Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): Diagnostic Decision Tree

Pain-Related TMD and Headache

**HISTORY**

Start at each blue-outline box

**EXAMINATION**

**DIAGNOSIS**

Regional pain [SQ3]
AND
Pain modified by jaw movement, function, or parafunction [SQ4]

Yes

Examiner confirmation of pain location [E1a]

[Yes = Mast muscles] [Yes = TMJ]

(1) Familiar pain from:
- jaw opening [muscle, E4] OR masticatory muscle palpation (2 secs) [muscle,E9];
- AND
(2) Confirm location [E1a]

Yes

[To subtype myalgia]

Investigate other Pain diagnoses

No

[To rule out false negative]

(1) Familiar pain from:
- jaw opening [joint, E4] OR
- jaw horizontal movement [joint, E5]
- OR
tMJ palpation [joint, E9];
- AND
(2) Confirm location [E1a]

Yes

Familiar pain: MM palpation (5 secs) [muscle, E9]

Yes

No

Extension of pain beyond muscle boundary [muscle, E9]

No

Pain extend beyond area of stimulation [muscle, E9]

Yes

Myalgia

Myofascial pain with spreading

Local myalgia

Myofascial pain with referral

Arthralgia

Diagnosis of Myalgia or Arthralgia

Yes

Headache of any type in temporal region [SQ5]
AND
Headache modified by jaw movement, function, or parafunction [SQ7]

Yes

Examiner confirmation of headache in temporalis area [E1b]

Yes

Familiar headache from: jaw opening OR excursive movement, OR temporalis muscle palpation [temporalis, from E4, E5, OR E9]

Yes

Headache not better accounted for by another headache diagnosis [Symptom review]

Yes

Headache attributed to TMD

No

Investigate other pain diagnoses

No

No

No

No

No

No

No

No

Examiner confirmation of pain location [E1a]

No

No

No

No

No

No

Yes

Yes

Version 7/4/2018 (text revision)

Note: 2 secs palpation is sufficient for myalgia; 5-secs is required for subtypes
Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): Diagnostic Decision Tree

**Intra-articular Joint Disorders**

- **CLINICAL DIAGNOSIS**
  - **Degenerative Joint Disorder**
    - Current TMJ noises by history [SQ8] OR
      - Noise detected by patient during examination [E6 OR E7]
      - Prior jaw locking in closed position [SQ9] AND Interference in mastication [SQ10]
      - MAO ≥ 40mm (including overbite) [E6 OR E7]
      - Crepitus detected by examiner [E6 OR E7]

- **Subluxation**
  - History of open lock [SQ13] AND History of maneuver to close the mouth [SQ14]

- **Investigate other diagnoses**

**HISTORY & EXAMINATION**

- **Current TMJ noises by history** [SQ8]
  - OR
    - Noise detected by patient during examination [E6 OR E7]

- **By examiner:**
  - Opening & closing click [E6] OR
    - Opening or closing click [E6], AND
      - Excursive or protrusive click [E7]

- **Current intermittent locking with limited opening [SQ11=yes & SQ12=no]**

- **If present in clinic:**
  - Maneuver required to open mouth [E8] else go to ‘Yes’

- **Disc displacement with reduction**

- **Disc displacement with reduction, with intermittent locking**

**IMAGING**

- **Disc displacement without reduction, with limited opening**

- **Disc displacement without reduction, without limited opening**

- **Degenerative joint disease**

- **Subluxation**

**Confirm by MRI when indicated**

**Confirm by CT when indicated**

Version 09/05/2016 (text revision)
Updates to the decision tree
2018_07_04. Slide 1: change “Myofascial pain” to “Myofascial pain with spreading”.

2016_09_05. Slide 2: add “By examiner” to the joint noise box in the path for disc displacement with reduction diagnosis, in order to distinguish noise identified by the examiner, vs noise identified by the patient, as indicated clearly in the box at the top of the slide. This change is also consistent with what was already in place for the DJD diagnostic path.