

# Pre-OAT and TMD Dental Sleep Exam



**Patient name:** \_\_\_\_\_ **Age:** \_\_\_\_ **DOB:** \_\_\_\_ **Exam Date:** \_\_\_\_\_

**Vitals:** BP. \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_ **Temp.** \_\_\_\_ Neck Circum \_\_\_\_ Wt: \_\_\_\_ Ht: \_\_\_\_ BMI \_\_\_\_\_

**Chief Complaints:** \_\_\_\_\_

**Associated Symptoms:** \_\_\_\_\_

## TM Joint:

### **Range of Motion:**

Max. opening: \_\_\_\_ mm pain: R / L

deviation: R / L / none  sig  slight

Excursions: R \_\_\_\_ mm L \_\_\_\_ mm

Protrusion movement \_\_\_\_ mm protrusive deviation  right  left

### **Palpation:**

Tender TMJ: R / L / none

## Muscle Tenderness: No muscles are tender

Temporalis R / L SCM R / L Digastric R / L

Masseter R / L Temp Tendon R / L Med Pter R / L

## Skeletal:

norm / prog / retro

mandibular midline: R / L of max midline \_\_\_\_ mm

nasal patency  YES  NO

periorbital hyperpigmentation  YES  NO

## Intraoral:

high vaulted palate  narrow arch  Tori: palatal buccal mandibular

ling incl lower molars  gingival clefting  linea alba

lateral bruxer  abfractions Tongue size  I  II  III

scalloped tongue  flared ant teeth Mallampati  I  II  III/IV

tongue thrust  NO  YES

open bite  NO  YES R / L / ant / post

cross bite  NO  YES R / L / ant / post

deep bite  NO  YES mod / severe

anterior guidance  NO  YES  severe over jet \_\_\_\_ mm  end-to-end

mobile teeth  NO  YES tooth # /mobility class. \_\_\_\_

number of teeth: Upper \_\_\_\_ Lower \_\_\_\_

perio disease  NO  YES; adequate bone level?  NO  YES

mouth breather  NO  YES

claustrophobic  NO  YES

needs restorative work before treatment?  NO  YES

needs orthodontic intervention?  NO  YES; before / during treatment