Date: \_\_\_ Examiner: \_\_\_

**1a. Location of pain: Last 30 days (select all that apply)**

RIGHT PAIN

\_ 1. None \_ 2. Temporalis \_ 3. Masseter \_ 4. TMJ \_ 5. Other m muscles

\_ 6. Non-mast structures

LEFT PAIN

\_ 1. None \_ 2. Temporalis \_ 3. Masseter \_ 4. TMJ \_ 5. Other m muscles

\_ 6. Non-mast structures

**1b. Location of headache: Last 30 days (select all that apply)**

RIGHT PAIN

\_ 1. None \_ 2. Temporal \_ 3. Other

LEFT PAIN

\_ 1. None \_ 2. Temporal \_ 3. Other

**2. Incisal Relationships**

1.Reference tooth: \_ FDI #11 \_ FDI #21 \_ Other

2.Horizontal Overjet: \_ if negative \_\_ mm

3.Vertical Incisal Overlap: \_ if negative \_\_ mm

4.Midline Deviation: \_ Right \_ Left \_ N/A \_\_ mm

**3. Opening pattern (Supplemental; select all that apply)**

\_ 1.Straight \_ 2.Corrected deviation

\_ 3.Uncorrected deviation – right \_ 4.Uncorrected deviation – left

**4. Opening Movements**

A. Pain free opening: \_\_ mm

B. Maximum unassisted opening: \_\_ mm

RIGHT SIDE

1.Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

LEFT SIDE

1. Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

C. Maximum assisted opening: \_\_ mm

RIGHT SIDE

1. Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

LEFT SIDE

1. Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

D. Terminated? \_ 0. No \_ 1. Yes

**5. Lateral and Protrusive Movements**

A. Right lateral: \_\_ mm

RIGHT SIDE

1.Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

LEFT SIDE

1. Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

B. Left lateral: \_\_ mm

RIGHT SIDE

1.Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

LEFT SIDE

1. Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

C. Protrusion: \_\_ mm

RIGHT SIDE

1.Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

LEFT SIDE

1. Temporalis

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

2. Masseter

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

3. TMJ

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

4. Other M Musc

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

5. Non-mast

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

D. \_ If negative

**6. TMJ Noises During Open & Close Movements**

RIGHT TMJ

1.Click

Examiner – a. Open \_ 0. No \_ 1. Yes

Examiner – b. Close \_ 0. No \_ 1. Yes

c. Patient \_ 0. No \_ 1. Yes

*If yes …* d. Pain w/ click? \_ 0. No \_ 1. Yes

e. Familiar pain? \_ 0. No \_ 1. Yes

2. Crepitus

Examiner – a. Open \_ 0. No \_ 1. Yes

Examiner – b. Close \_ 0. No \_ 1. Yes

c. Patient \_ 0. No \_ 1. Yes

LEFT TMJ

1.Click

Examiner – a. Open \_ 0. No \_ 1. Yes

Examiner – b. Close \_ 0. No \_ 1. Yes

c. Patient \_ 0. No \_ 1. Yes

*If yes …* d. Pain w/ click? \_ 0. No \_ 1. Yes

e. Familiar pain? \_ 0. No \_ 1. Yes

2. Crepitus

Examiner – a. Open \_ 0. No \_ 1. Yes

Examiner – b. Close \_ 0. No \_ 1. Yes

c. Patient \_ 0. No \_ 1. Yes

**7. TMJ Noises During Lateral & Protrusive Movements**

RIGHT TMJ

1.Click

a. Examiner \_ 0. No \_ 1. Yes

b. Patient \_ 0. No \_ 1. Yes

If *yes* … c. Pain w/ click? \_ 0. No \_ 1. Yes

d. Familiar pain? \_ 0. No \_ 1. Yes

2. Crepitus

a. Examiner \_ 0. No \_ 1. Yes

b. Patient \_ 0. No \_ 1. Yes

LEFT TMJ

1.Click

a. Examiner \_ 0. No \_ 1. Yes

b. Patient \_ 0. No \_ 1. Yes

If *yes* … c. Pain w/ click? \_ 0. No \_ 1. Yes

d. Familiar pain? \_ 0. No \_ 1. Yes

2. Crepitus

a. Examiner \_ 0. No \_ 1. Yes

b. Patient \_ 0. No \_ 1. Yes

**8. Joint Locking**

RIGHT TMJ

1.While Opening

a. Locking \_ 0. No \_ 1. Yes

b. Reduction – Patient \_ 0. No \_ 1. Yes

c. Reduction – Examiner \_ 0. No \_ 1. Yes

2.Wide Open Position

a. Locking \_ 0. No \_ 1. Yes

b. Reduction – Patient \_ 0. No \_ 1. Yes

c. Reduction – Examiner \_ 0. No \_ 1. Yes

LEFT TMJ

1.While Opening

a. Locking \_ 0. No \_ 1. Yes

b. Reduction – Patient \_ 0. No \_ 1. Yes

c. Reduction – Examiner \_ 0. No \_ 1. Yes

2.Wide Open Position

a. Locking \_ 0. No \_ 1. Yes

b. Reduction – Patient \_ 0. No \_ 1. Yes

c. Reduction – Examiner \_ 0. No \_ 1. Yes

**9. Muscle & TMJ Pain with Palpation**

RIGHT SIDE

(1 kg)

1. Temporalis (posterior)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

d. Referred Pain \_ 0. No \_ 1. Yes

2. Temporalis (middle)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

d. Referred Pain \_ 0. No \_ 1. Yes

3. Temporalis (anterior)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

d. Referred Pain \_ 0. No \_ 1. Yes

4. Masseter (origin)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

5. Masseter (body)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Ye

c. Referred Pain \_ 0. No \_ 1. Yes

6. Masseter (insertion)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

TMJ

7. Lateral pole (0.5 kg)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

8. Around lateral pole (1 kg)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

LEFT SIDE

(1 kg)

1. Temporalis (posterior)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

d. Referred Pain \_ 0. No \_ 1. Yes

2. Temporalis (middle)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

d. Referred Pain \_ 0. No \_ 1. Yes

3. Temporalis (anterior)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Familiar Headache \_ 0. No \_ 1. Yes

d. Referred Pain \_ 0. No \_ 1. Yes

4. Masseter (origin)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

5. Masseter (body)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

6. Masseter (insertion)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

TMJ

7. Lateral pole (0.5 kg)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

8. Around lateral pole (1 kg)

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

**10. Supplemental Muscle Pain with Palpation**

RIGHT SIDE

(0.5 kg)

1. Posterior mandibular region

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

2. Submandibular region

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

3. Lateral pterygoid area

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

4. Temporalis tendon

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

LEFT SIDE

(0.5 kg)

1. Posterior mandibular region

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

2. Submandibular region

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

3. Lateral pterygoid area

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

4. Temporalis tendon

a. Pain \_ 0. No \_ 1. Yes

b. Familiar Pain \_ 0. No \_ 1. Yes

c. Referred Pain \_ 0. No \_ 1. Yes

**11. Diagnoses**

A. Pain Disorders

\_ 1 .None

\_ 2. Myalgia

\_ 3. Myofascial pain with referral

\_ 4. Right Arthralgia

\_ 5. Left Arthralgia

\_ 6. Headache attributed to TMD

B. Right TMJ Disorders

\_ 1. None

2. Disc displacement (select one)

\_\_ a. with reduction

\_\_ b. with reduction, with intermittent locking

\_\_ c. without reduction, with limited opening

\_\_ d. without reduction, without limited opening

\_ 3. Degenerative joint diseases

\_ 4. Subluxation

C. Left TMJ Disorders

\_ 1. None

2. Disc displacement (select one)

\_\_ a. with reduction

\_\_ b. with reduction, with intermittent locking

\_\_ c. without reduction, with limited opening

\_\_ d. without reduction, without limited opening

\_ 3. Degenerative joint diseases

\_ 4. Subluxation

12: Comments \_\_\_

Notes:

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Reference

Schiffman E, Ohrbach R, Truelove E, et al. Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network\* and Orofacial Pain Special Interest Group. Journal of Oral and Facial Pain and Headache, 2014; 28(1), 6-27. DOI: 10 11607/jop.1151