

# TMJ EXAM Preliminary

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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

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 Sounds **L**

smooth deviate

Protrusion

deviate

Lateral Exc

none Click none

Skin Health

Doppler Piper Classify

**R** **rot** **trans** **L** **rot** **trans**

crep --- ++ crep --- ++

Vasc --- click ?+ Vasc --- click ?+

4a 4a

Neck **R** **SCM** **L** **SCM**

Scalenes

Sup Oblique Capitus

Post Neck

Trapezius