Name:	Age: Gender: \square M \square F
DIFFERENTIAL DIAGNOSIS OF TMD	DIFFERENTIAL DIAGNOSIS OF TMD
Intracapsular disorders	Extracapsular disorders
☐ TMJ capsule/disc/ligament	☐ Masticatory muscle disorders
☐ TMJ arthralgia	☐ Myofascial pain
☐ TMJ disc derangement disorder	☐ Local muscle pain (myalgia)
☐ Anterior displaced disc with reduction	☐ Myositis
☐ Anterior displaced disc without reduction	☐ Centrally mediated myalgia
☐ Anterior displaced disc without reduction + restriction	☐ Myospasm
☐ TMJ dislocation	☐ Myofibrotic contracture
☐ Inflammatory TMJ disorders	☐ Trauma
☐ Non-inflammatory TMJ disorders	☐ Congenital or developmental
☐ Congenital or developmental TMJ disorder	☐ Coronoid process
☐ Trauma	☐ Styloid process
☐ Joint loading test	☐ Range of motion testing (occlusion/non-occlusion)
☐ Range of motion testing (occlusion/non-occlusion)	☐ Other:
☐ Other:	

OROFACIAL PAIN HISTORY

When did the pain start?		
Pain Severity: (least) 1 2 3 4 5 6 7 8 9 10 (worst)		
Pain Type: Sharp _ Dull _ Throb _ Refer _ Shoot _ Deep _ Burning _		
Frequency: Occasional Intermittent Daily Weekly Monthly		
Duration: Minutes Hour Day Constant		
Temporal: Morning Daytime Night Sleep		
Associated Pain: Headache Face Neck Other		
Pain Location: Localized General Unilateral Bilateral		
What increases pain?		
What decreases pain?		
Analgesics used?		
Pain Impact: Work Sleep loss Social Fatigue Irritability Frustration Anxiety Nervousness Secondary Gain		
Psychological stressors:		
Pain of Dental Origin:		
Pain of Non-dental Origin:		
Atypical Face Pain: Trigger Points: Trigeminal Neuralgia:		

PRELIMINARY MENTAL STATUS ASSESSMENT

☐ Orientation to: time, place, and person
☐ Social and occupational level of functioning
☐ Appearance
☐ Attitude
☐ Mood and affect
☐ Speech
☐ Thought process and content
☐ Sensory perceptions
☐ Mental capacities (cognition, insight, judgment)
$\hfill \square$ Will underlying psychological disorder impact treatment?
☐ Will cognitive behavioral therapy be needed?
☐ Referral to mental health consultant?

DIFFERENTIAL DIAGNOSIS OF OCCLUSAL DISORDERS (OD)	TREATMENT PLANNING
☐ Skeletal variation or dental malocclusion	☐ Imaging studies:
☐ Occlusal trauma and associated sequelae	☐ Panoramic
☐ Occlusal plane discrepancy	☐ FMX
☐ Centric occlusion-maximal intercuspation discrepancy	☐ CBCT
☐ Posterior deflective occlusal contacts in:	☐ MRI
☐ Laterotrusion	☐ Other studies
☐ Mediotrusion	<u>Consultations</u>
☐ Protrusion	☐ Orthodontist
☐ Anterior Posturing/Muscle Splinting	☐ Oral & Maxillofacial Surgeon
☐ Limited Range of Motion	☐ Endodontist
☐ Inadequate maximal intercuspation-lack of posterior support	☐ Neurologist
☐ Inadequate Anterior Guidance	☐ Periodontist
·	☐ Physical Therapist☐ Prosthodontist
☐ Inadequate Occlusal Vertical Dimension	_
☐ Advanced Attrition – Occlusal Wear	☐ Psychologist
☐ Erosion/Abrasion/Abfraction	☐ Other referral
☐ Parafunction	Management Orofacial Pain
☐ Bruxism	
☐ Occlusal Awareness	☐ TMD ☐ Occlusal
	☐ Occiusai

TMD MANAGEMENT	Prosthodontic Management
☐ Patient education and awareness	☐ Occlusal Device Deprogrammer
☐ Rest and diet	☐ Occlusal Equilibration or Adjustment
☐ Physical therapy	☐ Restore Occlusal Vertical Dimension
☐ Moist heat packs/vapocoolant "spray and stretch"	☐ Restore Incisal-Canine Guidance
☐ Occlusal device (anterior, full coverage, MORA)	☐ Restore Maximal Intercuspation
☐ Other therapy	☐ Provisional Treatment
<u>Pharmacotherapy</u>	Prosthodontic Treatment
☐ Analgesic	☐ Removable Prosthodontics
☐ Anti-inflammatory	☐ Fixed Prosthodontics
☐ Muscle relaxant	☐ Implant Prosthodontics
☐ Psychotropic	Occlusal Scheme
☐ Surgical: Arthroscopy/arthrocentesis/orthognathic/etc.	☐ Maximal intercuspation established at centric occlusion
☐ Orthodontic	☐ Maximal intercuspation (acquired)
☐ Prosthodontic management	☐ Mutually protected articulation
☐ Referral	☐ Group function
	☐ Balanced articulation