

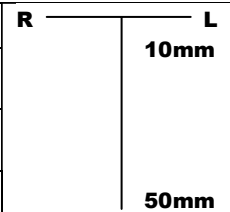
TMJ / MUSCLE / OCCLUSAL EVALUATION

NAME _____

DATE _____

MAXIMUM OPENING _____ mm PAIN? Y N WHERE? _____

DEVIATION ON OPENING Y N IF YES, DRAW DEVIATION HERE →



RANGE OF MOTION

R _____ mm PAIN? Y N WHERE? _____

L _____ mm PAIN? Y N WHERE? _____

P _____ mm PAIN? Y N WHERE? _____

TMJ PALPATION

LATERAL POLE R _____ L _____ (RATE ON SCALE 1-5)

POSTERIOR-LATERAL R _____ L _____

DOPPLER

R	HINGING	QUIET	MILD	MODERATE	COARSE	CLICK _____ mm
	TRANSLATION	QUIET	MILD	MODERATE	COARSE	CLICK _____ mm
	QUIET AFTER CLICK? Y N CLASSIFICATION _____					
L	HINGING	QUIET	MILD	MODERATE	COARSE	CLICK _____ mm
	TRANSLATION	QUIET	MILD	MODERATE	COARSE	CLICK _____ mm
	QUIET AFTER CLICK? Y N CLASSIFICATION _____					

ANTERIOR TOOTH TO TOOTH RELATIONSHIP

MOST ANTERIOR CONTACT IN M.I. _____

OVERBITE _____ mm OVERJET _____ mm OPENBITE _____ mm END-TO-END _____

MUSCLE PALPATION

RATE ON SCALE 1 - 5	R	L
SUP MASSETER		
DEEP MASSETER		
MED PTER INTRA-ORAL		
EXTRA-ORAL		
TEMP ANTERIOR		
POSTERIOR		
LAT PTERY PALPATION		
PROVOCATION		
SCM		
OCCIPITAL		
DIGASTRIC		

DRAW INCISAL PLANE AND FACIAL MIDLINE TO VERIFY MOUNTING

**MIDLINE OF TEETH R L or CENTERED TO FACE
INCISAL PLANE LEVEL or SLOPES UP TO R L**

EXCURSIVE MOVEMENT MAPPING

R LAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	L LAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
R CO 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	LCO 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
PRO 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	E TO E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

LOAD TEST

RIGHT	WNL PAIN TENSION TENDER ON LIGHT MED FIRM LOAD
LEFT	WNL PAIN TENSION TENDER ON LIGHT MED FIRM LOAD

CR CONTACT TOOTH # _____ IS PATIENT AWARE? _____

CR TO MI SLIDE FORWARD _____ mm RIGHT _____ mm LEFT _____ mm VERTICAL _____ mm

CONDYLAR INCLINATION SETTING

PROTRUSIVE R _____ mm L _____ mm	ARE THERE WEAR FACETS THAT MATCH?
RIGHT LATERAL BALANCING SIDE _____ mm	
LEFT LATERAL BALANCING SIDE _____ mm	

MANIPULATION NORMAL DIFFICULT CAN'T