

# TMJ Evaluation

Patient \_\_\_\_\_

Date \_\_\_\_\_

## I. History

- Have you ever had a problem with your TMJs?**  
Y N
- Have you ever been injured by a blow to the jaws?**  
Y N  
If Yes, When? \_\_\_\_\_  
Where? R L Front  
Do you still have pain? R L  
If Yes, Constant Intermittent  
Worse in AM PM Varies
- Do your joints ever hurt or become tender when you chew or talk?** Y N  
If Yes, Regularly Occasionally
- Do you have tenderness in your jaw muscles when you open wide?** Y N  
If Yes, R L
- Do you hear any sounds in your jaw?**  
Clicks Pops Grating  
If Yes, for how long? \_\_\_\_\_ Months \_\_\_\_\_ Years  
Which side? R L  
Worse in AM PM Eating?
- Have you ever, in the past, noticed a:**  
Click Pop Grating sound?  
If Yes, R L
- Do you have frequent headaches?** Y N  
If Yes, AM Daytime PM  
Where? Temporal Occipital Frontal  
Cervical Orbital  
# of headaches / week \_\_\_\_\_  
If No, did you ever have frequent headaches?  
Yes No  
If Yes, did they occur at the time your joints were clicking?  
Yes No
- Has your jaw ever locked open?** Yes No  
**Has your jaw ever locked closed?** Yes No  
If Yes, when \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years ago
- Do you ever have difficult opening your jaw?**  
Yes No  
If Yes, AM PM Chewing

- Have you ever been treated for TMD?** Yes No
- If Yes,
- |  |              |                              |                             |
|--|--------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Splint            | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Equilibration     | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Medicines         | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Orthodontics      | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Physical Therapy  | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Surgery           | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Psych. Counseling | Did it help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## II. Range of Motion

- Max opening without discomfort \_\_\_\_\_ mm  
Discomfort before normal opening  
*Usually muscle incoordination.*
- Max opening \_\_\_\_\_ mm  
*More restricted—more likely ICP*
- Prot \_\_\_\_\_ mm      Right \_\_\_\_\_ mm      Left \_\_\_\_\_ mm
- Deviation upon opening  
**Sharp deviation at beginning**  
*Probable disk derangement in the side toward the shift*  
**Gradual shift**  
*Probable muscle incoordination.*  
*Usually w/occ interference that move the mandible same direction as the shift.*
- Initial point of contact in CR  
# \_\_\_\_\_ inc \_\_\_\_\_ cusp  
# \_\_\_\_\_ inc \_\_\_\_\_ cusp  
CR-CO slide \_\_\_\_\_ mm R L  
Easy manipulation Y N

## III. Load Test

- Gentle load  
Right Y N  
Left Y N  
*If Yes, suspect intracapsular.*
- Moderate load  
Right Y N  
Left Y N  
*If Yes, suspect intracapsular problem (ICP) or muscle.*
- Firm load  
Right Y N  
Left Y N  
*If Yes, suspect no intracapsular disorder—maybe ICP.*  
  
*Probable muscle incoordination, usually with occlusal interference that requires displacement of condyle on the side of the muscle response.*

## IV. Doppler Auscultation

- |                   | Right   | Left  |
|-------------------|---|---|
| • Rotation        | <input type="checkbox"/> + <input type="checkbox"/> - | <input type="checkbox"/> + <input type="checkbox"/> - |
| • Translation     | <input type="checkbox"/> + <input type="checkbox"/> - | <input type="checkbox"/> + <input type="checkbox"/> - |
| • Right Excursive | <input type="checkbox"/> + <input type="checkbox"/> - | <input type="checkbox"/> + <input type="checkbox"/> - |
| • Left Excursive  | <input type="checkbox"/> + <input type="checkbox"/> - | <input type="checkbox"/> + <input type="checkbox"/> - |
| • Protrusive      | <input type="checkbox"/> + <input type="checkbox"/> - | <input type="checkbox"/> + <input type="checkbox"/> - |
| • Opening click   | _____ mm  | _____ mm  |
| • Closing click   | _____ mm  | _____ mm  |
| • Ligament Laxity | <input type="checkbox"/> + <input type="checkbox"/> - | <input type="checkbox"/> + <input type="checkbox"/> - |
- If induces click, suspect Piper Stage 2.*

## V. Muscle Palpation

### 1. Medial Pterygoid

Right 0 1 2 3

*Probable displacement of the right condyle to achieve CO.*

Left 0 1 2 3

*Probable displacement of the left condyle to achieve CO.*

*Both right and left tender, both condyles must displace.*

### 2. Lateral Pterygoid

Right 0 1 2 3

*Probable displacement of the right condyle to achieve CO.*

Left 0 1 2 3

*Probable displacement of the left condyle to achieve CO.*

*Both right and left tender, both condyles must displace.*

### 3. Masseter

Right 0 1 2 3

Left 0 1 2 3

*The more tender, the more likely a strong bruxing or clenching habit.*

### 4. Sternocleidomastoid

Right 0 1 2 3

Left 0 1 2 3

*If tender, evaluate collateral effects from head posture or cervical misalignment.*

*Consider patient referral.*

### 5. Anterior temporalis

Right 0 1 2 3

Left 0 1 2 3

*If tender, look for clenching / bruxing with occlusal interferences present.*

### 6. Middle temporalis

Right 0 1 2 3

Left 0 1 2 3

*If tender, look for posterior interferences to anterior guidance.*

### 7. Occipital

Right 0 1 2 3

Left 0 1 2 3

*If tender, look for interferences to CR or excursions. May also be related to head posture and cervical misalignment.*

*Consider patient referral.*

### 8. Digastric

Right 0 1 2 3

Left 0 1 2 3

*If tender, look for forward positioning of the mandible.*

## VI. Transcranial radiographs

### 1. Condyle concentric in fossa

Right Y N Left Y N

*If Yes, normal position and contour. Suspect normal joint if history & load tests are negative.*

*Suspect lateral pole displacement if there is a history of clicks.*

### 2. Condyle is posteriorly displaced

Right Y N Left Y N

*Posteriorly in CR but centered in CO—Suspect distalizing. Occlusal inclines*

*If Yes, displaced up and back—suspect disk displaced*

*If Yes, displaced down and back—suspect disk is not completely displaced.*

### 3. Condyle anteriorly displaced

Right Y N Left Y N

*If displaced forward from CR-CO, suspect occlusal interference to CR.*

### 4. Reduced joint space

Right Y N Left Y N

*If Yes, suspect:*

*Displaced disk if there is a history of clicks.*

*Improper angulation of beam if negative history.*

### 5. Increased joint space

Right Y N Left Y N

*If Yes, suspect:*

*A. Condyle not fully seated in CR. Recheck bite record.*

*B. Retrodiskal hyperplasia from anterior repositioning.*

*C. Retrodiskal tissue edema (if can't load).*

### 6. Condyle flattened

Right Y N Left Y N

*If Yes, suspect:*

*A. Disk displacement in the past. Condyle has adapted to eminence. Posterior ligament perforated.*

*B. Osteoarthritis.*

### 7. Pathosis

Right Y N Left Y N

*If cortical bone on condyle is fractured to form a crater, suspect AVN or OCD—Order MRI to evaluate marrow viability.*

*If outline of condyle and fossa are obscured, suspect osteochondroma—order surgical consultation.*