

# TMJ co-management — a clinical pathway

For dental practices who refer TMD patients.

## PRACTITIONER

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## MEMBERSHIPS

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TMJ-driven jaw pain, headache, and cervical referral patterns are my focus. Conservative care: manual therapy, photobiomodulation, dry needling, neurological retraining. **Clinical letters sent after every treatment block, regardless of outcome.**

## — What I cover

- **Photobiomodulation (HLLT)** — TMJ capsule and muscles of mastication
- **Dry needling** — masseter, temporalis, anterior digastric, cervical contributors
- **Manual therapy & mobilisation** — upper cervical and upper thoracic spine
- **Myofascial release** — muscles of mastication and accessory cervical groups
- **Neurological retraining** — jaw kinematics, parafunctional habit work
- **Patient education** — bruxism, posture, daytime jaw rest, sleep position

## — When the referral is most useful

- **Post-splint:** residual masseter or temporalis hyperactivity sustaining symptoms.
- **Pre-orthodontics:** calming TMJ pain before treatment planning.
- **Cervicogenic headache:** cervical contribution unresolved by splint alone.
- **Bruxism with neck pain:** MSK component feeding parafunction.
- **Limited opening or click:** after 8+ weeks of splint, before escalating dental management.
- **Splint not tolerated:** non-pharmacological adjunct while you reassess.

## — What happens when you refer

<b>INITIAL VISIT</b>	60 min. Full history, MSK + TMJ + cervical exam. Diagnosis and plan to patient and to you.
<b>TREATMENT BLOCK</b>	Short course over a 4-6 week window. Frequency tapers as the pattern responds.
<b>RE-ASSESSMENT</b>	MIO, click pattern, pain score and function repeated against baseline. Clear discharge or maintenance decision.
<b>LETTER BACK</b>	End of block, regardless of outcome. Acknowledgement, assessment, working diagnosis, treatment, response, plan — with a two-line summary at the top for the busy day.

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