

Management of Temporomandibular Disorders

Temporomandibular Joint Dysfunction Syndrome is a common condition and many cases will resolve with conservative management provided in primary care, and do not require specialist input. Guidance developed by the Royal College of Surgeons of England recommends that initial management in primary care is appropriate for a significant number of cases. It is important to note that TMD is a chronic pain condition, and symptoms may follow a cyclic pattern of improvement and recurrence.

Symptoms:

- Pain in and around the TMJ and muscles of mastication
- Joint sounds (clicking, popping, crepitus)
- Limited or reduced mouth opening
- Headaches
- Otagia
- Pain in morning
- Locking of the jaw joint

Clinical Findings:

- Pain on palpation of muscles of mastication
- Hypertrophy of muscles of mastication
- Tenderness over TMJ
- Reduced range of mandibular movement
- Associated joint sounds (clicking, popping, crepitus)
- Wear facets on teeth
- Tongue scalloping
- Linea alba
- Palpable lymph nodes
- Facial asymmetry

Diagnosis:

A full history must be taken, examining all symptoms and any previous trauma to the TMJ. Social history should be discussed to assess the patient's psychological health, which may contribute to their symptoms. A thorough extra and intra oral examination should then be carried out, and the interincisal opening measured in mm. If the patient is aged 50 years or older, the temporal arteries should be palpated to exclude a diagnosis of temporal arteritis.

Red Flag Signs and Symptoms requiring Urgent Referral to Secondary Care
Headache symptoms suggesting headache secondary to intracranial pathology
Trismus <ul style="list-style-type: none"> • Near absolute trismus preventing examination (<15mm) • Progressively worsening trismus • Absence of history of joint dysfunction
Suspicious intra oral lesion <ul style="list-style-type: none"> • Erythroplakia, erythroleukoplakia, leukoplakia, ulceration of oromucosal tissues
Lymphadenopathy
Cranial nerve dysfunction
History of previous head and neck malignancy
New head or neck mass <ul style="list-style-type: none"> • Palpate preauricular region • Regional lymphadenopathy
ENT symptoms <ul style="list-style-type: none"> • Nosebleeds • Anosmia (loss of sense of smell) • Persistent discharge from nose • Loss of hearing • Earache • Lymphadenopathy
Temporal Arteritis <ul style="list-style-type: none"> • Fatiguing pain from muscles of mastication when chewing • Raised ESR • Scalp tenderness • Palpable, enlarged and tender temporal arteries • Headache
Adapted from – Temporomandibular Disorders (TMDs): an update and management guidance for primary care from the UK Specialist Interest Group in Orofacial Pain and TMDS (USOT) 2013 https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/temporomandibular-disorders-2013.pdf

Other conditions requiring urgent referral to OMFS:

- Suspected mandibular condyle fracture
- Dislocation of the TMJ

