

## TMJ SUMMARY

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Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Recipient Number: \_\_\_\_\_

< The items written in small print, in each category are not inclusive  
and should be used only as guides>

### Chief Complaints:

Facial Pain: headaches, TMJ pain,  
TMJ sounds, cervical pain, oral pain,  
dental pain, decrease in jaw ROM,  
ringing in ears, jaw locking, closed  
or open, duration

### Clinical Findings:

Palpation of: TMJ, masticator muscles,  
cervical muscles; functional manipulation;  
jaw and neck ROM; TMJ sounds; occlusion

### Radiographic Findings:

### Impressions:

Myofascial Pain: masticatory muscles, cervical muscles,  
TMJ capsules, TMJ disc displacement or dislocation,  
Hyper-mobility, osteoarthritis, headaches, myofascial  
tension, missing teeth, malocclusion, chronic pain, etc.

### Etiology:

Trauma, Bruxism, Missing teeth, malocclusion, etc.

### Recommendations:

If splints are requested please state if it will be a hard or soft splint.