

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	
		Question	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
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/anterior guidance, Flat Plane splint, or deprogrammer.

S253
SMLP160Rev091120