

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)

RIGHT PAIN				LEFT PAIN			
<input type="radio"/> None	<input type="radio"/> Temporalis	<input type="radio"/> Other m muscles	<input type="radio"/> Non-mast structures	<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			<input type="radio"/> Masseter	<input type="radio"/> TMJ		

1b. Location of Headache: Last 30 days (Select all that apply)

None Temporal Other
 None Temporal Other

2. Incisal Relationships Reference tooth US #8 US #9 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 type="radio"/> Y	<input type="radio"/> N <input 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		

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

7. TMJ Noises During Lateral & Protrusive Movements

RIGHT TMJ				
	Examiner	Patient	Pain w/ Click	Familiar Pain
Click	<input type="radio"/> N <input 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		

LEFT TMJ				
	Examiner	Patient	Pain w/ Click	Familiar Pain
Click	<input type="radio"/> N <input 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		

8. Joint Locking

RIGHT TMJ					
	Locking	Reduction		Pain w/ Click	Familiar Pain
		Patient	Examiner		
While Opening	<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		

LEFT TMJ					
	Locking	Reduction		Pain w/ Click	Familiar Pain
		Patient	Examiner		
While Opening	<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		

9. Muscle & TMJ Pain with Palpation

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

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

10. Supplemental Muscle Pain with Palpation

RIGHT SIDE			
	Pain	Familiar Pain	Referred Pain
(0.5 kg)			
Posterior mandibular region	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Submandibular region	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Lateral pterygoid area	<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 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
(0.5 kg)			
Posterior mandibular region	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Submandibular region	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
Lateral pterygoid area	<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 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	Right TMJ Disorders	Left TMJ Disorders
<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Myalgia	<input type="radio"/> Disc displacement (select one)	<input type="radio"/> Disc displacement (select one)
<input type="radio"/> Myofascial pain with referral	<input type="radio"/> ...with reduction	<input type="radio"/> ...with reduction
<input type="radio"/> Right Arthralgia	<input type="radio"/> ...with reduction, with intermittent locking	<input type="radio"/> ...with reduction, with intermittent locking
<input type="radio"/> Left Arthralgia	<input type="radio"/> ... without reduction, with limited opening	<input type="radio"/> ... without reduction, with limited opening
<input type="radio"/> Headache attributed to TMD	<input type="radio"/> ... without reduction, without limited opening	<input type="radio"/> ... without reduction, without limited opening
	<input type="radio"/> Degenerative joint disease	<input type="radio"/> Degenerative joint disease
	<input type="radio"/> Dislocation	<input type="radio"/> Dislocation

12. Comments