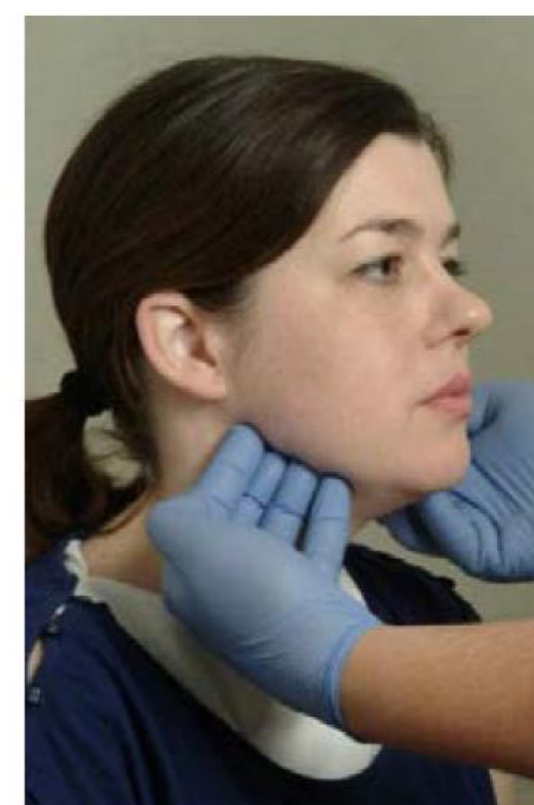




Chuan-Hang Yu
tao2008@csmu.edu.tw

E1 Examiner confirmation of pain and headache location

Examiner Instructions of Locations for Pain Reporting



1. (a)疼痛位置：

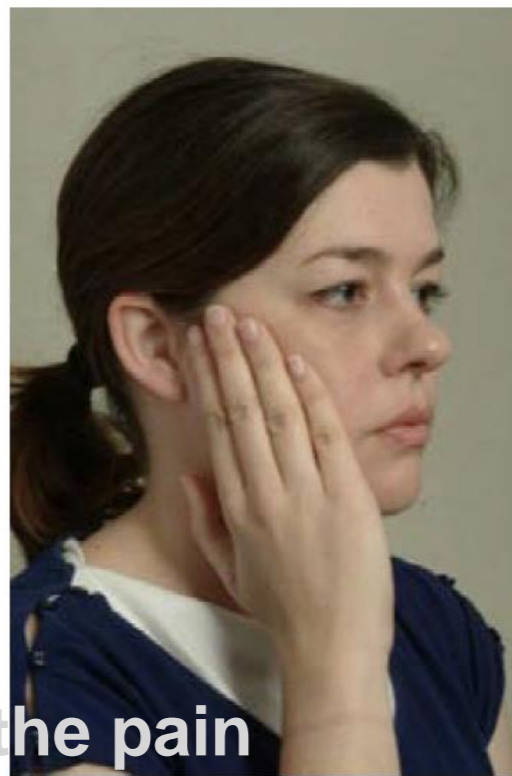
右半邊疼痛			左半邊疼痛		
<input type="checkbox"/> None	<input type="checkbox"/> TMJ	<input type="checkbox"/> Temporalis	<input type="checkbox"/> None	<input type="checkbox"/> TMJ	<input type="checkbox"/> Temporalis
<input type="checkbox"/> Masseter	<input type="checkbox"/> m. pterygoid		<input type="checkbox"/> Masseter	<input type="checkbox"/> m. pterygoid	
<input type="checkbox"/> 其他咀嚼肌 _____			<input type="checkbox"/> 其他咀嚼肌 _____		

1. (b)頭痛位置：

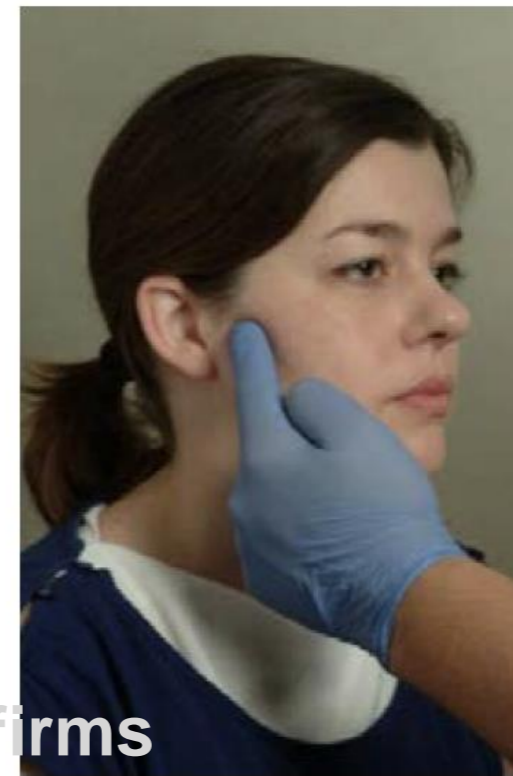
右半邊疼痛		左半邊疼痛	
<input type="checkbox"/> None	<input type="checkbox"/> Temporalis	<input type="checkbox"/> None	<input type="checkbox"/> Temporalis
<input type="checkbox"/> Others _____		<input type="checkbox"/> Others _____	



Patient locates the pain



Examiner confirms



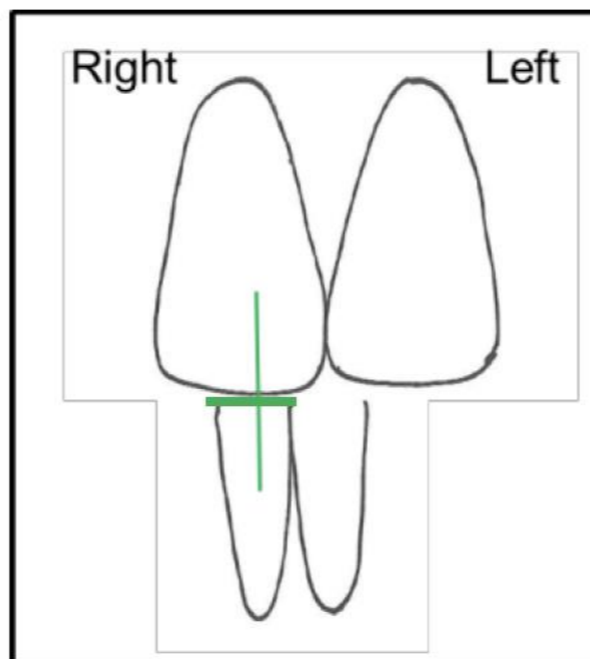
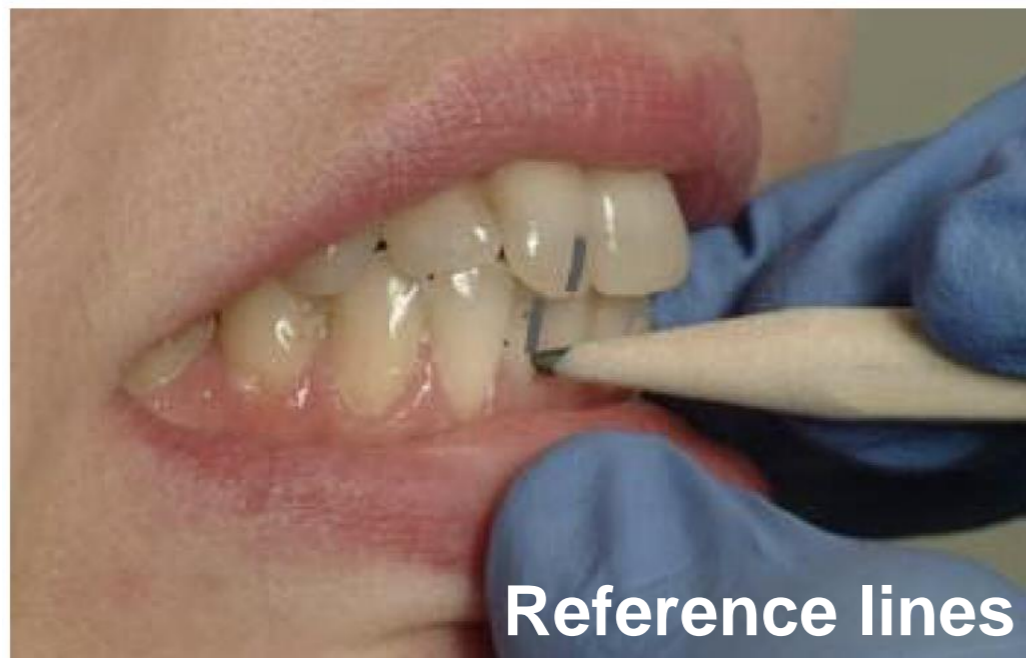
1. (a)疼痛位置：

右半邊疼痛			左半邊疼痛		
<input type="checkbox"/> None	<input type="checkbox"/> TMJ	<input type="checkbox"/> Temporalis	<input type="checkbox"/> None	<input type="checkbox"/> TMJ	<input type="checkbox"/> Temporalis
<input type="checkbox"/> Masseter	<input type="checkbox"/> m. pterygoid		<input type="checkbox"/> Masseter	<input type="checkbox"/> m. pterygoid	
<input type="checkbox"/> 其他咀嚼肌 _____			<input type="checkbox"/> 其他咀嚼肌 _____		

1. (b)頭痛位置：

右半邊疼痛		左半邊疼痛	
<input type="checkbox"/> None	<input type="checkbox"/> Temporalis	<input type="checkbox"/> None	<input type="checkbox"/> Temporalis
<input type="checkbox"/> Others _____		<input type="checkbox"/> Others _____	

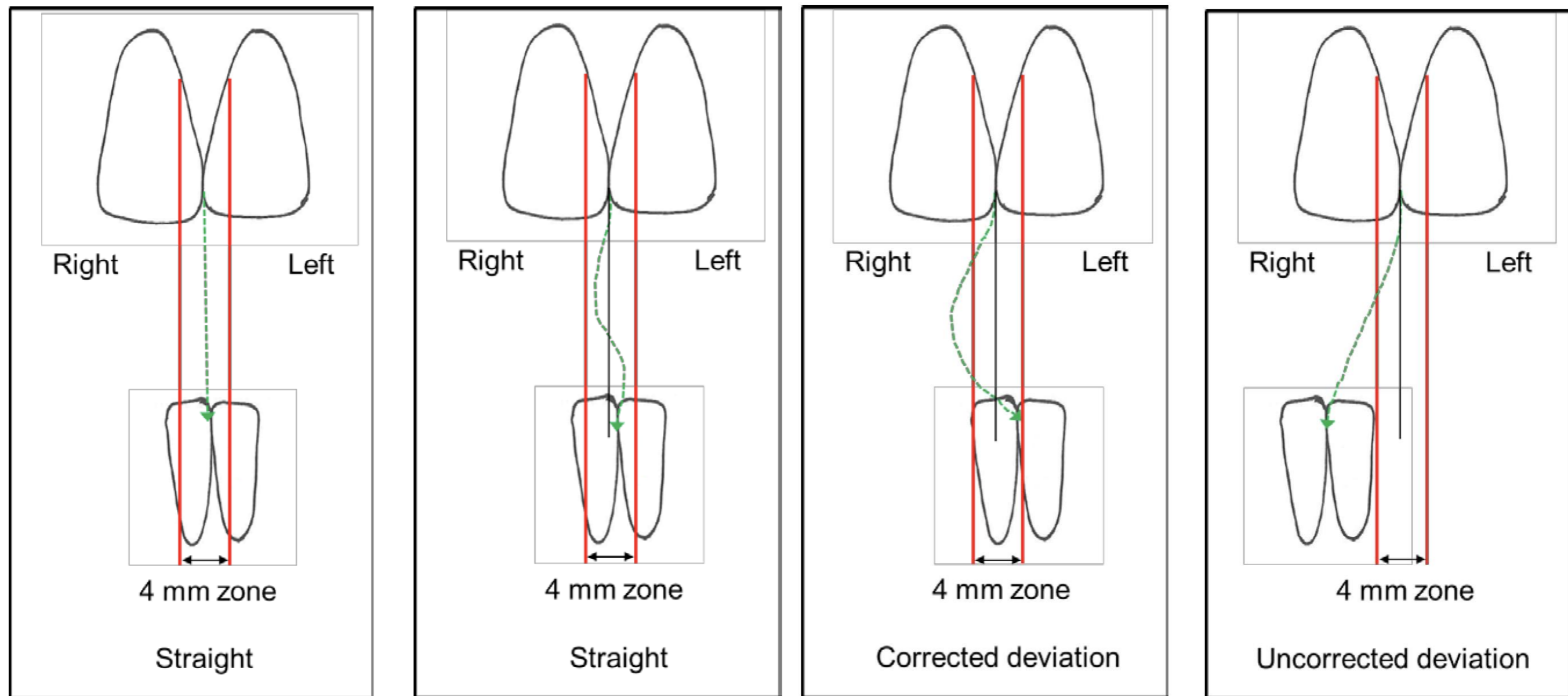
E2 Incisal relationships



2. 門齒切端關係 參考牙位

Horizontal incisal overjet	Vertical incisal overlap	Midline deviation
mm	mm	<input type="checkbox"/> R't <input type="checkbox"/> L't <input type="checkbox"/> None

E3 Opening pattern



3. 張口軌跡類型：

Straight

Corrected deviation

Uncorrected deviation

E4 Open movements



4. 張口動作：

A. Pain free opening _____mm

B. Maximum unassisted opening _____mm, pain over TMJ _____m.

familiar pain familiar headache

C. Maximum assisted opening _____mm, pain over TMJ _____m.

familiar pain familiar headache

E4 Open movements



4. 張口動作：

A. Pain free opening _____mm

B. Maximum unassisted opening _____mm, pain over TMJ _____m.

familiar pain familiar headache

C. Maximum assisted opening _____mm, pain over TMJ _____m.

familiar pain familiar headache

E5 Lateral and protrusive movements



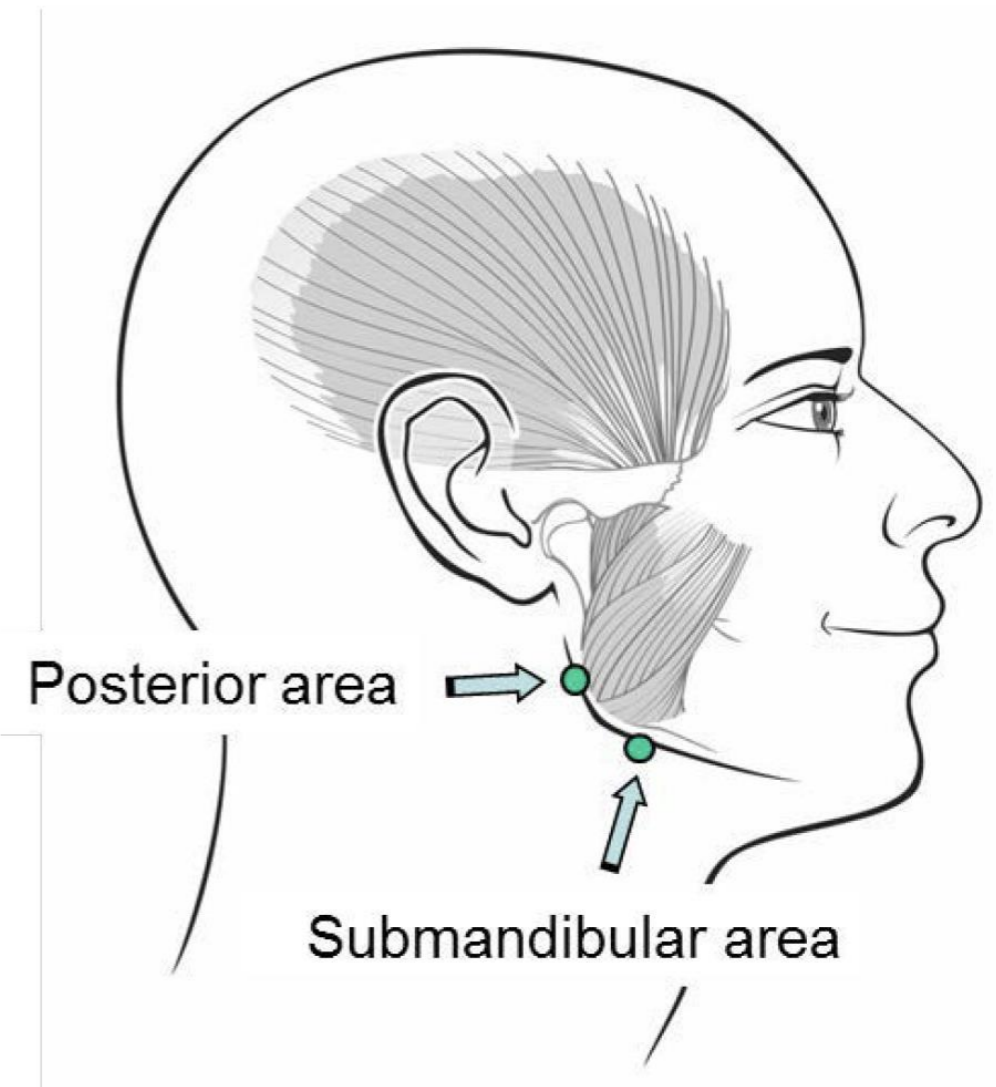
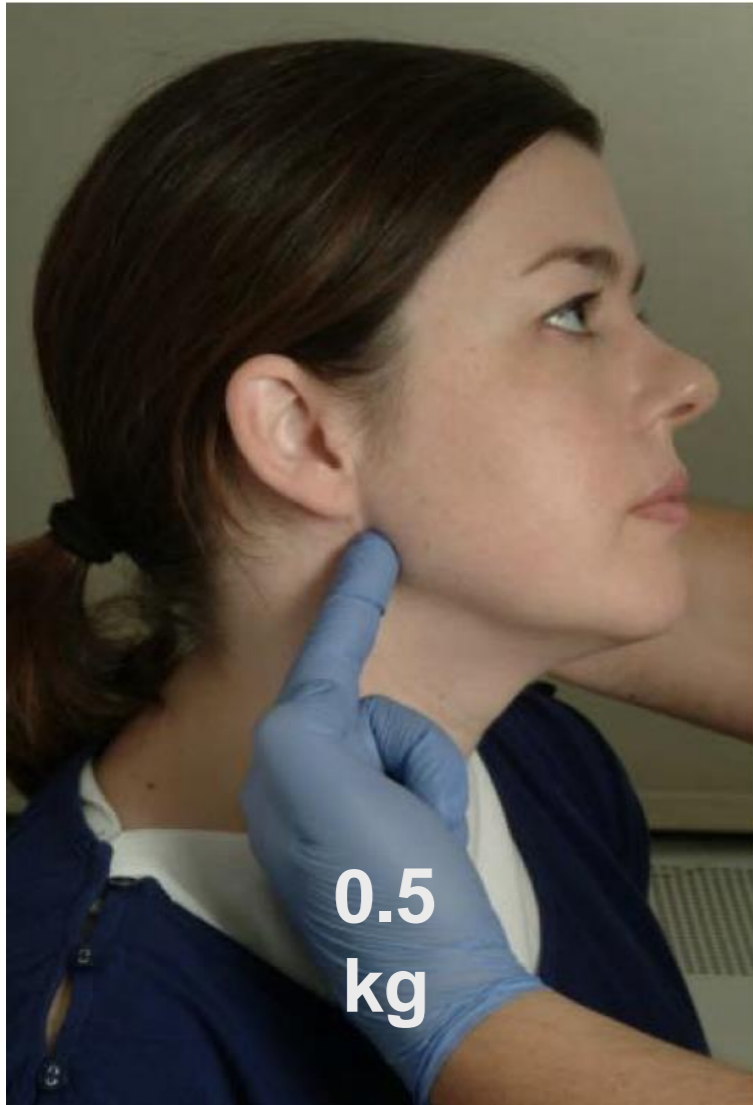
5. 側方及前突動作：

- A. R't _____mm , pain over TMJ _____m. familiar pain familiar headache
- B. l't _____mm , pain over TMJ _____m. familiar pain familiar headache
- C. Protrusive _____mm , pain over TMJ _____m.
 familiar pain familiar headache

E9 Muscle and TMJ pain with palpation



E10 Supplemental muscles palpation areas



10. 其他肌肉觸痛：

	右半邊			左半邊		
	Pain	Familiar pain	Referred pain	Pain	Familiar pain	Referred pain

E10 Supplemental muscles palpation areas

Lateral pterygoid area



Temporalis tendon



10. 其他肌肉觸痛：

	右半邊			左半邊		
	Pain	Familiar pain	Referred pain	Pain	Familiar pain	Referred pain

11. 診断：

Pain Disorders	Right TMJ Disorders	Left TMJ Disorders
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Myalgia	Disc displacement	Disc displacement
<input type="checkbox"/> Myofascial pain with referral	<input type="checkbox"/> with reduction	<input type="checkbox"/> with reduction
<input type="checkbox"/> Arthralgia _____side	<input type="checkbox"/> with reduction, with intermittent locking	<input type="checkbox"/> with reduction, with intermittent locking
<input type="checkbox"/> Headache attributed to TMD	<input type="checkbox"/> without reduction, with limited opening	<input type="checkbox"/> without reduction, with limited opening
	<input type="checkbox"/> without reduction, without limited opening	<input type="checkbox"/> without reduction, without limited opening
	<input type="checkbox"/> Degenerative joint disease	<input type="checkbox"/> Degenerative joint disease
	<input type="checkbox"/> Subluxation	<input type="checkbox"/> Subluxation