Diagnostic Criteria for Temporomandibular Disorders
Symptom Questionnaire

Patient name _____ Date _____

PAIN

1. Have you ever had pain in your jaw, temple, in the ear, or in front of the ear on either side? **No** ☐ **Yes** ☐

If you answered NO, then skip to Question 5.

2. How many years or months ago did your pain in the jaw, temple, in the ear, or in front of the ear first begin? _____years _____months

3. In the last 30 days, which of the following best describes any pain in your jaw, temple, in the ear, or in front of the ear on either side?

Select ONE response.

- ☐ No pain
- ☐ Pain comes and goes
- ☐ Pain is always present

If you answered NO to Question 3, then skip to Question 5.

4. In the last 30 days, did the following activities change any pain (that is, make it better or make it worse) in your jaw, temple, in the ear, or in front of the ear on either side?

		No	Yes
A.	Chewing hard or tough food	☐	☐
B.	Opening your mouth, or moving your jaw forward or to the side	☐	☐
C.	**Jaw habits such as holding teeth together, clenching/grinding teeth, or chewing gum**	☐	☐
D.	Other jaw activities such as talking, kissing, or yawning	☐	☐

HEADACHE

5. In the last 30 days, have you had any headaches that included the temple areas of your head? **No** ☐ **Yes** ☐

If you answered NO to Question 5, then skip to Question 8.

6. How many years or months ago did your temple headache first begin?

_____years _____months

7. In the last 30 days, did the following activities change any headache (that is, make it better or make it worse) in your temple area on either side?

		No	Yes
A.	Chewing hard or tough food	☐	☐
B.	Opening your mouth, or moving your jaw forward or to the side	☐	☐
C.	**Jaw habits such as holding teeth together, clenching/grinding, or chewing gum**	☐	☐
D.	Other jaw activities such as talking, kissing, or yawning	☐	☐

JAW JOINT NOISES

		No	Yes	Office use R	L	DNK
8.	In the last 30 days, have you had any jaw joint noise(s) when you moved or used your jaw?	☐	☐	☐	☐	☐

CLOSED LOCKING OF THE JAW

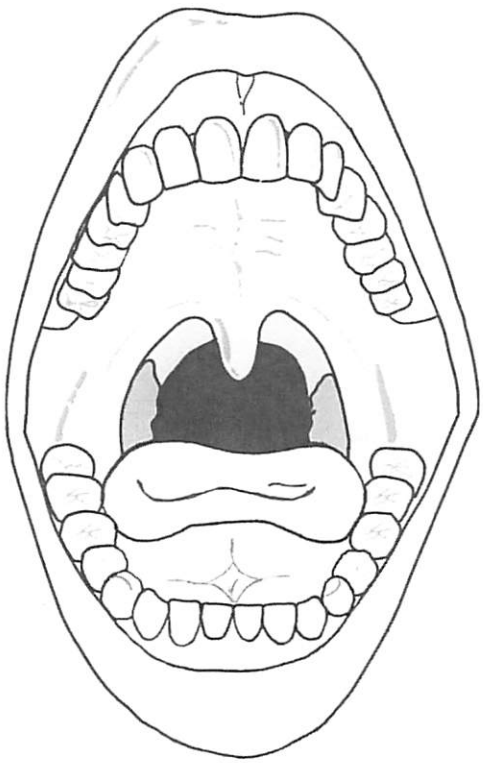
9.	Have you ever had your jaw lock or catch, even for a moment, so that it would not open ALL THE WAY? **If you answered NO to Question 9 then skip to Question 13.**	☐	☐	☐	☐	☐
10.	Was your jaw lock or catch severe enough to limit your jaw opening and interfere with your ability to eat?	☐	☐	☐	☐	☐
11.	In the last 30 days, did your jaw lock so you could not open ALL THE WAY, even for a moment, and then unlock so you could open ALL THE WAY? **If you answered NO to Question 11 then skip to Question 13.**	☐	☐	☐	☐	☐
12.	Is your jaw currently locked or limited so that your jaw will not open ALL THE WAY?	☐	☐	☐	☐	☐

OPEN LOCKING OF THE JAW

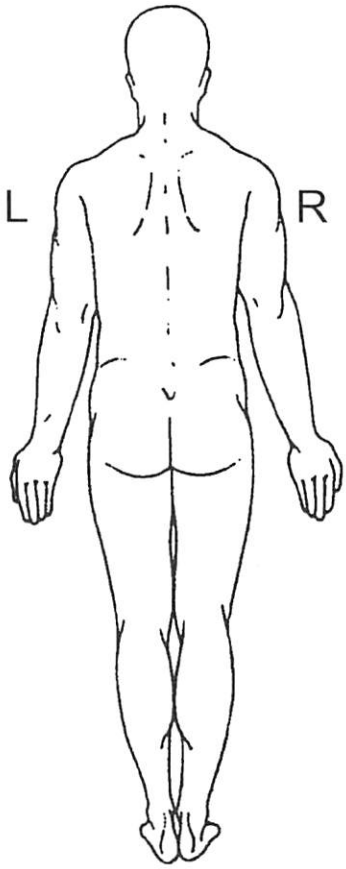
13.	In the last 30 days, when you opened your mouth wide, did your jaw lock or catch even for a moment such that you could not close it from this wide open position? **If you answered NO to Question 13 then you are finished.**	☐	☐	☐	☐	☐
14.	In the last 30 days, when you jaw locked or caught wide open, did you have to do something to get it to close including resting, moving, pushing, or maneuvering it?	☐	☐	☐	☐	☐

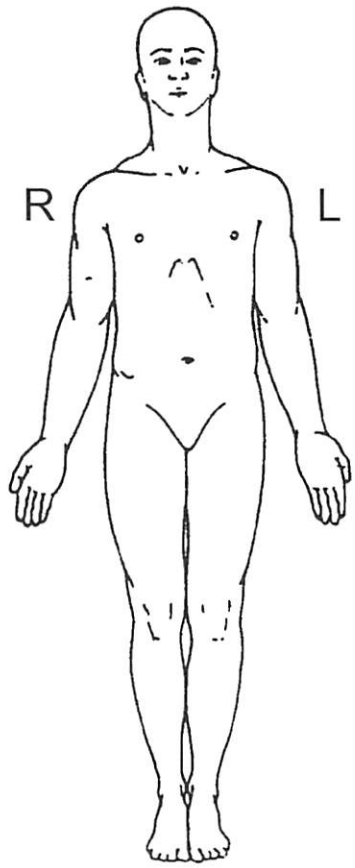
PAIN DRAWING

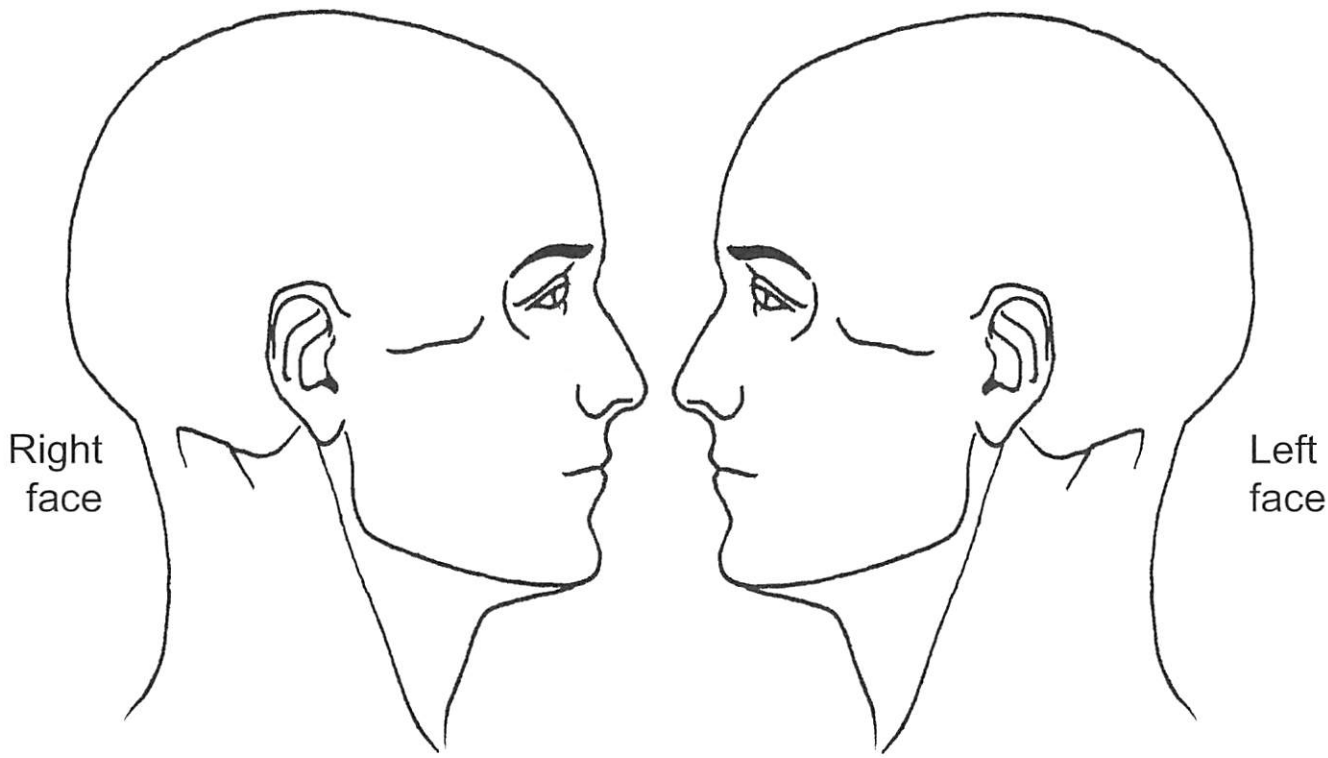
Indicate the location of ALL of your different pains by shading in the area, using the diagrams that are most relevant. If there is an exact spot where the pain is located, indicate with a solid dot (•). If your pain moves from one location to another, use arrows to show the path.



Mouth and teeth







Graded Chronic Pain Scale Version 2.0

1. On how many days in the **last 6 months** have you had facial pain? _____ Days

2. How would you rate your facial pain **RIGHT NOW?** Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be".

No pain										Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10

3. In the LAST 30 DAYS, how would you rate your **WORST** facial pain? Use the same scale, where 0 is "no pain" and 10 is "pain as bad as could be".

No pain										Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10

4. In the LAST 30 DAYS, **ON AVERAGE**, how would you rate your facial pain? Use the same scale, where 0 is "no pain" and 10 is "pain as bad as could be". [That is, *your usual pain* at times you were in pain.]

No pain										Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10

5. In the LAST 30 DAYS, how many days did your facial pain keep you from doing your **USUAL ACTIVITIES** like work, school, or housework? (every day = 30 days)

_____ Days

6. In the LAST 30 DAYS, how much has facial pain interfered with your **DAILY ACTIVITIES**? Use a 0-10 scale, where 0 is "no interference: and 10 is "unable to carry on any activities".

No interference										Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10

7. In the LAST 30 DAYS, how much has facial pain interfered with your **RECREATIONAL, SOCIAL AND FAMILY ACTIVITIES**? Use the same scale, where 0 is "no interference: and 10 is "unable to carry on any activities".

No interference										Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10

8. In the LAST 30 DAYS, how much has facial pain interfered with your **ABILITY TO WORK**, including housework? Use the same scale, where 0 is "no interference: and 10 is "unable to carry on any activities".

No interference										Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10

Jaw Functional Limitation Scale – 20

For each of the items below, please indicate the level of limitation **during the last month**. If the activity has been completely avoided because it is too difficult, then circle '10'. If you avoid an activity for reasons other than pain or difficulty, leave the item blank.

		No limitation										Severe limitation
1.	Chew tough food	0	1	2	3	4	5	6	7	8	9	10
2.	Chew hard bread	0	1	2	3	4	5	6	7	8	9	10
3.	Chew chicken (e.g., prepared in oven)	0	1	2	3	4	5	6	7	8	9	10
4.	Chew crackers	0	1	2	3	4	5	6	7	8	9	10
5.	Chew soft food (e.g., macaroni, canned or soft fruits, cooked vegetables, fish)	0	1	2	3	4	5	6	7	8	9	10
6.	Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)	0	1	2	3	4	5	6	7	8	9	10
7.	Open wide enough to bite from a whole apple	0	1	2	3	4	5	6	7	8	9	10
8.	Open wide enough to bite into a sandwich	0	1	2	3	4	5	6	7	8	9	10
9.	Open wide enough to talk	0	1	2	3	4	5	6	7	8	9	10
10.	Open wide enough to drink from a cup	0	1	2	3	4	5	6	7	8	9	10
11.	Swallow	0	1	2	3	4	5	6	7	8	9	10
12.	Yawn	0	1	2	3	4	5	6	7	8	9	10
13.	Talk	0	1	2	3	4	5	6	7	8	9	10
14.	Sing	0	1	2	3	4	5	6	7	8	9	10
15.	Putting on a happy face	0	1	2	3	4	5	6	7	8	9	10
16.	Putting on an angry face	0	1	2	3	4	5	6	7	8	9	10
17.	Frown	0	1	2	3	4	5	6	7	8	9	10
18.	Kiss	0	1	2	3	4	5	6	7	8	9	10
19.	Smile	0	1	2	3	4	5	6	7	8	9	10
20.	Laugh	0	1	2	3	4	5	6	7	8	9	10

Patient Health Questionnaire - 9

Over the last 2 weeks, how often have you been bothered by the following problems? Please place a check mark in the box to indicate your answer.

		Not at all	Several days	More than half the days	Nearly every day
		0	1	2	3
1.	Little interest or pleasure in doing things	☐	☐	☐	☐
2.	Feeling down, depressed, or hopeless	☐	☐	☐	☐
3.	Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4.	Feeling tired or having little energy	☐	☐	☐	☐
5.	Poor appetite or overeating	☐	☐	☐	☐
6.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7.	Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9.	Thinking that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

TOTAL SCORE =

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very Difficult	Extremely difficult
☐	☐	☐	☐

GAD - 7

Over the last 2 weeks, how often have you been bothered by the following problems? Place a check mark in the box to indicate your answer.

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Feeling nervous, anxious or on edge	☐	☐	☐	☐
2. Not being able to stop or control worrying	☐	☐	☐	☐
3. Worrying too much about different things	☐	☐	☐	☐
4. Trouble relaxing	☐	☐	☐	☐
5. Being so restless that it is hard to sit still	☐	☐	☐	☐
6. Becoming easily annoyed or irritable	☐	☐	☐	☐
7. Feeling afraid as if something awful might happen	☐	☐	☐	☐

TOTAL SCORE =

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Patient Health Questionnaire-15: Physical Symptoms

During the last 4 weeks, how much have you have been bothered by any of the following problems? Please place a check mark in the box to indicate your answer.

		Not bothered	Bothered a little	Bothered a lot
		0	1	2
1.	Stomach pain	☐	☐	☐
2.	Back pain	☐	☐	☐
3.	Pain in your arms, legs, or joints (knees, hips, etc)	☐	☐	☐
4.	Menstrual cramps or other problems with your periods [women only]	☐	☐	☐
5.	Headaches	☐	☐	☐
6.	Chest pain	☐	☐	☐
7.	Dizziness	☐	☐	☐
8.	Fainting spells	☐	☐	☐
9.	Feeling your heart pound or race	☐	☐	☐
10.	Shortness of breath	☐	☐	☐
11.	Pain or problems during sexual intercourse	☐	☐	☐
12.	Constipation, loose bowels, or diarrhea	☐	☐	☐
13.	Nausea, gas, or indigestion	☐	☐	☐
14.	Feeling tired or having low energy	☐	☐	☐
15.	Trouble sleeping	☐	☐	☐

TOTAL SCORE =

The Oral Behavior Checklist

How often do you do each of the following activities, based on **the last month**? If the frequency of the activity varies, choose the higher option. Please place a (√) response for each item and do not skip any items.

	Activities During Sleep	None of the time	< 1 Night /Month	1-3 Nights /Month	1-3 Nights /Week	4-7 Nights/ Week
1	Clench or grind teeth **when asleep**, based on any information you may have	☐	☐	☐	☐	☐
2	Sleep in a position that puts pressure on the jaw (for example, on stomach, on the side)	☐	☐	☐	☐	☐
	Activities During Waking Hours	**None of the time**	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
3	Grind teeth together **during waking hours**	☐	☐	☐	☐	☐
4	Clench teeth together **during waking hours**	☐	☐	☐	☐	☐
5	Press, touch, or hold teeth together other than while eating (that is, contact between upper and lower teeth)	☐	☐	☐	☐	☐
6	Hold, tighten, or tense muscles without clenching or bringing teeth together	☐	☐	☐	☐	☐
7	Hold or jut jaw forward or to the side	☐	☐	☐	☐	☐
8	Press tongue forcibly against teeth	☐	☐	☐	☐	☐
9	Place tongue between teeth	☐	☐	☐	☐	☐
10	Bite, chew, or play with your tongue, cheeks or lips	☐	☐	☐	☐	☐
11	Hold jaw in rigid or tense position, such as to brace or protect the jaw	☐	☐	☐	☐	☐
12	Hold between the teeth or bite objects such as hair, pipe, pencil, pens, fingers, fingernails, etc	☐	☐	☐	☐	☐
13	Use chewing gum	☐	☐	☐	☐	☐
14	Play musical instrument that involves use of mouth or jaw (for example, woodwind, brass, string instruments)	☐	☐	☐	☐	☐
15	Lean with your hand on the jaw, such as cupping or resting the chin in the hand	☐	☐	☐	☐	☐
16	Chew food on one side only	☐	☐	☐	☐	☐
17	Eating between meals (that is, food that requires chewing)	☐	☐	☐	☐	☐
18	Sustained talking (for example, teaching, sales, customer service)	☐	☐	☐	☐	☐
19	Singing	☐	☐	☐	☐	☐
20	Yawning	☐	☐	☐	☐	☐
21	Hold telephone between your head and shoulders	☐	☐	☐	☐	☐

DC/TMD Examination Form

Date filled out (mm-dd-yyyy) ___-___-_____

Patient _____ Examiner _____

1a. Location of Pain: Last 30 days (Select all that apply)

RIGHT PAIN				LEFT PAIN			
O None	O Temporalis	O Other m muscles	O Non-mast structures	O None	O Temporalis	O Other m muscles	O Non-mast structures
	O Masseter	O TMJ			O Masseter	O TMJ	

1b. Location of Headache: Last 30 days (Select all that apply)

O None O Temporal O Other O None O Temporal O Other

2. Incisal Relationships **Reference tooth** O **US #8** O **US #9** O **Other**

Horizontal Incisal Overjet O If negative ___ mm

Vertical Incisal Overlap O If negative ___ mm

Midline Deviation Right O Left O N/A O ___ mm

3. Opening Pattern (Supplemental; Select all that apply)

O Straight O Corrected deviation

Uncorrected Deviation: O Right O Left

4. Opening Movements

A. Pain Free Opening ___ mm

B. Maximum Unassisted Opening ___ mm

C. Maximum Assisted Opening ___ mm

D. Terminated? (N) (Y)

	RIGHT SIDE				LEFT SIDE			
		Pain	Familiar Pain	Familiar Headache		Pain	Familiar Pain	Familiar Headache
B. Maximum Unassisted Opening	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)
	Masseter	(N) (Y)	(N) (Y)		Masseter	(N) (Y)	(N) (Y)	
	TMJ	(N) (Y)	(N) (Y)		TMJ	(N) (Y)	(N) (Y)	
	Other M Musc	(N) (Y)	(N) (Y)		Other M Musc	(N) (Y)	(N) (Y)	
	Non-mast	(N) (Y)	(N) (Y)		Non-mast	(N) (Y)	(N) (Y)	
C. Maximum Assisted Opening	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)
	Masseter	(N) (Y)	(N) (Y)		Masseter	(N) (Y)	(N) (Y)	
	TMJ	(N) (Y)	(N) (Y)		TMJ	(N) (Y)	(N) (Y)	
	Other M Musc	(N) (Y)	(N) (Y)		Other M Musc	(N) (Y)	(N) (Y)	
	Non-mast	(N) (Y)	(N) (Y)		Non-mast	(N) (Y)	(N) (Y)	

5. Lateral and Protrusive Movements

A. Right Lateral ___ mm

B. Left Lateral ___ mm

C. Protrusion ___ mm

O If negative

	RIGHT SIDE				LEFT SIDE			
		Pain	Familiar Pain	Familiar Headache		Pain	Familiar Pain	Familiar Headache
A. Right Lateral	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)
	Masseter	(N) (Y)	(N) (Y)		Masseter	(N) (Y)	(N) (Y)	
	TMJ	(N) (Y)	(N) (Y)		TMJ	(N) (Y)	(N) (Y)	
	Other M Musc	(N) (Y)	(N) (Y)		Other M Musc	(N) (Y)	(N) (Y)	
	Non-mast	(N) (Y)	(N) (Y)		Non-mast	(N) (Y)	(N) (Y)	
B. Left Lateral	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)
	Masseter	(N) (Y)	(N) (Y)		Masseter	(N) (Y)	(N) (Y)	
	TMJ	(N) (Y)	(N) (Y)		TMJ	(N) (Y)	(N) (Y)	
	Other M Musc	(N) (Y)	(N) (Y)		Other M Musc	(N) (Y)	(N) (Y)	
	Non-mast	(N) (Y)	(N) (Y)		Non-mast	(N) (Y)	(N) (Y)	
C. Protrusion	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)	Temporalis	(N) (Y)	(N) (Y)	(N) (Y)
	Masseter	(N) (Y)	(N) (Y)		Masseter	(N) (Y)	(N) (Y)	
	TMJ	(N) (Y)	(N) (Y)		TMJ	(N) (Y)	(N) (Y)	
	Other M Musc	(N) (Y)	(N) (Y)		Other M Musc	(N) (Y)	(N) (Y)	
	Non-mast	(N) (Y)	(N) (Y)		Non-mast	(N) (Y)	(N) (Y)	

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

RIGHT TMJ

	Examiner: Open	Examiner: Close	Patient	Pain w/ Click	Familiar Pain
Click	N Y	N Y	N **Y** →	N Y	N Y
Crepitus	N Y	N Y	N Y		

LEFT TMJ

	Examiner: Open	Examiner: Close	Patient	Pain w/ Click	Familiar Pain
Click	N Y	N Y	N **Y** →	N Y	N Y
Crepitus	N Y	N Y	N Y		

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

RIGHT TMJ

	Examiner	Patient	Pain w/ Click	Familiar Pain
Click	N Y	N **Y** →	N Y	N Y
Crepitus	N Y	N Y		

LEFT TMJ

	Examiner	Patient	Pain w/ Click	Familiar Pain
Click	N Y	N **Y** →	N Y	N Y
Crepitus	N Y	N Y		

8. **Joint Locking**

RIGHT TMJ

	Locking	Reduction: Patient	Reduction: Examiner
While Opening	N Y	N Y	N Y
Wide Open Position	N Y	N Y	N Y

LEFT TMJ

	Locking	Reduction: Patient	Reduction: Examiner
While Opening	N Y	N Y	N Y
Wide Open Position	N Y	N Y	N Y

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

RIGHT SIDE

(1 kg)	Pain	Familiar Pain	Familiar Headache	Referred Pain
Temporalis (posterior)	N Y	N Y	N Y	N Y
Temporalis (middle)	N Y	N Y	N Y	N Y
Temporalis (anterior)	N Y	N Y	N Y	N Y
Masseter (origin)	N Y	N Y		N Y
Masseter (body)	N Y	N Y		N Y
Masseter (insertion)	N Y	N Y		N Y

TMJ	Pain	Familiar Pain	Referred Pain
Lateral pole **(0.5 kg)**	N Y	N Y	N Y
Around lateral pole **(1 kg)**	N Y	N Y	N Y

LEFT SIDE

(1 kg)	Pain	Familiar Pain	Familiar Headache	Referred Pain
Temporalis (posterior)	N Y	N Y	N Y	N Y
Temporalis (middle)	N Y	N Y	N Y	N Y
Temporalis (anterior)	N Y	N Y	N Y	N Y
Masseter (origin)	N Y	N Y		N Y
Masseter (body)	N Y	N Y		N Y
Masseter (insertion)	N Y	N Y		N Y

	Pain	Familiar Pain	Referred Pain
Lateral pole **(0.5 kg)**	N Y	N Y	N Y
Around lateral pole **(1 kg)**	N Y	N Y	N Y

10. **Supplemental Muscle Pain with Palpation**

RIGHT SIDE

(0.5 kg)	Pain	Familiar Pain	Referred Pain
Posterior mandibular region	N Y	N Y	N Y
Submandibular region	N Y	N Y	N Y
Lateral pterygoid area	N Y	N Y	N Y
Temporalis tendon	N Y	N Y	N Y

LEFT SIDE

(0.5 kg)	Pain	Familiar Pain	Referred Pain
Posterior mandibular region	N Y	N Y	N Y
Submandibular region	N Y	N Y	N Y
Lateral pterygoid area	N Y	N Y	N Y
Temporalis tendon	N Y	N Y	N Y

11. **Diagnoses**

Pain Disorders

- ○ None
- ○ Myalgia
- ○ Myofascial pain with referral
- ○ Right Arthralgia
- ○ Left Arthralgia
- ○ Headache attributed to TMD

Right TMJ Disorders

- ○ None

Disc displacement (select one)

- ○ ...with reduction
- ○ ...with reduction, with intermittent locking
- ○ ... without reduction, with limited opening
- ○ ... without reduction, without limited opening
- ○ Degenerative joint disease
- ○ Subluxation

Left TMJ Disorders

- ○ None

Disc displacement (select one)

- ○ ...with reduction
- ○ ...with reduction, with intermittent locking
- ○ ... without reduction, with limited opening
- ○ ... without reduction, without limited opening
- ○ Degenerative joint disease
- ○ Subluxation

12. **Comments**

Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): Diagnostic Decision Tree

Pain-Related TMD and Headache

HISTORY
Start at each blue-outline box

EXAMINATION

DIAGNOSIS

Regional pain [SQ3]
AND
Pain modified by jaw movement, function, or parafunction [SQ4]

Yes

Examiner confirmation of pain location [E1a]

No

[Yes = Mast muscles]

[Yes = TMJ]

(1) Familiar pain from: jaw opening [muscle, E4] **OR** masticatory muscle palpation (*2 secs*) [muscle,E9];
AND
(2) Confirm location [E1a]

No

[To rule out false negative]

Yes

[To subtype myalgia]

Familiar pain: MM palpation (*5 secs*) [muscle, E9]

No

Yes

No

Extension of pain beyond muscle boundary [muscle, E9]

Yes

No

Pain extend beyond area of stimulation [muscle, E9]

Yes

Myalgia

Local myalgia

Myofascial pain with spreading

Myofascial pain with referral

Investigate other Pain diagnoses

No

(1) Familiar pain from: jaw opening [joint, E4] **OR** jaw horizontal movement [joint, E5] **OR** TMJ palpation [joint, E9];
AND
(2) Confirm location [E1a]

Yes

Arthralgia

Diagnosis of Myalgia or Arthralgia

Yes

Headache of any type in temporal region [SQ5]
AND
Headache modified by jaw movement, function, or parafunction [SQ7]

No

Yes

Investigate other pain diagnoses

Examiner confirmation of headache in temporalis area [E1b]

No

Yes

Familiar headache from: jaw opening **OR** excursive movement, **OR** temporalis muscle palpation [temporalis, from E4, E5, **OR** E9]

No

Yes

Headache not better accounted for by another headache diagnosis [Symptom review]

No

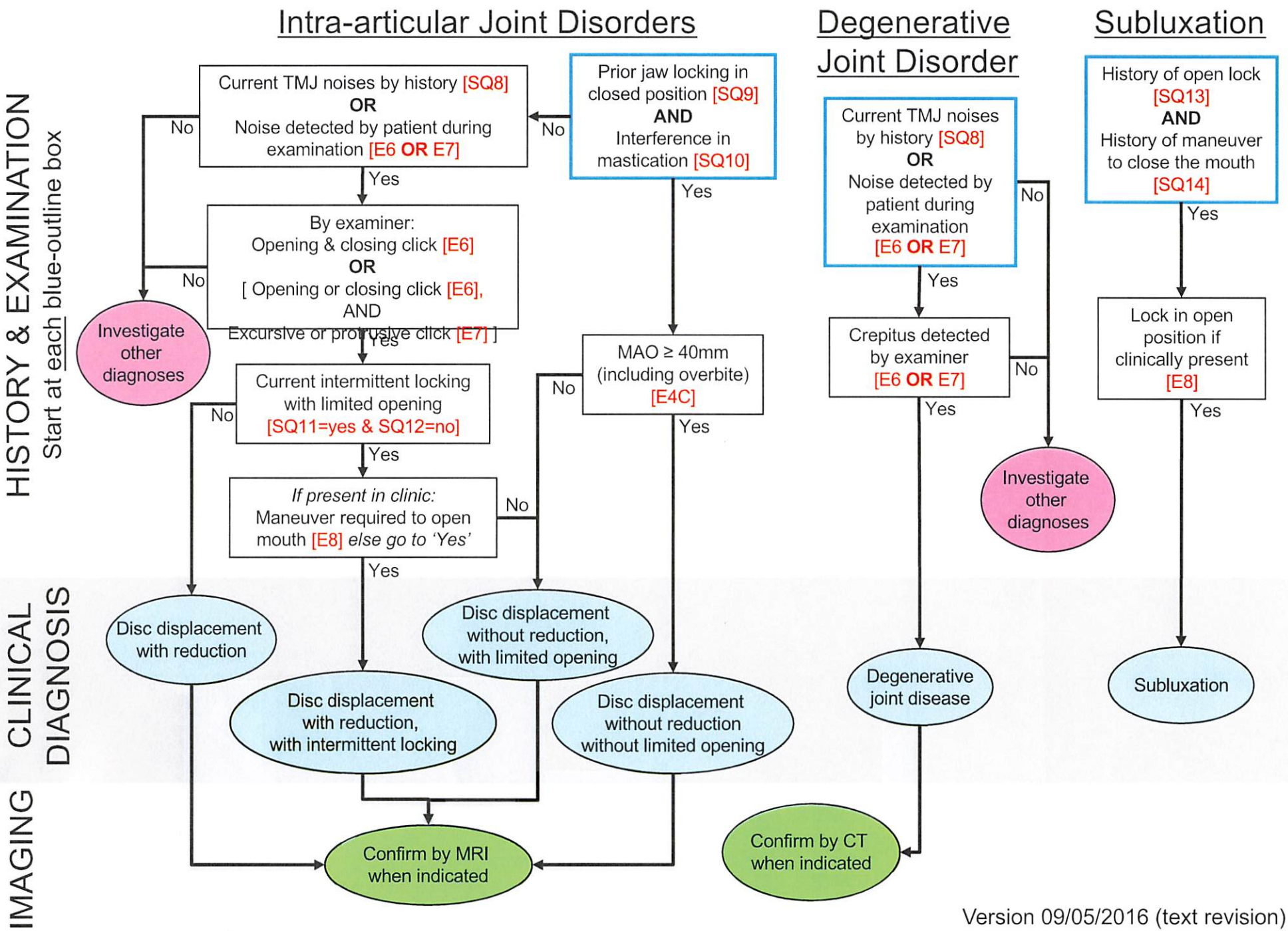
Yes

Headache attributed to TMD

Note: 2 secs palpation is sufficient for myalgia; 5-secs is required for subtypes

Version 7/4/2018 (text revision)

Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): Diagnostic Decision Tree



Version 09/05/2016 (text revision)

STOP-Bang Questionnaire20.

Snoring: Do you snore loudly (loud enough to be heard through closed doors)?	Yes	No
Tired: Do you often feel tired, fatigued, or sleepy during daytime?	Yes	No
Observed: Has anyone observed you stop breathing during your sleep?	Yes	No
Blood Pressure: Do you have or are you being treated for high blood pressure?	Yes	No
BMI: BMI more than 35 kg/m^2?	Yes	No
Age: Age over 50 years old?	Yes	No
Neck circumference: neck circumference greater than 40 cm?	Yes	No
Gender: Male?	Yes	No

Legend: Yes=1, No=0

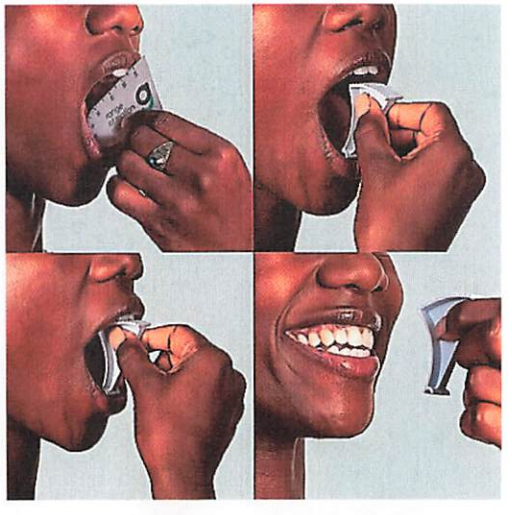
Scoring: High risk of OSA: Answered 'yes' to 3 or more questions

Low risk of OSA: Answered 'yes' to less than 3 questions

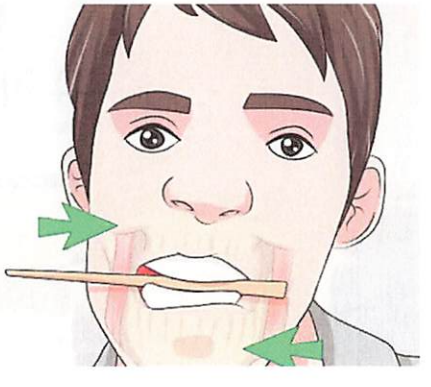
Yvette Reibel et al. J Dent Hyg 2021;95:36-42

adha Journal of Dental Hygiene
Published by the American Dental Hygienists' Association

Self-Care



- See pdf in todays course packet. Narrative for patients along with daily diary, stretching exercises, etc.
- Steps
- Monitor and Correct Jaw Postures (teeth apart, tongue resting behind lower anterior teeth, facial muscles smooth, still and relaxed, lips slightly apart). Check through out the day.
- Monitor habits (avoid opening wide, do not intentionally make jaw sounds, avoid clenching/grinding, don't bite/suck on nails, etc.)
- Jaw Stretching Exercises

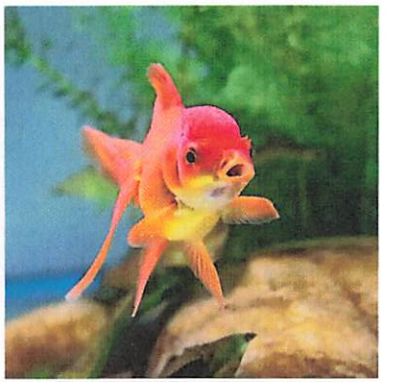


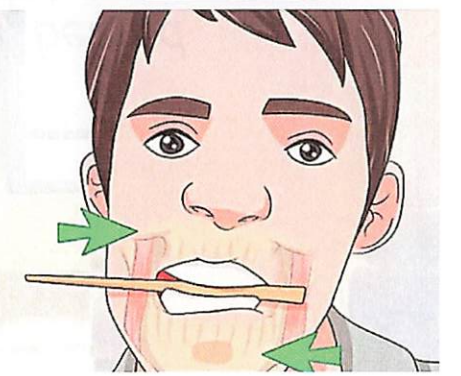
Self Care

- Focus is on self-control
- Diaries allow goals to be set, and patients become accountable to themselves, four random monitoring touch points a day.
- Careful discussion of patient's role with education

1) Education (anatomy, causes and reassurance)
2) Exercises
3) Thermal cold (acute), hot (long-term)
4) Self-Massage
5) Diet & Nutrition
6) Habit Modification
7) Sleep habits

4. Goldfish Exercise (Full Opening): *"Place one finger on your TMJ point and another on your chin while keeping your tongue on the roof of your mouth (or you can do both TMJs at the same time). Lower your lower jaw completely and then re-close it. Each set of exercises consists of six repetitions of this, and you should perform one set six times per day."*
5. Chin Tucks: *Pull your chin back into a "double chin" with your chest lifted and shoulders back. Hold this pose for three seconds and do it ten times.*
6. Resisted Mouth Opening: *While you gently push against your chin, place your thumb under your chin and slowly open your mouth. Slowly close your mouth after three to six seconds.*
7. Resisted Mouth Closing: *Put one hand on your chin and squeeze your thumb and index finger together. Put gentle pressure on your chin while closing your mouth. You will be strengthening the muscles in your mouth that assist in chewing.*
8. Tongue Up
9. Side-to-Side Movements
10. Forward jaw Movements





Jaw Stretching Exercises
(Done without inducing pain !)

1. Measured stretching (record in diary)
2. Relaxed Jaw (e.g., *"Place your tongue on the roof of your mouth, behind your upper front teeth. Allow your teeth to separate (your mouth to open) while relaxing the muscles in your jaw. Allow for natural relaxation rather than forced relaxation, as the objective is to loosen up your stiff jaw muscles."*)
3. Goldfish Exercise (partial): *"Tongue should be on the roof of your mouth, and one of your fingers should be in front of your ear, near your TMJ. Place your pointer finger on your chin and gently lower your lower jaw halfway before closing it. It would help if you encountered some resistance but not pain.*

   A variation of this exercise is to lay one finger on each TMJ point as you open and then close your lower jaw halfway."