HOKKAIDO UNIVERSITY

Title	Introduction of Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD)
Author(s)	List, Thomas
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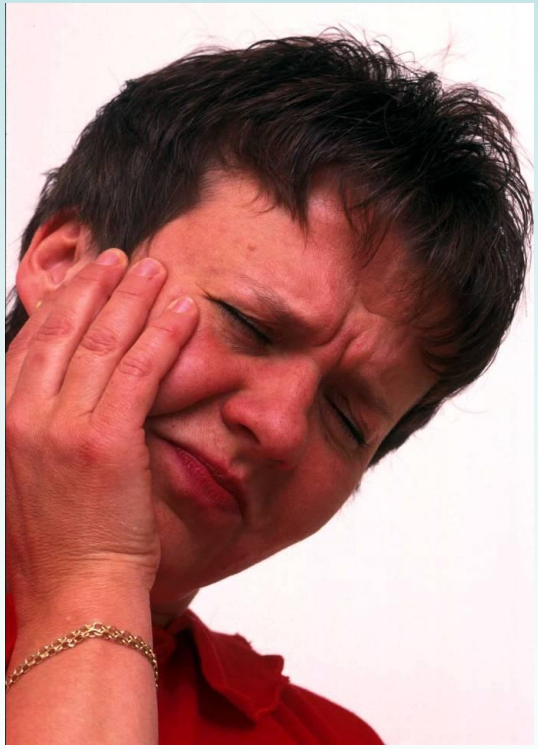
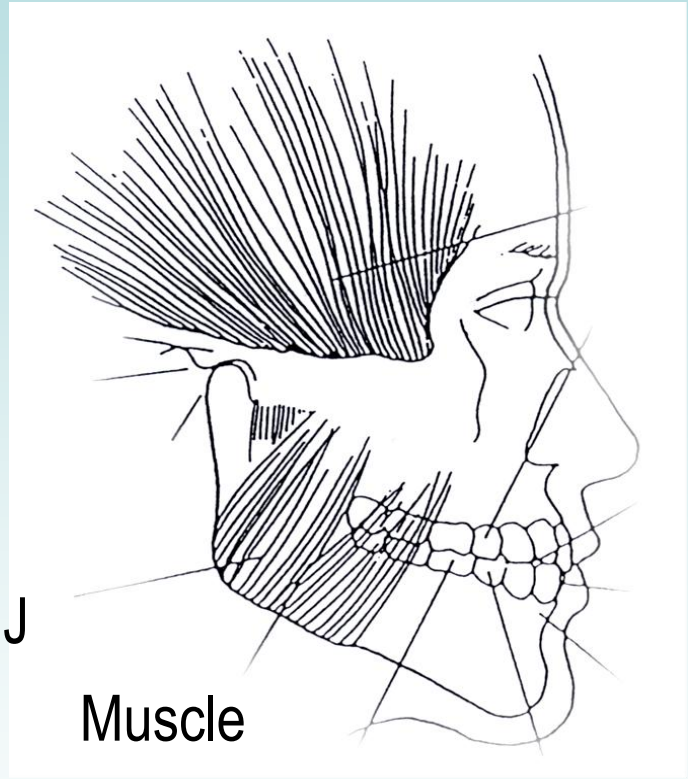
Introduction of Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD)



Thomas List
Professor
Malmö University

Sapporo 2010

OROFACIAL PAIN

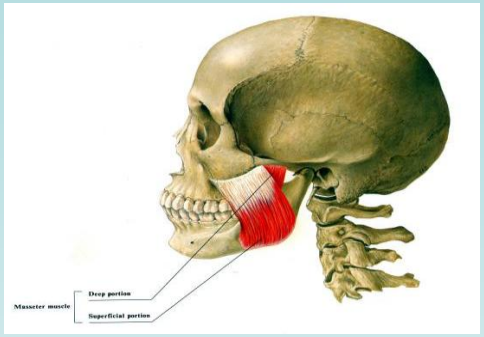


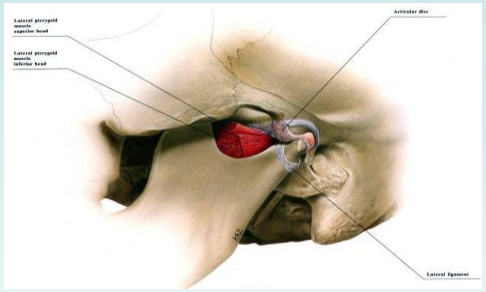
Most common groups

- Temporomandibular disorders
- Burning mouth syndrome
- Atypical facial pain

McNeill & Dubner 2001

TMD symptoms

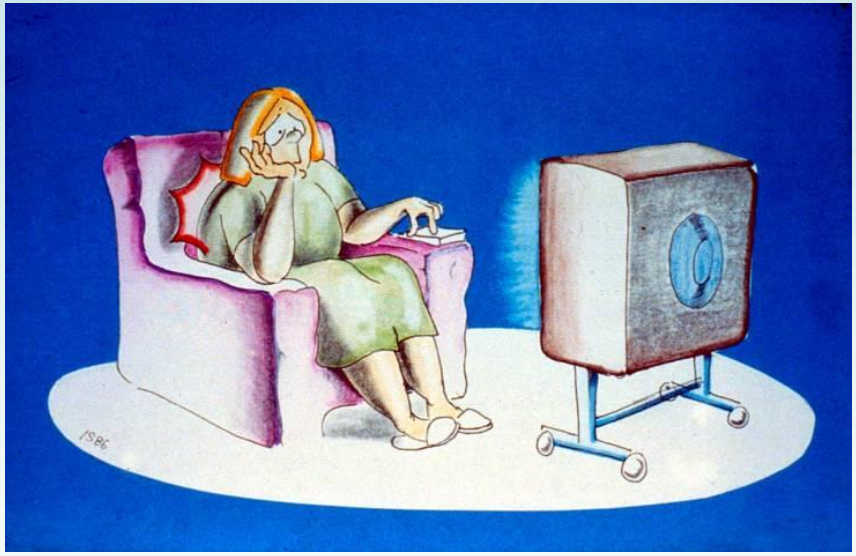




- Pain in the masticatory muscles
- Pain in the TMJ
- Limited jaw movement
- TMJ sounds

Okeson 1996

CHRONIC PAIN CONDITION



- Depression
- Disability
- Dysfunctional illness behavior

Problems

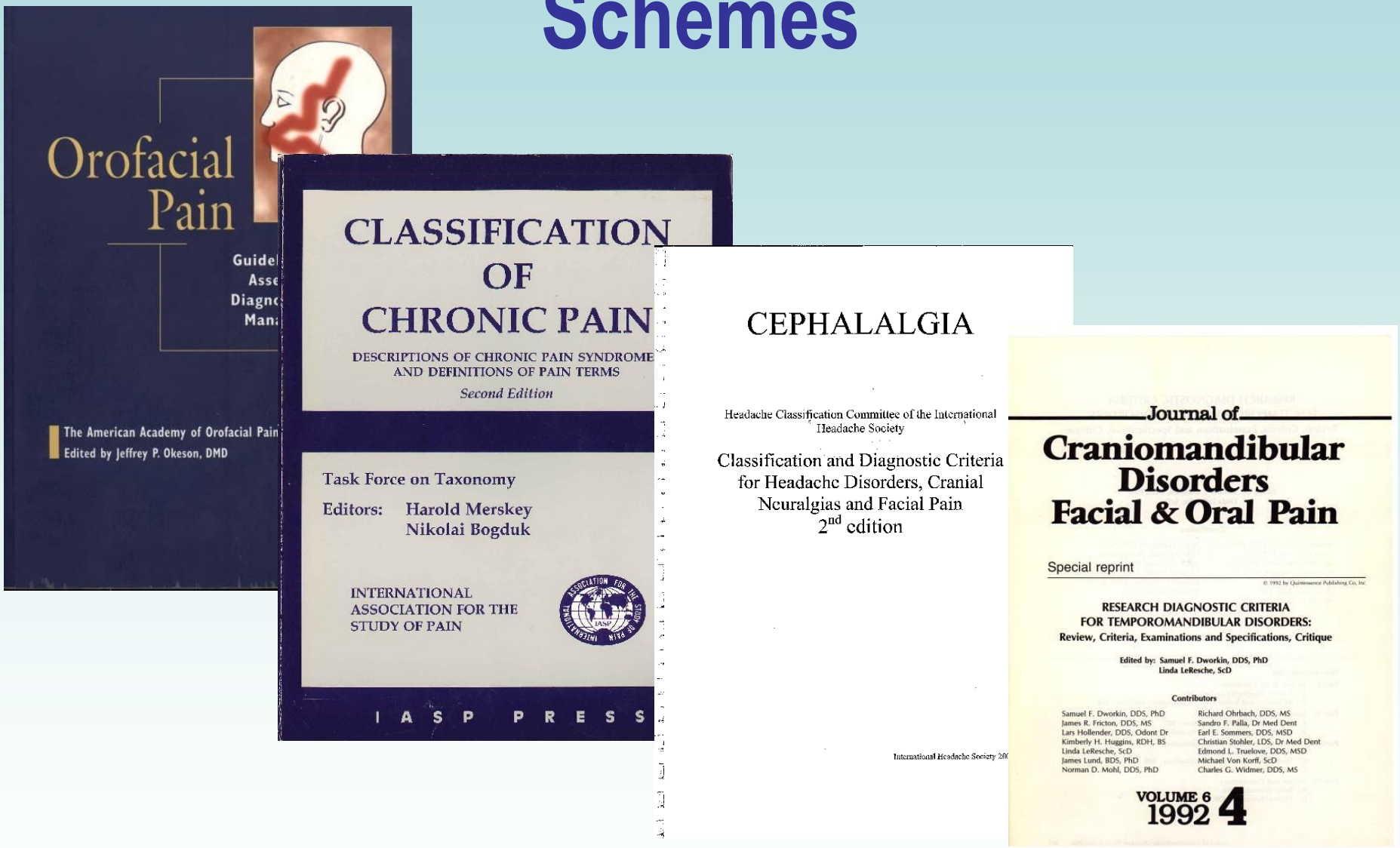
- Definitions of orofacial pain in the literature: 40
- Reported prevalence: 0.9% - 70%
- Etiological factors: seldom investigad in controlled studies
- Most classification systems: one axis – one focus – muscle or joint pain

Drangsholt & LeResche 1999

WHY DIAGNOSTIC CRITERIA?

- Generate case definitions that are reproducible among clinicians and researchers.
- Assist the researcher in gaining insight into the prevalence, etiology, and natural course of a specific disorder.
- Establish treatment efficacy.

CLASSIFICATION Schemes



From RDC/TMD to DC/TMD

• 1992	RDC/TMD published JOP.
• 2008, IADR Toronto	Validation Studies of the RDC/TMD: Progress toward Version 2.
• 2009, IADR Miami	International Consensus Workshop:Convergence on an Orofacial Pain Taxonomy.
• 2010, IADR Barcelona	DC/TMD: A new version of the Research Diagnostic Criteria for TMD (RDC/TMD).
• 2010/2011	DC/TMD submitt JADA.

Research Update

Robert J. Gatchel, PhD, Department Editor

Research Diagnostic Criteria for Temporomandibular Disorders: Reflection of the Physical-Psychological Interface

John Paul Garofalo; A. LaVonne Wesley, PhD

Recently, Melamed (1995) has reviewed studies clearly demonstrating how psychological and physical disorders are intertwined in a complex manner. Although many investigators have attempted to explain the mind-body or physical-psychological interface over the last three decades, there are few instruments capable of supporting these approaches. However, with the advent of the research diagnostic criteria for temporomandibular disorders (RDC/TMD) (Dworkin & LeResche, 1992), a novel opportunity now exists for a more precise examination of how the mind and the body interact according to the biopsychosocial model for chronic pain. This is not to say that TMD, a pain condition reportedly found in 25% of the U.S.

Fricton (1992). The results of the TMD examination yield Axis I diagnoses that purport to differentiate the many physical characteristics of the disorder. During the administration, the examiner measures the vertical range of motion, as well as excursions and protrusions (see Figure 2). In addition, the examiner ascertains the presence, location, and intensity of extraoral and intraoral muscle pain, as well as joint pain that is evaluated by palpation (see Figure 3) and self-report. Any deviation in the patient's opening pattern goes into the record (see Figure 4), as do joint sounds such as clicks and crepitus. Axis I diagnoses fall into three groups: muscle disorders, disk displacements, and other joint

disorders. As we noted previously, the RDC attempts to identify the subgroups of TMD. Early indications suggest that the RDC Axis I diagnoses are generally reliable and valid (Widmer, 1995).

Likewise, the RDC Axis II recognizes the heterogeneity of psychosocial variables found in patients with TMD. Axis II is able to delineate the psychosocial characteristics commonly found in all pain conditions: impairment, disability, and pain intensity. Surprisingly, there is frequently a discordant relationship between the levels of these core characteristics (Gatchel, 1995). Typically, impairment is defined as "an alteration of the patient's usual health status," as determined by medical or other

APS Bulletin, 1997

"TMD disorders can serve as a model for other pain conditions whose complex nature continues to frustrate healthcare providers"

RDC/TMD

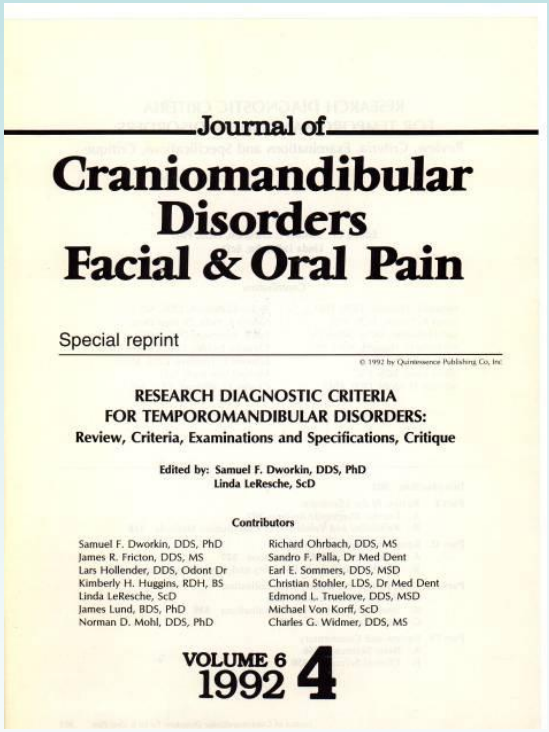
Comprises:

A dual axis approach.

- Physical diagnosis (Axis I)
- Psychological disorders and psychosocial dysfunction (Axis II)

Clearly operationalized data collection procedures.

Strict diagnostic criteria.


Journal of
Craniomandibular Disorders Facial & Oral Pain
Special reprint
RESEARCH DIAGNOSTIC CRITERIA FOR TEMPOROMANDIBULAR DISORDERS:
Review, Criteria, Examinations and Specifications, Critique
Edited by: Samuel F. Dworkin, DDS, PhD
Linda LeResche, ScD
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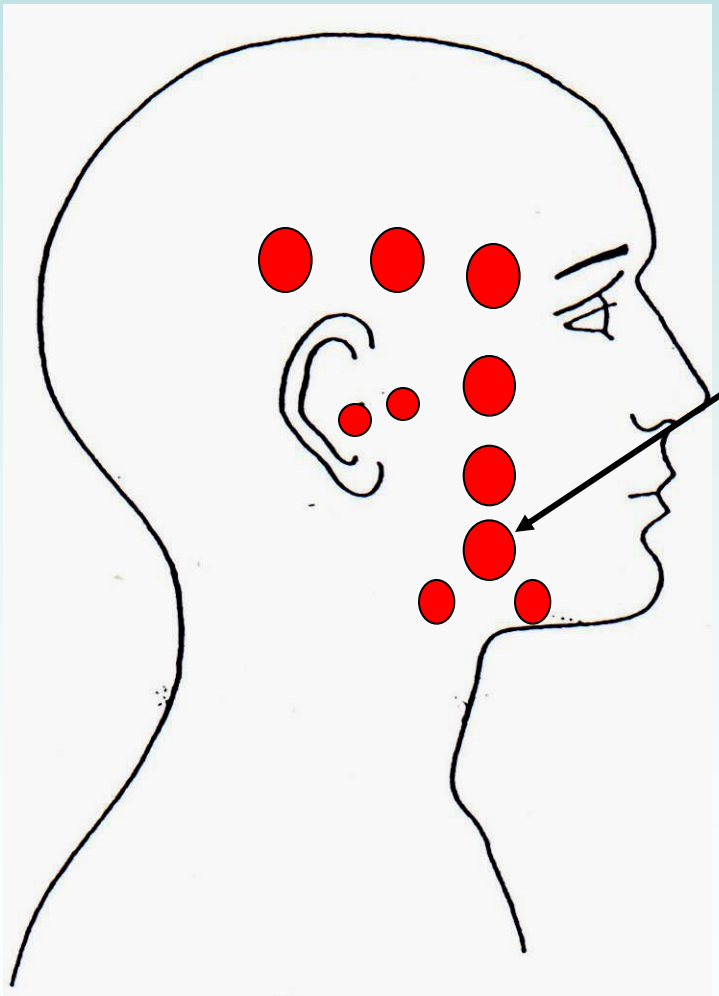
VOLUME 6
1992 4

CLINICAL TMD CONDITIONS

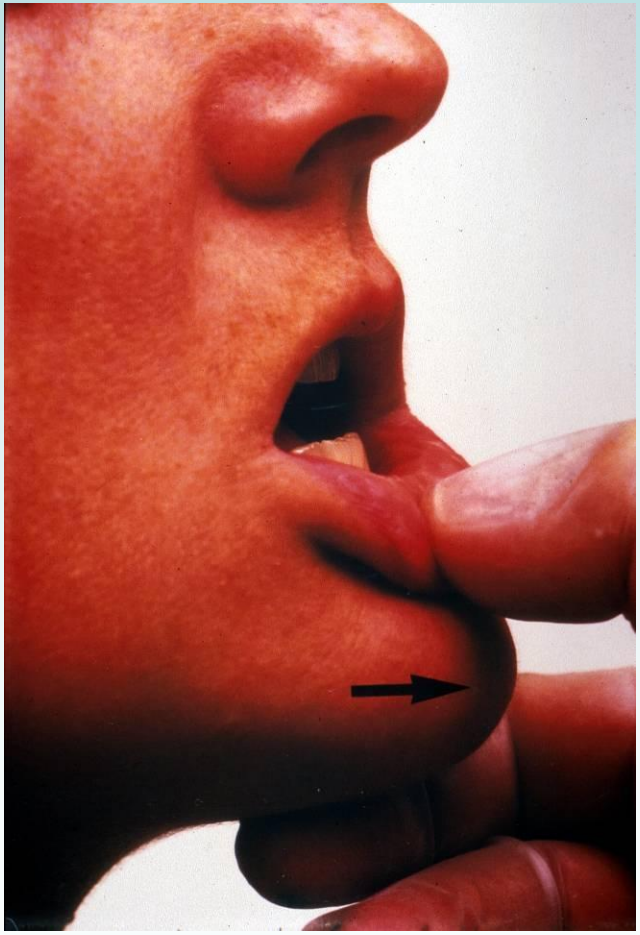
- Myofascial pain
- Disc displacements
- Arthralgia, arthritis, arthrosis

SPECIFICATIONS FOR TMD EXAMINATION



Insertion of the masseter: palpate the area 1 cm superior and anterior to the angle of the mandible (2 lbs digital pressure)

REPRODUCIBLE RECIPROCAL CLICK



This sound is determined by millimeter measurement of opening and closing clicks and the elimination of both clicks when the subject opens and closes from a protruded position

AXIS II

- Graded chronic pain
- Depression score (SCL-90R)
- Somatization score (SCL-90R)
- Jaw disability checklist

MYOFASCIAL PAIN

RDC/TMD

- Report of pain of muscle origin.
- Pain reported by subjects in response to palpation to 3 or more of 20 sites.

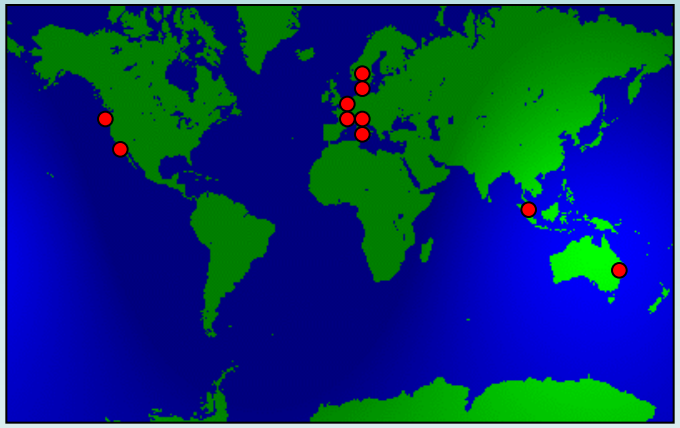
AAOP

- Regional dull, aching pain: pain aggravated by mandibular function.
- Hyperirritable sites (trigger points) frequently palpated within a band of muscles. Provocation of trigger points altering the pain complaint and often revealing a pattern of referral.
- Greater than 50% reduction in pain with vapocoolant spray or local anesthetic injection.

Reliability studies

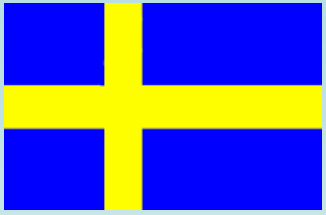
10 international clinical centers

The reliability of the diagnoses was fair to good.

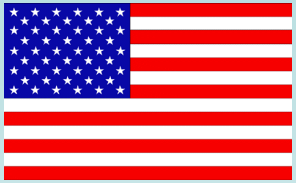


- **John MT et.al**. Reliability of clinical temporomandibular disorders diagnosis. *Pain 2005;19:301-308*
- **List T et al**. Recalibration improves inter-examiner reliability of TMD examination. *Acta Odontol Scand 2006;64:146-152*

Reliability and Validity



Sweden

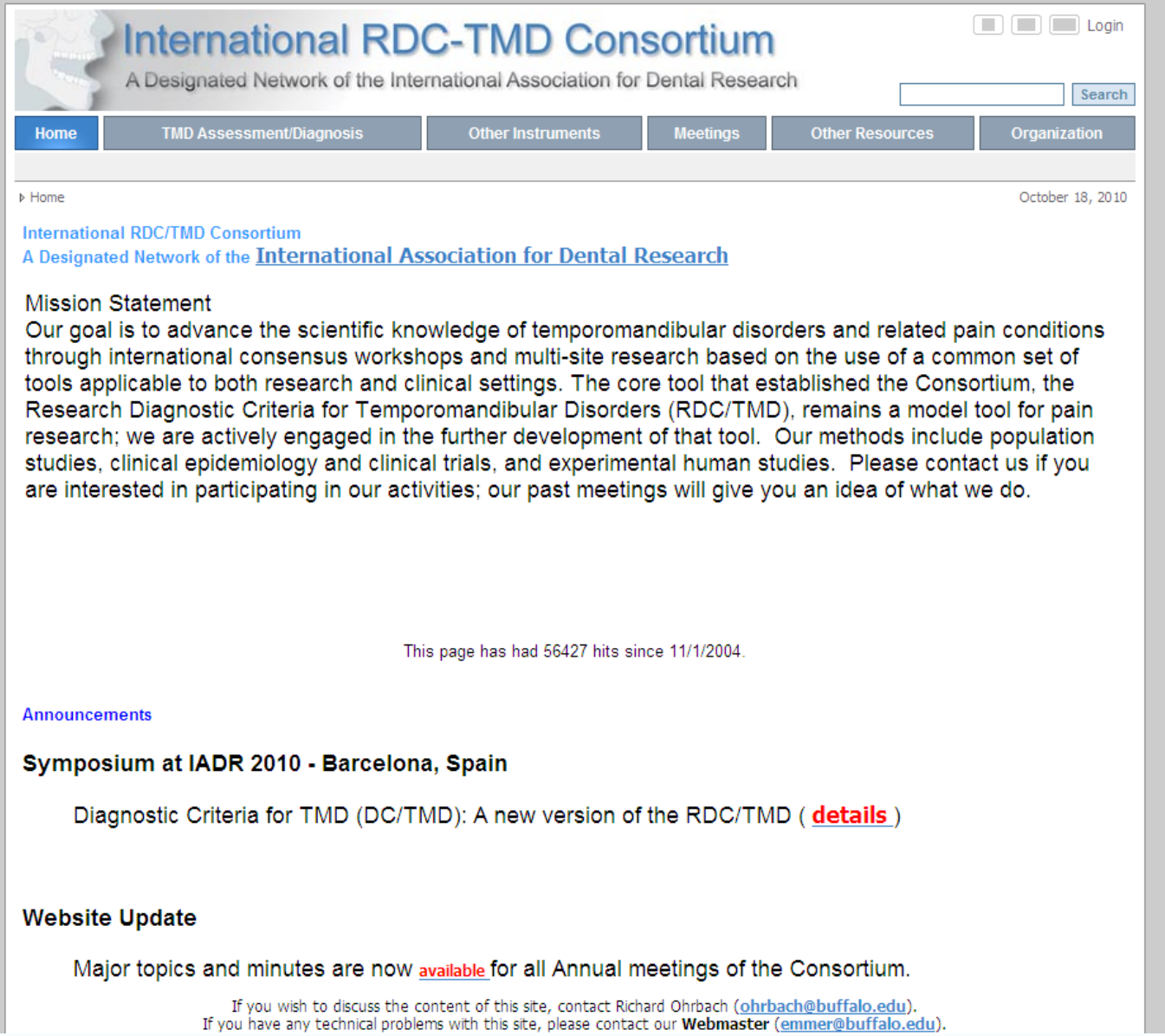


USA

No difference between cultures

- **List T et al**. Comparing TMD diagnoses and clinical findings at Swedish and US TMD centers using research diagnostic criteria for temporomandibular disorders. *J Orofac Pain;10:240-53.*
- **Dworkin SF et al.** Reliability, validity, and clinical utility of the research diagnostic criteria for Temporomandibular Disorders Axis II Scales: depression, non-specific physical symptoms, and graded chronic pain. *J Orofac Pain;2002: 207-20*

www.rdc-tmdinternational.org



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October 18, 2010

International RDC/TMD Consortium
A Designated Network of the International Association for Dental Research

Mission Statement

Our goal is to advance the scientific knowledge of temporomandibular disorders and related pain conditions through international consensus workshops and multi-site research based on the use of a common set of tools applicable to both research and clinical settings. The core tool that established the Consortium, the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD), remains a model tool for pain research; we are actively engaged in the further development of that tool. Our methods include population studies, clinical epidemiology and clinical trials, and experimental human studies. Please contact us if you are interested in participating in our activities; our past meetings will give you an idea of what we do.

This page has had 56427 hits since 11/1/2004.

Announcements

Symposium at IADR 2010 - Barcelona, Spain

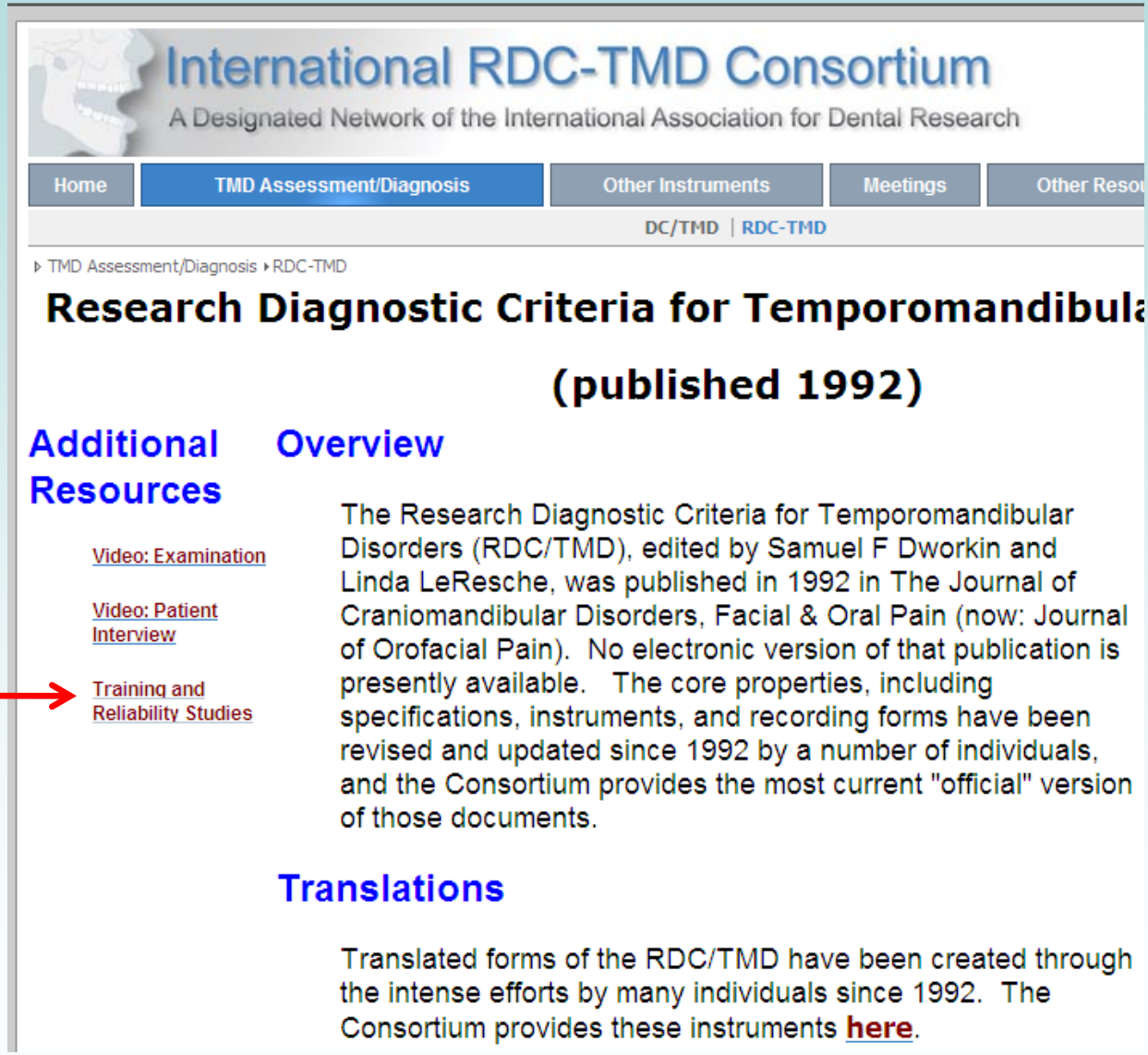
Diagnostic Criteria for TMD (DC/TMD): A new version of the RDC/TMD (details)

Website Update

Major topics and minutes are now available for all Annual meetings of the Consortium.

If you wish to discuss the content of this site, contact Richard Ohrbach (ohrbach@buffalo.edu).
If you have any technical problems with this site, please contact our **Webmaster** (emmer@buffalo.edu).

Examiner Training



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DC/TMD | RDC-TMD

TMD Assessment/Diagnosis ▸ RDC-TMD

Research Diagnostic Criteria for Temporomandibula

(published 1992)

Additional Resources

Video: Examination

Video: Patient Interview

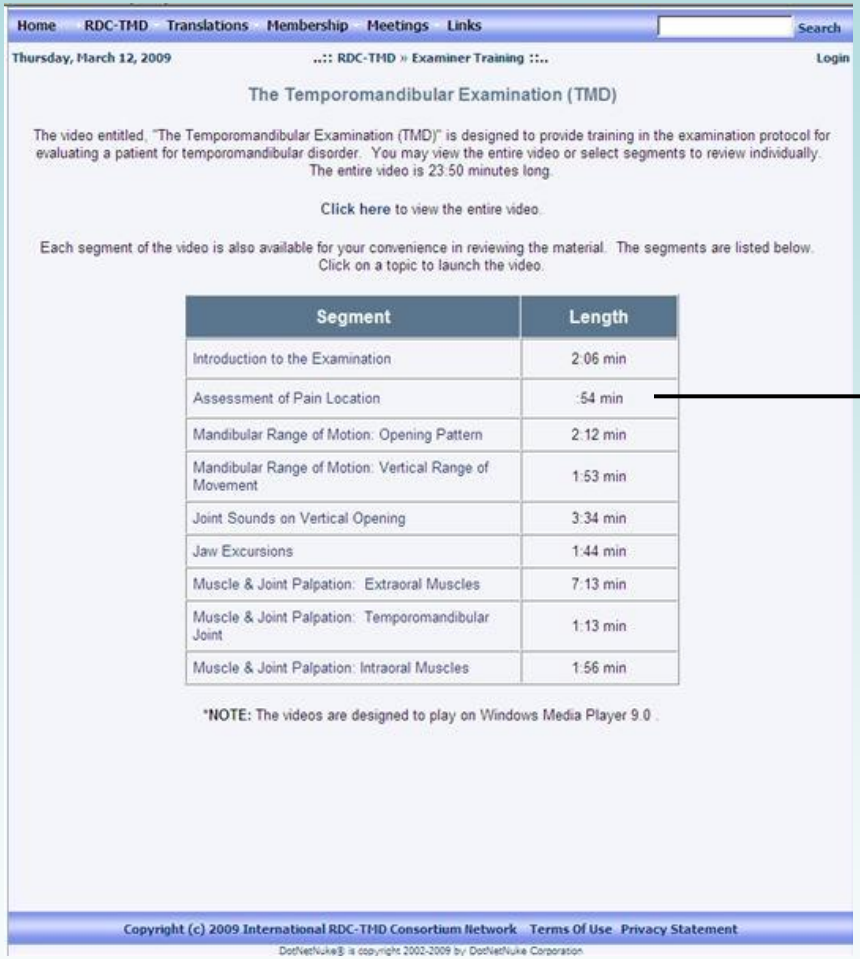
Training and Reliability Studies

Overview

The Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD), edited by Samuel F Dworkin and Linda LeResche, was published in 1992 in The Journal of Craniomandibular Disorders, Facial & Oral Pain (now: Journal of Orofacial Pain). No electronic version of that publication is presently available. The core properties, including specifications, instruments, and recording forms have been revised and updated since 1992 by a number of individuals, and the Consortium provides the most current "official" version of those documents.

Translations

Translated forms of the RDC/TMD have been created through the intense efforts by many individuals since 1992. The Consortium provides these instruments **here**.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Thursday, March 12, 2009 ..:: RDC-TMD » Examiner Training ::.. Login
The Temporomandibular Examination (TMD)
The video entitled, "The Temporomandibular Examination (TMD)" is designed to provide training in the examination protocol for evaluating a patient for temporomandibular disorder. You may view the entire video or select segments to review individually. The entire video is 23:50 minutes long.
Click here to view the entire video.
Each segment of the video is also available for your convenience in reviewing the material. The segments are listed below. Click on a topic to launch the video.
Segment
Length
Introduction to the Examination
2:06 min
Assessment of Pain Location
:54 min
Mandibular Range of Motion: Opening Pattern
2:12 min
Mandibular Range of Motion: Vertical Range of Movement
1:53 min
Joint Sounds on Vertical Opening
3:34 min
Jaw Excursions
1:44 min
Muscle & Joint Palpation: Extraoral Muscles
7:13 min
Muscle & Joint Palpation: Temporomandibular Joint
1:13 min
Muscle & Joint Palpation: Intraoral Muscles
1:56 min
*NOTE: The videos are designed to play on Windows Media Player 9.0 .
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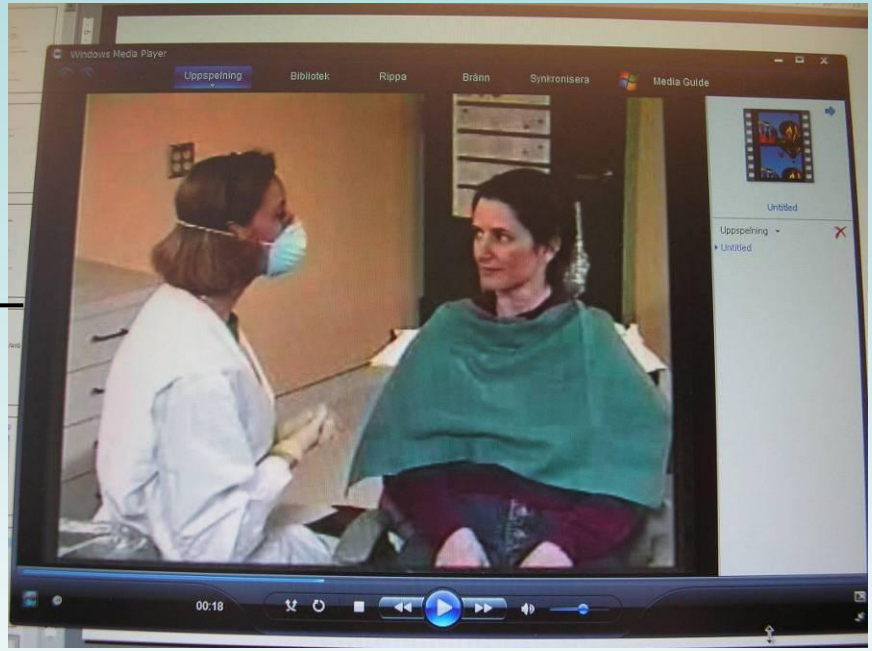
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Rippa
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Synkronisera
Media Guide
Untitled
Uppspelning
Untitled
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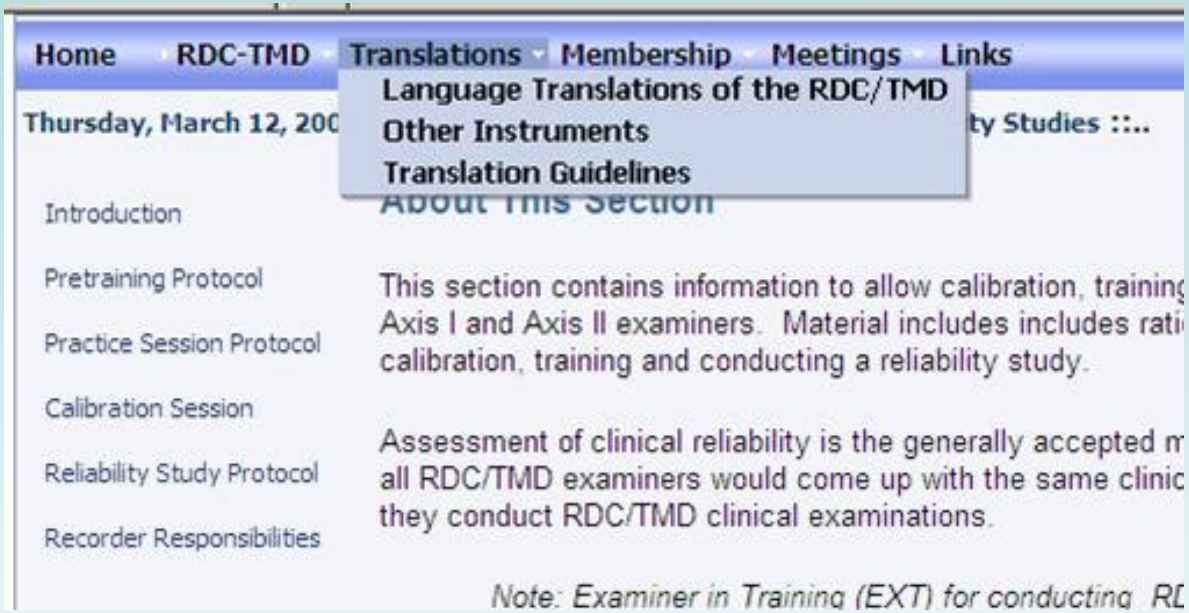
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ty Studies ::..
Introduction
Pretraining Protocol
Practice Session Protocol
Calibration Session
Reliability Study Protocol
Recorder Responsibilities
About This Section
This section contains information to allow calibration, training
Axis I and Axis II examiners. Material includes includes rati
calibration, training and conducting a reliability study.
Assessment of clinical reliability is the generally accepted m
all RDC/TMD examiners would come up with the same clinic
they conduct RDC/TMD clinical examinations.
Note: Examiner in Training (EXT) for conducting RD

Language Translations of the RDC/TMD

Title	Description	Modified Date
Arabic		11/2/2008
Chinese		11/2/2008
Croatian		11/2/2008
Danish		11/2/2008
Dutch		11/2/2008
Farsi		11/2/2008
French		11/2/2008
German	revised March 15, 2008	11/12/2008
Hebrew		11/2/2008
Italian		11/2/2008
Japanese		11/2/2008
Korean		11/2/2008
Malay	revised October 21, 2007	11/12/2008
Portuguese (Brazil)	revised November 12, 2008	11/12/2008
Spanish		11/2/2008
Swedish		11/2/2008
Turkish		11/2/2008

Translations of the RDC/TMD contained in this website are generously made available by members of the International RDC/TMD Consortium. Each of these non-English versions of the RDC/TMD has been translated by clinical experts into their native language and back-translated by non-clinical experts completely fluent in English (the source language) as well as in the target language. All of the translations have been found acceptable and useful in clinical research settings and many of the translations have published data regarding their psychometric properties. Because language translation of an instrument is an ongoing process in terms of validity, just as it is for any instrument in its source language, no specific claims are made with regard to reliability, validity or cultural relevance by virtue of making these translations available for scientific purposes. The interested user should check the accompanying table (See Support Documents) wherein the stage of development of each translation is listed and decide whether the translation is suitable for the intended purpose.

For detailed information regarding a specific language translation please contact the translator cited on the front page of each translation.

For more general information regarding new translations or other translation questions, contact: Dr. Richard Ohrbach, University at Buffalo, Buffalo, NY U.S. (e-mail: ohrbach@buffalo.edu; phone: 716-829-3590; FAX: 716-829-3554)

The translations are posted in the PDF file format, therefore you must have Adobe Acrobat Reader (verson 5.0 or higher) installed on your computer to access these files. The Acrobat Reader can be downloaded free from Adobe.com or click on this icon. Get Acrobat Reader

Related Translation Documents

Title	Description	Modified Date
Translation Status -- all translations		11/12/2008

Research Diagnostic Criteria Examination

1) Do you have pain on the right side of your face, the left side or both sides?

None	0
Right	1
Left	2
Both	3

2) Could you point to the areas where you feel pain?

Right	
None	0
Jaw joint	1
Muscles	2
Both	3

Left	
None	0
Jaw joint	1
Muscles	2
Both	3

Pain location

Test of pain site

- Clenching
- Protrusion

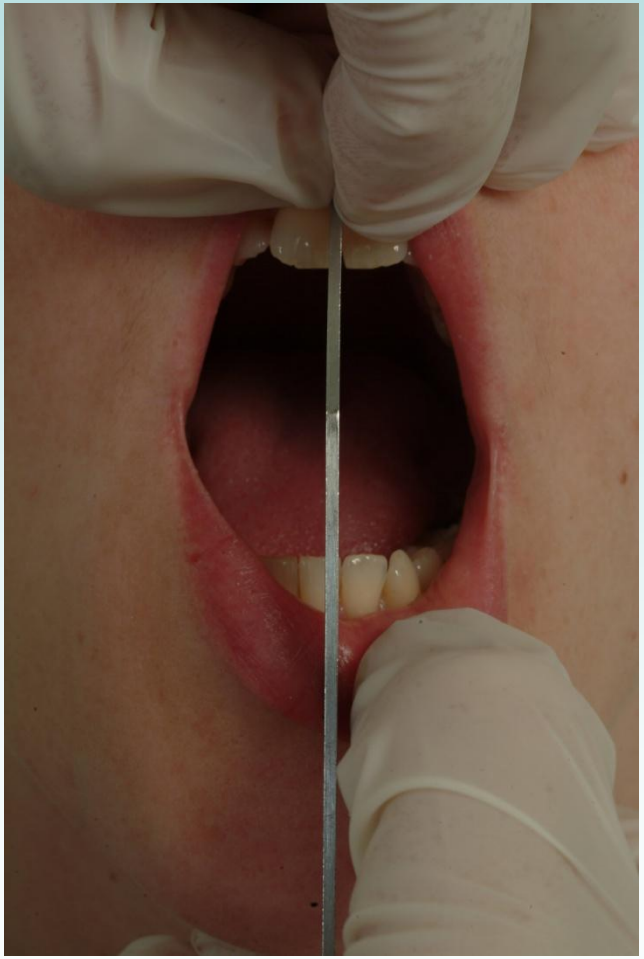
Opening pattern

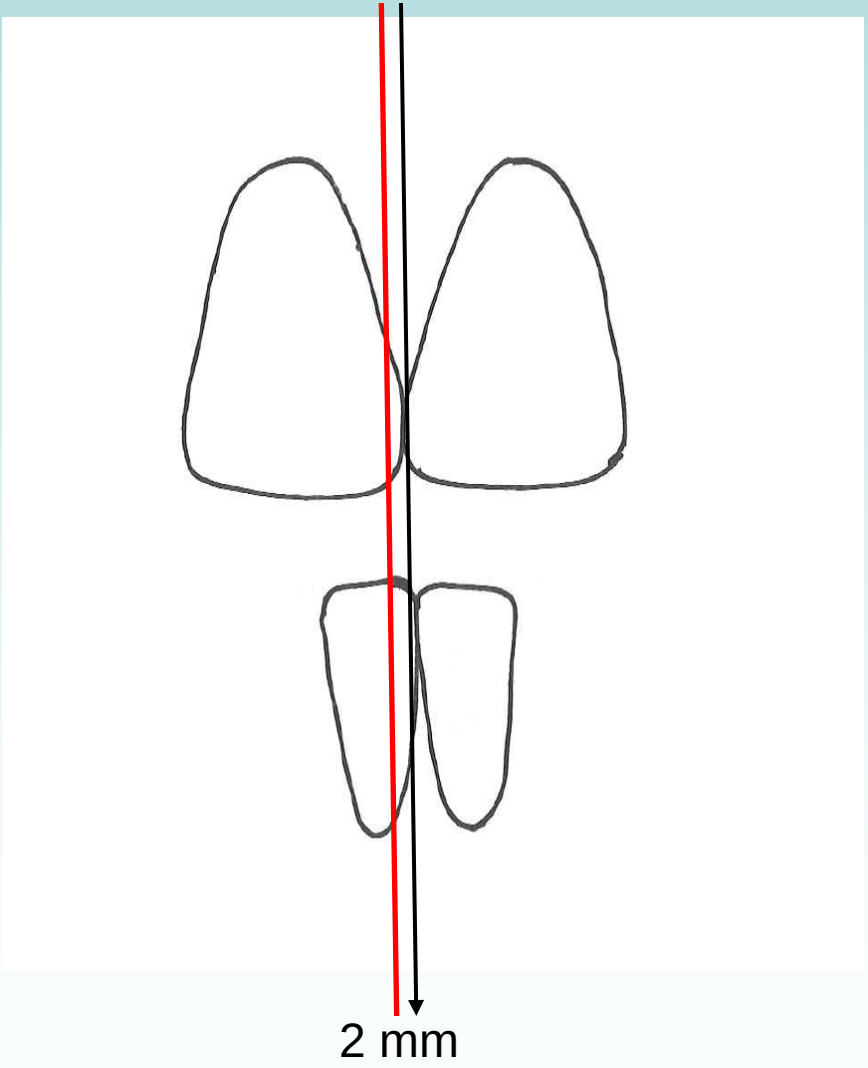
Straight	0
Right Lateral Deviation (uncorrected)	1
Right Corrected (”S”) Deviation	2
Left Lateral Deviation (uncorrected)	3
Left Corrected (”S”) Deviation	4
Other	5

Type _____

(specify)

Opening pattern





Vertical Range of Motion Maxillary incisor used (mm)

			Muscle pain				Joint pain			
			None	Right	Left	Both	None	Right	Left	Both
a.	Unassisted opening without pain mm	__ __								
b.	Maximum unassisted opening mm	__ __	0	1	2	3	0	1	2	3
c.	Maximum assisted opening mm	__ __	0	1	2	3	0	1	2	3
d.	Vertical incisal overlap mm	__ __								

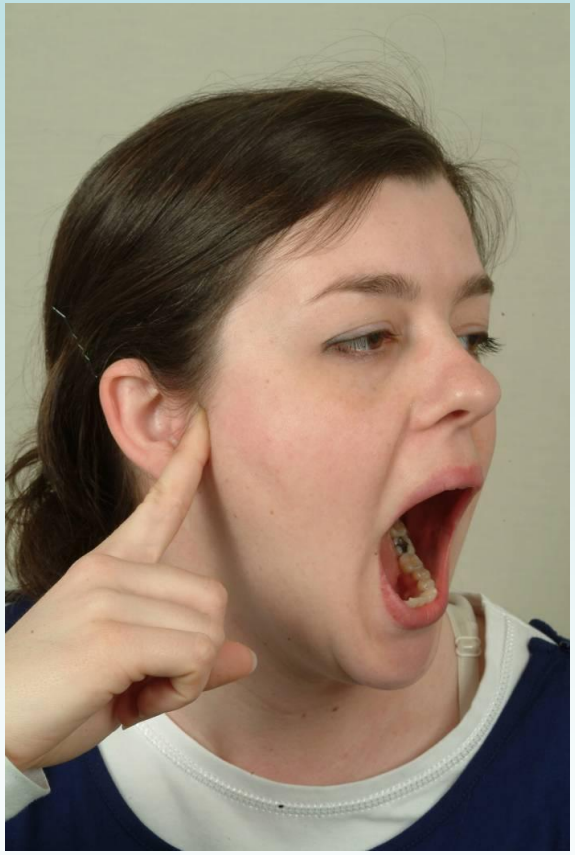
Reference line

Unassisted opening without pain:

”Open as wide as you can, without feeling any pain”

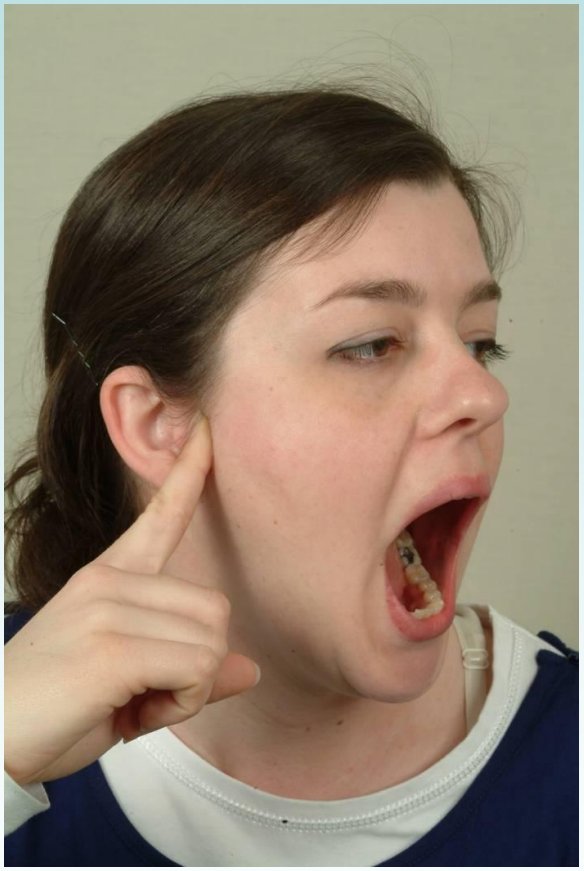
Maximum unassisted opening:

”I would like you to open your mouth as wide as you can, even if it is painful”



Maximum assisted opening:

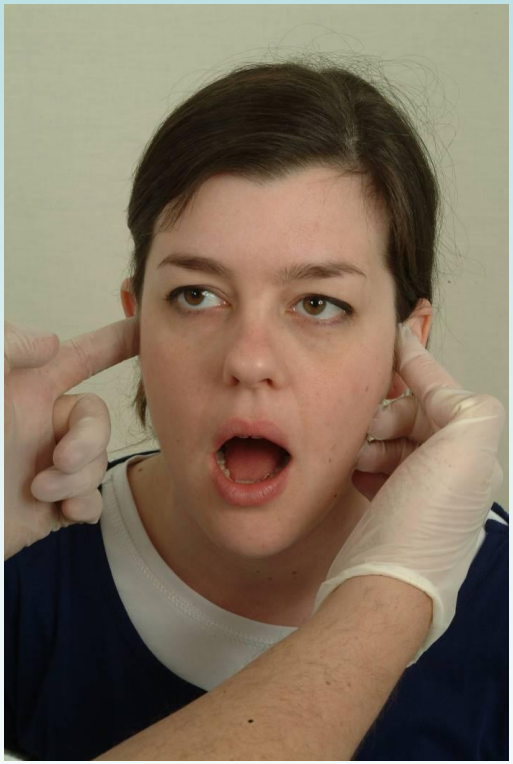
”In a moment I will try, if possible to open your mouth wider with my fingers”



Joint sounds (palpation)

			Right	Left
a.	**Opening**	None	0	0
		Click	1	1
		Coarse Crepitus	2	2
		Fine Crepitus	3	3
	Measurement of Opening Click		__ __mm	__ __mm
b.	**Closing**	None	0	0
		Click	1	1
		Coarse Crepitus	2	2
		Fine Crepitus	3	3
	Measurement of Opening Click		__ __mm	__ __mm
c.	**Reciprocal click eliminated on protrusive opening**	No	0	0
		Yes	1	1
		NA	8	8

Joint sounds



Excursions

		MUSCLE PAIN				JOINT PAIN			
		None	Right	Left	Both	None	Right	Left	Both
Right Lateral Excursion	__ __ mm	0	1	2	3	0	1	2	3
Left Lateral Excursion	__ __ mm	0	1	2	3	0	1	2	3
Protrusion	__ __ mm	0	1	2	3	0	1	2	3

		RIGHT	LEFT	NA
Midline Deviation	__ __ mm	1	2	8

Excursions

Joint sounds on excursion

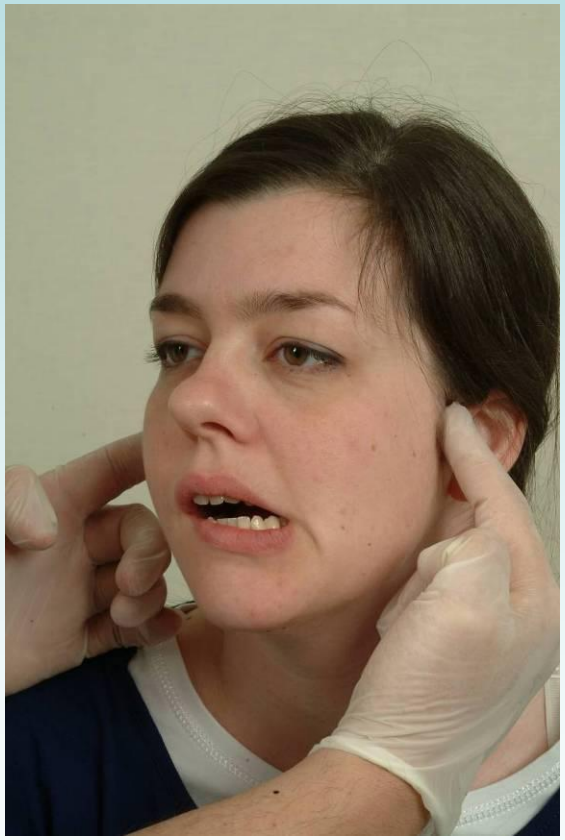
Right sounds

	None	Click	Coarse Crepitus	Fine Crepitus
Excursion Right	0	1	2	3
Excursion Left	0	1	2	3
Protrusion	0	1	2	3

Left sounds

	None	Click	Coarse Crepitus	Fine Crepitus
Excursion Right	0	1	2	3
Excursion Left	0	1	2	3
Protrusion	0	1	2	3

Joint sounds on excursion



Extra and intraoral palpation

Extraoral muscle pain with palpation:

- Temporalis (posterior, middle, anterior)
- Masseter (superior, **middle, inferior)**
- Postmandibular region, submandibular region

Joint pain with palpation

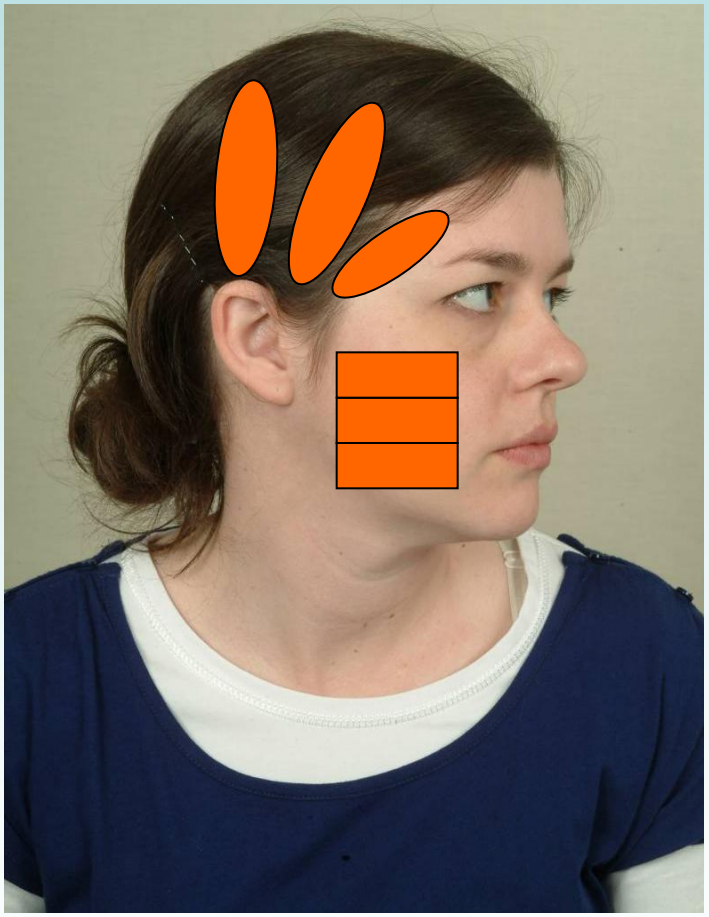
- Lateral pole
- Posterior attachment

Intraoral muscle pain with palpation

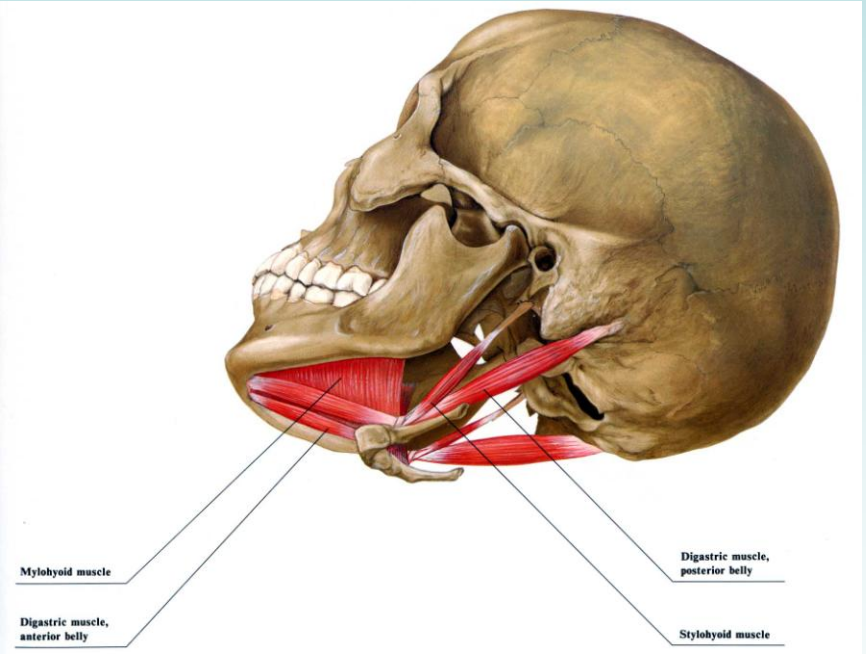
- Lateral pterigoid area
- Tendon of temporalis

endon of temporalis

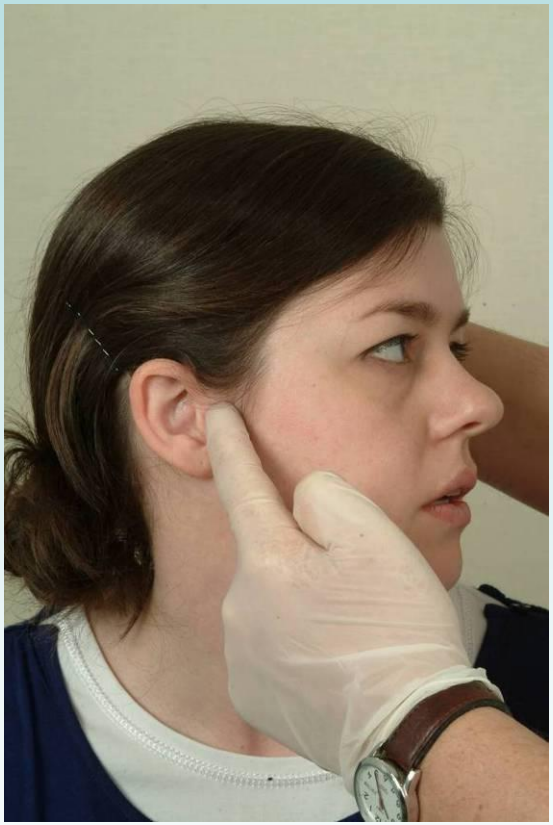
Extraoral muscle pain with palpation: M. Temporalis



Postmandibular region and submandibular region

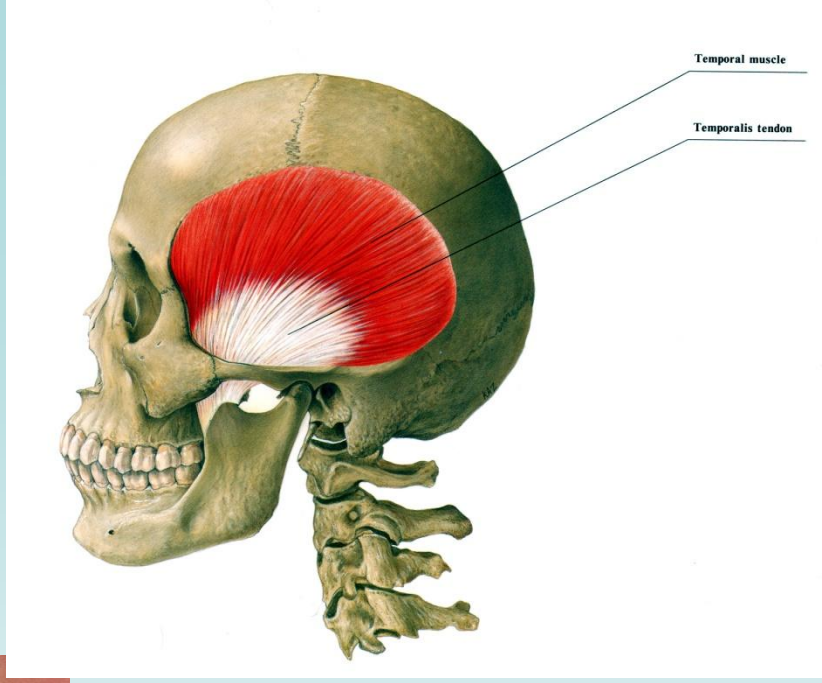


Joint pain with palpation

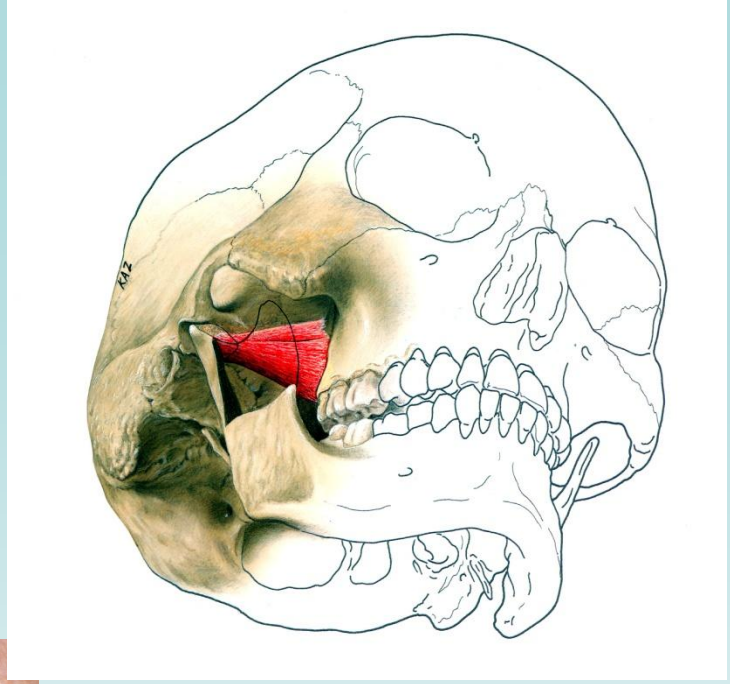


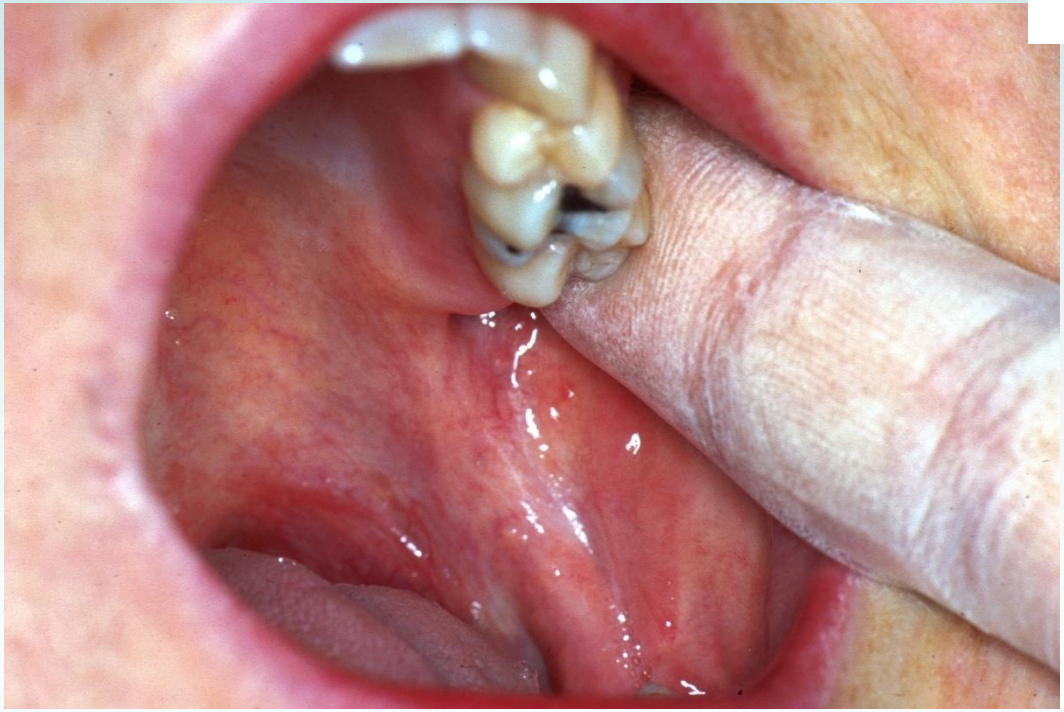
Intraoral palpation

Tendon of temporalis



Lateral pterygoid area





RDC/TMD

- Has been used in a wide range of experimental, clinical, and population-based studies among adults and adolescents around the world.
- Is translated into 20 languages.
- Is one of the most commonly cited references in dental literature. A search in Web of Science generated 918 citations.

More action in AXIS II than in Axis I

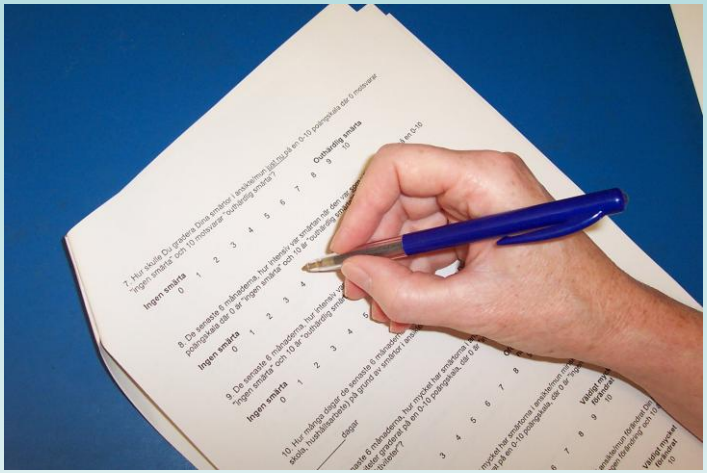
Manfredini et al. Correlation of RDC/TMD axis I diagnoses and axis II pain-related disability. A multicenter study. *Clin Oral Investig. 2010: [Epub ahead of print]*

Dworkin SF et al. A randomized clinical trial using research diagnostic criteria for temporomandibular disorders-axis II to target clinic cases for a tailored self-care TMD treatment program. *J Orofac Pain. 2002;16:48-63*

Reliability and validity

- **Schmitter M et al**. Validity of temporomandibular disorder examination procedures for assessment of temporomandibular joint status. *Am J Orthod Dentofacial Orthop 2008;133:796-803*
- **Visscher CM et al.** Diagnostic accuracy of temporomandibular pain tests. A multicenter study. *J Orofacial Pain. 2009;23:108-14*

Critical review of RDC/TMD

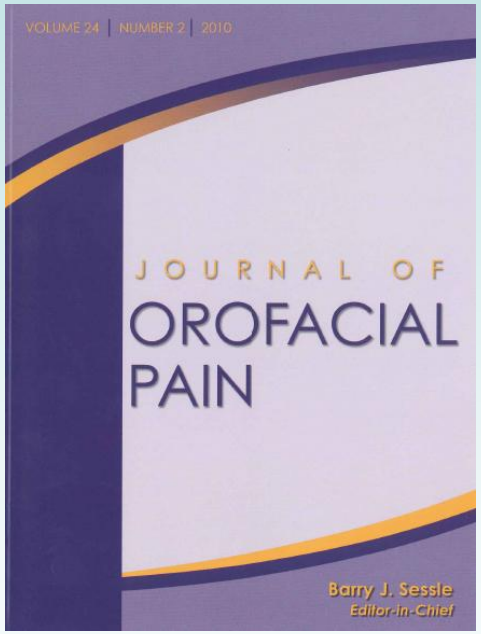


- The diagnostic criteria for the physical diagnosis need to be refined.
- The range of disorders represented by the RDC/TMD needs to be expanded.
- The assessment domains comprising Axis II need to be reviewed and potentially updated.

The NIDCR sponsored project – the RDC/TMD Validation Project 2001-2006

The Research Diagnostic Criteria for Temporomandibular Disorders.

- I: overview and methodology for assessment of validity.
- II: reliability of Axis I diagnoses and selected clinical measures.
- III: validity of Axis I diagnoses.
- IV: evaluation of psychometric properties of the Axis II measures.
- V: methods used to establish and validate revised Axis I diagnostic algorithms.
- VI: future directions.
- Research diagnostic criteria for temporomandibular disorders (RDC/TMD): development of image analysis criteria and examiner reliability for image analysis.



IADR Toronto 2008

Validation Studies of the RDC/TMD: Progress towards Version 2

- *Jean-Paul Goulet*
- *John Look, Eric Schiffman, Edmond Truelove, Mansur Ahmad, Richard Ohrbach*.
- *Frank Lobbezoo, Sandro Palla. Bouwijn Stegenga, Mike John, Rigmor Jensen, Arne Petersson, Jennifer Haythornthwaite, Samuel Dworkin*.
- *Peter Svensson, Chuck Green*

Journal of Oral Rehabilitation

Journal of Oral Rehabilitation 2010 37; 452–480

Review Article

Disability assessment in temporomandibular disorders and masticatory system rehabilitation*

R. OHRBACH *Department of Oral Diagnostic Sciences, University at Buffalo, Buffalo, NY, USA*

Journal of Oral Rehabilitation

Journal of Oral Rehabilitation 2010

Some remarks on the RDC/TMD Validation Project: report of an IADR/Toronto-2008 Workshop discussion

F. LOBBEZOO, C. M. VISSCHER & M. NAEIJE *Department of Oral Kinesiology, Academic Centre for Dentistry Amsterdam (ACTA), Research Institute MOVE, University of Amsterdam and VU University Amsterdam, Amsterdam, The Netherlands*

Journal of Oral Rehabilitation

Journal of Oral Rehabilitation 2010

Research Diagnostic Criteria for Temporomandibular Disorders: current status & future relevance[1]

S. F. DWORKIN *Professor Emeritus, Schools of Medicine and Dentistry, University of Washington, Lake Forest Park, WA, USA*

Journal of Oral Rehabilitation

Journal of Oral Rehabilitation 2010

Improving TMD classification using the Delphi technique

M. T. JOHN *Department of Diagnostic & Biological Sciences, School of Dentistry; Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, Minneapolis, MN, USA*

Journal of Oral Rehabilitation

Journal of Oral Rehabilitation 2010

What you can and cannot see in TMJ imaging – an overview related to the RDC/TMD diagnostic system

A. PETERSSON *Department of Oral and Maxillofacial Radiology, Faculty of Odontology, Malmö University, Malmö, Sweden*

Sensitivity and specificity for original and revised RDC/TMD Axis I diagnoses

Diagnostic groupings	**Original RDC Point Estimates Sens. / Spec.**	**Expert-driven Point Estimates Sens. / Spec.**
Any group I	0.82 / 0.98	0.91 / 1.00
Any group II	0.35 / 0.96	0.71 / 0.67
Any Joint Pain (IIIa or IIIb)	0.42 / 0.99	0.92 / 0.96

IADR Miami 2009

International Consensus Workshop: Convergence on an Orofacial Pain Taxonomy

Workshop goals

- Finalize the revision of the RDC/TMD into a Diagnostic Criteria for Temporomandibular Disorders (DC/TMD), which would be more appropriate for routine clinical implementation

- Provide a broad foundation for the further development of suitable diagnostic systems for not only TMD but also orofacial pain.

- Provide research recommendations to improve our understanding of TMD and orofacial pain

IADR Miami

International Consensus Workshop:
Convergence on an Orofacial Pain Taxonomy

Workshop participation:

- International RDC/TMD Consortium Network
- SIG Orofacial Pain
- NIDCR
- American Academy of Orofacial Pain
- European Academy of Craniomandibular Disorders
- International Headache Society
- Other disciplines included: radiology, psychology, ontology, neurology and patient advocacy.

Description of the Workshop

- Presentations: Systematic review guidelines, biomedical ontology and patient advocacy.
- Workgroup made revisions of respective parts of the RDC/TMD
- Each workgroup presented the recommendations for critique by the others.
- Delphi-like voting for determing whether sufficient concensus had been achieved.

Search

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Workshops and Symposia | Annual Scientific & Business Meeting

Meetings ▸ Workshops and Symposia ▸ Miami 2009 Workshop

June 22, 2010

International Consensus Workshop: Convergence on an Orofacial Pain Taxonomy

March 30 – April 1, 2009; Loews Miami Beach Hotel, Miami, Florida

This 2.5 day workshop was organized by the *International RDC/TMD Consortium Network* and the *Orofacial Pain Special Interest Group* of the International Association for the Study of Pain. The planning committee was comprised of Richard Ohrbach (University at Buffalo, US), Thomas List (Malmö University, Sweden), Jean-Paul Goulet (Laval University, Canada), and Peter Svensson (University of Aarhus, Denmark).

Workshop participation was by invitation based on representation within the field, which included the Consortium Network, the Orofacial Pain Special Interest Group of the International Association for the Study of Pain, the National Institute for Dental and Craniofacial Research, American Academy of Orofacial Pain, the European Academy of Craniomandibular Disorders, and the International Headache Society; other disciplines included radiology, psychology, ontology, and patient advocacy.

The workshop members were divided into workgroups which reviewed core literature describing the properties of the RDC/TMD, provided recommendations for revision, and suggested relevant research directions.

The goals of this workshop were to (1) finalize the revision of the RDC/TMD into a Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) which would be more appropriate for routine clinical implementation, (2) provide a broad foundation for the further development of suitable diagnostic systems for not only TMD but also orofacial pain as well, and (3) provide research recommendations oriented towards improving our understanding of TMD and orofacial pain.

Workshop Documents

Workshop Program.pdf

ICW Report & Recommendations 06Jan10.pdf

Workshop Materials for Participants

Click here

Journal of Oral Rehabilitation

Journal of Oral Rehabilitation 2010

Recommendations from the International Consensus Workshop: Convergence on an Orofacial Pain Taxonomy

R. OHRBACH*, T. LIST†, J.-P. GOULET‡ & P. SVENSSON§ *University at Buffalo, Buffalo, NY, USA, †Malmö University, Malmö, Sweden, ‡Laval University, Quebec City, QC, Canada and §University of Aarhus, Aarhus, Denmark

DC/TMD: A new version of the Research Diagnostic Criteria for TMD (RDC/TMD)

- From the RDC/TMD to the DC/TMD
  Thomas List
- Diagnostic algorithms for myofascial pain and headache attributed to TMD.
  Jean-Paul Goulet
- Diagnostic algorithms for TMJ disorders.
  Eric Schiffman
- Assessment of the behavioral domain in TMD
  Richard Ohrbach
- Summary
  Mark Drangsholt

IADR Barcelona

DC/TMD: A new version of the Research Diagnostic Criteria for TMD (RDC/TMD)

What is new?

- Reliable and valid diagnosis
- Screeners included – clinically more applicable
- Examination procedures simplified and more reliable
- New diagnoses included
- DC/TMD diagnosis within the framework of AAOP

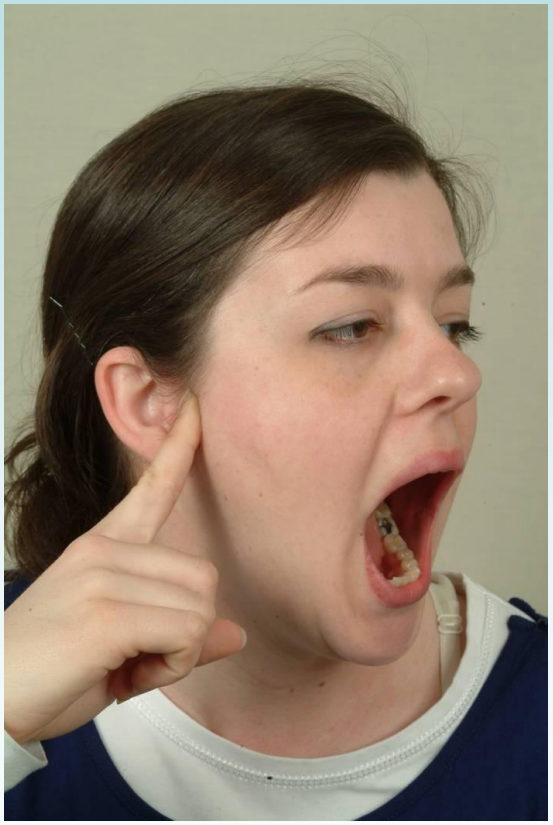
PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Maximum unassisted opening:

”I would like you to open your mouth as wide as you can, even if it is painful”

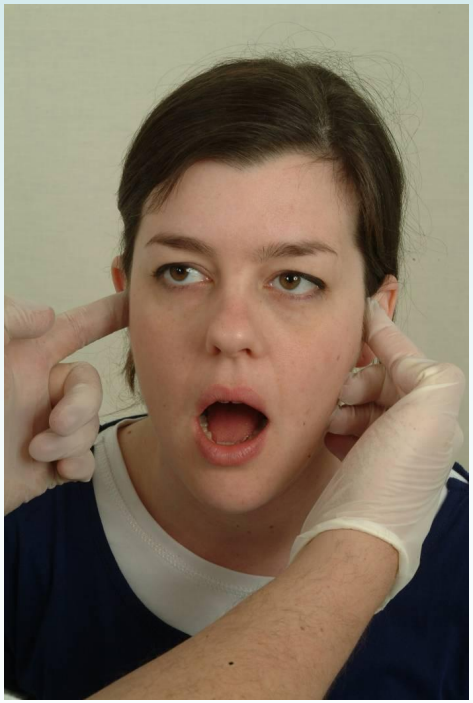


Pain

Familiar pain

TMJ sounds on opening and closing

- Click 1 of 3
- Coarse crepitus/fine crepitus
- Painful click



TMJ palpation

- TMJ lat pole 1 lb
- TMJ around the lateral pole 2 lb
- Pain
- Familiar pain

Excluded from the RDC/TMD

Extraoral palpation

- Posterior mandubular region
- Submandibular region
- Posterior attachment ”inside ear”

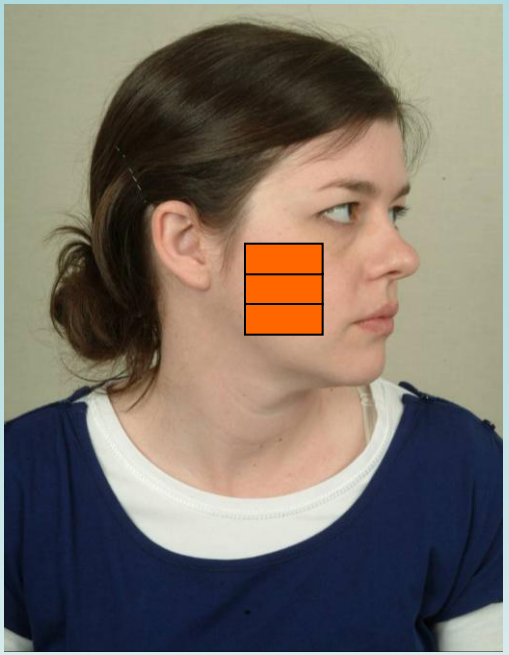
Intraoral muscle palpation

- Lateral pterygoid area
- Tendon of temporalis

Pain on palpation

- No, mild, moderate, severe pain

M. Masseter



- Pain
- Familiar pain
- Expanded pain location
- 1 of 12 sites (temporalis and masseter)

DC/TMD- AAOP

- **Table 2. Taxonomic Classification Scheme for Temporomandibular Disorders**
- **11.7 TEMPOROMANDIBULAR DISORDERS (TMD)**
- **11.7.1.2 ACQUIRED DISORDERS**
- **1. Arthralgia/ Joint Pain**
- **2. Disc-condyle complex disorders**
- 2.1 Disc Displacements without hypomobility
- 2.1.1 Disc Displacement with Reduction
- 2.1.2 Disc Displacement without Reduction without limited opening
- 2.2 Disc Displacements with hypomobility
- 2.2.1 Disc Displacement with Reduction with intermittent limited opening
- 2.2.2 Disc Displacement without Reduction with limited opening
- **3. Other hypomobility disorders**
- **4. Dislocation disorders with hypermobility**
- 4.1 Subluxation
- 4.2 Luxation
- **5. Non-Rheumatic osseous disorders**
- **5.1** Degenerative Joint disease
- **6. Rheumatic diseases**
- **7. Infectious arthritis**
- **8. Metabolic arthritis**

DC/TMD-AAOP

11.7.2 MASTICATORY MUSCLE DISORDERS

11.7.2.1CONGENITAL AND DEVELOPMENTAL DISORDERS

1. Masseter hypertrophy

11.7.2.2 ACQUIRED DISORDERS

1 Local/ Regional Muscle Disorders

1.1 Myofascial pain

1.2 Myofascial pain with referral

2 Myositis

2 Widespread Muscle Disorders

1 Fibromyalgia

2 Myofascial pain related to other systemic (co-morbid) conditions

3 Movement Disorders

1 Dyskinesia

2 Dystonia

11.7.3 HEADACHE ATTRIBUTED TO TMD

1. Infrequent Episodic TMD headache

2. Frequent Episodic TMD headache

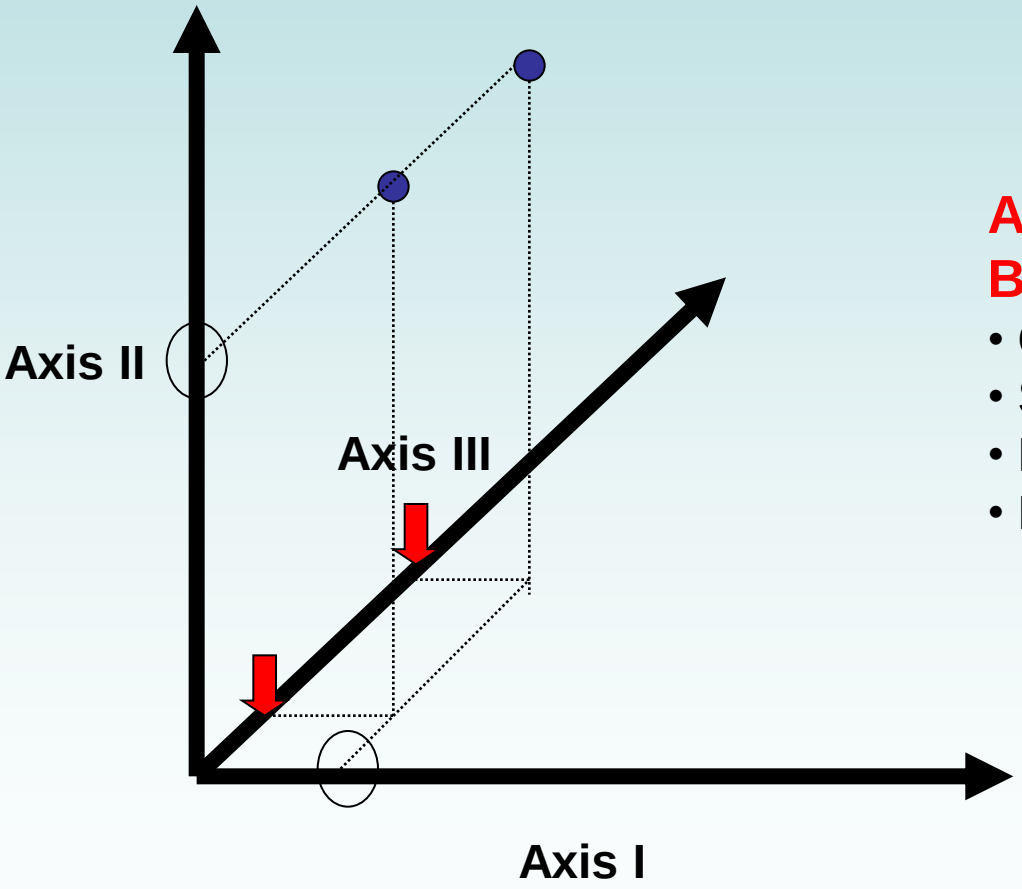
3. Chronic TMD headache

Next step
IADR, San Diego

- RDC/TMD v.2.0:

Towards a Third Axis

AXIS III



Axis III
Biomarkers

- Genes
- Synovial fluid
- Microdialysis
- Brain activity

Towards the third dimension of the RDC/Orofacial Pain