

# DC/TMD Examination Form

Date filled out (mm-dd-yyyy)

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Patient \_\_\_\_\_ Examiner \_\_\_\_\_

### 1a. Location of Pain: Last 30 days (Select all that apply)

<p style="text-align: center;"><b>RIGHT PAIN</b></p> <p> <input type="radio"/> None   <input type="radio"/> Temporalis   <input type="radio"/> Other m muscles   <input type="radio"/> Non-mast structures  <input type="radio"/> Masseter   <input type="radio"/> TMJ         </p>	<p style="text-align: center;"><b>LEFT PAIN</b></p> <p> <input type="radio"/> None   <input type="radio"/> Temporalis   <input type="radio"/> Other m muscles   <input type="radio"/> Non-mast structures  <input type="radio"/> Masseter   <input type="radio"/> TMJ         </p>
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### 1b. Location of Headache: Last 30 days (Select all that apply)

None    Temporal    Other    None    Temporal    Other

### 2. Incisal Relationships      Reference tooth   FDI #11   FDI #21   Other

Horizontal Incisal Overjet    If negative   



 mm     
 Vertical Incisal Overlap    If negative   



 mm     
 Midline Deviation    Right    Left    N/A   



 mm

### 3. Opening Pattern (Supplemental; Select all that apply)

Straight    Corrected deviation   Uncorrected Deviation  
 Right    Left

### 4. Opening Movements

#### A. Pain Free Opening

 mm

#### B. Maximum Unassisted Opening

 mm

#### C. Maximum Assisted Opening

 mm

#### D. Terminated?   N   Y

	RIGHT SIDE			LEFT SIDE		
	Pain	Familiar Pain	Familiar Headache	Pain	Familiar Pain	Familiar Headache
Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

### 5. Lateral and Protrusive Movements

#### A. Right Lateral

 mm

#### B. Left Lateral

 mm

#### C. Protrusion

 mm

If negative

	RIGHT SIDE			LEFT SIDE		
	Pain	Familiar Pain	Familiar Headache	Pain	Familiar Pain	Familiar Headache
Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	Temporalis	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Masseter	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		TMJ	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Other M Musc	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		Non-mast	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

**6. TMJ Noises During Open & Close Movements**

	RIGHT TMJ				
	Examiner		Patient	Pain w/ Click	Familiar Pain
	Open	Close			
Click	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Crepitus	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

	LEFT TMJ				
	Examiner		Patient	Pain w/ Click	Familiar Pain
	Open	Close			
Click	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Crepitus	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

**7. TMJ Noises During Lateral & Protrusive Movements**

	Examiner		Patient	Pain w/ Click	Familiar Pain
	Open	Close			
Click	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Crepitus	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

	Examiner		Patient	Pain w/ Click	Familiar Pain
	Open	Close			
Click	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Crepitus	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

**8. Joint Locking**

	RIGHT TMJ			
	Locking	Reduction		Familiar Pain
		Patient	Examiner	
While Opening	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Wide Open Position	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

	LEFT TMJ			
	Locking	Reduction		Familiar Pain
		Patient	Examiner	
While Opening	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Wide Open Position	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

**9. Muscle & TMJ Pain with Palpation**

	RIGHT SIDE			
	Pain	Familiar Pain	Familiar Headache	Referred Pain
<b>(1 kg)</b>				
Temporalis (posterior)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Temporalis (middle)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Temporalis (anterior)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Masseter (origin)	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		<input type="radio"/> N <input type="radio"/> Y
Masseter (body)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y		<input type="radio"/> N <input checked="" type="radio"/> Y
Masseter (insertion)	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		<input type="radio"/> N <input type="radio"/> Y
<b>TMJ</b>				
Lateral pole ( <b>0.5 kg</b> )	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Around lateral pole ( <b>1 kg</b> )	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

	LEFT SIDE			
	Pain	Familiar Pain	Familiar Headache	Referred Pain
<b>(1 kg)</b>				
Temporalis (posterior)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Temporalis (middle)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Temporalis (anterior)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Masseter (origin)	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		<input type="radio"/> N <input type="radio"/> Y
Masseter (body)	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y		<input type="radio"/> N <input checked="" type="radio"/> Y
Masseter (insertion)	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y		<input type="radio"/> N <input type="radio"/> Y
<b>TMJ</b>				
Lateral pole ( <b>0.5 kg</b> )	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Around lateral pole ( <b>1 kg</b> )	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

**10. Supplemental Muscle Pain with Palpation**

	RIGHT SIDE		
	Pain	Familiar Pain	Referred Pain
<b>(0.5 kg)</b>			
Posterior mandibular region	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Submandibular region	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Lateral pterygoid area	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Temporalis tendon	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

	LEFT SIDE		
	Pain	Familiar Pain	Referred Pain
<b>(0.5 kg)</b>			
Posterior mandibular region	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Submandibular region	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Lateral pterygoid area	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y	<input type="radio"/> N <input checked="" type="radio"/> Y
Temporalis tendon	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y

**11. Diagnoses**

- Pain Disorders**
- None
  - Myalgia
  - Myofascial pain with referral
  - Right Arthralgia
  - Left Arthralgia
  - Headache attributed to TMD

- Right TMJ Disorders**
- None
  - Disc displacement (select one)
    - ...with reduction
    - ...with reduction, with intermittent locking
    - ... without reduction, with limited opening
    - ... without reduction, without limited opening
  - Degenerative joint disease
  - Dislocation

- Left TMJ Disorders**
- None
  - Disc displacement (select one)
    - ...with reduction
    - ...with reduction, with intermittent locking
    - ... without reduction, with limited opening
    - ... without reduction, without limited opening
  - Degenerative joint disease
  - Dislocation

**12. Comments**