



The TMJ Association, Ltd.

TMJ News Bites

Issue 2, 2026

Introducing the TMD IMPACT Research Network Teams

We continue to spotlight the research teams awarded National Institutes of Health TMD IMPACT grants at The University of Pittsburgh, The University of Michigan and the University of Southern California (USC). Previous issues featured the [Pittsburgh](#) and [Michigan](#) research teams. This issue highlights the team at University of Southern California.

USC Aims to Develop the *Better - TMD Project*



BETTER-TMD stands for **B**roader **E**valuation of **T**M**D** **T**reatment **E**fficacy & **R**esponse—and is the main feature of their TMD IMPACT grant. Over the next five years, the team will gather detailed information from up to 5,000 TMD patients seen at the USC orofacial pain clinic and private practices.

Using a custom-developed app called MyDocNote, researchers will incorporate real-world, patient-reported treatment outcome data and link it with detailed clinical signs, symptoms, and diagnoses. The project will also use machine learning to analyze this large dataset, which builds on previous work that successfully created predictive formulas for TMD diagnosis and treatment

response. The goal is to develop tools to enable clinicians to make more accurate treatment decisions tailored to each patient.

Why This Matters

TMDs are complex and often misdiagnosed. There are over 30 different conditions with muscular, joint, neurological, and systemic causes, making accurate diagnosis challenging, so misdiagnosis and ineffective therapies are common.

BETTER-TMD seeks to change that by collecting data over time directly from patients, paired with clinical observations. This approach can help researchers determine which therapies are best suited for each patient, taking into account both symptoms and psychosocial factors (e.g., thoughts, emotions, attitudes, behaviors). Advanced data analysis, structured clinical notes, and predictive formulas will improve diagnostic accuracy, help classify patients more precisely, and guide individualized treatment plans.

What This Means for Patients and Advocates

For patients living with chronic TMD the project addresses a critical gap in care. As real-world data is collected from sites nationwide, this research could lead to evidence-based care guidelines, raising the standard of care for TMD. Ultimately, BETTER-TMD aspires to give both patients and clinicians personalized, data-driven tools that yield accurate diagnoses, optimal treatment decisions, and improved quality of life.

Challenges Ahead

Collecting structured data is only the first step; careful analysis and guidelines are needed before the information can inform treatment decisions. Incorporating psychological, socioeconomic, and compliance data are also essential for fully understanding diagnosis and treatment decisions.

How You Can Stay Engaged

Patients and advocates play a key role in the success of BETTER-TMD. You can help by spreading the word about the project and its goals—every patient voice strengthens the research. If you or someone you know is eligible, consider participating to provide real-world insights that drive these studies forward.

Stay informed by visiting c-tmd-impact.org for updates on recruitment, project developments, upcoming events, and resources for patients and advocates. As findings emerge, the team will share updates on data analyses, predictive measures and treatment recommendations to help both patients and clinicians stay informed.

TMD Education: Past, Present, and Future

Historically TMDs were thought to result primarily from bite or jaw misalignments leading to treatments focused on teeth and occlusion. Over time research has shown TMD to be a multifactorial condition influenced by biological, and psychosocial factors. In spite of these advances in understanding, many dental school programs still teach TMD inconsistently and some rely on outdated concepts.

A 2026 review published in *Journal of Oral & Facial Pain and Headache* by Elizabeth Hatfield, Shaiba Sandhu, Theodora Danciu, Daniel J. Clauw, and

Alexandre DaSilva examines the history of TMD education in dental schools, current challenges, and opportunities for improvement.

The review highlights important efforts to modernize education, including:

- Emphasizing a standardized curriculum
- Incorporating a biopsychosocial model of TMDs
- Hands-on clinical experiences, including patient encounters, standardized simulations, and virtual patient tools
- Interprofessional education, training dental students alongside other healthcare professionals to improve collaboration and care for complex chronic pain conditions
- Use of emerging technologies, such as artificial intelligence, to support diagnostic accuracy and personalized learning

The authors also note gaps in pediatric TMD education, the importance of recognizing chronic overlapping pain conditions, and the need for faculty with specialized training to teach evidence-based approaches. Addressing these gaps can help future dentists provide more confident, accurate, and compassionate care, ultimately improving outcomes and quality of life for patients living with TMD.

Reference: Hatfield E, Sandhu S, Danciu T, Clauw DJ, DaSilva A. [The past, present, and future of temporomandibular disorders in predoctoral curriculum: historical perspectives and what comes next.](#) J Oral Facial Pain Headache. 2026;40(1):32–41. doi:10.22514/jofph.2026.003

Interprofessional Teamwork in TMJ Education: Dental and Medical Students Learn Together



Dental students from the Marquette School of Dentistry and medical students from the Medical College of Wisconsin have begun to meet annually for sessions focused on the temporomandibular joint and its disorders. [The most recent session brought 200 students together](#) in hands-on workshops focused on joint anatomy, head and neck exams, and patient case studies.

The program was sparked by advocacy efforts from The TMJ Association, emphasizing the importance of collaboration between medicine and dentistry given the complexity of the jaw joint and TMD disorders. This year's session was also informed by the attendance of a TMD patient who shared her experience. Her reflections and suggestions are described in the next article.



TMD Patient Reflection

We are grateful to Maryann for authoring this reflection and for her participation in the MCW/Marquette educational event, as well as her willingness to share her lived experience with students.

“Say yes... be kind... say thank you.” Simple advice from an inspiring speech. It wasn’t until I found myself saying yes as a TMD patient, to participate in an annual education workshop for medical & dental students that these words felt so meaningful. This would be the 1st time I was included in such an event. Saying yes felt ordinary in the moment. It was anything but. What followed was more than participation, it was perspective. It was purpose. And it was transformative in ways I’m still discovering.

For 35 years I’ve been a TMJ Association Advocate & TMD Patient, witnessing remarkable growth & achievement. The recent collaboration between the Medical College of Wisconsin & Marquette Dental School is one of those achievements. Saying yes to the invite, did not disappoint, & I am tremendously grateful for the chance to participate as much as I am grateful for the inspiring array of students & educators. It made me proud. I want to say thank you.

Students & educators welcomed me to interact in multiple learning stations where I kindly engaged with students, answered questions, & volunteered to be examined. I could not have been more impressed by their enthusiasm & the expressed value that students placed on putting a TMD face to their learning experience. I did not anticipate this educational event to be so enlightening.

Forty years of TMD treatments & surgeries was difficult & indignifying. Indignity being the greater trauma. It was not from shame & alienation within, but from what I experienced. Preventing healing & compromising recovery. Therefore, being welcomed to participate with the education of these impressive medical students, changed that, & touched me deeply.

I was reminded that my own medical education was halted by TMD, medical debt, & recoveries... What were the chances that I’d come full circle years later, interacting with TMD medical students?

So I said yes. Took a chance to be kind. Said thank you.

The future of TMD is held, quite literally, in the hands of these powerful & amazing students. Whose eagerness puts me at a loss for words. Say nothing of their earnest gratitude & respect. This is the type of discipline that changes worlds. They have certainly changed mine.

As I continue to reflect, my thoughts are centered on the spirit of the day & the shared goals that feel markedly hopeful. I further believe that these TMD educational opportunities will grow & persevere, bridge alliances, & effectively foster growth for students, educators & patients alike, that will also continue to say yes. A simple yes.

Patient Spotlight - Meet Sarah



My name is Sarah Bratta, and I am honored to share my TMD journey with you. I was 21 years old in December of 2005 when I had an appointment with my dentist. Little did I know that this visit would change my life entirely. Having been diagnosed with a TMJ disorder many years prior, my appointments and completion of dental x-rays always took longer.

While attempting to get the bite guard in my mouth, the technician noted that I had an apparent "protrusion" on the left-side of my face. We completed the x-rays and addressed the concerns with my dentist. After he completed a thorough exam, he stepped away to make a phone call. When he returned, he informed me he had made an

appointment for me to see an Oral Surgeon for a panoramic x-ray and that I was to head straight over.

After completing the panoramic x-ray, I was informed to head to our local hospital for a CT scan, as something was "noted" on the x-ray that required further imaging. As panic began to set in, I managed to gather the strength to drive to the hospital for the CT scan. I was informed it would take 48-72 hours to get results. You can imagine my surprise when I received a phone call the next day from the radiologist.

A tumor was found in my jaw. One that my local hospital felt ill-equipped to manage and had taken steps to secure an appointment for me to see an oncologist at a world-renowned Chicago hospital. This encounter would become one that would stay with me, not just due to the trauma of what was to be discovered, but also due to the exceptional care that I received.

After an unsuccessful needle-aspiration biopsy, a surgical biopsy was scheduled. The biopsy concluded that I had a very rare tumor known as a Chondroblastoma. The tumor was about the size of a plum, and encompassed the entire left TMJ joint, a portion of the lower-left mandible, and a portion of the lower-left cranium. Over the next several months, extensive surgical plans were scheduled with a surgical team that included members from oncology, maxillofacial surgery, neurology, and plastic reconstructive surgery.

My first surgery lasted over 12 hours and involved removing the tumor, including the left TMJ, a portion of the TMJ condyle, and portion of the left mandible. These intense procedures required several facial nerves to be severed, while others were significantly damaged, causing permanent facial paralysis and facial neuropathy. To maintain stability of my jaw, it had to be wired shut, which also required insertion of a tracheotomy and gastric feeding tube.

My second surgery involved implanting a TMJ prosthesis, replacing a portion of the lower-left cranium with a titanium mesh plate. I also underwent extensive facial reconstruction. While this second surgery was shorter in duration, it nonetheless was incredibly intricate. Recovery included numerous follow-up visits, physical therapy to regain movement of the jaw, and learning to live with facial numbness and neuropathic pain. I wish I could tell you this is where my TMD story ends.

During my annual follow up visit in 2012, I was diagnosed with a giant cell tumor of the right-mandible. In March of 2024, after experiencing increased facial numbness and tingling, I was diagnosed with a fibrous dysplasia lesion of the right mandible. I struggled to come to terms with this news. How could I have three mandibular lesions that are unrelated other than to their physical location in the body? And yet, that was what I was told; it was simply a bad deal I was dealt.

If you are struggling with a recent or recurrent TMD diagnosis, do not take my story as “typical” for it is anything but that! Rather, I want you to know you are not alone. There are wonderful surgeons and a network of resources available. My hope is that my story can advance knowledge, understanding, diagnosis, research, and treatment of TMD. I wish to personally thank my amazing surgical team; you truly saved my life, more than once!

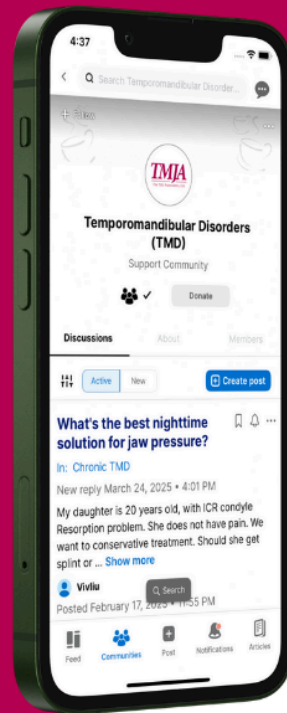


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New Guidance on Imaging for TMD: What Patients Should Know

New 2026 guidance published in *The Journal of the American Dental Association* highlights when dental imaging—such as X-rays, cone-beam CT (CBCT), and MRI—should be used, including for people with temporomandibular disorders (TMD).

The key takeaway for patients: **imaging should not be routine for TMD.** A careful medical history and clinical examination remain the most important first steps in diagnosis. Imaging should be used only when it is likely to help clarify the cause of symptoms or guide treatment decisions.

When imaging is appropriate, the type matters. MRI is the preferred tool for evaluating soft-tissue problems, such as disc displacement or inflammation. CBCT scans may be helpful for assessing bone changes, such as arthritis or joint degeneration, but should be used sparingly to limit radiation exposure.

Overall, the guidance reinforces a thoughtful, patient-centered approach that avoids unnecessary imaging while ensuring patients receive the right test at the right time.

What Patients Should Know:

- TMD is usually diagnosed through a clinical exam and patient history, not imaging alone
- Imaging should be ordered only when it will affect care decisions
- MRI is best for soft-tissue problems
- CBCT is used for specific bone-related concerns, not routine screening
- Patients have the right to ask why an imaging test is needed and how it will help

Source: American Dental Association and American Academy of Oral and Maxillofacial Radiology patient selection for dental radiography and cone-beam computed tomography. Benavides, Erika et al. *The Journal of the American Dental Association*, Volume 157, Issue 1, 20 - 35.e5
[https://jada.ada.org/article/S0002-8177\(25\)00631-2/fulltext](https://jada.ada.org/article/S0002-8177(25)00631-2/fulltext)

Exploring the Treatment and Management of Chronic Pain and Disability Determinations

In August 2025, the National Academies of Sciences, Engineering, and Medicine (NASEM) published the proceedings of a conference on chronic pain and disability, which also featured excerpts from Chronic Pain Research Alliance (CPRA) Director Christin Veasley, who is a TMJA board member. Our Thanks to Rebecca Day for writing this article.

Patient perspectives of living with chronic pain were discussed, as well as alternative therapies and the importance of individualized care. Commissioned by the Social Security Administration, speakers and attendees offered a comprehensive view of chronic pain and the patient management of it.

During the workshop Veasley spoke of the need for innovative therapeutics as well as the importance of generating a patient-clinician partnership noting, “People are more likely to adopt solutions they help create, for that builds trust—a critical issue in the research landscape.”

Veasley also highlighted the nuance and complexity that often encompasses chronic pain diagnosis and treatment, citing factors such as emotional toll, financial burden, and social impact that significantly affect patients and their loved ones. Risk-benefit decisions that patients must make during their chronic pain journeys are often exacerbated by living with multiple chronic pain conditions, pain in multiple regions of the body, as well as comorbid conditions such as sleep and mood disorders, fatigue, and cognitive impairment.

“As you have more conditions or you are considering additional treatments, the decision tree grows exponentially,” Veasley shared.

She emphasized that care should move beyond trial-and-error approaches, often financially and emotionally debilitating—toward integrative models supported by more comprehensive data to improve the probability of treatment success and patient outcomes. The CPRA Director added that while data gathered from research should be based on objective standards, patient experiences are subjective, therefore, their emotional and physical pain scales should be a priority during treatment. The importance of novel diagnostics and treatments was also stressed, as well as finding solutions that are widely available, affordable, easy to implement, and non-invasive.

The presentation drew on findings from an international consensus conference that Veasley co-chaired, as well as her personal experience as a chronic pain patient, which covers several years of treatment attempts involving six clinicians, more than 20 hours per week of dedicated attention, and tens of thousands of dollars spent on nonpharmacological interventions and traditional medications.

Continuing Education Opportunities

Harvard Interdisciplinary Pain & Headache Rounds

The Harvard Interdisciplinary Pain and Headache Rounds is a complimentary, year-long lecture series dedicated to advancing evidence-based education in pain and headache care. Through interactive seminars and forums, the program brings together clinicians, researchers, students, patients, and policy leaders to foster collaboration and thoughtful discussion.

With a history spanning more than 20 years, including programs originally held in the historic Ether Dome at Massachusetts General Hospital—the Rounds now reach participants in over 80 countries through a virtual format, expanding access for clinicians and patients worldwide.

Presented through a collaboration between Mass General Brigham and Harvard School of Dental Medicine, with additional academic partners, the series explores both established research and emerging approaches to patient care.

Pre-registration is required for each session to receive the Zoom link. Participants seeking CME/CE credit will receive credit information at the beginning of each lecture. [Zoom Registration](#)

Learn more: <https://www.painandheadacherounds.com/>

Online Research Survey - Juvenile Idiopathic Arthritis and TMJ Arthritis

The TMJ Association was recently contacted by Dr. Patricia Hoffman, a pediatric rheumatology fellow at the Hospital for Special Surgery, who is conducting a study with the Childhood Arthritis and Rheumatology Research Alliance. This study involves a brief, one-time survey. More information is provided below:

Join Our Research Study!

DO YOU HAVE A HISTORY OF JAW ARTHRITIS AS A CHILD?

If you are an adult (18 years and older) with a

- history of Juvenile Idiopathic Arthritis (JIA)
AND
- history of Temporomandibular Joint (TMJ) Arthritis

who sees an adult rheumatologist, we invite you to participate in a one-time electronic survey to talk about your experiences with TMJ arthritis since transitioning into adult rheumatology care. This survey should take a few minutes to complete.

SCAN HERE



Study Contact:

Patricia Hoffman, DO

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Pediatric Rheumatology Fellow

Hospital for Special Surgery

IRB-exempt research study



Lived Experience Survey Opportunity

A collaboration led by Ryan Wexler, ND, MS, at the National University of Natural Medicine is examining how lived experience with chronic pain intersects with professional work in pain-related fields.

The anonymous, online survey is open to adults engaged in pain-related research, clinical care, or caregiving and takes approximately 10–15 minutes to complete. The study aims to better understand how lived experience may shape motivations, professional identity, and disclosure practices within the pain field, with the goal of informing future conversations about equity, inclusion, and research culture.

Participation is voluntary, confidential, and uncompensated. Interested individuals can participate by completing the survey at <https://redcap.link/painperspectives>.

Complementary Pain Therapies Survey

Researchers at the University of Rochester are conducting a survey to learn about people's experiences and opinions to inform future research, policy, and patient care with complementary therapies for chronic pain. **If you have chronic pain, no matter how you feel about complementary therapies, they want to hear from you!** If you complete the survey and provide your contact information, you will be entered into a drawing to receive \$50.

They are eager to hear from people:

- Who have never tried complementary therapies for pain
- Who have tried them and stopped
- Who are currently using complementary therapies to treat pain

You can complete the survey here: <https://redcap.link/qdynczed>. If clicking it does not work, please copy and paste the link into your browser.

Changing the Face of TMJ

We cannot change the face of TMJ without YOU!

When you donate, you are making the following happen:

- Advancing TMJ Scientific Research
- Advocating for TMJ Patients
- Supporting and Guiding Patients
- Educating Health Care Professionals
- Providing Trusted Information

The TMJ Association is the *ONLY* patient advocacy organization fighting for the best science that will lead to a greater understanding of TMD and related conditions, as well as treatments that will help and not harm patients.

We cannot change the face of TMJ without YOU. [Make a tax-deductible contribution today!](#) Your contribution is more than a donation. It is how we will ensure that patients with TMD have a voice — through education, patient support, and advocacy.

We cannot do this important work without you! Thank you for your generosity.

About The TMJ Association ... *Changing the Face of TMJ*

The TMJ Association, Ltd., is a nonprofit, patient advocacy organization whose mission is to improve the quality of health care and lives of everyone affected by Temporomandibular Disorders (TMDs, aka "TMJ"). For over 35 years, we have shared reliable information on TMDs with people like you. We invite you to visit our website, www.tmj.org.



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