

# 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

- None  
  Temporalis  
  Other m muscles  
  Non-mast structures  
 Masseter  
  TMJ

#### LEFT PAIN

- None  
  Temporalis  
  Other m muscles  
  Non-mast structures  
 Masseter  
  TMJ

### 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

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 mm

#### RIGHT SIDE

Pain      Familiar Pain      Familiar Headache

#### LEFT SIDE

Pain      Familiar Pain      Familiar Headache

#### B. Maximum Unassisted Opening

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 mm

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
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		
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		

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
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		
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		

#### C. Maximum Assisted Opening

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 mm

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
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		
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		

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
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		
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		

#### D. Terminated?   N   Y

### 5. Lateral and Protrusive Movements

#### A. Right Lateral

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 mm

#### RIGHT SIDE

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
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		
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		

#### LEFT SIDE

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
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		
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		

#### B. Left Lateral

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 mm

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
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		
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		

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
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		
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		

#### C. Protrusion

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 mm

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
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		
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		

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
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		
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		

If negative

**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**

	RIGHT TMJ			
	Examiner	Patient	Pain w/ Click	Familiar Pain
Click	<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		

	LEFT TMJ			
	Examiner	Patient	Pain w/ Click	Familiar Pain
Click	<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		

**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 (0.5 kg)	<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 (1 kg)	<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 (0.5 kg)	<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 (1 kg)	<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 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 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 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 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	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"/> Subluxation	<input type="radio"/> Subluxation

**12. Comments**