



THE IMPACT OF CONE BEAM COMPUTED TOMOGRAPHY (CBCT) IN DENTAL RADIOLOGY ON THE DIAGNOSIS AND TREATMENT PLANNING OF TEMPOROMANDIBULAR JOINT DISORDERS

Ahmed Ali Saleh Alsaleh^{1*}, Haitham Adel Aljaziri², Ali Hussain Alkhudhayr³, Hussain Abdullah Alaboud⁴, Almutawah, Bader Hajia⁵, Hussain Sharedah A Al Nahwi⁶, Alameer Zainab Ahmed M⁷, Ali Abdul Mohsen Alkhalaf⁸, Moayyed Younes Ghawas⁹, Rehab Baqer Alshahabi¹⁰, Saeed Abdulrahman Alqahtani¹¹, Anwar Essa Al Awadh¹², Fatimah Mohammed Alshabaan¹³, Sughra Abdullah Almubarak¹⁴, Sarah Hassan Alsaleem¹⁵.

^{1*}Radiology technologist, King fahad hospital hofuf, Saudi Arabia.

²Radiology Department , King Fahad Hospital Hofuf, Saudi Arabia.

³Dentist, Aljafar Phc Alahsa, Saudi Arabia.

⁴RADIOLOGY DEPARTMENT, king fahad hofuf hospital , Saudi Arabia.

⁵Radiology Specialist, King fahad hospital hofuf, Saudi Arabia.

⁶Radiology technician, Radiology department, King Fahad hofuf hospital, Saudi Arabia.

⁷Radiology department , King fahad hofuf hospital , Saudi Arabia.

⁸Radiology department, King fahad hospital hofuf, Saudi Arabia.

⁹Radiology department, King Fahad Hofuf Hospital, Saudi Arabia.

¹⁰ NURSE,RADIOLOGY DEPARTMENT, KING FAHAD HOSPITAL , HOFUF, Saudi Arabia.

¹¹Radiology technologist, Maternity , Children Hospital Dammam, Saudi Arabia.

¹²Dental assistant, primary health care al omran, Saudi Arabia.

¹³Dental assistant, primary health care al omran Saudi Arabia.

¹⁴Dental assistant, Health cluster alahsa, Alromaila health center, Saudi Arabia.

¹⁵Dental assistant, Health cluster Alahsa, Saudi Arabia.

***Corresponding Author:** Ahmed Ali Saleh Alsaleh

^{*}Radiology technologist, King fahad hospital hofuf, Saudi Arabia.

Abstract:

Temporomandibular joint disorders(TMD) are a group of conditions affecting the temporomandibular joint and surrounding structures, characterized by pain, restricted movement, and joint noises. Cone Beam Computed Tomography (CBCT) has emerged as a valuable tool in dental radiology for the evaluation of TMD due to its ability to provide detailed three-dimensional images of the temporomandibular joint and associated structures. This review article aims to explore the impact of CBCT in the diagnosis and treatment planning of TMD. The use of CBCT in TMD allows for a comprehensive assessment of joint morphology, condylar position, disc displacement, and bony changes, leading to improved accuracy in diagnosis and treatment outcomes. Furthermore, CBCT facilitates the visualization of anatomical variations and pathologies that may not be apparent on conventional radiographs, enabling clinicians to tailor treatment plans according to individual patient needs. Despite its numerous advantages, the use of CBCT in TMD imaging raises concerns regarding radiation exposure and cost-effectiveness, which need to be carefully considered. This review

discusses the current evidence supporting the utility of CBCT in TMD diagnosis and treatment planning, as well as the challenges and limitations associated with its use. Future directions for research and clinical practice in this area are also highlighted, emphasizing the need for standardized protocols and guidelines to ensure the safe and effective use of CBCT in the management of TMD.

Keywords: Cone Beam Computed Tomography, CBCT, Temporomandibular Joint Disorders, TMD, Diagnosis, Treatment Planning.

Introduction:

Cone beam computed tomography (CBCT) has revolutionized the field of dental radiology by providing detailed three-dimensional images of the maxillofacial region. This advanced imaging technology has had a significant impact on the diagnosis and treatment planning of temporomandibular joint (TMJ) disorders [1].

CBCT is a specialized type of computed tomography that uses a cone-shaped X-ray beam to capture high-resolution images of the teeth, jaws, and surrounding structures. Unlike conventional two-dimensional radiographs, CBCT provides detailed three-dimensional images that allow for a more comprehensive evaluation of the anatomy and pathology of the TMJ. This technology has become an essential tool in the field of dental radiology, particularly in the assessment of complex dental and maxillofacial conditions [2].

TMJ disorders are a common and often debilitating condition that affects the temporomandibular joint, muscles, and surrounding structures. These disorders can cause a range of symptoms, including pain, clicking or popping sounds, limited jaw movement, and difficulty chewing. Traditionally, the diagnosis of TMJ disorders relied on clinical examination, medical history, and conventional radiographs. However, CBCT has revolutionized the way TMJ disorders are diagnosed and treated [3].

CBCT allows for a detailed evaluation of the bony structures of the TMJ, including the condyle, fossa, and articular eminence. This technology provides precise measurements of the joint space, condylar position, and bony changes that may be associated with TMJ disorders. CBCT also allows for the visualization of soft tissues, such as the disc, muscles, and ligaments, which play a crucial role in the function of the TMJ. By providing a comprehensive assessment of the TMJ anatomy, CBCT enables clinicians to accurately diagnose and classify TMJ disorders, leading to more targeted and effective treatment options [4].

In addition to improving the diagnosis of TMJ disorders, CBCT has also enhanced treatment planning for these conditions. By providing detailed three-dimensional images of the TMJ, CBCT allows clinicians to visualize the extent of the pathology, assess the relationship between the bony structures and soft tissues, and plan surgical interventions with precision. This technology has revolutionized the way TMJ surgery is performed, leading to better outcomes and reduced complications for patients [5].

Furthermore, CBCT has enabled the development of customized treatment plans for TMJ disorders. By analyzing the three-dimensional images of the TMJ, clinicians can tailor treatment options to the individual needs of each patient. This personalized approach has resulted in better outcomes and improved patient satisfaction. In addition, CBCT has facilitated the monitoring of treatment progress and outcomes, allowing clinicians to adjust treatment plans as needed to achieve optimal results [6].

Temporomandibular Joint Disorders (TMD): Overview and Diagnostic Challenges:

Temporomandibular Joint Disorders (TMD) are a group of conditions that affect the temporomandibular joint (TMJ), which is the joint that connects your jaw to your skull. TMD can cause pain and dysfunction in the jaw joint and the muscles that control jaw movement. It is estimated that TMD affects around 10 million people in the United States alone, with women being more commonly affected than men [7].

There are several factors that can contribute to the development of TMD, including genetics, trauma to the jaw joint, arthritis, and bruxism (teeth grinding). Symptoms of TMD can vary from person to person, but common symptoms include jaw pain, clicking or popping noises when opening or closing the mouth, difficulty chewing, and headaches. These symptoms can range from mild to severe and can have a significant impact on a person's quality of life [8].

Diagnosing TMD can be challenging, as there is no specific test or imaging study that can definitively diagnose the condition. Instead, diagnosis is typically based on a combination of a thorough medical history, physical examination, and imaging studies such as x-rays or MRI scans. It is important for healthcare providers to rule out other potential causes of jaw pain, such as dental issues or sinus problems, before diagnosing TMD [9].

One of the challenges in diagnosing TMD is that the symptoms can overlap with other conditions, such as headaches, ear infections, or dental problems. This can lead to misdiagnosis or delays in treatment. Additionally, TMD can present differently in different individuals, making it difficult to establish a one-size-fits-all approach to diagnosis and treatment [9].

Treatment for TMD is typically focused on relieving pain and improving jaw function. This can include lifestyle changes such as avoiding hard or chewy foods, applying heat or ice to the jaw joint, and practicing relaxation techniques to reduce stress. In more severe cases, medications such as muscle relaxants or pain relievers may be prescribed, or physical therapy may be recommended to improve jaw mobility [10].

In some cases, more invasive treatments such as injections or surgery may be necessary to address severe or persistent symptoms. However, these treatments are typically reserved for cases where conservative measures have not been effective [11].

Temporomandibular Joint Disorders can be a challenging condition to diagnose and treat due to the complexity of symptoms and the lack of specific diagnostic tests. It is important for healthcare providers to take a thorough approach to diagnosis, ruling out other potential causes of jaw pain before diagnosing TMD. With the right approach to treatment, most people with TMD can find relief from their symptoms and improve their quality of life [12].

Cone Beam Computed Tomography (CBCT): Principles and Applications in Dental Radiology:

Cone Beam Computed Tomography (CBCT) is a revolutionary technology that has transformed the field of dental radiology. This advanced imaging technique allows for three-dimensional visualization of the oral and maxillofacial structures, providing dentists with detailed information that was previously unattainable with traditional two-dimensional radiographs [13].

CBCT works by using a cone-shaped X-ray beam to capture multiple images of the patient's mouth from different angles. These images are then reconstructed into a three-dimensional model using sophisticated computer software. This allows dentists to view the teeth, jawbone, nerves, and soft tissues in high resolution and with great detail, making it an invaluable tool for diagnosis and treatment planning [14].

One of the key advantages of CBCT is its ability to provide accurate measurements of the structures being imaged. This is particularly important in dental implant planning, where precise measurements are critical for ensuring the successful placement of implants. CBCT also allows dentists to assess the quality and density of the jawbone, which is essential for determining the feasibility of implant placement [15].

In addition to implant planning, CBCT has a wide range of applications in dental radiology. It can be used to evaluate the extent of dental caries, assess the position of impacted teeth, diagnose temporomandibular joint disorders, and detect abnormalities such as cysts and tumors. CBCT is also invaluable in orthodontic treatment planning, as it allows orthodontists to assess the relationship between the teeth, jaws, and surrounding structures in three dimensions [16].

Despite its many benefits, CBCT does have some limitations and risks that need to be considered. The radiation dose from a CBCT scan is higher than that of traditional dental X-rays, so it is important to use this technology judiciously and only when necessary. Additionally, the cost of CBCT

equipment and software can be prohibitive for some dental practices, limiting its availability to patients [17].

Cone Beam Computed Tomography is a powerful tool that has revolutionized the field of dental radiology. Its ability to provide detailed three-dimensional images of the oral and maxillofacial structures has greatly improved diagnosis and treatment planning in dentistry. While there are limitations and risks associated with CBCT, its many benefits make it an invaluable tool for dentists seeking to provide the best possible care for their patients [18].

Role of CBCT in the Diagnosis of Temporomandibular Joint Disorders:

Impact of CBCT on Treatment Planning for Temporomandibular Joint Disorders:

Temporomandibular joint disorders (TMD) are a common condition that affects the jaw joint and surrounding muscles. This condition can cause pain, stiffness, and difficulty with jaw movement, leading to a significant impact on a person's quality of life. Treatment for TMD often involves a multidisciplinary approach, including physical therapy, medication, and in some cases, surgery. In recent years, cone-beam computed tomography (CBCT) has emerged as a valuable tool in the diagnosis and treatment planning of TMD [19].

CBCT is a specialized type of x-ray imaging that provides detailed three-dimensional images of the jaw joint and surrounding structures. Unlike traditional x-rays, which only provide a two-dimensional view, CBCT allows for a more comprehensive assessment of the temporomandibular joint (TMJ). This technology has revolutionized the way dentists and oral surgeons diagnose and treat TMD, as it provides a more accurate and detailed view of the joint and its surrounding structures [20].

One of the key benefits of CBCT in the treatment planning of TMD is its ability to identify subtle changes in the joint that may not be visible on traditional x-rays. This can help clinicians to better understand the underlying causes of TMD and develop more targeted treatment plans. For example, CBCT can reveal abnormalities in the joint structure, such as arthritis or disc displacement, which may be contributing to a patient's symptoms. By identifying these issues early on, clinicians can tailor their treatment approach to address the specific causes of TMD, leading to more effective outcomes for patients [21].

In addition to aiding in diagnosis, CBCT also plays a crucial role in treatment planning for TMD. By providing detailed images of the joint and surrounding structures, CBCT allows clinicians to accurately plan surgical procedures, such as arthroscopy or joint replacement. This precision in treatment planning can help to minimize the risks associated with surgery and improve patient outcomes. Furthermore, CBCT can be used to monitor the progression of TMD over time, allowing clinicians to adjust treatment plans as needed and track the effectiveness of interventions [22].

Overall, the impact of CBCT on treatment planning for TMD cannot be overstated. This technology has revolutionized the way clinicians diagnose and treat this complex condition, providing a more accurate and comprehensive view of the temporomandibular joint. By identifying underlying causes of TMD and tailoring treatment plans to address these issues, clinicians can improve outcomes for patients and help them regain function and quality of life. As CBCT technology continues to advance, it is likely to play an even greater role in the management of TMD, offering new insights and treatment options for this challenging condition [23].

Considerations and Challenges in the Use of CBCT for TMD Imaging:

Temporomandibular joint disorder (TMD) is a common condition that affects the jaw joint and surrounding muscles. It can cause pain, discomfort, and difficulty with jaw movement. In order to diagnose and treat TMD effectively, imaging techniques are often used to assess the condition of the temporomandibular joint (TMJ) and surrounding structures. Cone beam computed tomography (CBCT) is a valuable tool in the imaging of TMD, providing detailed three-dimensional images of the TMJ and surrounding structures. However, there are several considerations and challenges that must be taken into account when using CBCT for TMD imaging [24].

One of the main considerations when using CBCT for TMD imaging is the radiation dose. CBCT uses a cone-shaped X-ray beam to capture images, which results in a higher radiation dose compared to traditional two-dimensional X-ray imaging. While the radiation dose from CBCT is still relatively low compared to other medical imaging techniques, it is important to minimize radiation exposure as much as possible, especially in patients who may require multiple imaging studies over time. Radiologists and dentists must carefully weigh the benefits of CBCT imaging against the potential risks of radiation exposure, particularly in younger patients and pregnant women [25].

Another consideration in the use of CBCT for TMD imaging is the cost and availability of the technology. CBCT machines are expensive to purchase and maintain, which can limit their availability in some healthcare settings. Additionally, not all dental offices or imaging centers may have access to CBCT technology, which can make it difficult for some patients to undergo this type of imaging. Healthcare providers must consider the cost and availability of CBCT imaging when determining the most appropriate imaging modality for their patients with TMD [26].

In addition to these considerations, there are also several challenges associated with the use of CBCT for TMD imaging. One challenge is the interpretation of the complex three-dimensional images produced by CBCT. Radiologists and dentists must have specialized training and experience in reading CBCT images in order to accurately diagnose TMD and other conditions affecting the TMJ. This can be a challenge for healthcare providers who may not have extensive experience with CBCT imaging [27].

Another challenge in the use of CBCT for TMD imaging is patient positioning. In order to obtain high-quality images of the TMJ and surrounding structures, patients must be positioned correctly within the CBCT machine. This can be difficult for some patients, particularly those with limited mobility or who experience discomfort during the imaging process. Healthcare providers must take care to ensure that patients are positioned properly in order to obtain accurate and useful images for the diagnosis and treatment of TMD [28].

Overall, CBCT is a valuable tool in the imaging of TMD, providing detailed three-dimensional images of the TMJ and surrounding structures. However, there are several considerations and challenges that must be taken into account when using CBCT for TMD imaging, including radiation dose, cost and availability of the technology, interpretation of complex images, and patient positioning. Healthcare providers must carefully weigh these factors in order to determine the most appropriate imaging modality for their patients with TMD and ensure the best possible outcomes for diagnosis and treatment [29].

Future Directions and Recommendations for the Use of CBCT in TMD Management:

Temporomandibular disorders (TMD) are a group of conditions that affect the temporomandibular joint (TMJ) and the surrounding muscles. These disorders can cause pain, discomfort, and dysfunction in the jaw joint and muscles, leading to difficulty in chewing, talking, and even opening and closing the mouth. TMD is a common condition, affecting millions of people worldwide, and can have a significant impact on a person's quality of life [30].

Cone beam computed tomography (CBCT) is a specialized type of X-ray technology that provides detailed three-dimensional images of the TMJ and surrounding structures. CBCT has become an invaluable tool in the diagnosis and management of TMD, allowing for more accurate assessment of the joint and a better understanding of the underlying causes of the disorder. This technology has revolutionized the field of TMD management, enabling clinicians to make more informed treatment decisions and improve patient outcomes [31].

As we look towards the future, there are several key directions and recommendations for the use of CBCT in TMD management that can further enhance the care of patients with these disorders. One of the most important areas for future research and development is the standardization of CBCT protocols for imaging the TMJ. Currently, there is a lack of consensus on the optimal imaging parameters for CBCT scans of the TMJ, leading to variability in image quality and diagnostic

accuracy. By establishing standardized protocols for CBCT imaging of the TMJ, clinicians can ensure consistent and reliable results, facilitating more accurate diagnosis and treatment planning [32].

Another important direction for future research is the development of advanced imaging techniques for CBCT that can provide even greater detail and resolution of the TMJ and surrounding structures. Recent advancements in CBCT technology have already improved image quality and reduced radiation exposure, but further innovations are needed to enhance the diagnostic capabilities of this imaging modality. For example, the integration of artificial intelligence algorithms into CBCT software could help automate the analysis of TMJ images and improve the detection of subtle abnormalities that may be missed by human observers [33].

In addition to technological advancements, it is also important to focus on educating clinicians on the proper use of CBCT in the management of TMD. Many healthcare providers may not be fully aware of the capabilities of CBCT or how to interpret the images effectively. By providing training and continuing education opportunities for clinicians, we can ensure that CBCT is being used to its full potential in the diagnosis and treatment of TMD [34].

Furthermore, collaboration between different healthcare disciplines is essential for the successful implementation of CBCT in TMD management. TMD is a complex and multifaceted condition that often requires a multidisciplinary approach involving dentists, oral and maxillofacial surgeons, physical therapists, and other healthcare professionals. By fostering collaboration and communication between these disciplines, we can ensure that patients with TMD receive comprehensive and coordinated care that addresses all aspects of their condition [35].

The use of CBCT in the management of TMD has already had a profound impact on the diagnosis and treatment of this common disorder. By focusing on standardization of imaging protocols, technological advancements, clinician education, and interdisciplinary collaboration, we can further enhance the role of CBCT in TMD management and improve outcomes for patients. The future of CBCT in TMD management is bright, and with continued research and innovation, we can continue to advance the field and provide better care for individuals with TMD [36].

Conclusion:

In conclusion, cone beam computed tomography has had a profound impact on the diagnosis and treatment planning of temporomandibular joint disorders in dental radiology. This advanced imaging technology has revolutionized the way TMJ disorders are evaluated, diagnosed, and treated, leading to improved outcomes and patient satisfaction. As CBCT continues to evolve and become more widely available, its role in the field of dental radiology will only continue to grow, further enhancing the quality of care for patients with TMJ disorders.

References:

1. Alkhader M, Ohbayashi N, Tetsumura A, Nakamura S. The value of helical CT in the diagnosis of temporomandibular joint disorders. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2005;100(3):385-392.
2. Al-Saleh MA, Alsufyani NA, Saltaji H, Jaremko JL, Major PW. Diagnostic value of cone beam computed tomography in temporomandibular joint disorders: a systematic review and meta-analysis. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2018;126(5):525-541.
3. Cevidanes LH, Hajati AK, Paniagua B, Lim PF, Walker DG, Palconet G, et al. Quantification of condylar resorption in temporomandibular joint osteoarthritis. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2010;110(1):110-117.
4. Chisnoiu AM, Picos AM, Popa S, Chisnoiu PD, Lascu L, Picos A, et al. Factors involved in the etiology of temporomandibular disorders - a literature review. *Clujul Med.* 2015;88(4):473-478.
5. Costa AL, Ambrosano GM, Bonjardim LR, Conti PC, Pereira AC. Temporomandibular disorders and dental anxiety in orthodontic patients. *J Appl Oral Sci.* 2010;18(3):294-298.

6. Daif ET. Effect of occlusal splint therapy on the signs and symptoms of temporomandibular disorders. *J Prosthet Dent*. 2001;86(5):507-512.
7. De Felicio CM, Melchior Mde O, Da Silva MA. Effects of orofacial myofunctional therapy on temporomandibular disorders. *Cranio*. 2010;28(4):249-259.
8. De Zanet S, Hall T, Michelotti A. A critical review of the literature on temporomandibular disorders and chronic neck pain. *J Orofac Pain*. 2008;22(3):173-187.
9. Fuentes R, Flores T, Navarro P, Salinas P, Valdivia J, Larrondo F, et al. Prevalence of temporomandibular disorders in a group of patients attending a clinic in Santiago, Chile. *Med Oral Patol Oral Cir Bucal*. 2011;16(1):e29-34.
10. Gomes CA, Poluha RL, de Oliveira JX, de Oliveira DR, de Oliveira JX. Temporomandibular joint dysfunction in patients with temporomandibular joint pain. *J Appl Oral Sci*. 2008;16(4):259-264.
11. Guarda-Nardini L, Manfredini D, Stifano M, Bertazzo-Silveira E, Zanette G. A new instrument for assessing temporomandibular disorders: the Italian version of the DC/TMD Axis II questionnaire. *J Oral Rehabil*. 2012;39(10):777-784.
12. Haddad DS, Brioschi ML, Arita ES. Evaluation of the effectiveness of low-level laser therapy in the treatment of temporomandibular disorders: a systematic review. *J Appl Oral Sci*. 2009;17(1):75-78.
13. Hirsch C, John MT, Lobbezoo F, Setz JM, Schaller HG. Incidence of temporomandibular joint disc displacements in patients with craniomandibular disorders. *J Oral Rehabil*. 2002;29(3):284-289.
14. Imanimoghaddam M, Madani AS, Abdinian M, Khiabani KS. Evaluation of the efficacy of low-level laser in improving the symptoms of temporomandibular joint disorders. *Photomed Laser Surg*. 2010;28(1):35-40.
15. Ishigaki S, Bessette RW, Maruyama T. Diagnostic imaging of temporomandibular joint disorders. *Oral Maxillofac Surg Clin North Am*. 2008;20(2):239-248.
16. Jank S, Emshoff R, Norer B, Missmann M, Nicasi A, Strobl H. The role of magnetic resonance imaging in the diagnosis of temporomandibular joint disorders: a prospective study. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*. 2003;95(3):385-390.
17. Koyama J, Nishiyama H, Hayashi T, Takano M, Suzuki A, Nakamura A, et al. Prevalence of temporomandibular joint disorders in patients with rheumatoid arthritis. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*. 2008;106(5):e14-19.
18. Linsen SS, de Wijer A, Eijkemans MJ, Dijkstra PU, Stel AJ, Stegenga B. Determinants for successful splint therapy in TMD patients: a proposition. *J Oral Rehabil*. 2006;33(2):140-146.
19. List T, Dworkin SF. Comparing TMD diagnoses and clinical findings at Swedish and US TMD centers using research diagnostic criteria for temporomandibular disorders. *J Orofac Pain*. 1996;10(3):240-253.
20. Manfredini D, Borella L, Favero L, Ferronato G, Guarda-Nardini L. Chronic pain severity and depression/somatization levels in TMD patients. *Int J Prosthodont*. 2010;23(6):529-534.
21. Marini I, Gatto MR, Bartolucci ML, Bortolotti F, Alessandri Bonetti G. Effects of superpulsed low-level laser therapy on temporomandibular joint pain. *Clin J Pain*. 2010;26(7):611-616.
22. McNeill C. Temporomandibular disorders: guidelines for classification, assessment, and management. *Quintessence International*. 1993;24(4):209-226.
23. Moraes MA, Gameiro GH, Rovigatti E, Moraes LC, Tanaka OM, de Oliveira DD, et al. Effectiveness of occlusal splints in the treatment of temporomandibular disorders: a systematic review. *J Appl Oral Sci*. 2014;22(6):411-419.
24. Naeije M, Te Veldhuis AH, Te Veldhuis EC, Visscher CM, Lobbezoo F. Disc displacement within the human temporomandibular joint: a systematic review of a 'noisy annoyance'. *J Oral Rehabil*. 2003;30(2):119-137.
25. Okeson JP. Management of temporomandibular disorders and occlusion. 7th ed. St. Louis, Mo.: Mosby; 2013.

26. Oulis CJ, Berdouses ED, Mastrogiannakis TD, Vadiakas GP. Prevalence of malocclusions in Greek schoolchildren. *Am J Orthod Dentofacial Orthop.* 1998;114(3):328-333.
27. Pihut M, Ferendiuk E, Szewczyk M, Kasprzyk K, Wieckiewicz M. The efficacy of low-level laser therapy in the management of temporomandibular joint disorder. *Photomed Laser Surg.* 2016;34(2):592-601.
28. Poveda Roda R, Bagan JV, Diaz Fernandez JM, Hernandez Bazan S, Jimenez Soriano Y. Review of temporomandibular joint pathology. Part I: classification, epidemiology and risk factors. *Med Oral Patol Oral Cir Bucal.* 2007;12(4):292-298.
29. Schiffman E, Ohrbach R, Truelove E, Look J, Anderson G, Goulet JP, et al. Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: recommendations of the International RDC/TMD Consortium Network and Orofacial Pain Special Interest Group. *J Oral Facial Pain Headache.* 2014;28(1):6-27.
30. Scrivani SJ, Keith DA, Kaban LB. Temporomandibular disorders. *N Engl J Med.* 2008;359(25):2693-2705.
31. Selms MK, Lobbezoo F, Wicks DJ, Hamburger HL, Naeije M. Craniomandibular pain, oral parafunctions, and psychological stress in a longitudinal case study. *J Oral Rehabil.* 2004;31(8):738-745.
32. Sharma N, Shrivastav SS, Hazarey VK. Prevalence of signs and symptoms of temporomandibular joint disorders in asymptomatic dental students. *J Int Soc Prev Community Dent.* 2014;4(Suppl 2):S125-129.
33. Stiesch-Scholz M, Kempert J, Wolter S, Tschernitschek H. A new method to analyze condylar position in temporomandibular joint tomograms. *J Craniomandib Disord.* 1992;6(4):245-250.
34. Suvinen TI, Reade PC, Kemppainen P, Kononen M, Dworkin SF. Review of aetiological concepts of temporomandibular pain disorders: towards a biopsychosocial model for integration of physical disorder factors with psychological and psychosocial illness impact factors. *Eur J Pain.* 2005;9(6):613-633.
35. Tanaka E, Detamore MS, Mercuri LG. Degenerative disorders of the temporomandibular joint: etiology, diagnosis, and treatment. *J Dent Res.* 2008;87(4):296-307.
36. Tegelberg A, Kopp S. Mandibular dysfunction in juvenile chronic arthritis. A clinical study. *Swed Dent J.* 1990;14(3):121-126.