

## CLINICAL OCCLUSAL ANALYSIS INFORMATION

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

### TMD SCREENING EXAM

<b>Range of motion (mm)</b> <input type="checkbox"/> maximum interincisal opening <input type="checkbox"/> maximum stretch opening <input type="checkbox"/> maximum right lateral movement <input type="checkbox"/> maximum left lateral movement <input type="checkbox"/> maximum protrusive movement <i>If maximum opening &lt;40 mm or passive stretch &gt;3mm, consider TMD EXAM</i>	<b>Joint sounds</b> <input type="checkbox"/> Yes <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic ( <i>Complete TMD EXAM</i> ) <input type="checkbox"/> <i>ADDWR</i> or <input type="checkbox"/> <i>Eminence Click</i> <input type="checkbox"/> No	<b>Mandibular deviation or deflection during opening</b> <input type="checkbox"/> Yes <input type="checkbox"/> <i>deviation R L</i> <input type="checkbox"/> <i>deflection R L</i> <input type="checkbox"/> No
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### CLINICAL OCCLUSAL ANALYSIS

<b>CR not = MI; Initial CR contact(s)</b> 1 2 3 4 5 6 7 8/9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25/24 23 22 21 20 19 18 17	<input type="checkbox"/> CR not = MI Direction of slide <input type="checkbox"/> straight <input type="checkbox"/> L <input type="checkbox"/> R Slide _____mm Vertical component _____mm Horizontal component _____mm	<b>Anterior attrition</b> <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<b>MI contacts</b> 1 2 3 4 5 6 7 8/9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25/24 23 22 21 20 19 18 17	<input type="checkbox"/> CR = MI <input type="checkbox"/> Repeatable MI	<b>Posterior attrition</b> <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<b>Right excursive guidance from MI</b> 1 2 3 4 5 6 7 8/9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25/24 23 22 21 20 19 18 17	<input type="checkbox"/> Anterior guidance <input type="checkbox"/> Group function <input type="checkbox"/> Non-working contact	<b>Anterior Horizontal Overlap in MI</b> <input type="checkbox"/> Minimal (0-1mm) <input type="checkbox"/> Moderate (1-3mm) <input type="checkbox"/> Large (>3mm)
<b>Left excursive guidance from MI</b> 1 2 3 4 5 6 7 8/9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25/24 23 22 21 20 19 18 17	<input type="checkbox"/> Anterior guidance <input type="checkbox"/> Group function <input type="checkbox"/> Non-working contact	<b>Anterior Vertical Overlap in MI</b> <input type="checkbox"/> Minimal (0-1mm) <input type="checkbox"/> Moderate (1-3mm) <input type="checkbox"/> Large (>3mm)
<b>Protrusive excursive guidance from MI</b> 1 2 3 4 5 6 7 8/9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25/24 23 22 21 20 19 18 17	<input type="checkbox"/> Anterior guidance <input type="checkbox"/> Posterior interference	<b>Occlusal trauma (mobility)</b> Teeth #s _____
		<b>Occlusal trauma (fremitus)</b> Teeth #s _____
		<b>Occlusal trauma (abfraction)</b> Teeth #s _____

### DIAGNOSTIC SUMMARY AND TREATMENT PLAN CONSIDERATIONS

- I. Occlusal treatment indicated  Yes  No
- (COA) Trial adjustment of \*mounted casts to evaluate potential for occlusal adjustment; followed by intraoral adjustment  
 (LOA) Intra-oral adjustment w/o mounted casts to  produce stable MI,  correct occlusal plane, or  eliminate undesirable contacts ( W,  NW,  P interferences)  
 New casts required after occlusal adjustment
- II. \*Mounted diagnostic casts indicated  Yes  No                      Position for diagnostic mounting  CR  MI
- Mounting for occlusal treatment (COA, splint)  
 Mounting for treatment planning, diagnostic wax-up, or restorative treatment
- III. Articulation method for restorative treatment
- \*Semi-adjustable articulator (Whip Mix)     Hinge articulator w/ full arch casts     Quadrant technique

\* Maxillary cast mounted with facebow on semi-adjustable articulator, eccentric record(s) used to set articulator guidance

Comments: \_\_\_\_\_