INfORM/IADR TMD Clinical Flow Chart

Key points for good clinical practice

PHASE 1 FOUNDATIONS

1 Patient-centered process
Start with history, exam, diagnosis, and shared planning.

2 Recognize TMDs
A group of musculoskeletal conditions causing pain and dysfunction.

3 Biopsychosocial etiology
Consider multifactorial contributors, not one single cause.

PHASE 2 ASSESSMENT & DIAGNOSIS

4 Standardized assessment
Use validated history-taking and clinical examination.

5 Selective imaging
Use imaging only when it may change diagnosis or treatment.

6 Evidence before devices
Use interventions and technology only when supported by evidence.

PHASE 3 TREATMENT PRINCIPLES

7 Define treatment goals
Reduce pain, improve function, limit exacerbations, improve quality of life.

8 Conservative care first
Prioritize self-management, physiotherapy, and reversible care.

9 Avoid irreversible occlusal changes
Do not routinely alter occlusion or condylar position for most TMDs.

PHASE 4 REFERRAL / ESCALATION

10 Refer complex cases
Escalate when prognosis is uncertain, pain is persistent, or non-TMD pain is suspected.

Adapted from Manfredini et al., CRANIO, 2024. DOI: 10.1080/08869634.2024.2405298

Educational summary; not an official INfORM/IADR graphic.