原文題目(出處):	Prevalence of whiplash trauma in TMD patients: a systematic review. J Oral Rehabil 2014;41: 59-68		
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內文:

Introduction:

A. Whiplash: hyperextension trauma to the neck Whiplash-associated disorders(WADs): most common symptoms headaches and

neck pain Neck pain is often also reported in patients with TMD pain

Materials and methods:

- A. Inclusion :clinical studies adult patients, history of whiplash trauma in a TMD population
- B. Literature search: PubMed, the Cochrane Library, and Bandolier, 1996~2012
- C. Procedure: BH and MR independently read all titles and abstracts to identify potentially eligible articles for inclusion
- D. Quality assessment: BH and TL, evaluated the quality of the included studies using a scoring system with a standardised 21-item; only scored "yes" can get score

Results:

- A. three databases + hand search ->129 articles
- B. initial screening of abstracts ->32 articles (left)
- C. reviewed in full text ->6 articles left (26 articles were excluded)
  - reasons: a. not based on TMD populations (62%)
    - b. not report original data (27%)
    - c. not define TMD/trauma groups (11%)

		Tuble 1. Tupels excluded from the study (n = 20)		
Literature search		Study	Reasons for exclusion	
PubMed: 115 Cochrane: 1 (duplicate)		Abd-Ul-Salam et al. (54)	Not TMD population	
Bandolier: 0		Boniver (55)	No original data	
Hand search:14		Burgess (56)	Not TMD population	
129 references		Burgess & Dworkin (57)	Not TMD population	
125 1010101005		Burgess et al. (4)	Not TMD population	
		Epstein (58)	No original data	
	Abstracts excluded:	Freund & Schwartz (59)	Not TMD population	
		Friedman & Weisberg (60)	No original data	
	97 references	Garcia & Arrington (61)	Not TMD population	
		Goldberg et al. (36)	Not TMD population	
	L]	Gray & Al-Ani (62)	No original data	
Screening of		Greco et al. (63)	TMD/trauma groups not define	
articles applying		Huang et al. (64)	TMD/trauma groups not define	
inclusion criteria:		Kim et al. (65)	TMD/trauma groups not define	
criteria.		Kolbinson et al. (37)	Not TMD population	
32 references		Kolbinson et al. (6)	Not TMD population	
		Kolbinson et al. (66)	Not TMD population	
	·	Kolbinson et al. (67)	Not TMD population	
	Articles excluded: 26 references (Table 1)	Krogstad et al. (68)	Not TMD population	
		Lader (27)	No original data	
		McKay & Christensen (69)	No original data	
		Olin (70)	No original data	
	<u> </u>	Pressman et al. (71)	Not TMD population	
Articles included:		Romanelli et al. (72)	Not TMD population	
		Seligman & Pullinger (73)	Not TMD population	
6 references (Table 2)		Weinberg & Lapointe (25)	Not TMD population	

**Table 1.** Papers excluded from the study (n = 26)

D. Compared TMD patients: with V.S. without a history of neck injury ->more TMD pain, more severe jaw dysfunction, and more headaches, stress, dizziness, and sleeping problems

Discussion:

- A. prevalence of whiplash trauma: TMD > non-TMD ->neck trauma is a comorbid condition for TMD
- B. more TMD pain and more severe jaw dysfunction: with > without whiplash trauma history
  - -> poorer prognosis for recovery, and seek and demand more treatment

 $\mathchar`->$  TMD after whiplash trauma has a different pathophysiology compared with localized TMD

C. most studies in acute whiplash patients report a lower prevalence of

TMD pain

-> TMD after a whiplash trauma may develop over time, rather than acute syndrome

D. WAD(Whiplash-associated disorders) patient:

a. acute whiplash injury will recover,

b. long-term symptoms with greater initial pain and disability

- -> lowered sensory and pain thresholds due to central sensation -> pain and dysfunction in the jaw region easier
- E. etiology for TMD is multifactorial, further studies on the mechanisms of the

association between whiplash trauma and TMD is needed

Conclusions:

- A. prevalence of whiplash trauma is higher in patients with TMD compared with controls
- B. TMD patients with comorbid TMD/whiplash have more jaw pain and more severe jaw dysfunction

-> whiplash trauma might be an initiating and/or aggravating factor as well as a comorbid condition for TMD

(對於 TMD	可能是起始因素	或是加重嚴重度的因素)
	了肥皮起知日东	<b>以戊加 主 凰 主 反 印 臼 东 /</b>

題號	題目			
1	Which of the underlying concepts for maintaining the prominence of TMJ is			
	"wrong"?			
	(A) There is only one stationary axis of condylar rotation during the initial			
	stage of assisted opening and closing			
	(B) The defined reference position of the mandible is fixed in relation to			
	the cranium throughout life			
	(C) This position coincides with the centric occlusion(CO) position of			
	the condyle			
	(D) This axis of rotation is readily transferable to an artriculator			
答案	出處:			
(C)	Temporomandibular disorders : an evidence-based approach to diagnosis			
	and treatment P.35~36			
	-> This position coincides with the centric relation(CR) position of the			
	condyle			
題號	題目			
2	One of the most intriguing(奇妙的) questions has been the specific			
	relationship amount the following things while the mandible is in its CR			
	position .			
	(A) Condyle head			
	(B) Articular disc			
	(C) Articular fossa			
	(D) Mandible body			
答案	出處:			
(D)	Temporomandibular disorders : an evidence-based approach to diagnosis			
	and treatment P.41			