TMD Essentials

History - Relevant Chief Complaint Information

Onset: _____ Trauma? Y / N Stressor @ Onset? Y / N

_____

_____

_____

Previous Treatment: _____

Impact: **P**ain (Intensity): __/10 **E**njoyment (Interference): __/10 **G**eneral Activity (Interference): __/10

Chief Complaint Description

Location	
Character	
Frequency / Duration	
Temporal Pattern	
Intensity	Now: /10 Avg: /10 Worst: /10
Aggravating	
Alleviating	
Associated Sx	

Med History / Meds: _____

Perpetuating Factors: _____

Sleep Difficulties? Y/N _____ (Y - Sleep Quality: __/10, ESS: __/24, STOP-BANG: __/8)

Sleep Hygiene: _____

Body Pain? Y/N Fibromyalgia, Head, Neck, Stomach, Pelvic, Back, Other _____(Y - CSI: __/100)

Psych/Social Vulnerability? Y/N _____ (Y - PHQ-4: __/12, GAD-7: __/21, ACE: __/10)

Stress Level: (__/10) _____, **Job:** _____, **Family Status:** _____

Activity Level: _____

Oral Parafunction? Y/N Teeth Together Y/N, Tongue to Palate Y/N, Nail Biting Y/N, Other_____

Hydrated? Y/N, Nutrition: _____Caffeine Y/N, Nicotine Y/N, Alcohol Y/N

Examination

General Appearance: _____, **Red flag(s)?** N/Y(refer)

Palpation Pain (Includes discomfort or tenderness)

Muscle	Left	Right	Familiar	Referral (location)
Masseter	☐	☐	☐	☐
Temporalis	☐	☐	☐	☐
Temporal Tendon	☐	☐	☐	☐
TMJ (static/dynamic)	☐	☐	☐	☐
Trapezius	☐	☐	☐	☐
SCM	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

Jaw Range of Motion

Opening: Comfortable _____ mm

Unassisted _____ mm Painful? Y / N Familiar? Y / N Location _____

Assisted _____ mm Painful? Y / N Familiar? Y / N Location _____

Excursive:

Protrusive _____ mm Painful? Y / N Familiar? Y / N Location _____

Left _____ mm Painful? Y / N Familiar? Y / N Location _____

Right _____ mm Painful? Y / N Familiar? Y / N Location _____

Jaw Opening Pattern

- ☐ Straight
- ☐ Corrected Deviation (R / L)
- ☐ Uncorrected Deviation (R / L)

TMJ Noises

- ☐ Click/Pop (R / L) Painful (Y / N) Familiar (Y / N)
- ☐ Crepitus (R / L) Painful (Y / N) Familiar (Y / N)

Cervical Screening Limited Movement (Y/N), Pain (Y/N), Familiar (Y/N)_____

Intraoral Screening (Teeth / Gingiva / Other), Recent Dental Work? Y/N _____

_____

Diagnostic Testing

Panoramic _____ CT/CBCT _____ TMJ MRI _____ AT Nerve Block _____ Other _____

Findings: _____

Diagnoses

Pain Disorder(s)	Notes
☐ None	
☐ Myalgia (R/L) ☐ Temporal Tendonitis (R/L) ☐ Myofascial Pain w/ Referral ☐ Centrally-Mediated Myalgia	
☐ TMJ Arthralgia (R/L)	

TMJ Disorder(s)	Notes
☐ None	
Disc Displacement ☐ w/ Reduction (R/L) ☐ w/ Red. w/ Intermittent Locking (R/L) ☐ w/o Red., w/ limited opening (R/L) ☐ w/o Red., w/o limited opening (R/L)	
☐ TMJ Subluxation (R/L)	
☐ Degenerative Joint Disease (R/L)	

Notes: _____

Assessment

_____

_____

_____

Prognosis: Good, Guarded, Poor

Plan

Management Option(s)	Notes and Resources
☐ **Education**	☐ Diagnoses ☐ Physiology & Risk Factors (provide poster handout)
☐ **Self-Care**	☐ Habit Awareness Training (provide infographic & video) ☐ Heat, Massage, Gentle Movement, Diet Modification ☐ Sleep Hygiene Instruction ☐ Physical Activity ☐ Nutrition Modification ☐ Diaphragmatic Breathing Training

☐ **Medication**	☐ Topical Diclofenac (1-2 week trial for TMJ Arthralgia)
	☐ NSAID (1-2 week clock-regulated trial for TMJ Arthralgia)
	☐ Muscle Relaxant(s) (2-4 week trial - medication taken daily)
	  ☐ Methocarbamol (daytime)
	  ☐ Cyclobenzaprine (nighttime)
	☐ Tricyclic Antidepressant (3-6 month trial - medication taken daily)
	  ☐ Amitriptyline (nighttime)
	  ☐ Notriptyline (nighttime)
	☐ Gabapentinoid
	  ☐ Gabapentin (nighttime or t.i.d.)

☐ **Intervention**	
☐ **Referral**	☐ Physician (Primary) ☐ Dentist ☐ Physical Therapy ☐ Occupational Therapy ☐ Mental Health ☐ Sleep Medicine ☐ Nutrition ☐ Orofacial Pain ☐ Specialty Care - Other _____

Follow-up Timeline: 1 week, 1 month, Other _____

Follow-up Considerations: _____

_____

_____