Temporomandibular disorder (TMD) represents a multiplicity of conditions expressed in the masticatory system affecting the temporomandibular joints, masticatory muscles, and/or the associated structures. Many of these conditions share common signs and symptoms, yet require differing treatment/management approaches. Therefore, it is important to identify the specific subcategory of TMD in order to develop a case-specific plan of care.

In addition, etiologic variables and factors associated with perpetuation or recurrence of TMD must be appreciated and determined for each patient. A complete evaluation of each case from historical, clinical presentation and physical/psychological perspectives must be accomplished. Treatment outcomes can be enhanced by the identification of and management strategies that address all the components involved.

The development of a diagnosis-specific plan with a prioritized problem list is necessary to enhance our treatment prognosis. The primary goals of treatment of TMD are to reduce or eliminate pain, restore a more normal function, allow return to the activities of daily living, and reduce long-term health care needs for the problem.

A multi-disciplinary model that includes patient education and self-care, cognitive behavioral intervention, pharmacotherapy, physical therapy and orthopedic appliance therapy (interocclusal splints) is favored for the management of the vast majority of TMD patients. It is important to understand that the natural course of TMD does not reflect a progressive disease process, but rather TMD appears to be a complex disorder that is affected by a multitude of interacting factors serving to maintain the disorder or result in recurrence.

Most TMD patients will obtain significant improvement of signs and symptoms with a conservative model (non-surgical modalities). Many studies have supported that most TMD patients have minimal or no symptoms after treatment with conservative therapy. Studies related to intracapsular disorders have demonstrated that in patients with disc displacement (with or without reduction), the natural progression of the disease can allow for changes that are favorable for a significant number of patients in terms of function and symptoms.

Involving the patient in the physical and behavioral management of his/her condition is essential in the treatment outcome. As clinicians in the development of an individualized plan of management, we must determine if intervention is necessary, if the condition is acute or chronic and what would be the prognosis of the condition with and without treatment. If intervention is in the patient’s best interest, then we must determine to what degree should we intervene (reversible versus irreversible treatment) and decide between a monodisciplinary versus a multidisciplinary approach.

Patient education and self-care is based on the patients’ knowledge of his or her pain concern. The aim of a self-care program is to prevent further injury to the musculoskeletal system and to allow for a period of healing to take place. The success of self-care depends on patient motivation, cooperation and compliance. The most important aspect of self-care is ongoing encouragement and reinforcement by the clinician.

Self-directed care typically includes limitation of mandibular function, habit awareness and modification, a home exercise program and stress management. Promoting rest for the injured tissues promotes healing. Voluntary limitation of mandibular function, maintaining a soft diet, avoidance of foods that require a great deal of chewing, opening wide, yawning or other activities that promote excessive mandibular function should be avoided.

Clenching, bruxism, maladaptive tongue position habits and other habitual behaviors must be identified. Correction or behavior modification may require clinical assistance. An individualized home exercise program with a detailed description of the program will not only enhance the doctor-patient relationship, but will also assure the patient’s compliance, thus making treatment more effective and resulting in a faster rehabilitation.

A program of moist heat and/or ice to the affected areas, massage of the affected muscles, and controlled