Initial TMD Examination Form

Patient Name: Date:

TMD Assistant:

Patient Interview

☐ temporal headaches  ☐ occipital headaches  ☐ wrap around
☐ headaches - daily  ☐ headaches - weekly  ☐ pre-menstrual
☐ nocturnal headaches  ☐ cheek pain  ☐ facial pain
☐ neck pain  ☐ back pain  ☐ chest pain
☐ clicking and popping (R) (L)  ☐ grinding/Crepitus (R) (L)  ☐ aware of limited opening
☐ ringing in the ears (R) (L)  ☐ decreased hearing (R) (L)  ☐ dizziness/vertigo
☐ hot and cold sensitivity  ☐ tooth pain
☐ cold all the time  ☐ dry skin  ☐ brittle hair
☐ finger tips tingle (R) (L)  ☐ panic attacks  ☐ tunnel vision
☐ abdominal fat storage  ☐ masseter/facial hypertrophy  ☐ dry mouth
☐ open mouth breathing  ☐ previous accidents  ☐ medications

Pulse _____ BPM    Temperature _____ F    _____ / _____ BP    Respiration ________ BPM

Chief Complaint:

Radiographic

☐ condylar flattening (R) (L)  ☐ condylar bird beaking (R) (L)
☐ mandibular inferior board notching (R) (L)  ☐ mandibular angle irregularity (R) (L)
☐ nasal turbinate hypertrophy (R) (L)
☐ sinus polyps (R) (L)  ☐ sinus turbidity (R) (L)
☐ occlussal wear - flattening  ☐ multiple root canals (R) (L)
☐ mandibular torii (R) (L)  ☐ enlarged periodontal ligaments
☐ condylar positioning anterior middle superior

Screening Examination

☐ limited opening  ☐ deviation on opening (R) (L)
☐ masseter origin tenderness (R) (L)  ☐ coronoid attachment tenderness (R) (L)
☐ anterior temporalis tenderness (R) (L)  ☐ lateral pterygoid (sigmoid notch) (R) (L)
☐ medial pterygoid (R) (L)
☐ clicking and popping (R) (L)  ☐ TMJ Crepitus (R) (L)
☐ open joint tenderness (R) (L)  ☐ closed pack joint (R) (L)
☐ mandibular torus (R) (L)  ☐ mandibular exostosis (R) (L)
☐ maxillary torus (R) (L)  ☐ maxillary exostosis (R) (L)
☐ abfraction
☐ tooth wear facets  ☐ localized gingivitis
☐ masseter/facial hypertrophy  ☐ cuspid flattening

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Range of Motion

Opening _______ mm  Right Lateral _______ mm  Left Lateral _______ mm

Head turn to right _______ degrees  Head turn to left _______ degrees

Head side bend to right _______ degrees  Head side bend to left _______ degrees

TMJ Auscultation

<table>
<thead>
<tr>
<th>Right TMJ</th>
<th>Clicking</th>
<th>Popping</th>
<th>Early</th>
<th>Mid</th>
<th>Late</th>
<th>Crepitus</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left TMJ</td>
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</tbody>
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Peripheral Muscle Palpation

Sternocleidomastoid  □ mastoid □ middle □ clavicle/sternum
suboccipitals □ Yes □ No  Trapezius □ Yes □ No

Cranial Nerve Evaluation

1 □ OK □ AN  2 □ OK □ AN  3 □ OK □ AN  4 □ OK □ AN
5 □ OK □ AN  6 □ OK □ AN  7 □ OK □ AN  8 □ OK □ AN
9 □ OK □ AN 10 □ OK □ AN 11 □ OK □ AN 12 □ OK □ AN

Photographic Review

( R ) ( L ) eye smaller than ( R ) ( L )  Pogonion deviated to ( R ) ( L )
( R ) ( L ) ear lower than ( R ) ( L )  Deep nasolabial fold ( R ) ( L )
frontal/palpebral vertical folding □ Yes □ No  nostral size ( S ) ( M ) ( L )
Forward Head Posture □ Yes □ No  Dowager’s Hump □ Yes □ No
allergic shiners ( R ) ( L )  Long Face Syndrome □ Yes □ No
Light skin □ Yes □ No  Nasal crease □ Yes □ No
High Angle Profile □ Yes □ No  Frontal canting of inferior mandibular plane □ Yes □ No
Scalloped tongue □ Yes □ No

Initial Differential Diagnosis

□ bruxism  □ localized TMJ arthritis ( R ) ( L )
□ posterior dislocated condyle ( R ) ( L )  □ myositis □ myalgia
□ myofascial pain dysfunction syndrome  □ temporal tendonitis □ earnest syndrome
□ hyoid bone syndrome  □ occipital neuralgia lessor / greater
□ Intracapsular Disorder
  □ Anterior Displaced Disc with reduction ( R ) ( L )
  □ Anterior Displaced Disc without reduction ( R ) ( L )
  □ Disc perforation ( R ) ( L )
□ trigeminal neuralgia □ atypical trigeminal neuralgia □ fibromyalgia
□ neuralgia inducing cavitational osteonecrosis

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Referrals

☐ MD Generalist  ☐ Allergist MD  ☐ ENT MD
☐ MD Endocrinologist  ☐ Physical Therapist  ☐ Massage Therapist
☐ Chiropractor  ☐ Sleep MD  ☐ Speech Therapist
☐ Nutritional Counselor  ☐ Physiatrist  ☐ Reumatologist

Patient Education

☐ Soft Guard and Six Week Program
☐ Mandibular Orthopedic Repositioning Appliance
☐ Estimate of Phase I costs provided to the patient
☐ Review of possible Phase II treatment that may be necessary
☐ TMD Web Reference Sheet  ☐ Allergy Self Help Book

TMD Treatment Protocol

☐ Pain Release Splint
☐ Nutrition Counseling
☐ TMD Exercises
☐ Trigger Point Injections
☐ Neuromuscular Massage
☐ Physical Therapy
☐ Diagnostic Anaesthetic Injections
☐ Mandibular Orthopedic Repositioning Appliance
☐ Thyroid Evaluation
☐ Insulin Evaluation  hyperinsulinism/diabetes

Notes: