

TMJ EXAM Preliminary

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Name **KaP 5a,4a-e**

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Age **54** DOB **1-24-1956**

Ears **R Wax** **L N**

Cranial nerves

III, IV, VI eyes **WNL** small face
V touch face **WNL** big face
VII **WNL** move tongue
ahh

Cancer Palpation

Parotid **WNL**

Head and Neck **WNL**

Vascular Palpation: **WNL**

Carotid, Facial, Temporal

Muscle Coord

Centric smooth
protrusive smooth
lateral smooth
Power hesitation
Massester Fires Same Time
Joint Motion **R** grating
L grating

Disk Stability

Better Function Push **L**
Worse Function Push **R**

Muscle Palpation **R**

	N	SL	MO	SV	L	N	SL	MO	SV
Masseter superior		●				●			
mid		●				●			
inferior	●					●			
Temporalis insert			●			●			
Lateral Pterygoid		●				●			
Digastric	●				●				
Temporalis post	●				●				
mid	●				●				
ant	●				●				
deep		●				●			

Teeth

Occl

Slide Direction

CR = Max I

End to End Ant

Min Ant Guide + Post Interferences

Dental Health Good

Perio Health Good

Neck

C2 nodule: sore

Neck Needs eval

	R	L
SCM	●	●
Post Neck	●	●
Trapezius	●	●

Subjective: Dec 2009 crunchy sounds and pain right TMJ. Progressively getting worse. Left side starts to lock and she stops and relaxes and it releases. Saw Dr G, DDS, who made lower NTI. Wears NTI at night, and in daytime for comfort. PT is clenching. Is on SSRI Zoloft since 2006. Appl did help make aware of how much she was clenching but still pain, crunching and popping. Left TMJ pain one time event, sharp stabbing pain with trail mix. Pain did not linger. Right TMJ clicks. Left only an occasional click. Headaches 1/week top of head. Daily constant ache RL masseter area. Sleeps well, epworth 5. No problem chewing food. Cleft Palate surgery childhood. Type 2 diabetes, fair control. Right TMJ has clicked for at least 10 years. Pt can still hear click with grating

Objective: Very loud grating sound Right TMJ.

Occlusion is end to end in anterior, min ant guide, + post interfer.

Moderate Soreness Right Temporalis insertion. RL Masseter slight soreness.

RL TMJ are not sore. 43+0mm. JVA shows scratch right, scratch click left.

Assessment: Right TMJ Perforation of retrodiscal tissue.

Occlusal Muscle Disorder

Rule Out Active OA right TMJ. Rule out joint subluxation.

Plan: CT and MRI of the TMJ. Review Scans with patient and decide next step.

If Active OA, evaluate for NSAID.

Neck evaluation by atlas orthogonist, Dr. Windman.

Evaluate for clenching aggravated by Zoloft

Evaluate for DAT-PAS appl and then occlusal adjustment.

Diagnostic Code

784.0 Facial Pain

Patient Phone/Email

123-456-1234

pt@gmail.com

Refer Dr Name/Email

Dr.B G

dr@gmail.com

TMJ

TMJ Palpation

	R	N	SL	MO	SV	L	N	SL	MO	SV
ant lat pole	●					●				
post lat pole	●					●				
indirect	●					●				
Load CR	●					●				
Load Lateral	●					●				
Bite										

Eyes

Max Plane

Max Midline

Mand Midline

Mand Plane

Chin

/ L

+

+

/ L

+

Midline

Occl plane

Eruption Max

CEJ

R Sounds

max open 43+0 mm

Sounds L

coarse

deviate

??

rocks

Protrusion

deviate

none

Click

none

Doppler Piper Classify

	R	rot	trans	L	rot	trans
crep	++	+++		+	++	
Vasc	---	click	crkl	---	click	---
	5a			4b		