

# Avoiding the TMD trap

*Patients who develop TM disorders after dental treatment may be looking for someone to blame. You, doctor, are a handy target, unless you take steps to protect yourself.*

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When a patient develops a temporomandibular joint disorder shortly after undergoing a dental procedure, and TMD signs or symptoms were previously unrecognized, the stage is set for patient dissatisfaction—an incentive to blame the dentist for the TMD.

Add to this equation the plaintiff's willing attorney and the lack of consensus on standards of care for the diagnosis, causation and treatment of jaw-joint problems, and the result is a malpractice sandtrap for the dentist.

As a malpractice defense lawyer, I have witnessed an alarming increase in the number of cases where the patient contends that his or her dentist is to blame for causing a TMD. Because of the continuing debate on what causes TMD, patients have little difficulty finding expert support for their position.

I have, for example, taken the deposition of a prosthodontist who testified that it is below the standard of care to adjust even a single tooth without first conducting a complete TMJ screening and using mounted models to study the impact of such an adjustment before taking burr to tooth.

A general dentist who teaches at a local dental school has testified that it is "per se" below the

standard of care if a dentist's health history form fails to inquire about the status of the patient's TMJ. The implications of these opinions are obvious.

Although this area of law is still nebulous, every practitioner can take a few basic steps to reduce the risk of falling into the TMD trap:

**1. Integrate into your practice**

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methods for identifying patients who may be predisposed to TMD.

- Use a health history form containing questions about facial pain, jaw-joint pain, popping, clicking, locking, prior facial trauma, and headaches (use lay terminology for these questions);

- Confirm negative responses to these questions when you conduct your new-patient exam;

- Follow up positive responses to evaluate if the pathology is

significant enough to require a comprehensive work-up;

- Palpate the TMJ and note any tenderness, crepitus, popping or clicking;

- Observe jaw function and note any deviation, limited opening, interferences or prematurities with excursions;

- Identify and chart your findings if you believe that the patient is a bruxer or a clencher.

2. If there are TMJ signs that appear benign, tell the patient the significance of the finding. Explain that, although the risk is minor and an operative procedure could disturb a latent problem, the risk does exist, and the patient should immediately report any post-procedure problems (chart this discussion).

3. If patients have benign or active TMJ symptoms, provide a TMJ/TMD informational brochure.

4. If the TMJ pathology is significant (pain or a combination of positive findings), consider a more complete TMJ work-up and analysis before beginning any operative procedures—and discuss the situation with the patient.

5. If a patient develops a TMD, it is important that you recognize the symptoms, work-up and evaluate the patient, chart your findings and either initiate conservative treatment with close monitoring of the patient's condition, or refer the patient to a practitioner who has demonstrated skills in treating TMD (or to a facial pain clinic

if your patient lives in an area where one exists).

6. Remember that patients with TMD often are highly stressed individuals; this can be a red flag signaling potential problems.

7. Consider your patient's psychological state: can he or she undergo, tolerate, recover and comply with post-treatment instructions? If you doubt your ability to make such an evaluation, refer the patient to a psychologist for evaluation before you undertake extensive treatment.

If you integrate these procedures into your practice, you will accomplish two objectives that will greatly reduce your exposure to a TMD suit.

First, the clinical record will show a well-defined approach that screens, identifies, evaluates, treats or refers TMJ complications.

Second, if a latent TMD surfaces, the patient already has been made aware of the nature of the condition and preconditioned to accept treatment without losing confidence in his or her dentist and without blaming the dentist—instead of the patient's own physical condition—for the problem.

## WHAT DENTISTS CAN LEARN FROM THIS ARTICLE:

- Increasingly, dentists are being blamed for allegedly triggering temporomandibular disorders in patients.

- Dentists can reduce their risk of TMD-related malpractice claims by taking certain precautions.

- Among other precautions, dentists should adopt procedures that help them identify patients who may be predisposed to TM disorders.