 Differential Diagnosis and Management of TMDs
- 9 Cervical Spinal Disorders and Associated Headaches
- 10 Extracranial and Systemic Causes of Head and Facial Pain
- 11 Sleep and Orofacial Pain
- 12 Axis II: Biobehavioral Considerations

# TMDs Guidelines of Care

- **What we have learned**

- In the last decade, there have been great advances in the evidence-based understanding of the etiology and pathophysiology of TMDs that has resulted in the first time a treatment protocol for TMDs that has been based on a biopsychosocial model of care.

- TMDs should be managed within a biopsychosocial framework.

- The management of TMDs should be based on a biopsychosocial framework, in which behavioral approaches supplement conservative medical care (Green CS, JADA 2010)

- However, the use of behavioral approaches should be based on a biopsychosocial framework (Pigozzi LB et-al, 2022)

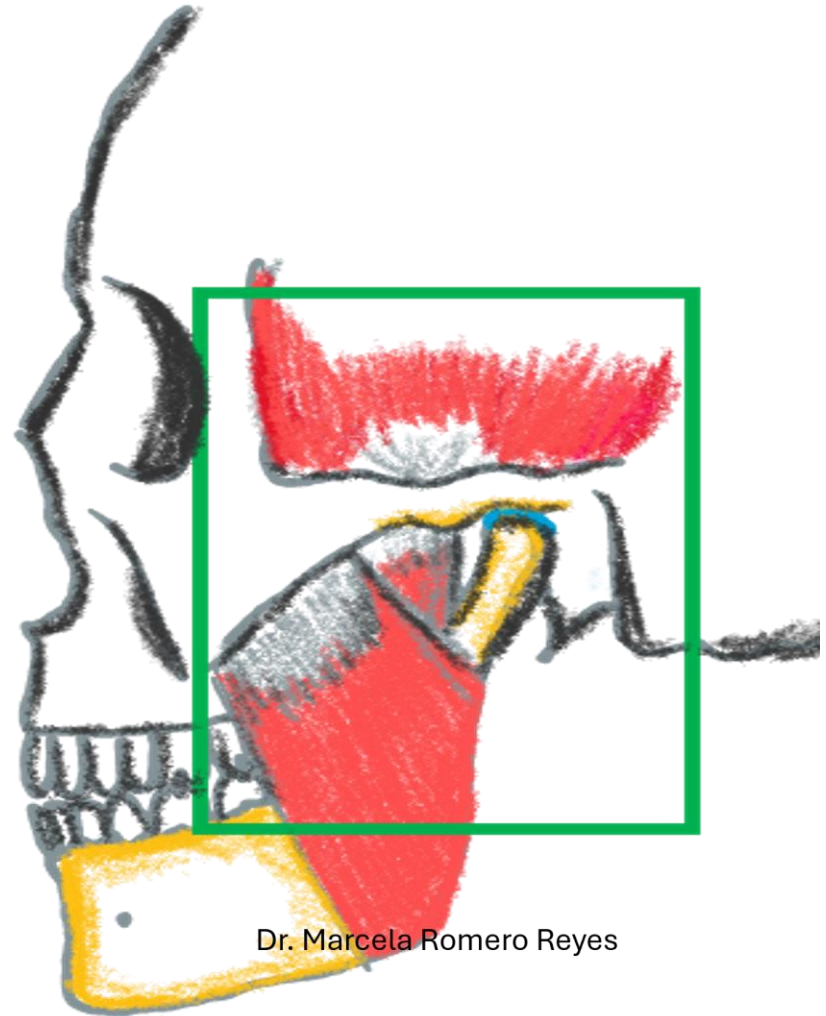
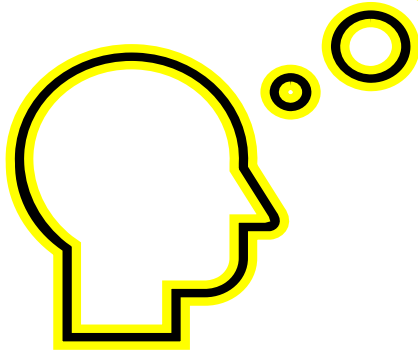
- The presence of comorbid conditions can also exacerbate symptomatology and persistence (Maixner W et-al, 2016; Thomas DC et-al, 2023)

FIRST....DIAGNOSIS, DIAGNOSIS, DIAGNOSIS!!!

So...TMD

...

Which diagnosis?!  
Identify which  
TMD?!



# OROFACIAL PAIN DISORDERS

NEUROPATHIC

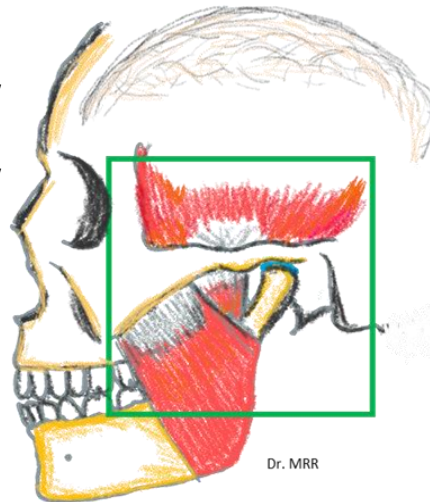
MUSCULOSKELETAL

NEUROVASCULAR

## TEMPOROMANDIBULAR DISORDERS

### • TMJ Disorders

- Arthralgia
- Disc displacement w reduction
- Disc displacement w reduction w intermittent locking
- Disc displacement w/o reduction w limited opening
- Disc displacement w/o reduction w/o limited opening
- Degenerative Joint Disease (DJD)
- Systemic Arthritides
- Subluxation



### • Masticatory muscle disorders

- Myalgia
  - Local myalgia
- Myofascial pain
  - Myofascial pain with referral

### • Headache Disorders

- Headache attributed to TMD

**Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network\* and Orofacial Pain Special Interest Group<sup>†</sup>**

J. Oral Facial Pain Headache (2014)



Klasser G, Romero Reyes M. Orofacial Pain Guidelines for Assessment, Diagnosis, and Management. 7th ed. Quintessence Publishing 2023. Chapter 8. Differential Diagnosis and Management of TMDs. Expanding the taxonomy of the diagnostic criteria for temporomandibular disorders. J Oral Rehabil. 2014 Jan;41(1):2-23.

## Box 8-1 Expanded TMD taxonomy

### Temporomandibular joint disorders

1. Joint pain (*ICD-10* M26.62)
  - A. Arthralgia
  - B. Arthritis
2. Joint disorders
  - A. Disc-condyle complex disorders (*ICD-10* M26.62)
    - i. Disc displacement with reduction
    - ii. Disc displacement with reduction with intermittent locking
    - iii. Disc displacement without reduction with limited opening
    - iv. Disc displacement without reduction without limited opening
  - B. Other hypomobility disorders (*ICD-10* M26.61)
    - i. Adhesions/adherence
    - ii. Ankylosis
      - a. Fibrous ankylosis
      - b. Osseous ankylosis
  - C. Hypermobility disorders
    - i. Subluxation (*ICD-10* S03.0XXA)
    - ii. Luxation (*ICD-10* S03.0XXA)
      - a. Closed dislocation (*ICD-10* S03.0XXA)
      - b. Recurrent dislocation (*ICD-10* M26.69)
      - c. Ligamentous laxity (*ICD-10* M24.20)
3. Joint diseases
  - A. Degenerative joint diseases (*ICD-10* M19.91)
    - i. Osteoarthritis
    - ii. Osteoarthritis
  - B. Condylitis (*ICD-10* M26.69)
  - C. Osteochondritis dissecans (*ICD-10* M93.20)
  - D. Osteonecrosis (*ICD-10* M87.08)
  - E. Systemic arthritides (rheumatoid arthritis: *ICD-10* M06.9)
  - F. Neoplasm (benign: *ICD-10* D16.5; malignant: *ICD-10* C41.1)
  - G. Synovial chondromatosis (*ICD-10* D48.0)
4. Fractures
  - A. Closed fracture of condylar process (*ICD-10* S02.61XA)
  - B. Closed fracture of subcondylar process (*ICD-10* S02.62XA)
  - C. Open fracture of condylar process (*ICD-10* S02.61XB)
  - D. Open fracture of subcondylar process (*ICD-10* S02.62XB)

5. Congenital/developmental disorders
  - A. Aplasia (*ICD-10* Q67.4)
  - B. Hypoplasia (*ICD-10* M27.8)
  - C. Hyperplasia (*ICD-10* M27.8)

### Masticatory muscle disorders

1. Muscle pain limited to the orofacial region
  - A. Myalgia (*ICD-10* M79.1)
    - i. Local myalgia
    - ii. Myofascial pain
    - iii. Myofascial pain with referral
  - B. Tendonitis (*ICD-10* M67.90)
  - C. Myositis
    - i. Noninfective (*ICD-10* M60.9)
    - ii. Infective (*ICD-10* M60.009)
  - D. Spasm (*ICD-10* M62.838)
2. Contracture
  - A. Muscle (*ICD-10* M62.40)
  - B. Tendon
3. Hypertrophy (*ICD-10* M62.9)
4. Neoplasms
  - A. Jaw
    - i. Malignant (*ICD-10* C41.1)
    - ii. Benign (*ICD-10* D16.5)
  - B. Soft tissues of head, face, and neck
    - i. Malignant (*ICD-10* C49.0)
    - ii. Benign (*ICD-10* D21.0)
5. Movement disorders
  - A. Orofacial dyskinesia
    - i. Abnormal involuntary movements (*ICD-10* R25.1 [tremor unspecified]; R25.2 [cramp and spasm]; R25.3 [fasciculations])
    - ii. Ataxia, unspecified (*ICD-10* R27.0); muscular incoordination (*ICD-10* R27.9)
    - iii. Subacute, due to drugs; oral tardive dyskinesia (*ICD-10* G24.01)
  - B. Oromandibular dystonia
    - i. Acute, due to drugs (*ICD-10* G24.02)
    - ii. Deformans, familial, idiopathic, and torsion dystonia (*ICD-10* G24.1)
6. Masticatory muscle pain attributed to systemic/central disorders
  - A. Fibromyalgia (*ICD-10* M79.7)
  - B. Centrally mediated myalgia (*ICD-10* M79.1)

### Headache disorders

1. Headache attributed to TMDs (*ICD-10* G44.89 or *ICD-10* R51)

### Associated structures

1. Coronoid hyperplasia (*ICD-10* M27.8)



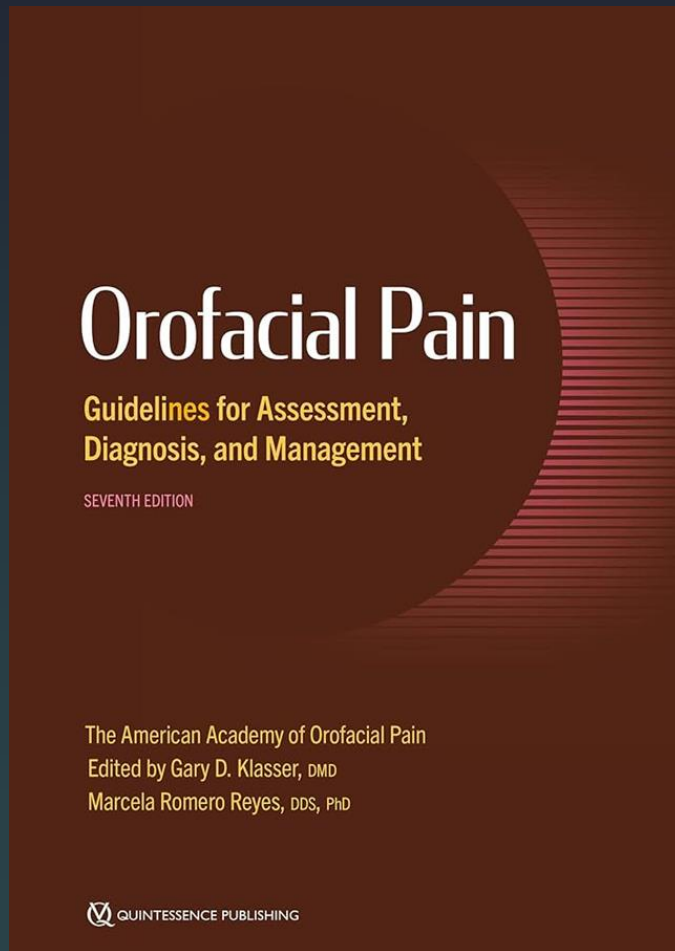
# TMD Guidelines of Care

## The Orofacial Pain, Guidelines for Assessment, Diagnosis, and Management

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Initial management is recommended to be **conservative, reversible and evidence-based** with a focus on **decreasing pain, restoring function, and behavioral modification** in which **multidisciplinary management** is required to address contributing factors and comorbidities.

# Current evidence base guidelines

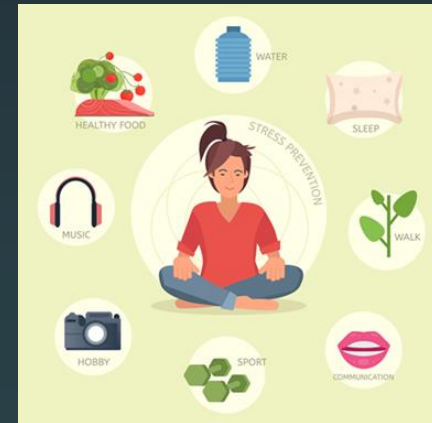


- The guidelines of our field (The Orofacial Pain, Guidelines for Assessment, Diagnosis, and Management) **follow CODA standards.**
- This guidelines ensure that TMDs management is consistently based on the best evidence available and focused on starting with conservative approaches.
- Considers best practices in cases of low-quality evidence.
- **Do not harm**

# TMD Guidelines of Care

## The Orofacial Pain, Guidelines for Assessment, Diagnosis, and Management

- **Is a treatment plan!:** Education (Self-management/care instructions), behavioral modification, physical therapy (craniofacial and cervical therapeutics), non-opioid medications, local anesthetic injection of myofascial TPs and orthopedic appliances (e.g. stabilization appliances) are recommended for the initial care of nearly all TMDs.
- Intracapsular TMJ injection of corticosteroids has been recommended on a limited basis in cases of severe pain or acute flare-up where conservative treatment has been unsuccessful.
- Surgical management involving the TMJ is indicated only after reasonable non-surgical efforts have failed and when the patient quality of life is greatly impacted.



# Key advancements

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- *We need the public and health providers to know that we exist!*
- **KEY ADVANCEMENTS:**
- The American Dental Association finally recognized **OROFACIAL PAIN** as a specialty, which should increase the level and availability of expertise in the identification and management of **Temporomandibular Disorders (TMDs)**
- Postgraduate Orofacial Pain Programs need to be accredited by the Commission on Dental Accreditation (CODA)
- The American Board of Orofacial Pain follows CODA standards.
- The AAOP guidelines follow CODA standards.

# Key advancements

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- The AAOP formed a task force to develop a competency-based core curriculum framework for predoctoral TMD dental education dedicated to educate future clinicians (*AAOP Committee on TMD Predoctoral Education 2021*)
- TMDs education needs to be included in the pre-graduate dental curriculum to have the CODA accreditation of the dental school.

# Opportunities for Action

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- **Help us to communicate to the patient community as well as to other health providers that dentists specialized in orofacial pain do exist and have the training and expertise to identify and manage TMDs!**
- Multidisciplinary dialogue: Integrate management guidelines between disciplines in an evidence-based step approach.
- AAOP guidelines recognize that the majority of TMDs are responsive to conservative and reversible interventions.
- OFP specialist triages TMDs conservative and to non-conservative ONLY following the best evidence based available and after reasonable steps have been taken to avoid non-conservative procedures.



# Let's work together !



## Conservative and multidisciplinary management is key!

Thank you!