

① **Head, Neck & Ear Pain** ☐

is caused by mouth breathing and incorrect swallowing patterns. The neck and shoulder muscles are used twice a minute when the sufferer exhibits an incorrect swallowing pattern. A forward head posture compounds the issue as the neck and shoulder muscles are forced to work harder to hold the head upright, which progressively adds more strain to the muscles as the head posture moves further forward.

② **TMJ Clicking & Pain** ☐

is caused by a reverse swallowing pattern. Constant backward pressure on the jaw joint compresses the TMJ disc and displaces it forward. Over time, clicking in the joint occurs with displacement every time the jaw is opened or closed. This causes pain in the joints, head and jaw muscles. Eventually the disc jams in front of the TM Joint and causes restricted jaw opening.

③ **Narrow Upper Jaw** ☐

restricts correct tongue positioning and function, which causes crowded teeth and incorrect jaw alignment. A narrow upper jaw limits the nasal cavity and can cause increased nasal resistance.

④ **Retruded Lower Jaw** ☐

is caused by mouth breathing and incorrect swallowing patterns. In some cases, mouth breathing and lowered tongue position creates the opposite effect of an overgrown lower jaw and a severely narrow upper jaw.

⑤ **Mouth Breathing** ☐

is a detrimental habit that often develops at a young age. A mouth breather is unable to rest the tongue in the correct position or swallow correctly. The combined effect limits correct jaw growth, causes enlarged tonsils, crowds the teeth and can lead to Sleep-Related Breathing Disorders, as well as poor body posture.

⑥ **Snoring** ☐

is a symptom of Sleep-Related Breathing Disorders. Sleep disturbances are often a sign of an unnatural habit and can lead to serious health problems like the inability to continually breathe while sleeping. Medical research also indicates snoring can increase the risk of heart attacks.

⑦ **Forward Head Posture** ☐

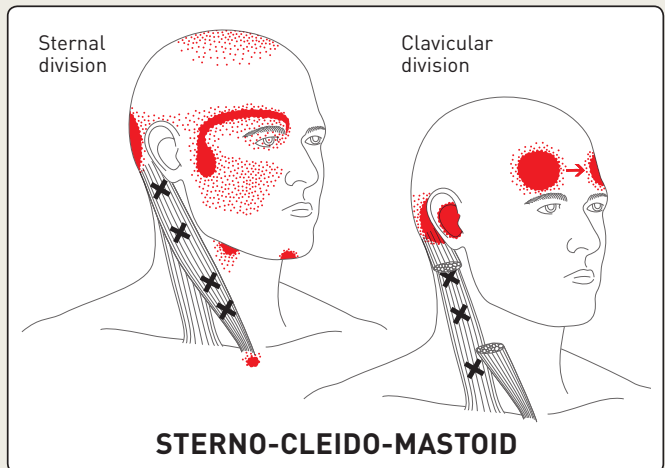
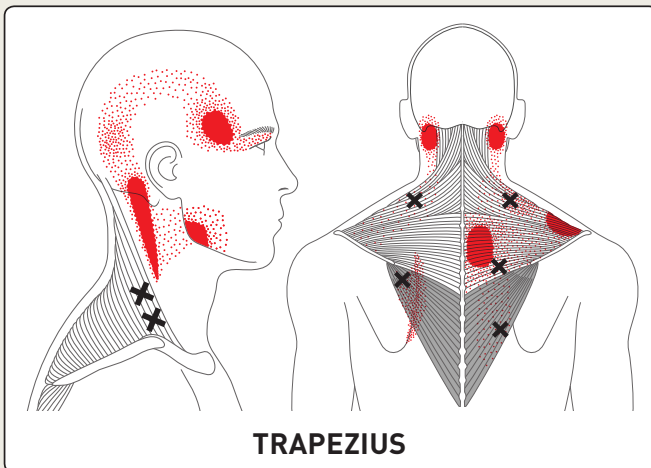
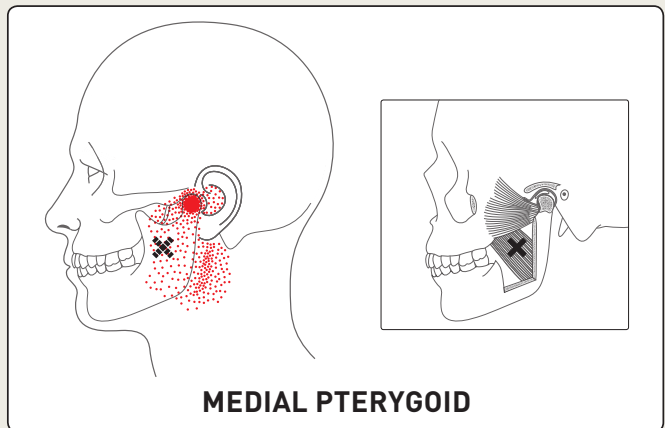
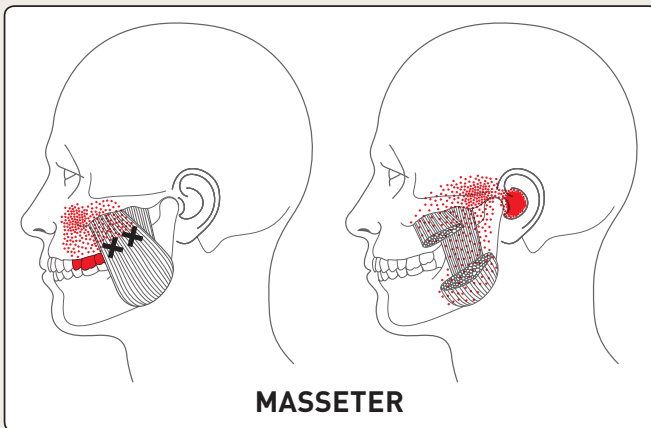
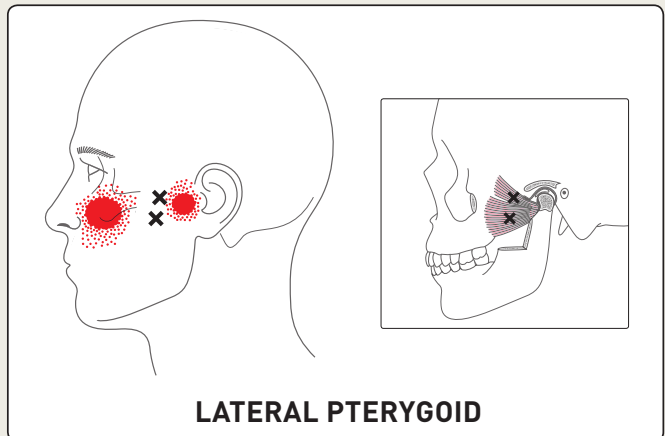
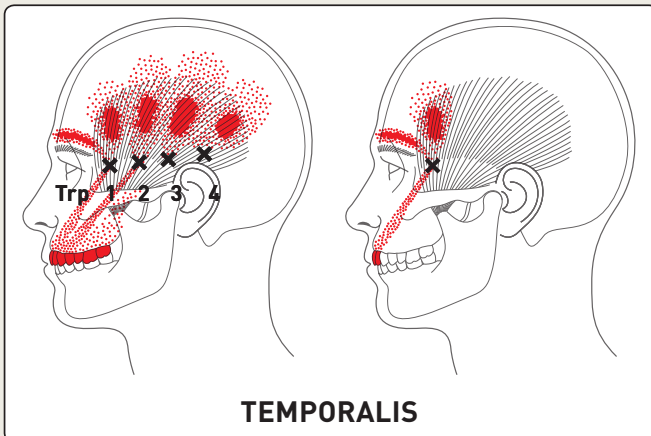
with one shoulder lower than the other is a result of the body adjusting to mouth breathing and attempting to maintain an open airway when awake. Research shows that patients with forward head posture will likely develop Obstructive Sleep Apnoea – OSA.

⑧ **Tooth Grinding/Bruxing** ☐

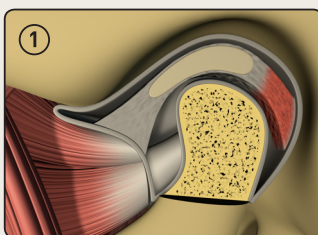
is a habit that eventually wears the teeth down, causing an uneven bite and tooth pain. It is now recognised that tooth grinding is primarily caused by mouth breathing and the body trying to maintain an open airway.

PAIN REFERRAL PATTERNS FROM HEAD, NECK AND JAW MUSCLES

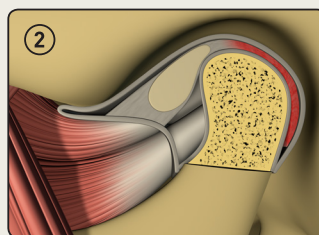
from Travell and Simons - Myofascial Pain and Dysfunction - The Trigger Point Manual



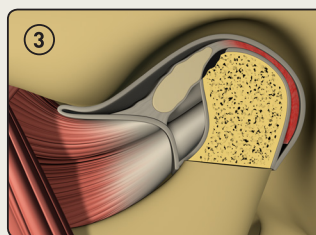
TEMPORO-MANDIBULAR JOINT (TMJ) - STAGES OF DYSFUNCTION



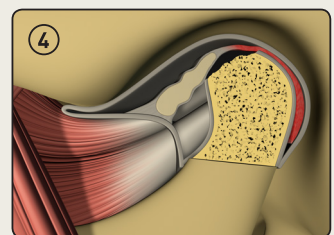
Normal TMJ



Displaced disc with click



Disc and joint degeneration



Disc disintegration and joint erosion

TMJ Examination		
<div><div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Pain</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Clicking Opening</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Clicking Closing</div></div></div></div>		Palpation through external auditory meatus
<div><div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Temporalis</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Masseter</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Lat.Pterygoids</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>SCM's</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Trapezius</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>Posterior Cervicals</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>TMJ Pain</div></div><div><div><input type="checkbox"/> L<input type="checkbox"/> R</div><div>TMJ Click</div></div></div></div>		<div><div>TMJ RANGE OF MOTION</div><div><div><div><div></div><div></div></div><div>Opening</div><div>(>40mm Normal)</div></div><div><div><div></div><div></div></div><div>Lateral</div><div>(>10mm Normal)</div></div><div><div><div></div><div></div></div><div>Protrusive</div><div>(>10mm Normal)</div></div></div></div>
<div><div><div><div><input type="checkbox"/> Y<input type="checkbox"/> N<input type="checkbox"/></div><div>Test with Myosa® S2</div></div><div><div><input type="checkbox"/> Y<input type="checkbox"/> N<input type="checkbox"/></div><div>Pain relief with Myosa® S2</div></div></div></div>		<div><div>CERVICAL RANGE OF MOTION</div><div><div><div><div></div><div></div></div><div>R</div><div></div><div>L</div></div><div>Rotation</div></div><div><div><div><div></div><div></div></div><div>B</div><div></div><div>F</div></div><div>Extension</div></div></div>

Tongue	Swallow	Lips and Cheeks
<div>Tongue rest posture:</div> <div><div><input type="checkbox"/> Correct<input type="checkbox"/> Incorrect</div><div><input type="checkbox"/> Low tongue posture<input type="checkbox"/> Resting on or in between teeth</div></div>	<div>Swallowing pattern</div> <div><div><input type="checkbox"/> Correct<input type="checkbox"/> Incorrect</div><div><input type="checkbox"/> Tongue thrust<input type="checkbox"/> Mentalis activity<input type="checkbox"/> Buccinator activity</div></div>	<div>Lip rest posture</div> <div><div><input type="checkbox"/> Correct<input type="checkbox"/> Incorrect</div><div><input type="checkbox"/> Apart at rest<input type="checkbox"/> Incompetent lips<input type="checkbox"/> Orofacial muscle strain at rest when lips are together</div></div>
<div>Lingual frenum attachment:</div> <div><div><input type="checkbox"/> Sufficient range of movement<input type="checkbox"/> Extended attachment</div></div>	<div>Notes:</div>	

Dental Alignment	Arch Form		Occlusion
<div><input type="checkbox"/> Good dental alignment</div>	Upper	Lower	<div><input type="checkbox"/> Correct bite relationship</div>
<div><input type="checkbox"/> Crowding in upper jaw</div>	<div><input type="checkbox"/> Normal</div>	<div><input type="checkbox"/> Normal</div>	<div><input type="checkbox"/> Overbite</div>
<div><input type="checkbox"/> Crowding in lower jaw</div>	<div><input type="checkbox"/> Narrow</div>	<div><input type="checkbox"/> Narrow</div>	<div><input type="checkbox"/> Overjet</div>
<div><input type="checkbox"/> Midlines correct</div>	<div><input type="checkbox"/> Flattened</div>	<div><input type="checkbox"/> Flattened</div>	<div><div><input type="checkbox"/> Open bite<input type="checkbox"/> Anterior</div></div>
<div><input type="checkbox"/> Midline discrepancy</div>			<div><div><input type="checkbox"/> Crossbite<input type="checkbox"/> Posterior</div></div>

Major Complaints	Patient's treatment goals
1.	1.
2.	2.
3.	3.
4.	4.

Treatment Notes:

Treatment Plan:	Phase 1:	Phase 2:	Phase 3:
	<div><div><input type="checkbox"/> Build ups</div><div><input type="checkbox"/> Extra appliance</div></div>	<div><div><input type="checkbox"/> BWS/Myobrace<input type="checkbox"/> Gelb/Farrar<input type="checkbox"/> MAD</div></div>	<div><div><input type="checkbox"/> Possible ortho<input type="checkbox"/> Possible rehab</div></div>
	Treatment Fee:	\$	\$
Patient Name:		Doctor Signature:	

PATIENT SYMPTOMS & EVALUATION

EXAMINER TO COMPLETE

Date:	Name:	D.O.B:
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Patient Sleep				
Yes	Questions for the Patient	Yes	Additional Questions	Comments
<input type="checkbox"/>	Do you have any problems going to sleep?	<input type="checkbox"/>	Have you had a sleep study?	
	While Sleeping	<input type="checkbox"/>	Have you been prescribed a CPAP?	
<input type="checkbox"/>	Snoring – every night ⑥	<input type="checkbox"/>	Do you use a CPAP?	
<input type="checkbox"/>	Tooth Grinding / Bruxing ⑧	<input type="checkbox"/>	What treatments have you had?	
	While Awake	Significant Medical History:		
<input type="checkbox"/>	Do you feel tired every morning?			
<input type="checkbox"/>	Do you fall asleep while active?			

Please complete the attached TMJBDS® Sleep Questionnaire if you have ticked any of the above boxes.

Breathing & Posture				
Yes	Patient Symptoms	Yes	Additional Questions	Comments
<input type="checkbox"/>	Mouth Breathing ⑤	<input type="checkbox"/>	Light Nasal Breathing	
		<input type="checkbox"/>	Heavy Nasal Breathing	
		<input type="checkbox"/>	Mouth Breathing	
		<input type="checkbox"/>	While Awake	
		<input type="checkbox"/>	While Sleeping	
		<input type="checkbox"/>	Snoring	
		<input type="checkbox"/>	Bruxism	
		<input type="checkbox"/>	Enlarged Tonsils	
<input type="checkbox"/>	Forward Head Posture ⑦	<input type="checkbox"/>	Good Posture	
		<input type="checkbox"/>	Bad Posture	
		<input type="checkbox"/>	Forward Head	
		<input type="checkbox"/>	Forward Shoulders	

TMJ / Pain				
Yes	Patient Symptoms	Examiner to Complete		Comments
	(Please tick if applicable)	L	R	
<input type="checkbox"/>	Head Pain ①	<input type="checkbox"/>	<input type="checkbox"/>	Temporalis
<input type="checkbox"/>	Neck Pain ①	<input type="checkbox"/>	<input type="checkbox"/>	Masseter
<input type="checkbox"/>	Ear Pain ①	<input type="checkbox"/>	<input type="checkbox"/>	Lat.Pterygoids
<input type="checkbox"/>	Jaw Joint Clicking ②	<input type="checkbox"/>	<input type="checkbox"/>	SCM's
<input type="checkbox"/>	Jaw Joint Pain ②	<input type="checkbox"/>	<input type="checkbox"/>	Trapezius
<input type="checkbox"/>	Narrow Upper Jaw ③	<input type="checkbox"/>	<input type="checkbox"/>	Posterior Cervicals
<input type="checkbox"/>	Retruded Lower Jaw ④	<input type="checkbox"/>	<input type="checkbox"/>	TMJ Pain
		<input type="checkbox"/>	<input type="checkbox"/>	TMJ Click