

# TMJ EXAM Preliminary

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Name **C** **M**

Age 37

DOB

Dx Code R51 Facial Pain

Ears R N L N

**Cranial nerves** smell taste see hear  
III, IV, VI WNL 3,4,6 eyes H  
V WNL face numb move  
VII WNL 9,10 gag, palate  
11 SCM  
12 move tongue

Tongue Size / Mobile MO SV

## Cancer Palpation

Parotid WNL

Head and Neck WNL

Vascular BP, Pulse 103/70, P74

Palpate Carotid, Fac, Temp WNL

## Muscle Coord

Centric smooth  
protrusive smooth  
lateral smooth  
Power strong  
Masseter Fires Same Time  
Anterior Inhib Good Inhibition  
Joint Motion smooth RL

## Disk Stability

 Stable

Better Function Push Same

Worse Function Push

## Muscle Palpation

	R	N	SL	MO	SV	L	N	SL	MO	SV
Temporalis post		●					●			
mid			●					●		
ant			●					●		
Masseter sup deep				●					●	
mid				●					●	
inferior			●					●		
Intermediate			●					●		
Digastric				●						●
Medial Pterygoid					●					●
Deep Temporalis				●					●	
Lateral Pterygoid				●						●

## Teeth

## Occl

CR = Max I

Solid posterior contacts

+ Anterior Guide Steep Deep Ant Bite Mod Wear

Dental Health Good

Perio Health Good

## Neck

	R	SCM	L	SCM
Scalenes		●		●
Sup Oblique Capitus		●		●
Post Neck		●		●
Trapezius		●		●

**Subjective:** Jaw pain started 3 years ago. Dx with Melanoma, multiple, sites 3 years ago. Surgical excision of area and lymph nodes, no chemo or radiation. Tried to get pregnant, hormone therapy, developed more melanoma lesions. No PET scan. Jaw pain consistent through out this period, Jaw felt tired. Pain has increased in past 6 months. Pain worse in evening and with heavy chewing. Evening has headaches behind eyes and temple, nausea. Needs to go in dark room, can not function. Saw MD, rx 50mg zolof. Frequency of headaches has decreased to several a month. Dr Castro, Made night guard, adjusted bite several times, rx valium, no help, referred her here. 2 years ago, fractured lower left molar, retreated r/c, crown, still pain, extracted tooth, implant placed and restored. Recently cold and hot sensitivity upper left, brushing pain. Saw Dr. Hariri, endodontist, Belaire Md, dx pulpitis, did 2 r/c upper left 2 weeks ago. Tooth pain has resolved, still has facial pain. Past orthodontic, went well, had extractions. Neck is sore at end of day, everyday, no therapy. Right and Left TMJ clicking sounds for about 3 years, loudness increase in past 6 months. No limited opening. Doe not sleep well, restless, difficult time getting up, epworth 8, no snoring, but clenches and grinds teeth. Can chew foods well. Bite feels solid, no changes. ii: face ache end of day, clicking increasing in past 6 month.

**Objective:** 4 bicuspid extractions, collapsed arches, steep/deep bite. Endo on #13 & #14, teeth are now out of occlusion after endo. Moderate tooth grinding wear right cuspid. Upper hard/soft night guard.

**Assessment:** Malocclusion, steep deep bite with collapsed arch form. Mandibular and maxillary deficiency, retrognathia. Moderate severe Myalgia of TMJ muscles. Parafunctional grinding, grinding of teeth may be airway related. Doppler Roughness sound bilateral TMJ may be damaged cartilage from parafunction. TMJ damage appears well adapted. Possible Occlusal Muscle Dysfunction from deep bite.

**Plan:** CT of the TMJ. Review Scans with patient and decide next step. Rule out pathology in TMJ and surrounding tissues. Determine extent of joint damage. Evaluate for surgical and non-surgical options.

Diagnostic test for clenching, grinding, joint stability, occlusal muscle disharmony: D-PAS appliance. Home Sleep Airway Screening.

Hold off on getting crowns #13, 14 until after above tests.

If still pain, will need MRI of the TMJ.

## Refer Dr Name/Email

## Patient Phone/Email

## TMJ Palpation

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

## Skeletal

## Alignment

	Eyes	Max Plane	Max Midline	Mand Midline	Mand Plane	Chin
Incisal Edge/Lip	3mm	---	+	+	---	+
CEJ Alignment	Aligned					

## Sounds

R	max open	50+6	mm	Sounds	L
smooth	deviate	I		smooth	
	Protrusion	Normal			
	deviate	I			
	Lateral Exc	Normal			

can be displaced Click

## Skin Health

Good

## Doppler Piper Classify

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