Figure 1 – Flowchart for management of TMDs in Primary Care

Signs and symptoms suggestive of TMD (Key fact Box 1)

History and examination (Key fact box 1 and 2)
- employing a diagnostic index
- Exclude red flags (Key fact box 3) → → →

Establish if muscle, disc, or joint disorder (Groups 1-3 in CEP-TMD)

Acute TMD

- For example immediately post dental intervention

Patients with acute symptoms of TMD are best managed in general practice in the first instance. These cases are characterised by:
- Acute onset of pain
- Painful limitation.

Rest and analgesics are needed in the short-term but if muscle symptoms predominate, Diazepam elixir can be prescribed (5ml spoonful provides 2mg Diazepam). Follow the instructions in the BNF but be wary of prescribing more than 10mg of Diazepam per day or for longer than 2 weeks. Patients must be advised not to drive or operate machinery.

Where the cause of pain and limitation is a disc displacement without reduction (closed lock) it may be possible for the patient to reduce the displacement through self-manipulation. However, pain and muscle spasm may prevent this working effectively. Dentists who understand what is involved may try and manually reduce the displacement with the assistance of local anaesthesia and, where required, oral or iv Diazepam. If the displacement is well established (more than a few weeks) manual reduction is unlikely to work. Dentists are advised to make an early referral where specialist treatment is available.

Non-Acute TMD

- Less than three-month duration

Begin all management with self-care and education and support with any of the non-invasive reversible therapies detailed in the text.

Chronic TMD (greater than three month history) or TMD with co-morbidities such as chronic widespread pain, psychological distress, or a history of multiple unsuccessful treatments.

Refer for specialist opinion from any of: Oral and Maxillofacial Surgery, Oral Medicine, Oral Surgery,