

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 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

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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

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		

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 type="radio"/> Y	<input type="radio"/> N	<input checked="" 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 checked="" 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

	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
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

	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
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

8. Joint Locking

	RIGHT TMJ					
	Locking	Reduction		Pain w/ Click	Familiar Pain	
		Patient	Examiner			
While Opening	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input 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

	LEFT TMJ					
	Locking	Reduction		Pain w/ Click	Familiar Pain	
		Patient	Examiner			
While Opening	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input 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

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	<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 (middle)	<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
Temporalis (anterior)	<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
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	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input 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	<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	<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 (middle)	<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
Temporalis (anterior)	<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
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	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	<input 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	<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
Submandibular region	<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
Temporalis tendon	<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
Submandibular region	<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
Temporalis tendon	<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
 - Subluxation

- 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
 - Subluxation

12. Comments