FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO: 15.04.11

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SUBJECT: GUIDELINES FOR TREATMENT OF TEMPOROMANDIBULAR DYSFUNCTION (TMD)

EFFECTIVE DATE: 06/18/2021

I. PURPOSE:

The purpose of this health services bulletin is to provide guidelines involving the treatment of temporomandibular dysfunction (TMD).

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. ACTIONS:

- A. Inmates presenting with TMD are to be treated conservatively at the institutional level before referral. Below is a list of possible treatment modalities:
 - 1. Diagnosis of temporomandibular joint disease (TMJ) can only be completed by a dentist in the context of delivering a comprehensive dental examination.
 - 2. Complete medical history, including documentation of TMD, oral habits, medications, trauma, or surgery which may be stress contributory.
 - 3. Rest—no gum chewing.
 - 4. Mechanical dental diet, puree diet
 - 5. Avoidance—no wide yawning, no unnecessary clicking movements, no vocal strains.
 - 6. In-house physical therapy—ice for acute pain, heat for chronic pain (not issued for compound use. Ice or heat applications should be done at the dental clinic); self-massage.
 - 7. Medication—if not contraindicated: coated aspirin products and other applicable non-steroidal anti-inflammatory drugs.
 - 8. Relaxation—patients are advised of self-relaxation procedures; level of anxiety may warrant a referral to a psychologist.
 - 9. Splints/stents.

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- B. The conservative treatment modalities must be documented accurately for six months to determine the effectiveness of treatment before referral for oral surgery evaluation.
- C. After six (6) months of unsuccessful conservative therapy the inmate should be referred to an Oral Surgeon or TMD Specialist to evaluate the need for additional treatment and/or surgical intervention. Surgical intervention in a patient who is able to masticate sufficiently and can be controlled with conservative therapy should be considered only when it is clearly the only reasonable course of action. Conservative therapy must be exhausted prior to proceeding with surgical intervention.

NOTE: Department of Corrections/CHCC general dentists are to refrain from performing irreversible change to a patient's occlusion when treating TMD patients.

Health Services Director	Date
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