

TMJ Patient Questionnaire

Patient Name: _____

Date: _____

Answer all that apply.

YES NO

1) Do you have frequent or regular headaches?

Upon awakening

Late afternoon

2) Are your jaw muscles sore or tender?

3) Are your joints sore or tender when you eat or chew?

4) Have you ever received an injury to your jaw or face?

If yes: Describe:

5) Do your joints make any noise such as snapping, clicking, or popping?

6) Do your joints lock when you are trying to open or close?

7) Do you have any teeth that are sensitive, sore, aching, or uncomfortable?

8) Have you ever worn a splint or nightguard?

If yes: How many? _____

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9) Are you taking or have you taken any medication for these symptoms?

If yes: Describe:

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10) Have you ever seen a dentist or a TMJ specialist for treatment of any of the above symptoms?

If yes: How many? _____

TMJ Screening Exam Record

Patient Name: _____

Date: _____

YES NO

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A) Signs of Occlusal Instability (worn, broken, or loose teeth)

B) Jaw Opening

Upon full opening, does the patient deviate to the right?

Upon full opening, does the patient deviate to the left?

Does the jaw deviate in protrusion?

C) Masticatory Muscle Palpation

Are any of the following muscles sore or tender when palpated?

Medial (internal) Pterygoid

Masseter

Temporalis

Lateral (external) Pterygoid

D) Evaluating Joint Sounds

Right Joint

Is there crepitus when the patient opens slightly (on rotation)?

Is there crepitus when the patient only opens wide (translation)?

Is there a click when the patient opens slightly (on rotation)?

Is there a click when the patient only opens wide (translation)?

Left Joint

Is there crepitus when the patient opens slightly (on rotation)?

Is there crepitus when the patient only opens wide (translation)?

Is there a click when the patient opens slightly (on rotation)?

Is there a click when the patient only opens wide (translation)?

E) Lucia Jig Load Test for Tenderness

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Did the Lucia Jig load test result in any tension or tenderness?

The next step: Transfer the information from the patient questionnaire and the exam record to the *TMJ Findings Worksheet*.

TMJ Findings Worksheet

Patient Name: _____ Date: _____

Completing the Table

Step 1: Record all "YES" responses in COLUMN 1 from the patient questionnaire and the screening exam worksheet

Step 2: For all "YES" responses, place a check mark in the associated shaded box to the right in Columns 2-5. There's only one shaded box per row.

			COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
			Mark 'YES' Here	Refer	Full Contact with anterior guidance	Full Contact w/ant. guide or Flat Plane	Full Contact w/ant. guide, Flat Plane, or Deprogrammer
Question							
Patient Questionnaire Responses	1	Awakening Headache					
		Afternoon Headache					
	2	Jaw Muscle Soreness					
	3	Joint Soreness					
	4	Injury					
	5	Joint Click					
	6	Locking Joints					
	7	Sensitive/Sore Teeth		Potential indication of occlusal problem			
	8	Splint or Nightguard					
	9	Medication(s)		Indication of severity			
10	TMJ Specialist						
Screening Exam Findings	A	Occlusal Instability		Indication of severity			
	B	Jaw Opening-Right					
		Jaw Opening-Left					
		Jaw Opening-Protrusion					
	C	Muscle Palpation					
	D	Crepitus open slightly					
		Crepitus open wide					
		Click open slightly					
		Click open wide					
	E	Pain on Load Testing					

Interpreting the Table

Columns 2 through 5 are organized from the least treatment to the most treatment options. *Read left to right, first check mark indicates course of action.*

- 1) Start with Column 2, if there is even one check mark in Column 2, consider referring the patient to a TMJ specialist.
- 2) Provided there are no check marks in Column 2, one check mark in Column 3 indicates a Full Contact splint w/anterior guidance.
- 3) If there are no check marks in Columns 2 or 3, but a check mark in Column 4, either a Full Contact or Flat Plane splint is indicated.
- 4) If there are no check marks in Columns 2, 3, or 4, but a check mark in Column 5, either a Full Contact, Flat Plane, or deprogrammer is indicated.

Refer to the Splint Appliance Selection Guide to choose the appropriate Full Contact splint w/ant. guide, Flat Plane splint, or deprogrammer.