顳顎關節障礙複診特殊檢查表

病歷號碼：_____ 姓名：_____ 檢查者：_____ 填表日期：_____

1. 疼痛位置：

右半邊疼痛	左半邊疼痛
☐ None ☐ TMJ ☐ Temporalis ☐ Masseter ☐ m. pterygoid ☐ 其他 _____	☐ None ☐ TMJ ☐ Temporalis ☐ Masseter ☐ m. pterygoid ☐ 其他 _____

2. 門齒切端關係　參考牙位_____

Horizontal incisal overjet	**Vertical incisal overlap**	**Midline deviation**
mm	mm	☐ R't ☐ L't ☐ None

3. 張口軌跡類型：

☐ Straight ☐ Corrected deviation ☐ Uncorrected deviation

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

5. 張閉口動作時伴隨關節聲響：

Changed after tx ? Ⓝ Ⓨ _____

6. Joint Locking：

Changed after tx ? Ⓝ Ⓨ _____

7. 肌肉群與關節觸痛：

	右半邊				左半邊			
	Pain	Familiar pain	Familiar headache	Referred pain	Pain	Familiar pain	Familiar headache	Referred pain
TMJ								
Masseter								
Temporalis								
m. pterygoid								

8. 診斷：

Pain Disorders	Right TMJ Disorders	Left TMJ Disorders
☐ None	☐ None	☐ None
☐ Myalgia	**Disc displacement**	**Disc displacement**
☐ Myofascial pain with referral	☐ with reduction	☐ with reduction
☐ Arthralgia _____side	☐ with reduction, with intermittent locking	☐ with reduction, with intermittent locking
☐ Headache attributed to TMD	☐ without reduction, with limited opening	☐ without reduction, with limited opening
	☐ without reduction, without limited opening	☐ without reduction, without limited opening
	☐ Degenerative joint disease	☐ Degenerative joint disease
	☐ Subluxation	☐ Subluxation

9. Comments：

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