

INITIAL EXPLORATION INTERDISCIPLINARY PROTOCOL FOR PATIENTS WITH SYMPTOMS OF CRANIO-MANDIBULAR DYSFUNCTION

(For Physiotherapists, maxillo-facial surgeons, Speech Therapists, Dentists, ENT and General Practitioners)

Carried out by:.....Specialty:.....

Datos del paciente:

Name & Surname :.....

Age:.....Sex: Male Female Date:.....

Chief complaint:

Preexisting conditions:

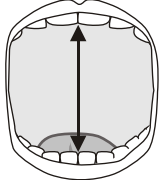
1. 1 - Anxious depressive syndrome 1.2 - Fibromyalgia 1.3 - Rheumatic diseases
 1. 4 - Ligamentous laxity 1.5 - Other _____.

Anamnesis:

	NO	SÍ
2- Do you feel pain / discomfort in TMJ area which radiates to the ear or the head? (If yes, indicate the areas where the patient feels pain)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> A. TMJ B. Temporal C. Masseter D. Inferior maxillary, anterior of masseter E. Superior maxillary, ocular and peri-ocular F. Cranial vault G. Occipital H. Sternocleidomastoid and front of neck </div> <div style="width: 45%; text-align: center;"> </div> </div>	NO	YES
2- Do you feel pain at rest?		
3- Do you feel pain when chewing?		
4- Do you feel pain when speaking?		
5- Do you feel pain when yawning?		
Are there any limitations when:		
6- opening the mouth?		
7- closing the mouth?		
Do you clench or grind your teeth		
8- at night?		
9- during the day?		
10- Have you lost any dental pieces without replacing them?		
11- Do you chew gum or bite your nails or foreign objects?		
12- Do you have sucking habits?		
13- Do you hear clicking or grating when you chew or open or close your mouth?		
14- Do you have tinnitus and / or vertigo?		
15- Do you easily tired when speaking or suffer from dysphonia?		
16- Do you neck and head feel heavy when you move them?		
17- Do you take medication?		
17.1 Muscle relaxants?		
17.2 Anti inflammatory /pain relieves?		
17.3 Sleep medication?		
17.4 Other?		
18- Have you had any accidents which resulted in head/neck/face injuries or trauma?		
19- Has your jaw ever dislocated and locked when opening the mouth?		
20- Have you ever used a mouth guard?		
21- Have you recently undergone dental treatment?		
22- Have you experienced a reddening or inflammation of the A-C area?		

Measurement of mandibular movement:

3 23- Maximum oral aperture: _____ mm



MIN: 40 mm
MAX: 55 mm

Mandibular deviations

4 24- Opening / Closure NO YES

Noises (clicking or grinding when palpating TMJ area)

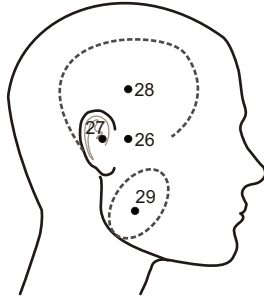
5 25 - Noises during mouth opening or closing NO YES

Pain when palpating

6

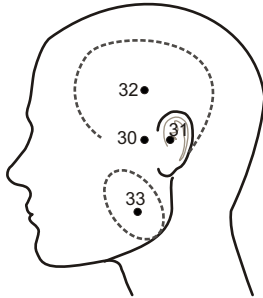
RIGHT:

- 26- Lateral TMJ
- 27- Posterior TMJ
- 28- Temporal area
- 29- Masseter area



LEFT:

- 30- Lateral TMJ
- 31- Posterior TMJ
- 32- Temporal area
- 33- Masseter area




Intraoral examination

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34- Dental abrasion due to bruxism: NO YES

35- Malocclusion (Angle)



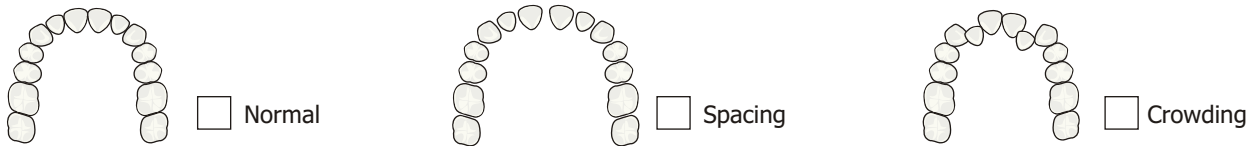
Class I (Normal) Class II/1 Class II/2 Class III

36- Bite. Occlusion.



Normal Anterior deep bite Open bite Cross bite (uni. Or bilat.)

37- Alignment



Normal Spacing Crowding

8 38- Recommended assessment by:

Maxillo-facial surgeon Physiotherapist Orthodontist Speech therapist ENT

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