

Dr. Gary Alex

TMJ Screening Exam Sheet

PATIENT NAME: _____ **DATE:** __/__/__.

MUSCULATURE: _____

PAIN: _____

CLICKING or POPPING: _____

CREPTIUS: _____

ROM: _____

DEVIATION UPON OPENING: _____

Joints can be loaded with no tenderness or tension: YES NO

Hit and Slide CR to MIP:

None seen Slight Moderate Severe Unsure if in CR

First point of contact: _____

NOTES:

EXTERNAL MUSCLE EXAM - "HOT SPOTS"

