Prevalence Of Temporomandibular Joint Disorders Among |
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Orofacial Pain, An Issue of Dental Clinics of North America E-Book

This proceedings volume discloses the various and, at times, conflicting views regarding temporomandibular disorders (TMD) as presented at the Craniomandibular Institute's 10th Annual Squaw Valley Winter Seminar held in January 1991. The field of TMD has been long on testimonials and clinical opinion but short on scientific documentation. As a result, there is presently a growing concern in the field that scientific foundation is needed to support the various belief systems and to improve credibility. This seminar encouraged participants to openly discuss and expose the controversial issues plaguing the field and to provide clinical and basic research to support or to question those issues. To this end, 14 internationally renowned experts assembled to discuss the current status of terminology, epidemiology, etiology, diagnoses, and management for TMD. This book is divided into four main parts, each of which helps to provide the reader with a better understanding of the complexity of TMD. A wide variety of scientific evidence, clinical experience, and informed opinions is presented. This variety will ensure that the volume will serve as the foundation for future discoveries in the study of TMD. As such, this book will be of interest to all who work within the field.
**Overlapping Pain and Psychiatric Syndromes**

This book explains the genetic basis of a wide range of dental disorders, including dental caries, periodontitis, congenital anomalies, malocclusions, orofacial pain, dental implant failure, and cancer. Such conditions are typically multifactorial or complex, with involvement of more than one gene as well as environmental influences. A sound grasp of this framework is ever more important, given the emergence of consumer genomics, including direct-to-consumer genetic testing. Dental professionals now need to understand why one person is susceptible to a particular oral health condition while a first-degree relative either does not develop the condition or does so in a less severe form. Knowledge of how genes operate in the susceptible host is essential if patients are to be offered accurate advice about their risks. The information provided in this book will assist in the delivery of effective personalized dental care through optimization of preventive strategies. It will enable the practitioner to explain the extent to which a patient’s condition is pure "bad luck", whether that bad luck can be changed by behavioral choices, and how many of our behaviors are influenced by genes.

**Ehlers-Danlos Syndrome: A Multidisciplinary Approach**

Indispensable for an advanced understanding of orofacial pain. In recent years, progress in pain research has yielded substantial new insights, and this has profoundly altered our understanding of various orofacial pain conditions. Written by renowned international researchers and clinicians, this state-of-the-art textbook presents recent advances in the understanding of orofacial pain and offers evidence-based management approaches, thus bridging the gap between timely research findings and daily clinical practice. The reader is provided with helpful in-depth information of up-to-date advances in basic research as well as with the present knowledge of the pathophysiology, diagnosis and management of the five most common orofacial pain conditions. In addition, the psychosocial impact of orofacial pain in
daily life and future developments are presented. Health care professionals, such as dentists, neurologists, physicians as well as students will find this volume helpful and valuable for an advanced understanding of the diverse orofacial pain conditions and for the improvement of patient care.

**Prevalence of Temporomandibular Joint Disorder in Subjects with and Without Headache**

Background: Temporomandibular disorder (TMD) is a common pain condition experienced mainly by young and middle-aged women. Depression, multiple pain conditions, and gender, along with bruxism, exogenous hormones, trauma, and hypermobility, appear to be associated with risk factors. The change in the proportion of persons complaining of TMD pain and seeking care over the last few decades is not known. TMD diagnostic systems that are reliable, accurate, and predictive are currently available, but the uncoordinated use of four or five different systems may have stymied research efforts. The TMD prevalence at the population level is still a matter of debate, owing to the heterogeneity in the diagnostic criteria adopted in different investigations. Therefore, this review aims to summarize relevant findings and trends related to TMD pain according to different diagnostic systems and provide a summary of the global prevalence and incidence of TMD pain. This project will be the first step towards calculating the global burden for TMD pain, which, in turn, would be helpful in prevention and policies for the future. This has not been performed in a systematic way to date, but insights from recent rounds of the Global Burden of Disease study in relation to other common pain conditions such as low back pain and neck pain provide pointers to the steps that need to be taken to achieve this goal. Aim: To summarize and systematically review the peer-reviewed literature on the TMD pain prevalence and incidence reported in studies adopting different diagnostic systems. Methods: Papers were identified through a systematic search and review process. RDC/TMD Axis I criteria were considered as the reference definition for TMD pain. Studies that used other standards or interpretations that reported and or verified pain in the muscles of mastication and/or jaw pain were included. The studies included those in which TMD was
diagnosed by a trained examiner or identified through questionnaires (either self-administered or by
research staff). One senior graduate student in oral medicine (Ishraq Alshanqiti) was trained to assess the
data and do the screening of articles based on inclusion criteria after reaching interrater reliability of
kappa=0.8 (between R.M. and I.A.). Differences among the two reviewers were resolved by discussion,
rereading, and consultation with the orofacial pain expert (M.D.) when necessary. The following
data/information was recorded from each of the selected papers by R.M., with input from M.D., for
analysis and discussion: sample size and demographic features (age, sex, population); prevalence of
TMD pain, incidence of TMD pain, the diagnostic system utilized. Results: Seventy-five (n =75) papers
were included in the review, 67 dealing with prevalence on TMD pain and eight on the incidence of TMD
pain. The most common diagnostic system used was RDC/TMD. Prevalence reports were highly variable
across studies, even among those using the same diagnostic system. For children, the range of
prevalence of TMD pain was 0.2% to 28%. In general, pain in the temporomandibular joint (TMJ) varied
from 0.7% to 4%, depending upon the age. For adults, general prevalence estimates ranged from 2% to
8% for males and 4% to 15% for females. Myofascial pain was the most frequent diagnosis in TMD pain.
The incidence of TMD pain was reported in a narrow range from 2.0% to 4.5% per year. Conclusions:
Although the range of prevalence was wide, TMD pain was shown to be a common pain condition in both
children and adults. Descriptive epidemiologic studies of TMD pain can be enhanced by following the
usual methods in epidemiologic research, such as reporting age and gender-specific prevalence and
establishing standardized self-report definitions.

MRT des Bewegungsapparats

Pediatric Temporomandibular Joint Disorders, An Issue of Oral and Maxillofacial Surgery Clinics of North America
Groundbreaking, comprehensive, and developed by a panel of leading international experts in the field, Textbook of Tinnitus provides a multidisciplinary overview of the diagnosis and management of this widespread and troubling disorder. Importantly, the book emphasizes that tinnitus is not one disease but a group of rather diverse disorders with different pathophysiology, different causes and, consequently, different treatments. This comprehensive title is written for clinicians and researchers by clinicians and researchers who are active in the field. It is logically organized in six sections and will be of interest to otolaryngologists, neurologists, psychiatrists, neurosurgeons, primary care clinicians, audiologists and psychologists. Textbook of Tinnitus describes both the theoretical background of the different forms of tinnitus and it provides detailed knowledge of the state-of-the-art of its treatment. Because of its organization and its extensive subject index, Textbook of Tinnitus can also serve as a reference for clinicians who do not treat tinnitus patients routinely.

**Developmental Aspects of Temporomandibular Joint Disorders**

**Genetic Basis of Oral Health Conditions**

**Prevalence and association of headaches, temporomandibular joint disorders, and occlusal interferences**

Chronic pain seldom presents alone. Pain patients frequently have comorbid psychiatric conditions and those suffering from mental illness often experience pain. Nonetheless, pain conditions and psychiatric disorders have customarily been understood and treated as different and separate clinical entities, to the detriment of patients' wellbeing. This book will describe the complex and striking relationships between
pain and psychiatric disorders, offering the first comprehensive review of the challenging and neglected intersection between pain medicine and psychiatry. Written by world-renowned experts in the fields of pain and psychiatry, chapters contribute a valuable array of clinical and theoretical perspectives and include illustrative case examples throughout.

**Temporomandibular Joint Dysfunction**

Chapter I: Literature review on the Temporomandibular joint (TMJ) and Temporomandibular disorders (TMD)  

Chapter II: Systematic review of TMD in orthognathic patients  

This review was conducted to investigate the prevalence of temporomandibular joint dysfunction (TMD) in orthognathic patients and to determine the effect of the surgical intervention on the status of the temporomandibular joint (TMJ). A methodological process was applied for study selection, data management and quality assessment and meta-analyses were conducted where appropriate. This review identified 53 papers for inclusion and there was heterogeneity in the diagnosis and classification of TMD between the studies. Patients undergoing orthognathic treatment for the correction of dentofacial deformity and suffering from TMD appeared more likely to see an improvement in their signs and symptoms than deterioration, particularly with respect to pain related symptoms. This information should be given to prospective patients during the consent process, but it should be stressed that no guarantees can be made.  

Chapter III: TMD in orthognathic patients and a control group with no skeletal discrepancies  

Sixty eight orthognathic patients and 72 control subjects (with no anterior-posterior, vertical or transverse discrepancies) were recruited for this section of the PhD. Self-reported symptoms and clinical signs of TMD were recorded and compared between the two groups. A significant difference in TMD prevalence was observed between the controls (27.8%) and patients (44.1%), with the patients being more susceptible to TMD. However, although orthognathic patients appear more likely to suffer from TMD, whether treatment improves their TMJ condition is highly questionable. This issue should be highlighted in any informed consent process.  

Chapter IV: A longitudinal study of TMD in orthognathic patients  

Twenty orthognathic patients were
followed longitudinally throughout treatment to establish whether TMD signs and symptoms altered during the course of treatment. Although no significant differences were found when comparing the pre-treatment (T1) findings with those prior to surgery (T2), sufficient individual changes in TMD signs and symptoms were observed to question the suitability of the "prior to surgery" time point as a baseline for comparisons in future studies. When comparing pre (T1) and post-treatment (T3) TMD changes, no significant differences were observed. This study supports the theory that TMD is a dynamic condition and signs and symptoms are likely to fluctuate throughout treatment. However, the small sample size in this study was clearly a limiting factor.

Chapter V: TMJ information course: Comparison of the instructional efficacy of an internet-based TMJ tutorial with a traditional face-to-face seminar

A TMJ tutorial was developed on a virtual learning environment (VLE) to enable students to enhance their examination and diagnostic skills and a randomised cross-over trial was then conducted. Thirty postgraduate students were recruited as participants and the success of this mode of teaching was compared with a conventional face-to-face seminar. This study found that both modes of teaching were equally effective in delivering information to students but teaching the topic twice enhanced the retention of knowledge. In addition the students reported positive perceptions of VLE learning and the feedback for this mode of teaching was comparable with traditional methods of teaching.

The Temporomandibular Joint and Related Orofacial Disorders

In this study, a measurable index was developed using cone beam computed tomography (CBCT) images of the temporomandibular joint (TMJ) in patients with unilateral/bilateral anterior disc displacement (ADD) with/without reduction to better understand the etiology of this temporomandibular joint disorder (TMD). The index utilizes an interdependent mathematical strategy to assess the morphology of the articular eminence, glenoid fossa, and mandibular condyle in relationship to each other. Critical components of the TMJ were visualized from CBCT images of the joint and precisely measured using features available in the Dolphin 3D Imaging software. It was hypothesized that the steepness of the posterior slope of the
articulare minence in conjunction with flattened-like morphology of the mandibular condyle are anatomical characteristics present in higher prevalence in TMD patients with ADD. The results suggest gender differences based on the different morphological patterns of the TMJ for males and females. The contour of the condylar neck, the dimensions of the condylar head, and the posterior slope of the articular eminence are important morphological considerations in ADD.

The Prevalence of Temporomandibular Joint Dysfunction in a Private Restorative Practice as Determined by the Pantronic PRI

This issue of Oral and Maxillofacial Surgery Clinics of North America focuses on Pediatric Temporomandibular Joint Disorders, and is edited by Dr. Shelly Abramowicz. Articles will include: Development of the Temporomandibular Joint; Non-surgical Management of Pediatric Temporomandibular Joint Dysfunction; Treatment of the TMJ in a Child with Juvenile Idiopathic Arthritis; Tumors of the Pediatric TMJ; Trauma to the Pediatric TMJ; Congenital abnormalities of the TMJ; Acquired abnormalities of the TMJ; TMJ reconstruction in the growing child; Evaluation of Pediatric Patient with Temporomandibular Joint Complaints; Management of Juvenile Idiopathic Arthritis; Pediatric TMJ Radiology; and more!

Textbook of Tinnitus

The purpose of this study was to assess the prevalence of tinnitus within a TMD population and to determine an association between the presence of tinnitus and type of TMD diagnoses. METHODS: A secondary data analysis was performed using data from 'Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) baseline (Validation project) study and follow up (Impact project) study. Self-reported questionnaires for reporting tinnitus and medical history and gold standard diagnoses after clinical examination were used. Log-binomial regression was used to compute risk ratios
for tinnitus by TMD subtype and adjusted for patient characteristics. All statistical analysis was performed using SAS 9.3 software (SAS Institute), and a two-sided significance level of 0.05 to determined statistical significance.

Management of Temporomandibular Disorders


Referred Pain in Temporomandibular Disorders

Temporomandibular Disorders and Related Pain Conditions

Measure joint range of motion with the manual that set the standard. Here is all of the guidance you need to identify impairments successfully and assess rehabilitation status effectively. Thoroughly updated and revised to reflect today’s most current and complete research, the 5th Edition of this classic book retains the unique features that have set this manual apart as the reference of choice. For each measurable joint in the body, you’ll find a consistent, easy-to-follow format and exceptional photographs that depict range
of motion and alignment, making it easy for you to visualize the examination and technique for each joint motion and muscle length test.

Management of Temporomandibular Disorders

Here in one concise volume is a complete review of localized and generalized musculoskeletal disorders. Musculoskeletal Pain, Myofascial Pain Syndrome, and the Fibromyalgia Syndrome includes the latest research findings on these disorders from medical leaders around the world. This broad-based symposium updates both researcher and clinician on the most recent advances and pioneering approaches to musculoskeletal pain, with special emphasis on the myofascial pain and fibromyalgia syndromes. Chapters represent important thinking and clinical approaches from authorities in nine countries. Myofascial pain and fibromyalgia syndromes are covered extensively by the contributors to this book. The coverage they provide on issues related to these two syndromes is multidimensional and includes epidemiology clinical features pathophysiology treatment The review chapters featured in the book span epidemiology, pathophysiology, and treatment on both myofascial pain and fibromyalgia. These report-like chapters provide brief insight of musculoskeletal pain disorders which is ideal for beginners in the field. Advanced readers will benefit from the more specific research chapters which report on fibromyalgia and myofascial pain. All readers will particularly benefit from “Consensus Document on Fibromyalgia: The Copenhagen Declaration,” a report which releases the latest definitions, research, and treatment findings for musculoskeletal disorders from the world’s leading experts. The Consensus also sets down the challenge for intensified future research. Physicians, dentists, chiropractors at all levels of practice, and expert physiotherapists will gain much insight on these disorders from this compendium of information. While dentists are probably most interested in myofascial pain, all the subjects covered are of equal interest to these medical practitioners. MORE COPYMany of the contributing authors or groups of authors have included tables, figures or illustrations, and charts to accurately and succinctly complement their research findings and presentations. A
selection of only a few tables and charts reveals multidimensional topics such as these: Problems
Associated With Diagnosis in Fibromyalgia Comparison of Sensitivity, Specificity, and Accuracy of the
1990 Criteria for the Classification of Fibromyalgia With Previous Criteria Sets Population Surveys of
Fibromyalgia Prevalence Content Validity for Diagnostic Criteria for Masticatory Myofascial Pain
Medications Tested in Controlled Therapeutic Trials in Fibromyalgia Pathobiology of Classical Diseases
Versus Dynamics of Dysfunctional Syndromes Exercise and Pain Characteristics of Women With
Fibromyalgia Neck Muscle Function in Cerviocobrachial Syndrome Compared to Healthy Subjects The
figures are no less revealing; they highlight exciting discoveries and diagram vital discoveries which
expand current understanding of musculoskeletal disorders. Here is a sample of the types of figures
included: Pain Diagrams From Four Patients With Fibromyalgia Genetic Predisposition to Muscle
Microtrauma Calcium Activated Muscle Damage Classification and Subsetting of Fibromyalgia Cross-
Sections of a Capillary From a Tender Point of the Trapezius Muscle in a Fibromyalgia Patient General
Pain on Visual Analog Scale

**Statistical Approaches to Orofacial Pain and Temporomandibular Disorders Research**

Introduction: The purpose of this study was to subclassify the types of facial asymmetries present in a
pre-surgical dentofacial deformity patient population to determine the prevalence of each subcategory.
Associations between the craniofacial characteristics of each asymmetry and pre-surgical Jaw Pain and
Function Questionnaire (JPFQ) scores, diagnosis of temporomandibular disorders (TMD), and posterior
facial asymmetry (PFA) as determined by nasal septum deviation were analyzed. In addition, the data will
aid in the development of a phenomics database to allow for subsequent genotyping and gene
expression evaluation from patient saliva and masseter muscle samples that were obtained at the time of
corrective orthognathic surgery. Methods: Pre-surgical posterio-anterior (PA) cephalograms,
submentovertex (SMV) and panoramic (PAN) radiographs from 92 pre-surgical dentofacial deformity
patients at the Department of Oral and Maxillofacial Surgery, University of Lille, France were collected to
evaluate facial asymmetry. PAs were traced and analyzed according to the Grummons Simplified Frontal analysis and Ramal Height analysis (Dolphin Imaging). SMVs were analyzed by the refined clinical system of the Ritucci and Burstone analysis proposed by Arnold et al along with original angular measurements for maxillary, mandibular, and nasal septum deviations (ImageJ). PFA was determined by a nasal septum deviation greater than 15 degrees. Lastly, PANs were evaluated visually for condylar pathologies. A comprehensive diagnostic decision tree for facial asymmetry was formulated based upon the current literature for normal variation of landmarks and the study design. Patient diagnosis via the decision tree was compared to visual examination of the appropriate x-rays to verify accuracy. Using this decision tree, patients were classified into subtypes and prevalence of each was calculated to form a phenomics database for future research on genotyping and gene expression. Associations between the subclassifications, mean pre-surgical JPFQ scores, temporomandibular joint (TMJ) clinical examination results (TMD+ or TMD-), and the diagnosis of posterior facial asymmetry (PFA+ or PFA-) were completed.

Results: Sixty-two patients were able to fulfill all radiographic requirements to arrive at a diagnosis. Eighteen patients demonstrated facial asymmetry that fell within normal biological variation while the other 44 were diagnosed as having a form of facial asymmetry - Cranial Base Asymmetry: 11 female, 6 male; Non-Condylar Mandibular Asymmetry: 5 female, 3 male; Hemimandibular Elongation: 2 female, 3 male; Maxillary Asymmetry: 3 female, 1 male; Idiopathic Condylar Resorption: 3 female, 1 male; Atypical Asymmetry: 3 female, 1 male; Hemimandibular Hyperplasia: 1 female, 0 male; and Maxillary Base & Mandibular Body Asymmetry: 0 female, 1 male. JPFQ scores for symmetric patients ((x)̅ = 5.33) and asymmetric patients ((x)̅ = 4.57) were non-significant overall, however, differences between gender were noted (female symmetric ((x)̅ = 6.13, male symmetric ((x)̅ = 1.33, female asymmetric ((x)̅ = 5.36, male asymmetric ((x)̅ = 3.19). TMD was diagnosed by pre-surgical TMJ examinations and MRIs. Four symmetric patients (3 female, 1 male) were positively diagnosed with TMD while 14 asymmetric patients (11 female, 1 male) also were diagnosed. PFA was diagnosed when nasal septum deviation was greater than 15 degrees - 25° to ?35°: 9 patients; >35° to ?45°: 3 patients; >45°: 1 patient. Twenty patients with a positive PFA were asymmetric while the other 8 symmetric. Twenty-one patients with PFA were female
while the other 7 were male. Conclusion: A comprehensive diagnostic decision tree for facial asymmetry classification was formulated and validated. With it, it was found that: Females have increased JPFQ scores and clinical diagnosis of TMD versus males. Asymmetric females have decreased JPFQ scores, but increased prevalence of TMD. Presence of PFA does not appear to be a strong influence on development of facial asymmetry but is significantly linked to the presence of TMD. PFA is present in nearly half of all dentofacial deformity subjects. Mandibular asymmetry is most commonly associated with increased JPFQ scores and presence of TMD. However, Hemimandibular Hyperplasia, a particular and less common form of mandibular asymmetry, never associated with TMD. One form of mandibular and mid-facial asymmetry, Atypical Asymmetry, had a relatively high prevalence of TMD. Future directions for this research include continuation of genotypic description of IGF1 and Nodal biologic pathways to determine how gene expression levels in masseter muscle and patient genotypes differ in the eight subclassifications of craniofacial asymmetry compared to the symmetric population.

**Measurement Of Joint Motion**

This issue of Dental Clinics of North America focuses on Orofacial Pain, and is edited by Dr. Steven D. Bender. Articles will include: An Introduction to Orofacial Pain; Clinical Assessment of the Orofacial Pain Patient; Imaging in Orofacial Pain; Musculoskeletal Disorders; Neuropathic Orofacial Pain; Burning Mouth Syndrome; Painful Oral Lesions; The Primary Headaches; Sleep and Pain; Sleep Bruxism; Sex, Gender and Orofacial Pain; Mind-Body Considerations in Orofacial Pain; and more!

**Temporomandibular Joint Disorders**

Untersuchungen über Ätiologie, Diagnose und Therapie von Diskopathien des
Generalized hypermobility has been known since ancient times, and a clinical description of Ehlers-Danlos syndrome (EDS) is said to have first been recorded by Hippocrates in 400 BC. Hypermobility syndromes occur frequently, but the wide spectrum of possible symptoms, coupled with a relative lack of awareness and recognition, are the reason that they are frequently not recognized, or remain undiagnosed. This book is an international, multidisciplinary guide to hypermobility syndromes, and EDS in particular. It aims to create better awareness of hypermobility syndromes among health professionals, including medical specialists, and to be a guide to the management of such syndromes for patients and practitioners. It is intended for use in daily clinical practice rather than as a reference book for research or the latest developments, and has been written to be understandable for any healthcare worker or educated patient without compromise to the scientific content. The book is organized as follows: chapters on classifications and genetics are followed by chapters on individual types, organ (system) manifestations and complications, and finally ethics and therapeutic strategies, with an appendix on surgery and the precautions which should attend it. A special effort has been made to take account of the perspective of the patient; two of the editors have EDS. The book will be of interest to patients with hypermobility syndromes and their families, as well as to all those healthcare practitioners who may encounter such syndromes in the course of their work.

Tinnitus and Temporomandibular Joint Disorder Subtypes

Temporomandibular Disorders and Prosthetic Replacement of Missing Teeth

Temporomandibular joint dysfunction is a very common problem, estimated to affect 20-40% of the population. The author guides the reader through the wide range of signs and symptoms of joint
dysfunction and their causes in both adults and children. Over 650 colour photographs and diagrams demonstrate investigative procedures and clinical findings, as well as the principles of the latest treatments. An essential reference for general dentists and orthodontists, oral and maxillofacial surgeons, and radiologists, this book will also be of interest to many neurologists and otolaryngologists.

**Development of a Cone Beam Computed Tomography-based Measurable Index for Assessing Anterior Disc Displacement in Patients with Temporomandibular Joint Disorders**

This book is designed to provide a crisp and necessary information for all the under-graduate and post-graduate medical students, Oral and Maxillofacial Surgeons, ENT Surgeons, General Surgeons, General Dentists and other health care workers who deal with TMDs in their practise. It includes contributions from eminent surgeons across the world who treat TMJ disorders and diseases using various conventional to modern state of the art techniques. Temporomandibular joint disorders (TMDs) are familiar yet difficult to diagnose in routine practice due to the complexity of the joint and its surrounding structures. The symptoms usually associated with TMDs present with pain, joint sounds such as click or crepitus, difficulty during mastication, reduced mouth opening are some of the many presentations. Definite diagnosis of the TMDs can be challenging as the patients present with varying symptoms. These disorders of the joint can vary from a simple disc displacement to complex pathologies. Management of the TMDs can be tricky and hence need a thorough evaluation of the joint and surrounding structures.

There has been a tremendous leap in managing these disorders from simple conservative management to several advanced surgeries to salvage the joint. This compilation highlights all the relevant details regarding TMDs and its management which will offer utmost details to practising surgeons who often deal with TMDs. This book will be a delight to read for all the clinicians and surgeons who are interested in treating the small yet complex jaw joint in the facial region.
Global Burden of Temporomandibular Disorder (TMD)

The Puzzle of Orofacial Pain

This book covers some biostatistical methods and several case studies useful to interpret and analyze dental research in the areas of orofacial pain and temporomandibular disorders. It will guide practitioners in these fields who would like to interpret research findings or find examples on the design of clinical investigations. After an introduction dealing with the basic issues, the central sections of the textbook are dedicated to the different types of investigations in sight of specific goals researchers may have. The final section contains a recent approach based on nonparametric permutation tests which can be adopted in many practical situations. The field of orofacial pain and temporomandibular disorders is emerging as one of the most critical areas of clinical research in dentistry. Due to the complexity of clinical pictures, the multifactorial etiology, and the importance of psychosocial factors in all aspects of the TMD practice, clinicians often find it hard to appraise their modus operandi, and researchers must constantly increase their knowledge in epidemiology and medical statistics. Indeed, proper methodological designs are fundamental to reaching high levels of internal and external validity of findings in this specific area.

Craniomandibular Disorders

Covering both emerging and proven techniques in this dynamic area of oral health, Management of Temporomandibular Disorders and Occlusion, 8th Edition is the only textbook that guides you from basic anatomy and function to providing solutions to many common occlusal and TMD problems. Clear descriptions and a new full-color design promote a complete understanding of normal, abnormal, and dysfunctional occlusal relationships and masticatory function and dysfunction. A recognized industry-standard, this book's conservative, cost-effective approach, helps you learn how to achieve treatment
Preventing Temporomandibular Joint TMJ Odontostomatognathic System in Dental Practice

Temporomandibular disorders (TMDs), are a set of more than 30 health disorders associated with both the temporomandibular joints and the muscles and tissues of the jaw. TMDs have a range of causes and often co-occur with a number of overlapping medical conditions, including headaches, fibromyalgia, back pain and irritable bowel syndrome. TMDs can be transient or long-lasting and may be associated with problems that range from an occasional click of the jaw to severe chronic pain involving the entire orofacial region. Everyday activities, including eating and talking, are often difficult for people with TMDs, and many of them suffer with severe chronic pain due to this condition. Common social activities that most people take for granted, such as smiling, laughing, and kissing, can become unbearable. This dysfunction and pain, and its associated suffering, take a terrible toll on affected individuals, their families, and their friends. Individuals with TMDs often feel stigmatized and invalidated in their experiences by their family, friends, and, often, the health care community. Misjudgments and a failure to
understand the nature and depths of TMDs can have severe consequences - more pain and more suffering - for individuals, their families and our society. Temporomandibular Disorders: Priorities for Research and Care calls on a number of stakeholders - across medicine, dentistry, and other fields - to improve the health and well-being of individuals with a TMD. This report addresses the current state of knowledge regarding TMD research, education and training, safety and efficacy of clinical treatments of TMDs, and burden and costs associated with TMDs. The recommendations of Temporomandibular Disorders focus on the actions that many organizations and agencies should take to improve TMD research and care and improve the overall health and well-being of individuals with a TMD.

**Diagnostic Subtypes, Psychological Distress and Psychosocial Dysfunction in Southern Chinese Patients with Temporomandibular Disorders**

**The Prevalence of Temporomandibular Joint Dysfunction in a Private Restorative Practice as Determined by the Pantronic PRI**

When a stimulus is applied to one part of the body, pain sometimes occurs in a distant site. This distant pain is called referred pain. The aims of this project were: To describe the prevalence of referred pain in subjects with temporomandibular disorders (TMD) at baseline and 8-year follow-up and the prevalence of persistence of referred pain at follow-up. Another aim was to identify risk factors for having referred pain at baseline and for predicting its persistence at follow-up. Finally, we wanted to determine whether referred pain affects the prognosis of patients with a TMD diagnosis. For each objective, we explored demographics such as gender, age, income, education level, and race. Other factors investigated included facial pain duration, somatization, somatization without pain, depression, anxiety, characteristic pain intensity (CPI), graded chronic pain scale (GCPS), number of other pains (headache, chest, back or...
stomach), and TMD diagnosis (myofascial pain, disk displacement, arthralgia or degenerative joint
disease DJD). Methods: This secondary analysis included the data sets from the Research Diagnostic
Criteria for Temporomandibular Disorders (RDC/TMD) Validation (baseline) and IMPACT (follow-up)
studies. It focused on a subclassification pain diagnosis termed “myofascial pain with referral”. Subjects
included in our analysis were TMD cases at baseline (n = 614) and TMD cases at follow-up (n = 286).
Results. 26.4% of TMD cases had pain with referral at baseline and 36.4% at follow-up. The sites most
likely to refer pain were extraoral sites (temporalis, masseter and mandible) at both baseline and follow-
up. Female gender was associated with a higher prevalence of referred pain at baseline (p=.025). Other
factors associated with referred pain included somatization (p

Current Bibliographies in Medicine

Temporomandibular Joint Disorders in Patients with Skeletal Discrepancies

A Comparison Between Masticatory Muscle and Temporomandibular Joint Pain Patients
with Regard to the Prevalence and Impact of Post-traumatic Stress Disorder Symptoms

This dissertation, "Diagnostic Subtypes, Psychological Distress and Psychosocial Dysfunction in
Southern Chinese Patients With Temporomandibular Disorders" by Tse-kwan, Louisa, Lee, ???, was
obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to
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altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of
the dissertation. All rights not granted by the above license are retained by the author. Abstract: Abstract
Abstract Temporomandibular disorders (TMD) is a collective term that embraces a number of clinical problems that involve the masticatory musculature, the temporomandibular joints (TMJ) and associated structures, or both. It can be clustered into muscle disorders, intracapsular derangements of the TMJ, and degenerative (e.g., arthritic) changes to the bony components of the joint itself. Since the etiology of TMD is still unknown, TMD is usually classified by means of signs and symptoms. The diagnosis and treatments of TMD requires that reliable and valid diagnostic criteria to be available. Many diagnostic systems for TMD have been used over the years. However, diagnostic schemes were generally unreliable until the development of the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) in 1992. The RDC/TMD is now considered the gold standard in the diagnosis and assessment of TMD. It consists of a dual-axis approach that places physical diagnosis based on pathophysiology on one axis (Axis I) and psychological assessment on the other (Axis II). Axis I is further subdivided into Group I myofascial disorders; Group II disc derangements; and Group III joint disorders. Axis II assesses jaw disability, depression, presence of nonspecific physical symptoms, and the level of psychosocial functioning measured as graded chronic pain. There is presently a lack of information regarding the diagnosis of TMD subtypes in Chinese people in Hong Kong. In order to understand the prevalence of subtypes, to investigate the association of depressive symptoms with non-specific pain symptoms, and to make a cross-cultural comparison, the RDC/TMD was used in this study to evaluate patients seeking treatment for TMD in Hong Kong. Eighty-seven consecutive patients (10 males and 77 females; mean age 39.3 year [SD 12.8]) referred to the specialist TMD clinic in the discipline of Oral and Maxillofacial Surgery at the Prince Philip Dental Hospital, Hong Kong were recruited over a 19 month period. RDC/TMD Axis I Group I muscle disorder diagnosis was found in 57.5% of the patients. Group II disc displacement disorder was found in 42.5% and 47.1% of the right and left joints, respectively. Group III joint disorder (arthralgia, arthritis, and arthrosis) was found in 19.5% and 23% of the right and left joints, respectively. RDC/TMD Axis II psychological assessment revealed that 16.1% of the patients had severe depression scores and 28.7% had severe somatization scores. Psychosocial dysfunction was observed in 14.4% of the patients based on graded chronic pain scores. A strong, positive correlation
was observed between depression and nonspecific physical symptoms scores with and without pain items. In a cross-cultural comparison involving Hong Kong Chinese, Singaporean, Swedish, and North American cohorts, the majority of patients in all four studies were women of child-bearing age. Pain duration was much shorter before treatment was sought in the Hong Kong Chinese group. Group I muscle disorders were the most common problem among all four groups. However, a lower prevalence of myofascial pain (9.2%) and a much higher prevalence of myofascial pain with limited opening (48.3%) were found in the Hong Kong Chinese group. Group II disc displacement disorders were slightly higher in the Hong Kong Chinese group co

**Temporomandibular Disorders**

Provides 917 citations from the journal literature related to Temporomandibular Disorders (TMD), a group of conditions related to functional problems associated with the temporomandibular joints (TMJ) &/or the muscles that move the jaw (masticatory muscles). Covers: history; diagnosis, classification, assessment & etiology; health services & costs of care; psychosocial & behavioral studies; epidemiology; management approaches (orthodontics, physical therapy, pharmacology, behavior & education, surgery, TMJ devices, & treating failures).

**TEMPOROMANDIBULAR JOINT DISORDERS AND NASAL SEPTUM DEVIATION IN DENTOFACIAL DEFORMITY PATIENTS**

**Current Controversies in Temporomandibular Disorders**

Temporomandibular disorders (TMDs) have been recognized by the American Association of Dental
Research (AADR) as a group of musculoskeletal conditions which involve the temporomandibular joint or joints, the masticatory muscles, or both. It can lead to difficulties in chewing or other oral functions, acute and/or chronic pain, absence from and impairment of work or social interactions, and overall reduction in the quality of life. Chewing ability is considered a patient's subjective response about chewing and his or her objective capacity to chew so it can be evaluated by questionnaires or personal interviews. Many epidemiological studies have been reported on signs and symptoms of masticatory dysfunction regarding: their prevalence, their frequency and severity. However, the influence of prosthetic appliances on the prevalence of TMD and on chewing efficiency is still unclear. Therefore, it would appear worthwhile to conduct this cross-sectional study to investigate these conditions and other relevant variables among Jordanian Subpopulation.

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