Name: _____

Exam Date: _____

TMJ EXAM

Chief Complaint:

What makes it better/worse?

History of Symptoms:

Hx/Sx of Airway Disturbance?

Medications:

Any previous TMD treatments?

Radiographic Findings: _____Pano _____CBCT

_____

_____

_____

Joint Exam:

Range of motion: Straight Opening _____ Left _____ Right_____

Deviation upon opening/closing? (Circle) No Opening: R / L Closing: R / L

Disc displacement with reduction?

Right: ___Opening (rotation / translation). ____Closing (rotation / translation)

Left: ___Opening (rotation / translation). ____Closing (rotation / translation)

Muscle Exam

Rank tenderness to palpation of muscles of mastication (negative/mild/moderate/severe)

Masseter:

Right: Superficial _____ Deep_____

Left: Superficial _____ Deep_____

Temporalis:

Right: Anterior_____ Middle_____ Posterior_____

Left: Anterior_____ Middle_____ Posterior_____

Splenius Capitus: Right_____ Left_____

SCM: Right_____ Left_____

Clinical Evaluation

Narrow Palate? Y / N

Mallampati Score: _____

Tongue Tie? Y / N

Wear Patterns (describe) _____

_____

Parafunctional issues?

__Resting in protrusive ___Nail Biting

__Posterior interferences

__Other (describe) _____

Functional Evaluation:

Lateral Pterygoid (discomfort with pressure against chin?) ____Yes ____No

Loading joint with leaf gauge (discomfort?) Y / N (If yes, does it improve using cotton rolls?) Y / N

First point of contact in CR: _____ Hit and slide in mm_____