

Orofacial pain – TMD Sick Call Form

version 2024

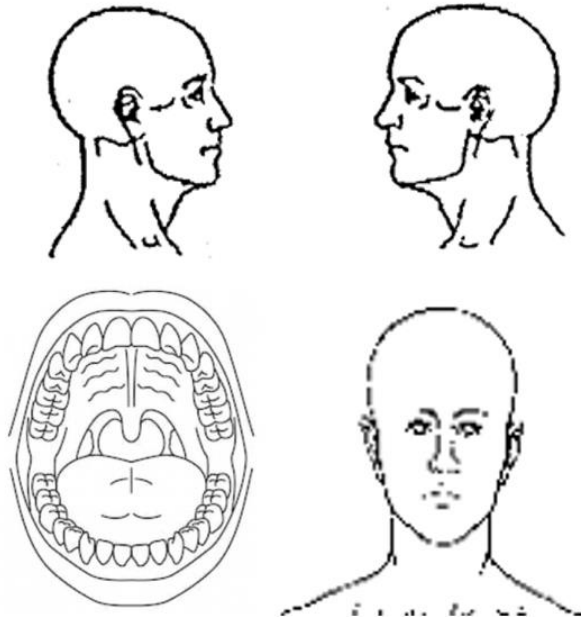
Name: _____ Date: _____ Time checked in: _____

DoD ID: _____ Date of Birth: _____ Rank: _____

Active Duty/ Retired / Family Member Phone: _____ Duty Station: _____

What problem is bringing you in today?

Pain Map: Please outline the location(s) of the pain that brought you in today.



Pain Intensity: What is your pain level of your area of concern on a 0-10 scale?

Today (no pain) 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (worst pain imaginable)

On Average 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

At Worst 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

At Best 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Any pain free days? Yes No When were you last pain free? _____

Circle the word(s) that best describes your pain quality.

Ache, Burning, Dull, Electric-like, Pressing, Pulsing, Sharp, Stabbing, Throbbing, Tingling, Zapping

Pain Frequency/ Duration.

How often is the pain there? _____ How long does it last? _____

Pain Interference. How much does the pain/ problem interfere with your daily activities?

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

Do you suffer from headaches? Yes No _____

Do you have sleep issues? Yes No _____

Do you snore or have a history of sleep apnea? Yes No

Rate your stress level please. Current stressors _____

(No stress) 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (Worst possible stress)

How many minutes/ hours do your teeth touch in a 24-hour period? _____

Where is your tongue usually positioned in your mouth? Roof, Bottom, Between teeth, Other

Do you have any other oral habits? Chew gum, Bite fingernails, Bite pens, Thrust jaw, Other

<p>Why did you decide to seek care at this time?</p>

Thank you. Your doctor will be with you shortly.

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Incisal opening without increasing pain _____ mm	Pain level _____
maximum unassisted _____ mm	Pain level _____
maximum assisted _____ mm	Pain level _____

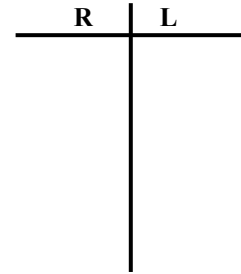
End Feel: Hard / Soft

OB: _____ mm

OJ: _____ mm

Is there pain on?

Maximum opening ___ No ___ Yes, ___ R ___ L
 Right Lateral Movement ___ No ___ Yes, ___ R ___ L _____ mm
 Left Lateral Movement ___ No ___ Yes, ___ R ___ L _____ mm
 Protrusive Movement ___ No ___ Yes, ___ R ___ L _____ mm
 Deflection / Deviation ___ No ___ Yes, ___ R ___ L _____ mm



TMJ Sounds: Right none crepitus click open / reciprocal _____ mm disc / eminence
 Left none crepitus click open / reciprocal _____ mm disc / eminence

Palpation: scoring: normal = 0, tender = 1, pain =2, T = trigger point that refers pain, H = hypertrophy

Muscle	Right	Left
Rhomboid		
Levator scapula		
Trapezius		
SCM		
Splenius capitis		
Occipitalis		
Paracervical		
C Spine		
Frontalis		
Temporalis		
TMJ		
Masseter		
Lateral pterygoid		
Joint loading		
Temporal tendon		

Hard/ soft oral tissues: WNL; finding:

Attrition: physiologic moderate severe Splint hx: Y / N _____

Occlusion: stable / unstable, class I - class II - class III, open bite: R / L / anterior, cross bite: R / L/ anterior

Mallampati _____; Tonsil grade: _____; Salivary flow: WNL / diminished, _____

Working Diagnoses.

Intracapsular/ TMJ sources:

Arthralgia Osteoarthritis Subluxation Dislocation Ankylosis
Disc displacement with reduction Disc displacement without reduction

Myogenic sources:

Myalgia Myofascial pain Centrally mediated myalgia

Other:

Bruxism Sleep disorder Tension headache Migraine headache Stressors

Treatment plan.

- Patient education about the condition/ diagnoses
- Self-care exercises (teeth apart, gentle movement, warm moist heat, softer diet)
- Splint therapy (hard splint preferred)
- Anti-inflammatory meds
- Muscle relaxer
- Referral
- Other

For more orofacial pain information and training, the interested provider may access a TMD course available on JKO. The course number is 1342 (CE version) or 1342R (non-CE version).