

# INTERPRETATION OF SCREENING QUESTIONNAIRE AND EXAM FORM

(It should be understood that this questionnaire and exam form do not constitute a complete evaluation for TMD. Positive findings, as described below, indicate a need for a comprehensive evaluation.)

## INTERPRETATION OF TMD SCREENING QUESTIONNAIRE

1. A positive response to any of questions #1 – 10 is a clear indication of the need for a comprehensive stomatognathic/masticatory evaluation regarding possible pain or other significant masticatory dysfunction. A screening exam, at a minimum, should be done to determine the severity of the problem. This will form the basis of a decision of whether to treat or refer.
2. Positive responses to any of questions # 11 – 16, even if other responses are negative, suggests a need for careful evaluation of the dental occlusion, at a minimum. The use of mounted models for this evaluation is strongly recommended.
3. When positive responses to any of questions #11-16 are combined with positive responses to questions #1-10, the potential for the dental occlusion to be a significant contributor to the masticatory pain/dysfunction is high. Treatment is strongly recommended.

## INTERPRETATION OF TMD SCREENING EXAM

### RANGE OF MOTION

Any of the following would be considered a significant finding:

1. A significant decrease in the normal opening range of motion, or a decrease in lateral excursion, particularly if unilateral. Normal opening should be 40-55 mm, depending on the stature of the individual. Normal opening should take place in the midline and without pain. Normal lateral movements should be 8-12 mm and equal in both right and left lateral movements. Limitation in either or both movements, particularly with pain, would be considered a significant finding.
2. An end-point deflection away from the midline on opening.
3. Pain on opening, or with other jaw movements, particularly when localized to either or both temporomandibular joints.

### JOINT TENDERNESS:

Tenderness of the TM joints with lateral palpation is usually the joint capsule (like a mild sprain.) Intra-meatal pain is likely intracapsular pain (retrodiscal tissues).

### JOINT SOUNDS:

Structurally-intact joints are quiet. Inflamed and edematous joints can also be quiet. Clicking and popping occurs commonly (30-40% of the general population, more so in females with ligament laxity). In the absence of pain, it may be of little significance, particularly if it has been present for a long time and has not changed. Clicking and popping that has gotten louder over time, particularly with rapid change, or that has been associated with catching or locking, is clearly significant. Hard crepitus (like walking on gravel) that is not associated with advanced age is always a significant finding. Other, less distinct crepitus can vary greatly in its quality and its significance is not always clear. In most cases it will be indicative of some kind of soft tissue remodeling/articular surface change within the joint.

### MUSCLE TENDERNESS:

Tenderness of the anterior fibers of the temporalis muscle or of the deep or superficial masseter muscles should be considered significant. Other findings of muscle tenderness, such as the posterior digastric or cervical muscles, adds further to the significance.

### FACIAL SYMMETRY:

Facial asymmetry, by itself, may not be significant. However, various skeletal asymmetries, particularly inter-arch asymmetries, may be a significant finding in the presence of other symptoms. For this reason, they should be noted when observed.

## INTERPRETATION OF FINDINGS

1. If a positive (significant) finding in **RANGE OF MOTION** and/or **JOINT TENDERNESS** are present, comprehensive examination should be undertaken.
2. The presence of muscle tenderness, or if TM joint sounds are associated with pain, catching, or locking, would suggest the need for a comprehensive examination.
3. Occlusal disharmonies together with parafunction, TM joint dysfunction and/or joint pain are known contributors to masticatory muscle pain.
4. If significant maxillo-mandibular asymmetry is found, particularly in the jaws or between the dental arches, in combination with other positive exam findings, imaging is suggested as part of the more comprehensive evaluation.