Temporomandibular disorders: INfORM/IADR key points for good clinical practice based on standard of care: The Polish language version

Aleksandra Nitecka-Buchta[1,A,D], Stefan Baron[1,F], Karolina Walczyńska-Dragon[1,B,D], Małgorzata Pihut[2,C], Jolanta Kostrzewa-Janicka[3,C], Edward Kijak[4,E], Mieszko Więckiewicz[5,E], Magdalena Osiewicz[6,E], Małgorzata Gałczyńska-Rusin[7,B], Aneta Wieczorek[2,F], Justyna Sędkiewicz[8,B,D], Daniele Manfredini[9,A]

[1] Department of Temporomandibular Disorders, Faculty of Medical Sciences in Zabrze, Medical University of Silesia, Katowice, Poland
[2] Department of Dental Prosthetics and Orthodontics, Jagiellonian University Medical College, Krakow, Poland
[3] Department of Dental Prosthetics, Medical University of Warsaw, Poland
[4] Department of Dental Prosthetics, Wroclaw Medical University, Poland
[5] Department of Experimental Dentistry, Wroclaw Medical University, Poland
[6] Department of Integrated Dentistry, Jagiellonian University Medical College, Krakow, Poland
[7] Department of Orthodontics and Temporomandibular Disorders, Poznan University of Medical Sciences, Poland
[8] Private dental clinic, Warsaw, Poland
[9] Orofacial Pain Section, Department of Medical Biotechnologies, School of Dentistry, University of Siena, Italy

A – research concept and design; B – collection and/or assembly of data; C – data analysis and interpretation; D – writing the article; E – critical revision of the article; F – final approval of the article

Dental and Medical Problems, ISSN 1644-387X (print), ISSN 2300-9020 (online) *Dent Med Probl*. 2025;62(4):565–567

Address for correspondence
Aleksandra Nitecka-Buchta
E-mail: aleksandra.nitecka@sum.edu.pl

Funding sources
None declared

Conflict of interest
None declared

Acknowledgements
None declared

Received on June 22, 2025
Reviewed on July 16, 2025
Accepted on July 17, 2025

Published online on August 18, 2025

Cite as
Nitecka-Buchta A, Baron S, Walczyńska-Dragon K, et al. Temporomandibular disorders: INfORM/IADR key points for good clinical practice based on standard of care: The Polish language version. *Dent Med Probl.* 2025;62(4):565–567. doi:10.17219/dmp/208377

DOI
10.17219/dmp/208377

Keywords: recommendations, pain therapy, temporomandibular disorders, orofacial pain, good clinical practice

The article presents recommendations from the International Network for Orofacial Pain and Related Disorders Methodology (INfORM) for the management of temporomandibular disorders (TMD), following the article "Temporomandibular disorders: INfORM/IADR key points for good clinical practice based on standard of care" by Manfredini et al. The document was translated by Aleksandra Nitecka-Buchta, Karolina Walczyńska-Dragon and Justyna Sędkiewicz, and reviewed by Aleksandra Nitecka-Buchta, Stefan Baron, Małgorzata Pihut, Jolanta Kostrzewa-Janicka, Edward Kijak, Mieszko Więckiewicz, Magdalena Osiewicz, Małgorzata Gałczyńska-Rusin, Aneta Wieczorek, and Daniele Manfredini.

The Polish Association for Temporomandibular Disorders (PATMD) as the only organization in Poland focused on temporomandibular disorders (TMD), which has been involved in promoting knowledge and good clinical practice in the treatment of patients with TMD for 25 years already, has prepared the Polish language version of the 10 key points for good clinical practice based on standard of care.[1] The official position of the International Network for Orofacial Pain and Related Disorders Methodology (INfORM) was prepared during the March 2024 meeting in New Orleans, LA, USA, hosted by the International Association for Dental Research (IADR). The main elements the recommendations are based on are the etiology, diagnosis and therapy of TMD, as per the latest data obtained from evidence-based medicine (EBM). The present article summarizes and indicates the promising directions in the modern approach to TMD. As a scientific society, PATMD sees it as its responsibility to introduce modern ideas to the Polish medical community, where doctors,

in a conscious manner, strive to develop and follow current trends, thereby providing the highest level of medical care. The translation we are presenting has been prepared by a group of Polish TMD specialists who have been co-creating PATMD for many years. We have attempted to tailor this document to the cultural, social and healthcare system aspects of Poland.

Temporomandibular disorders have posed a challenge to clinicians worldwide for many years. The biopsychosocial factors, including the complex anatomy and physiology of the head and neck region, can contribute to the development of TMD, which is sometimes attributed to occlusion and the temporomandibular joint (TMJ) structures. These complex issues and the controversies surrounding their solutions have led to the emergence of numerous theories, not necessarily based on EBM. Currently, it is known that the biopsychosocial model provides the most probable explanation for the development of TMD. This publication compiles the most up-to-date information on diagnostic tools, including interviews, clinical examinations, psychosocial assessments, and imaging diagnostics, as well as the management of TMD patients, encompassing dental, orthopedic, neurological, psychological, and physical therapy approaches. The following key points also refer to the aspects of treatment, involving the use of neurological drugs and occlusal splints, and surgical interventions, which are reserved for selected cases. The PATMD translated and presented the current global concepts with regard to the treatment of TMD, which can prevent patients from inappropriate therapy, pain chronification and the iatrogenic effects of TMD management.

The list of the 10 key points of good clinical practice in the management of TMD, as stated in the current standards of treatment and patient needs, is presented in Fig. 1.

Knowledge about TMD etiology and diagnostics is essential for dental clinicians and physicians. The standards of good clinical practice in TMD management proposed by the INfORM group are necessary to complement basic dental and medical education. The 10 key points for good clinical practice will enable the establishment of a protocol for therapy and help prevent inappropriate treatment. They can also serve as recommendations for the future development of TMD diagnostics and treatment guidelines.

List of authors of the original article

Daniele Manfredini, Birgitta Häggman-Henrikson, Ahmad Al Jaghsi, Lene Baad-Hansen, Emma Beecroft, Tessa Bijelic, Alessandro Bracci, Lisa Brinkmann, Rosaria Bucci, Anna Colonna, Malin Ernberg, Nikolaos N. Giannakopoulos, Susanna Gillborg, Charles S. Greene, Gary Heir, Michail Koutris, Axel Kutschke, Frank Lobbezoo, Anna Lövgren, Ambra Michelotti, Donald R. Nixdorf, Laura Nykänen, Juan Fernando Oyarzo, Maria Pigg, Matteo Pollis, Claudia C. Restrepo, Roberto Rongo, Marco Rossit, Ovidiu I. Saracutu, Oliver Schierz, Nikola Stanisic, Matteo Val, Merel C. Verhoeff, Corine M. Visscher, Ulle Voog-Oras, Linnéa Wrangstål, Steven D. Bender, Justin Durham; International Network for Orofacial Pain and Related Disorders Methodology.

ORCID iDs

Aleksandra Nitecka-Buchta https://orcid.org/0000-0002-0322-2130
Stefan Baron https://orcid.org/0000-0003-4951-8030
Karolina Walczyńska-Dragon https://orcid.org/0000-0003-3066-7765
Małgorzata Pihut https://orcid.org/0000-0002-0239-4328
Jolanta Kostrzewa-Janicka https://orcid.org/0000-0003-1554-293X
Edward Kijak https://orcid.org/0000-0003-4110-5987
Mieszko Więckiewicz https://orcid.org/0000-0003-4953-7143
Magdalena Osiewicz https://orcid.org/0000-0002-8108-4546
Małgorzata Gałczyńska-Rusin https://orcid.org/0000-0003-2264-6577
Aneta Wieczorek https://orcid.org/0000-0003-2506-7394
Justyna Sędkiewicz https://orcid.org/0009-0005-1228-616X
Daniele Manfredini https://orcid.org/0000-0002-4352-3085

References

1. Manfredini D, Häggman-Henrikson B, Al Jaghsi A, et al.; International Network for Orofacial Pain and Related Disorders Methodology. Temporomandibular disorders: INfORM/IADR key points for good clinical practice based on standard of care. *Cranio*. 2025;43(1):1–5. doi:10.1080/08869634.2024.2405298

TEMPOROMANDIBULAR DISORDERS: INfORM/IADR KEY POINTS FOR GOOD CLINICAL PRACTICE BASED ON STANDARD OF CARE: THE POLISH LANGUAGE TRANSLATION

No.	ENGLISH	POLISH
1	Patient-centered decision-making alongside patient engagement and perspective is critical to manage TMDs, with management being the process from history through examination into diagnosis and then treatment. Expectations should focus on learning to control and manage the symptoms and decrease their impact on the individual's everyday life.	Podejmowanie decyzji powinno być zorientowane na pacjenta, a jego zaangażowanie i perspektywa są kluczowe w leczeniu zaburzeń skroniowo-żuchwowych (ZSŻ); jest to proces trwający od zbierania wywiadu, przez badanie, po diagnozę, a następnie leczenie. Oczekiwania powinny koncentrować się na nauce kontroli i radzenia sobie z objawami ZSŻ oraz zmniejszeniem ich wpływu na codzienne życie chorego.
2	TMDs are a group of conditions that may cause signs and symptoms, such as orofacial pain and dysfunction of a musculoskeletal origin.	ZSŻ są grupą zaburzeń, mogącą wywoływać symptomy i objawy takie jak ból ustno-twarzowy czy dysfunkcje pochodzenia mięśniowo-szkieletowego.
3	The etiology of TMDs is biopsychosocial and multifactorial.	Etiologia ZSŻ jest biopsychospołeczna i wieloczynnikowa.
4	Diagnosis of TMDs is based on standardized and validated history taking and clinical assessment performed by a trained examiner and led by the patient perspective.	Diagnoza ZSŻ opiera się na wystandaryzowanym i zwalidowanym wywiadzie oraz ocenie klinicznej przeprowadzanej przez wykwalifikowanego specjalistę, z uwzględnieniem perspektywy pacjenta.
5	Imaging has been proven to have utility in selected cases but does not replace the need for careful execution of history taking and clinical examination. Magnetic resonance imaging is the current standard of care for soft tissues and cone-beam computed tomography for bone. Imaging should only be performed when it has the potential to impact the diagnosis or treatment. Timing of imaging is important and so is the cost–benefit–risk balance.	Udowodniono, że badania obrazowe są przydatne w wybranych przypadkach, jednak nie zastępują konieczności przeprowadzenia dokładnego wywiadu i badania klinicznego. Obrazowanie metodą rezonansu magnetycznego stanowi obecnie standard diagnostyki tkanek miękkich, natomiast CBCT jest standardem w przypadku tkanek twardych. Obrazowanie należy wykonywać wyłącznie wtedy, gdy może ono wpłynąć na diagnozę lub sposób leczenia. Warto zwrócić uwagę na odpowiedni moment przeprowadzenia badania oraz uwzględnić bilans kosztów, korzyści i potencjalnych zagrożeń.
6	The evidence base for all interventions or devices should be carefully considered before their implementation over and above normal standard of care. Knowledge on developments in the field should be kept up to date. Currently, technological devices to measure electromyographic activity at chairside, to track jaw motion, or to assess body sway, amongst others, are not supported.	Przed wprowadzeniem wszystkich interwencji lub stosowanych urządzeń należy starannie rozważyć podstawy naukowe, wychodząc poza standardową opiekę. Wiedza na temat postępów w tej dziedzinie powinna być stale aktualizowana. Obecnie nie ma dowodów popierających stosowanie urządzeń do pomiaru aktywności elektromiograficznej mięśni w gabinecie, do śledzenia ruchów żuchwy, oceny stabilności ciała bądź innych tego typu technologii.
7	TMD treatment should aim to reduce the impact of pain and decrease functional limitation. Outcomes should be evaluated also in relation with the reduction of exacerbations, education in how to manage exacerbations, and improvement in quality of life.	Leczenie ZSŻ powinno mieć na celu redukcję odczuwanego bólu oraz zmniejszenie ograniczeń czynnościowych. Wyniki leczenia powinny być oceniane również w odniesieniu do zmniejszenia liczby zaostrzeń, edukacji w zakresie radzenia sobie z nimi oraz poprawy jakości życia.
8	TMD treatment should primarily be based on encouraging supported self-management and conservative approaches, such as cognitive-behavioral treatments and physiotherapy. Second-line treatment to support self-management includes provisional, interim, and time-limited use of oral appliances. Only very infrequently, and in very selected cases, are surgical interventions indicated.	Leczenie ZSŻ powinno opierać się przede wszystkim na wspieraniu samodzielnego radzenia sobie z objawami przez pacjenta oraz na podejściu zachowawczym, takim jak terapia poznawczo-behawioralna i fizjoterapia. Leczenie drugiego rzutu, wspierające samodzielne radzenie sobie z dolegliwościami, obejmuje doraźne, tymczasowe i ograniczone czasowo stosowanie szyn okluzyjnych. Interwencje chirurgiczne są wskazane bardzo rzadko i tylko w wyselekcjonowanych przypadkach.
9	Irreversible restorative treatment or adjustments to the occlusion or condylar position are not indicated in management of the majority of TMDs. The exception to this may be an acute change in the occlusion, such as in the instance of a high filling or crown with TMD-like symptoms developing immediately following these procedures or a slowly progressing change in dental occlusion due to condylar diseases.	Nieodwracalne leczenie protetyczne, korekty zwarcia lub zmiany pozycji głowy żuchwy nie są zalecane w leczeniu większości przypadków ZSŻ. Wyjątek mogą stanowić nagłe zmiany w zwarciu, na przykład po wykonaniu zbyt wysokiego wypełnienia lub korony protetycznej (działanie jatrogenne), gdy bezpośrednio po tych zabiegach pojawiają się objawy przypominające ZSŻ, lub powoli postępujące zmiany w zwarciu spowodowane zmianami w obrębie stawów skroniowo-żuchwowych.
10	The presence of complex clinical presentations with uncertain prognosis, such as in the case of concurrent widespread pain or comorbidities, elements of central sensitization, long-lasting pain, or history of previous failed interventions, should lead to the suspicion of chronification of TMDs or non-TMD pain. Referral to an appropriate specialist is thus recommended; the specialty will be geographic-specific as not all countries have a specialty of orofacial pain.	Występowanie złożonych przypadków klinicznych z niepewnym rokowaniem, takich jak w przypadku współistniejącego rozległego bólu lub chorób współistniejących, elementów sensytyzacji ośrodkowego układu nerwowego, długotrwałego bólu lub historii poprzednich nieudanych interwencji terapeutycznych, powinno budzić podejrzenie chronifikacji ZSŻ lub bólu niezwiązanego z ZSŻ. Zaleca się wówczas skierowanie pacjenta do odpowiedniego specjalisty; wybór specjalizacji będzie uzależniony od lokalizacji, ponieważ nie wszystkie kraje mają specjalizację w zakresie bólu ustno-twarzowego.

Fig. 1. Polish translation of the 10 key points for good clinical practice, International Network for Orofacial Pain and Related Disorders Methodology (INfORM) 2025
TMDs – temporomandibular disorders; CBCT – cone-beam computed tomography.