

# MUSCULOSKELETAL - OCCLUSAL SIGNS EXAM FORM

NAME \_\_\_\_\_  
 DATE \_\_\_\_\_  
 AGE \_\_\_\_\_

SYMPTOMS	SIGNS (intra-oral)
1 <input type="checkbox"/> Headaches	1 <input type="checkbox"/> Crowded Lower Anteriors
2 <input type="checkbox"/> TMJ Pain	2 <input type="checkbox"/> Wear of Lower Anterior Teeth
3 <input type="checkbox"/> TMJ Noise	3 <input type="checkbox"/> Lingual Inclination of Lower Anterior Teeth
4 <input type="checkbox"/> Limited Opening	4 <input type="checkbox"/> Lingual Inclination of Upper Anteriors (Div. II Occlusion)
5 <input type="checkbox"/> Ear Congestion	5 <input type="checkbox"/> Bicuspid Drop Off
6 <input type="checkbox"/> Vertigo (Dizziness)	6 <input type="checkbox"/> Depressed Curve of Spee
7 <input type="checkbox"/> Tinnitus (Ringing in Ears)	7 <input type="checkbox"/> Lingually Tipped Lower Posteriors
8 <input type="checkbox"/> Dysphagia (Difficulty Swallowing)	8 <input type="checkbox"/> Narrow Mandibular Arch
9 <input type="checkbox"/> Loose Teeth	9 <input type="checkbox"/> Narrow Maxillary Arch (High Palatal Vault)
10 <input type="checkbox"/> Clenching/Bruxing	10 <input type="checkbox"/> Midline Discrepancy
11 <input type="checkbox"/> Facial Pain (Nonspecific)	11 <input type="checkbox"/> Malrelated Dental Arches
12 <input type="checkbox"/> Tender, Sensitive Teeth (Percussion)	12 <input type="checkbox"/> Tooth Mobility
13 <input type="checkbox"/> Difficulty Chewing	13 <input type="checkbox"/> Flared Upper Anterior Teeth
14 <input type="checkbox"/> Cervical Pain	14 <input type="checkbox"/> Facets
15 <input type="checkbox"/> Postural Problems	15 <input type="checkbox"/> Cervical Erosion (Notching of Gingival)
16 <input type="checkbox"/> Paresthesia of Fingertips (Tingling)	16 <input type="checkbox"/> Locked Upper Buccal Cusps
17 <input type="checkbox"/> Thermal Sensitivity (Hot & Cold)	17 <input type="checkbox"/> Fractured Cusps (Particularly CI. 1 & II Non-Functional Cusps)
18 <input type="checkbox"/> Trigeminal Neuralgia	18 <input type="checkbox"/> Chipped Anterior Teeth
19 <input type="checkbox"/> Bells Palsy	19 <input type="checkbox"/> Loss of Molars
20 <input type="checkbox"/> Nervousness/Insomnia	20 <input type="checkbox"/> Open Interproximal Contacts
	21 <input type="checkbox"/> Unexplained Gingival Inflammation and Hypertrophy
	22 <input type="checkbox"/> Crossbite
<b>SIGNS (extra-oral)</b>	
1 <input type="checkbox"/> Facial Asymmetry Bilateral\	23 <input type="checkbox"/> Anterior Open Bite
2 <input type="checkbox"/> Short Lower Third of Face	24 <input type="checkbox"/> Anterior Tongue Thrust
3 <input type="checkbox"/> Chilitis	25 <input type="checkbox"/> Lateral Tongue Thrust
4 <input type="checkbox"/> Abnormal Lip Posture	26 <input type="checkbox"/> Scalloping of Lateral Border of Tongue
5 <input type="checkbox"/> Deep Mentalis Crease	
6 <input type="checkbox"/> Dished-Out or Flat Labial Profile	
7 <input type="checkbox"/> Facial Edema	
8 <input type="checkbox"/> Mandibular Torticollis	
9 <input type="checkbox"/> Cervical Torticollis	
10 <input type="checkbox"/> Forward Head Posture (Lordosis)	
11 <input type="checkbox"/> Elongated Lower Face(Steep Mandibular Angle)	
12 <input type="checkbox"/> Speech Abnormalities	