

TMJ EXAM Preliminary

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Name **KaP 5a, 4ae**

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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

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. Glasgow DDS, who made lower NTI. Wear 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.

Moderate Soreness Right Temporalis insertion. RL Masseter slight soreness.

RL TMJ are not sore.

Assessment: Right TMJ Perforation of retrodiscal tissue

Occlusal Muscle Disorder

Rule Out Active OA right TMJ.

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

If Active OA, evaluate for NSAID

Evaluate for clenching aggravated by Zoloft

Evaluate for DAT-PAS appl and then occlusal adjustment

Diagnostic Code

784.0 Facial Pain

Patient Phone/Email

703-924-5844

Refer Dr Name/Email

Dr.Boyd Glasgow

hayfielddentalcare.

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	Good		+	+		
CEJ Alignment	Aligned					+

Sounds

	R	max open	43+0	mm	Sounds	L
coarse		deviate			??	
rocks		Protrusion				
		deviate				
none		Click			none	

JVA

	R	N	SL	MO	SV	Complexity	L	N	SL	MO	SV	Complexity
Wobble			●							●		
Click	●						●					
Scratch				●			●					
Sensor Roll	5						4a					

Doppler Piper Classify

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

