ORAL HEALTH CENTRE
OF WESTERN AUSTRALIA

Form 29
Occlusion / TMJ Examination

Use Patient Barcode Label

Given Name _____
Surname _____
DOB _____
TEMP _____

Form 29

Do not write within this shaded area

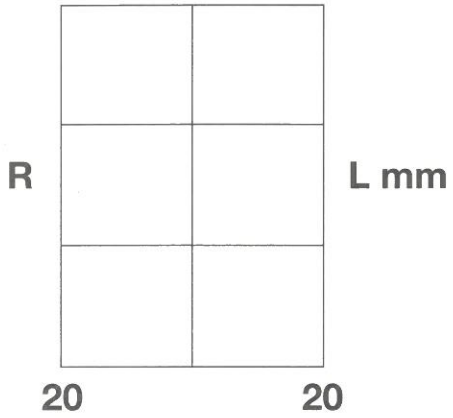
Part 1 – Masticatory System Function/Dysfunction Survey

Anamnestic Dysfunction Index, A. (Helkimo 1974)			Date						
A,O	denotes complete absence of subjective symptoms of dysfunction of the masticatory system								
A, I	denotes mild symptoms such as temporomandibular joint sounds such as clicking and crepitation, feeling of stiffness or fatigue of the jaws								
A, II	denotes severe symptom of dysfunction. One or more of the following symptoms were reported in the anamnesis: difficulty in opening the mouth wide, locking, luxations, pain on movement, facial and jaw pain								
Clinical Dysfunction Index, D. Based on evaluation of five common symptoms									
A	Symptom:	Impaired range of movement/mobility index							
	Criteria:	Normal range of movement	0						
		Slightly impaired mobility	1						
		Severely impaired mobility	5						
B	Symptom:	Impaired TM joint function							
	Criteria:	Smooth movement without TM joint sounds and deviation on opening or closing movements < 2mm	0						
		TM joint sounds in one or both joints and/or deviation ≥ 2mm on opening or closing movements	1						
		Locking and/or luxation of the TM joint	5						
C	Symptom:	Muscle pain							
	Criteria:	No tenderness to palpation in masticatory muscles	0						
		Tenderness or palpation in 1-3 palpation sites	1						
		Tenderness to palpation in 4 or more palpation sites	5						
D	Symptom:	Temporomandibular joint pain							
	Criteria:	No tenderness to palpation	0						
		Tenderness to palpation laterally	1						
		Tenderness to palpation posteriorly	5						
E	Symptom:	Pain on movement of the mandible							
	Criteria:	No pain on movement	0						
		Pain on 1 movement	1						
		Pain on 2 or more movements	5						
F	Sum A + B + C + D + E = dysfunction score (0-25 points)								
G	Clinical dysfunction index, Code:	0 points – clinically symptom free – D,O							
		1-4 points – mild dysfunction – D,I							
		5-9 points – moderate dysfunction – D,II							
		10-25 points – severe dysfunction – D,III							

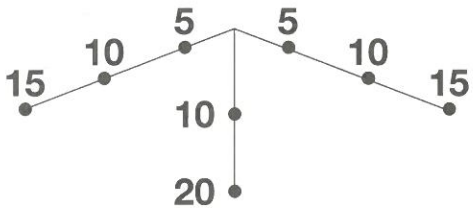
Present occlusal scheme: _____

Form 29 Occlusion / TMJ Examination *continuation*

1. Max. opening in mm _____
2. Max. opening at active stretch _____
3. Deviation on opening



4. Movement to Right / Left / Protrusion



5. Slide from RCP to ICP

   Anterior component _____ mm

   Vertical component _____ mm

   Horizontal component _____ mm R or L

Terminal Hinge Axis Initial Contact

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Intercuspal Position Contacts

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Laterotrusive Contacts

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Mediotrusive Interferences

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Protrusive Contacts

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Bruxofacets

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Fremitus at Intercuspal Position

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Fremitus in Lateral Excursions

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

In the final assessment as to whether or not the patient has a problem related to occlusion, consider the following questions:

1. Can the patient breathe properly? _____
2. Can the patient chew adequately? _____
3. Is the patient aesthetically satisfied? _____
4. Is the phonetic pattern acceptable? _____
5. Is the patient in periodontal health? _____
6. Is the patient free of TMJ signs and symptoms? _____
7. Is there an absence of retrograde patterns and wear? _____
8. Is there a negative occlusal sense? _____

Clinician Signature:	Clinician ID:	Date:
Supervisor Signature: (If student clinician)	Supervisor ID:	