DENTA4

# Form L - TMJ/Dental Examination

Assistant/Doctor Form | Phone: 1 (604) - 777 - 1337

Name | Birthdate | Date | Gender ☐ Male ☐ Female

**Chief Complaints**

1.

2.

3.

4.

**Occlusal Flags**

- ☐ Deep Bite
- ☐ Crossbite
- ☐ Lingual version upper anteriors
- ☐ Lingual version lower anteriors
- ☐ Wear upper anteriors
- ☐ Wear lower anteriors
- ☐ Midline discrepancy
- ☐ Bicuspid drop-off
- ☐ Depressed curve of spee
- ☐ Lingually tipped lower posteriors
- ☐ Locked upper buccal cusps
- ☐ Chipped anterior teeth
- ☐ Lines of Lueter .....flecking of enamel due to lateral stress
- ☐ Cervical Erosion
- ☐ Buttressed bone
- ☐ Loss of molars
- ☐ Wear Facets
- ☐ Anterior open bite
- ☐ Lateral tongue thrust
- ☐ Anterior tongue thrust
- ☐ Scalloped lateral border tong
- ☐ Flared upper anterior teeth
- ☐ Narrow maxillary arch
- ☐ Fremitus
- ☐ Narrow mandibular arch
- ☐ Clenching
- ☐ Bruxism

## Occlusion

Molar Relationship

Right: ☐ 1 ☐ 2 ☐ 3

Left: ☐ 1 ☐ 2 ☐ 3

Cuspid Relationship

Right: ☐ 1 ☐ 2 ☐ 3

Left: ☐ 1 ☐ 2 ☐ 3

Overbite (mm) | Overjet (mm) | Open bite (mm) | Shimbashi Number

Dental midline at C.O.

☐ Centered ☐ Right

Right Amount (mm) | ☐ Left | Left Amount (mm)

Skeletal midline at C.O.

☐ Centered ☐ Right

Left Amount (mm) | ☐ Left | Right Amount (mm)

## Examination of Teeth

**Caries (list)**

☐ Cervical erosion ☐ Facets ☐ Increased vertical dimension ☐ Loss of vertical dimension

| | |
|---|---|
| Missing Tooth # | |
| Mobile Tooth # | |
| Perio assessment | |
| Prosthesis present (list) | |
| Restorations needing repair (list) | |

☐ Sensitivity

| | |
|---|---|
| Teeth in crossbite – Tooth # (specify) | |
| Trauma to tooth # (specify) | |
| Other tooth examination items: | |

☐ Within normal limits

## Mandibular Range of Motion

**Normal Range of Motion 42-52 opening**

**Lateral 10-12 mm**

**Protrusive 8-10mm**

| | | | | |
|---|---|---|---|---|
| Max voluntary opening (mm): | | | | |
| Pain: | ☐ Right | ☐ Left | ☐ Both | ☐ None |

| | | | | |
|---|---|---|---|---|
| Max forced opening (mm): | | | | |
| Pain: | ☐ Right | ☐ Left | ☐ Both | ☐ None |

| | | | | |
|---|---|---|---|---|
| Left lateral range (mm): | | | | |
| Pain: | ☐ Right | ☐ Left | ☐ Both | ☐ None |

| | | | | |
|---|---|---|---|---|
| Right lateral range (mm): | | | | |
| Pain: | ☐ Right | ☐ Left | ☐ Both | ☐ None |

Deviation Left (mm): ☐ None

Deviation Right (mm): End Point ☐ S ☐ H

## Mandibular range of motion

*(rank on a scale 0 to 3: 0 = no pain, 1 = slight pain, 2 = noticeable pain, 3 = very painful) TP= Trigger Point TMJ*

**Intra-auricular**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Pre-auricular**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Digastric**

**Anterior**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Posterior**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Suboccipital**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Masseter**

**@zygoma**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Belly**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**@ramus**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Trapezius**

**Cervical**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Scapular**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**SCM**

**Sternal**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Clavicular**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Belly**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Mastoid**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Lateral Pterygoid**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

**Medial Pterygoid**

Right: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

Left: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ TP

## TMJ Palpation

Opening click Right @ (mm):

Opening click Left @ (mm):

Closing click Right @ (mm):

Closing click Left @ (mm):

Crepitation Right @ (mm):

Crepitation Left @ (mm):

## TMJ JVA Analysis

☐ Within Normal Limits

Vibration primarily soft tissue vibration

☐ Left ☐ Right

Vibration primarily hard tissue (osseous changes)

☐ Left ☐ Right

JVA Diagnosis

☐ Left ☐ Right

## Craniocervical Examination

| Normal rotate: 80 degrees | Normal bend: 45 degrees | Normal flexion: 90 degrees | Normal extension: 70 degrees |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Degrees Rotate Right: | Pain? | ☐ Yes | ☐ No | Degrees | |
| Degrees Bend Right: | Pain? | ☐ Yes | ☐ No | Degrees | |
| Degrees Flexion: | Pain? | ☐ Yes | ☐ No | Degrees | |
| Degrees Rotate Left: | Pain? | ☐ Yes | ☐ No | Degrees | |
| Degrees Bend Left: | Pain? | ☐ Yes | ☐ No | Degrees | |
| Degrees Extension: | Pain? | ☐ Yes | ☐ No | Degrees | |

## Extra-Oral Examination

Shoulder height discrepancy

Intrapupillary line discrepancy

Forward head posture

Posterior cranial rotation

Rolled shoulders

Facial asymmetry

Leg length discrepancy

Functional hip rotation

Occlusal cant

| | | | | | | |
|---|---|---|---|---|---|---|
| Wall Test +/- | + | - | Wall Test With Tongue Blade +/- | + | - |
| Parachute Test +/- | + | - | Parachute Test With Tongue Blade +/- | + | - |
| Dark/Light Test +/- | + | - | Dark/Light Test With Tongue Blade +/ | + | - |

## Diagnostic X-Rays Required

Arthrogram of TMJ

☐ Left ☐ Right

Arthroscopic evaluation of TMJ

☐ Left ☐ Right

☐ Complex motion tomography, bilateral

☐ CT scan, maxillofacial

☐ PA skull imaging

☐ Lateral cervical spine imaging

☐ Lateral skull imaging

Maxillary sinus imaging

☐ Left ☐ Right

MRI

☐ Left ☐ Right

☐ Odontoid process imaging

☐ Panoramic imaging

☐ Paranasal sinus imaging

☐ Submenovertex imaging

☐ Townes view

Transcranial imaging

☐ Left ☐ Right

☐ Waters view

☐ Other

## Diagnostic records required

☐ Axiographic tracking of mandibular movements

☐ Chronic pain psychosocial analysis

☐ Diagnostic anesthetic block

☐ Diagnostic X-Rays Required

☐ Dysphagia-swallow analysis

☐ Electromyographic studies of muscle activity

☐ Mandibular position indicator

☐ Orthopedic diagnostic spliint

☐ Photographic documentation

☐ TMJ scale

☐ Other

☐ Computerized mandibular scanning

☐ Computerized sonography

☐ Doppler studies of the temporomandibular joints

☐ Diagnostic records required

☐ Electrognathic studies

☐ Joint vibration analysis

☐ Myofunctional analysis

☐ Orthopedic jaw casts

☐ Thermography

☐ Video documentation

## Diagnosis/Assessment

Evaluation Type :

☐ A diagnosis ☐ A final diagnosis ☐ A working diagnosis ☐ An initial clinical impression

## Diagnostic Codes (LCD Codes-Medical Diagnostic Codes)

Anterior disc displacement w/ reduction (524.63) ☐ Left ☐ Right

Anterior disc displacement w/out reduction (830.0) ☐ Left ☐ Right

Capsulitis of the TMJ (524.69) ☐ Left ☐ Right

Cephalgia (784.0) ☐ Left ☐ Right

Cervicalgia (723.1) ☐ Left ☐ Right

Closed lock of the TMJ (830.0) ☐ Left ☐ Right

Degenerative arthritis (715.9) ☐ Left ☐ Right

☐ Dentofacial functional abnormality (unspecifi ed)(524.50)(524.50)

☐ Abnormal swallowing (524.59)

☐ Mouth breathing (524.59)

☐ Sleep posture (524.59)

☐ Tongue, lip or finger habits (524.59)

Dislocation of the jaw, closed (830.0) ☐ Left ☐ Right

Dislocation of the jaw, open (830.1) ☐ Left ☐ Right

☐ Dizziness (780.4)

Dysfunction of the eustachian tube (381.81) ☐ Left ☐ Right

Eagles syndrome (728.89) ☐ Left ☐ Right

Earache from referred pain (388.72) ☐ Left ☐ Right

Ernest syndrome (726.8) ☐ Left ☐ Right

☐ Exam of individual involved in MV traffi c accident(V71.4)(V71.4)

Headache/facial pain (784.0) ☐ Left ☐ Right

Hypermobility of the TMJ (728.5) ☐ Left ☐ Right

☐ Late effects of motor vehicle accident (E929.0)

☐ Late effects of other accidents (E929.8)

Laxity of ligament of the TMJ (728.4) ☐ Left ☐ Right

☐ Limited mandibular range of motion (524.52)

☐ Loss of cervical lordosis (737.20)

☐ Mandibular discrep to cranial base (524.10)

☐ Microtrauma (959.0)

☐ Migraine (346.9)

Musculoskeletal disorders of neck (723.9) ☐ Left ☐ Right

Myalgia (729.1) ☐ Left ☐ Right

Otalgia (388.70) ☐ Left ☐ Right

Pain in jaw (524.62) ☐ Left ☐ Right

Pain in/around eye (379.91) ☐ Left ☐ Right

☐ Postural kyphosis (737.10)

☐ Postural lordosis (737.0)

Splenius capitus muscle syndrome of neuropathy(729.1)(729.1) ☐ Left ☐ Right

Temporal tendinitis (726.90) ☐ Left ☐ Right

☐ TMJ sounds on opening and/or closing (524.64)

Temporomandibular occipital neuralgia (723.8) ☐ Left ☐ Right

Tension headache (307.81) ☐ Left ☐ Right

Tinnitus (388.31) ☐ Left ☐ Right

Trapezius muscle syndrome (729.1) ☐ Left ☐ Right

Trauma to the head and neck (959.0) ☐ Left ☐ Right

☐ Trigeminal neuralgia (350.1)

☐ Trismus (718.4)

## Pain Codes

Pain in jaw (524.62) ☐ Left ☐ Right

Pain in/around eye (379.91) ☐ Left ☐ Right

☐ Acute pain due to trauma (338.11)

☐ Other acute postoperative pain (338.18)

☐ Other acute pain (338.19)

☐ Chronic pain due to trauma (338.21)

☐ Other chronic postoperative pain (338.28)

☐ Other chronic pain (338.29)

## Causation/Restrictions

PATIENT PRESENTS WITH

☐ Direct trauma

☐ Jaw trauma due to sudden, severe jolting

☐ Cervical trauma leading to TMD disorder

☐ Latent cervical trauma leading to myalgia and craniomandibular disorder

☐ Latent cervical trauma leading to TMD disorder

☐ Disharmony between teeth, muscles of stomatognathic system, and TM joints

Other

IN MY OPINION, TO A REASONABLE DEGREE OF

☐ Medical certainty, this disorder

☐ Medical/dental certainty, this disorder...

Resulted from the accident of:

Was aggravated by the accident of:

Was caused by the accident of:

and aggravated by the accident of:

☐ The patient claims no symptoms prior to the accident and will require treatment to return to pre- accident status

Patient will not be able to perform any work duties,until...
at which time a re-evaluation will be made

Patient is partially disabled with restrictions until ...
...made...at which time a re-evaluation will be made

☐ Is not related to an accident but rather a disharmony of the stomatognathic System

## RESTRICTIONS INCLUDE

☐ Activities which require using the arms above the head time head for prolonged periods of time

☐ Using a prolonged forward head position

☐ Lifting of objects 10 pounds or more

☐ Heavy pushing

☐ A soft diet is recommended at this time

Other:

## Treatment
## Treatment Goals – TMD

☐ Decompression of the TM joints

☐ Reducing inflammation

☐ Reducing pain in the TM joints

☐ Reducing adverse joint loading

☐ Reducing muscle pain

☐ Improving mandibular ranges of motion

☐ Strengthening the musculoskeletal system

Other:

## Treatment Goals – Ortho

Expand arches:

☐ Upper ☐ Lower

☐ Level and align teeth

☐ Treatment plan to be determined after orthodontic records

☐ See attached treatment plan

## Treatment Goals – Sleep/Airway

Improved breathing through:

☐ FDA/OAT ☐ CPAP

☐ Pendng results of sleep study (PSG)

☐ Appliance design to be determined post TM treatment

☐ Suspected compromised airway and/or sleep disorders will be investigated during TM Treatment

## Recommended Treatment

☐ Coronoplasty (occlusal equilibration)

☐ Manipulation without anesthesia to reduce disloaction

☐ Manipulation with anesthesia to reduce dislocation

☐ None

## Appliance Therapy

☐ Orthopedic appliances

☐ Splint appliances

☐ Sleep appliances

**Maxillary**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **Mandibular**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **Emergency soft**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **Neuromuscular**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **Aqualizer**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **MRD-FDA approved Mandibular Repositioning Device Trial Device – Trial**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **TRD-FDA approved Tongue Retaining Device - Trial**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

☐ **Oral Airway/Sleep Long term appliance**

☐ Day ☐ Night ☐ 24 Hour

**Type:** Re-eval for MMI at

## Physical Medicine Modalities

☐ Aerobic conditioning ☐ Biofeedback ☐ Cold laser therapy ☐ Cranial therapy

☐ Electrical stimulation ☐ Functional exercises to improve mandibular rom ☐ Ice

☐ Iontophoresis ☐ Medication regimen ☐ Moist heat ☐ Myofunctional therapy

☐ Nerve block injection ☐ Neuromuscular massage ☐ Nutitional counseling ☐ Postural education

☐ Preventive counseling ☐ Radio frequency neurolysis ☐ Soft diet ☐ Soft tissue mobilization

☐ Transutaneous electro-neuro stimulation (TENS) ☐ Trigger point injections ☐ Ultrasound

☐ Vapocoolant spray and stretch

Other

Arthrocentesis:

☐ Right ☐ Left ☐ Bilateral

Arthroplastic surgery:

☐ Right ☐ Left ☐ Bilateral

Arthroscopic surgery:

☐ Right ☐ Left ☐ Bilateral

Arthroscopic surgery with implant prosthesis:

☐ Right ☐ Left ☐ Bilateral

☐ Closed lock reduction

☐ Surgery of the TMJ

Other

## Referral

Allergist:

Biofeedback Clinic:

Chiropractic Physician:

Chronic Pain Center:

Dental Physician for TM Joint Treatment:

Dental Physician:

ENT Physician:

Endodontist:

Family Physician:

Headache Center:

Hypnotist:

Myofunctional Therapist:

Neurologist:

Oral Pathologist:

Oral Pathologist:

Oral Surgeon:

Orthodontist:

Orthopedic Physician:

Osteopathic Physician:

Periodontist:

Physiatrist:

Physical Therapist:

Podiatrist:

Prosthodontist:

Psychiatrist:

Rheumatologist:

Sleep clinic:

Speech Therapist:

Stress Management Specialist:

Other:

## Stabilization Phase Goals

- [ ] Maintaining joint stability
- [ ] Maintaining muscle comfort
- [ ] Orthopedic stabilization of the mandible
- [ ] Restoration to as normal function as is possible toan jointan injured joint
- [ ] Manage day/night parafunctional habits, eg clenching/bruxing
- [ ] Other:

## Stabilization Program

- [ ] Alignment fixation brackets
- [ ] Coronoplasty
- [ ] Diagnostic wax-up
- [ ] Equilibration
- [ ] Evaluation and consultation
- [ ] Fabrication of new prosthesis
- [ ] Gradually subsiding appliance therapy
- [ ] Gradually subsiding appliance therapy or orthodontics
- [ ] Gradually subsiding appliance therapy or restorative dentistry
- [ ] Long term bite appliance
- [ ] Orthognathic surgery combined with orthodontics
- [ ] Orthopedic stabilization using orthodontics
- [ ] Orthopedic stabilization using restorative crowns
- [ ] Realigning existing prosthesis
- [ ] Reevaluation in (weeks)
- [ ] Remount casts

Other

## Prognosis

☐ Excellent ☐ Good ☐ Fair Guarded ☐ Poor ☐ Unknown

☐ There may be permanent impairment

☐ There will most likely be no permanent impairment

☐ Permanent impairment will be determined when the patient reaches maximum medical improvement

☐ In my opinion to a reasonable degree of medical certainty there is permanent impairment

## This has been calculated as:

Disc derangement without reduction

Disc derangement with reduction

Range of motion

Arthroplasty

Dietary restriction

Pain

Combined with the AMA Guides to the Evaluation of Permanent Impairment there is permanent

impairment of...

% of the body as a whole.

☐ A joint which has suffered soft tissue damage with the resultant disc dysfunction will never be normal again. It can be anticipated that the patient will have life time have exacerbations throughout his/her life time which and which will require additional evaluation and treatment.