

Table 1: Occlusal Treatment Related to Dawson Classification

Classification	Treatment Goal	Orthotic Design	Surgical Possibility
Dawson I, Ia	CR=MI ACP=MI This is the treatment goal. The only time a patient would need treatment is with a diagnosis of parafunction.	Anterior deprogrammer design	TMJ surgery is contraindicated
Dawson II, IIa	CR ≠ MI ACP ≠ MI Goal is to find, verify, and record CR/ACP for the purpose of occlusal analysis to determine which phase 2 treatment option would be best (equilibration, orthodontics, restorative, orthognathic, or a combination).	Lucia jig for in-office deprogramming (if bimanual manipulation to CR/ACP is resisted) Anterior deprogrammer design for longer term deprogramming (1 to 3 days)	TMJ surgery is contraindicated TMJ surgery is contraindicated
Dawson III	CR has not been verified. Focus is on diagnosis of the joint issue causing tension or tenderness. The treatment goal is to establish the appropriate diagnosis. There are five possibilities: 1. Occluso-muscle: see Dawson II or IIa 2. Edema: structurally sound joint that has swelling from trauma, articular structures are in correct alignment, edema has condyle down and forward. The goal is to establish a stable joint. (Phase 2 will be required to change the occlusion from a Type II/IIa to a Type I/Ia.) 3. Piper Class II, IIIa, IIIb: these are lateral pole problems that can be treated as normal joints and occlusions if the medial pole is covered. These joints should be able to accept firm loading without tension or tenderness. Noises are from the lateral pole. The first goal is to establish a stable joint. (Phase 2 will be required to achieve a Type I or Type Ia.) 4. Piper IVa, IVb: medial and lateral pole disc displacements when the condyle is not impinging on retrodiscal tissue. Treatment is designed to create an environment in which the joint can heal to the point of functioning comfortably. Phase 2 treatment will be necessary to align the occlusion with the joint position. The first goal is to establish a stable joint. (Phase 2 will be required to achieve a Type I or Type Ia.) 5. Piper Va, Vb: see Dawson IV	Full-coverage directive orthotic If appliance is needed, anterior deprogrammer will work Full-coverage permissive orthotic	TMJ surgery is contraindicated TMJ surgery is contraindicated TMJ surgical repair may be indicated for certain acute situations and chronic situations that do not respond with conservative means
Dawson IV	Actively degrading TMJ. All definitive occlusal correction is contraindicated until joint stabilizes. The goal is to achieve a manageably stable joint. At this point, the occlusion is typically a Type IIa. (A second phase of treatment will be required to achieve a Type Ia occlusion.)	Full-coverage permissive orthotic	TMJ surgery is contraindicated

CR = centric relation; MI = maximum intercuspation; ACP = adapted centric posture