OVERVIEW OF RECOMMENDATIONS
MARCH 2020 • TEMPOROMANDIBULAR DISORDERS: PRIORITIES FOR RESEARCH AND CARE

BUILD AND SUSTAIN COLLABORATIVE AND MULTIDISCIPLINARY RESEARCH

Recommendation 1: Create and Sustain a National Collaborative Research Consortium for TMDs
A National Collaborative Research Consortium for TMDs should be established and sustained to coordinate, fund, and translate basic and clinical research (including behavioral, population-based, and implementation research) to address evidence gaps, generate clinically meaningful knowledge, identify safe and effective treatments, and improve the quality of TMD care.

The consortium would:

- Establish and implement a national research framework for TMDs.
- Provide infrastructure for the implementation of research projects.
- Establish milestones and timelines.
- Facilitate research collaborations.
- Develop public–private partnerships.
- Develop and test evidence-based strategies for knowledge transfer.
- Support the development of a multidisciplinary research workforce for TMDs through existing and new training and center initiatives.
- Evaluate progress and disseminate research findings.

Recommendations 2 to 4: Coordinate and Expand TMD Research
The National Collaborative Research Consortium for TMDs, led by NIH, along with other funders should fund and strengthen

- basic research efforts and the translation of that research as part of a patient-focused, multidisciplinary research agenda on TMDs to address evidence gaps, generate clinically meaningful knowledge, identify effective treatments, and improve quality of care.
- the collection, assessment, and dissemination of population-based data on the burden and costs of TMDs and the effects of TMDs on patient outcomes in order to improve the prevention (primary, secondary and tertiary) and management of TMDs.
- clinical and implementation research to clearly define effective treatments and continuously improve the quality of care for patients with a TMD.

IMPROVE ACCESS AND QUALITY FOR TMD HEALTH CARE

Recommendation 5: Improve the Assessment and Risk Stratification of TMDs to Advance Patient Care
The International Network for Orofacial Pain and Related Disorders Methodology, the American Dental Association, the American Academy of Orofacial Pain, and The TMJ Association, in collaboration with the American Academy of Family Physicians, Society of General Internal Medicine, American College of Rheumatology, and other relevant professional organizations and stakeholders should develop diagnostic, screening, and risk stratification tools, including a list of high-risk/red-flag symptoms for health care professionals (primary care and dentists) for TMDs. Diagnostic tools and resources for TMDs should be improved for the initial assessment by primary care clinicians and dentists and for referrals to specialists as needed. These efforts should include the development of decision criteria for risk stratification to aid in identifying patients who are likely to escalate from self-limiting and localized symptoms to a systemic pain condition and then to high-impact pain.
Recommendation 6: Develop and Disseminate Evidence-Based Clinical Practice Guidelines and Quality Metrics for TMD Care
The International Association for the Study of Pain, American Academy of Pain Medicine, American Academy of Orofacial Pain, International Network for Orofacial Pain and Related Disorders Methodology, and American Chronic Pain Association should convene stakeholders to develop evidence-based consensus clinical practice guidelines for dentists and primary care clinicians to guide diagnosis, initial treatment, and referral strategies for patients with TMD symptoms. Clinical practice guidelines should be developed and widely disseminated that provide evidence-based pathways for the initial recognition and stepped care management of TMDs and for specialty care for patients with TMDs. Once clinical practice guidelines are developed, clinical performance measures should be deployed in quality improvement initiatives.

Recommendation 7: Improve Reimbursement and Access to High-Quality Assessment, Treatment, and Management of TMDs
The American Dental Association, in collaboration with The TMJ Association and private and public health insurers (including Medicare and Medicaid) and health professional associations should convene a working group across public and private health and dental insurers and health care systems to develop mechanisms for providing access to consistent, fair, equitable and appropriate insurance coverage for safe and effective treatments for TMDs. The Center for Medicare & Medicaid Innovation should also conduct demonstration projects that would explore new delivery and payment models for Medicare, Medicaid, and the Children’s Health Insurance Program to improve access, quality, and coverage for TMD care.

Recommendation 8: Develop Centers of Excellence for TMDs and Orofacial Pain
The American Academy of Orofacial Pain and the existing orofacial pain programs in academic health centers, working with other relevant medical and dental professional associations and with patient advocacy organizations, should develop Centers of Excellence for TMDs and Orofacial Pain to provide comprehensive evaluations and treatment of individuals with TMDs; to serve as a resource for clinicians (including interprofessional consultations and telehealth opportunities); to contribute to the research base for TMDs; and to provide onsite and virtual education and training, particularly continuing education, for a range of health care professionals. Centers should involve a range of specialists across medicine, dentistry, and other areas of health care and should include patient representatives in the planning and implementation. NIH institutes and centers and other research funders should support center-related research through the use of P50 center grants and other relevant funding mechanisms.

Recommendation 9: Improve Education and Training on TMDs for Health Care Professionals
Health professional schools and relevant professional associations and organizations across medicine, dentistry, nursing, physical therapy, and all other relevant areas of health care should strengthen undergraduate, graduate, pre- and postdoctoral, residency, and continuing education curricula in pain management, orofacial pain, and TMD care for health professionals and work to ensure interprofessional and interdisciplinary training opportunities.

• Deans of health professional schools (across medicine, dentistry, nursing, physical therapy, and all relevant areas of health) should ensure that their schools’ curricula include attention to TMDs and cover the physiology, pathophysiology, and assessment, referral, and management of related conditions.
Health professional licensing organizations (including the organizations administering the National Board Dental Examinations, National Council Licensure Examination, U.S. Medical Licensing Examination, and National Physical Therapy Exam) should expand and improve exam questions about pain management and TMDs, moving beyond physiology and diagnosis and toward treatment and management.

The Commission on Dental Accreditation (CODA) should amend the accreditation standards for pre-doctoral dental programs to include screening, risk assessment, and appropriate evidence-based interventions for TMDs.

Health professional associations should ensure that all continuing education courses on TMDs for health care professionals are evidence-based and reflect and promote current research, clinical guidelines, and best practices.

**Recommendation 10: Establish and Strengthen Advanced/Specialized Training in Orofacial Pain and TMD Care**

The number and quality of health care professionals with specialized training in pain management, orofacial pain, and TMDs should be increased, recognizing the existence of such barriers as reimbursement and recognition of the practice of orofacial pain.

- The ADA’s National Commission on Recognition of Dental Specialties and Certifying Boards should recognize orofacial pain as a dental specialty.
- CODA should work with oral and maxillofacial surgery programs to ensure that participants receive comprehensive training on the surgical and non-surgical management of TMDs, including referral to other providers when appropriate.
- Relevant medical and nursing credentialing boards should ensure that TMDs and TMD care are sufficiently covered in its requirements and certification examinations.
- Relevant professional associations should expand and improve opportunities for all health professionals to pursue clinical rotations and fellowships in pain management, orofacial pain, and TMD care that emphasize interprofessional care.

**RAISE AWARENESS, IMPROVE EDUCATION, AND REDUCE STIGMA**

**Recommendation 11: Raise Awareness, Improve Education, and Reduce Stigma**

The TMJ Association, American Dental Education Association, TMJ Patient-Led RoundTable, American Chronic Pain Association, and American Academy of Orofacial Pain should lead efforts in collaboration with other relevant stakeholders to develop, update, and widely disseminate evidence-based communications and patient-focused tools related to TMDs. These tools should be promoted and widely disseminated through multiple avenues for adults and youth of all health literacy levels and in multiple languages to raise public awareness about TMDs, improve the resources available to patients and families, and reduce the stigma related to TMDs.

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