

TMJ EXAM Preliminary

1- 23-17

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Name **M G**

Age **44**

DOB

Dx Code Facial Pain of unknown

Ears R N L Tubes

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

Medium w/ Tooth Indents

Cancer Palpation

Parotid WNL

Head and Neck WNL

Vascular BP, Pulse 143/106 P85

Palpate Carotid, Fac, Temp

Muscle Coord

Centric tremors

protrusive guarded

lateral guarded

Power normal

Masseter Disharmony

Anterior Inhib None, Full Power

Joint Motion smooth RL

Disk Stability Stable

Better Function Push Same

Worse Function Push Neither

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 0.1mm

Fair posterior contacts

+ Anterior Guide W/NW Contacts SL Wear

Dental Health Fair

Perio Health Fair Mod PDD

Neck R SCM

Scalenes

Sup Oblique Capitus

Post Neck

Trapezius

L

rot trans

crep

Vasc

4a

4a

Subjective: Referred by internet. Oct 2015 ears felt clogged, both ears, but mostly left, saw ENT, tentative dx middle ear problem, tried steroid, no help, put in left ear tube, no help. ENT not sure what problem is. Problem does not change with altitude. Saw ENT Dr Lee thought TMJ problem, gave diuretic to relieve pressure in TMJ, no help and had side effect of being lethargic. Saw Dr Burger, his general DSS, gave him lower guard, 24/7. Felt like he clenches on guard, chews guard. Felt better with out guard. After wearing guard became aware of bite not fitting as well as it should. Feels tightness cheek area (Deep masseter area). Age 7 tinnitus started, busy signal sound, March 2015 hearing aides left ear to help with tinnitus. No longer wears as makes ear pressure worse. Popcorn, bubble sounds in left ear with jaw moving. One event 2 years ago opened wide, on closing jaw felt off for 1 week on right side. Sept 2016 vertigo woke up with full blown attack. No recent vertigo since Dec 2016. Currently has pain in cheek area. Ortho age 12-14, no extractions. Had childhood trauma to teeth, needed ortho to pull tooth into alignment. Sleeps well, rested on waking, epworth 7, snores. No hx Rheumatoid Arthritis. Chews more on left side. Bites side of mouth more than he use to. History of migraines, Adult dx w ADHD, now on adderal, migraines have resolved. His daughter, now age 17, was dx w ADHD as child. Has limited his diet, cuts up apple so not wide opening. Past nasal surgery treated deviated septum, nasal passages, and chin implant. ii: Wants to resolve Ears clog, tinnitus, dizziness. Wants to know if on correct path.

Objective: Left ear tube still in place.

Periodontal odor. Staining with possible leak around anterior composite fillings.

Night guard, loose fit, rocks on loading.

Assessment: Severe myalgia both TMJ and neck muscles from unknown cause.

TMJ damage. Malocclusion, Retrognathic mandible.

Diseases to consider and rule out: Atlas subluxation, TMJ damage causing minor bite shift, Pinto's

ligament stretch affecting ear, Occlusal Muscle Dysfunction, periodontal infection, Acute sprain TMJ 2

years ago, Sleep airway restriction affecting sleep, Parafunctional Jaw clenching, Retrognathic

mandible may be contributing to airway obstruction.

Plan: CT and MRI 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.

Periodontal Evaluation by DDS to identify source of periodontal odor.

Refer Dr Name/Email internet

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

Sounds R max open 45+6 mm

smooth deviate

Protrusion

deviate

Lateral Exc

none Click none

Skin Health

Doppler Piper Classify

R rot trans L rot trans

crep

Vasc

4a

4a