

## CMD/TMD Befundbogen

Patient:

Untersucher:

Datum:

|   |                |   |  |                                   |  |                              |  |                                   |  |                          |  |                              |  |
|---|----------------|---|--|-----------------------------------|--|------------------------------|--|-----------------------------------|--|--------------------------|--|------------------------------|--|
| <b>1. Bruxismus</b>                                       |                | o Ja                                      |  | o Tagsüber                        |  | o Nachts                     |  | o Nein                            |  |                          |  |                              |  |
| <b>2a. Schmerzlokalisation: letzte 30 Tage</b>            |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
|   |                | o Keiner<br>o TMJ                         |  | o Temporalis<br>o Andere Struktur |  | o Keiner<br>o TMJ            |  | o Temporalis<br>o Andere Struktur |  |                          |  |                              |  |
| <b>2b. Lokalisation des Kopfschmerzes: letzte 30 Tage</b> |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
|   |                | o Keiner                                  |  | o Temporal                        |  | o Andere                     |  | o Keiner                          |  | o Temporal               |  | o Andere                     |  |
| <b>3. Inzisale Zusammenhänge</b>                          |                | Referenzzahn o FDI #11 o FDI #21 o Andere |  |                                   |  |                              |  |                                   |  |                          |  |                              |  |
| Vertikale Überdeckung                                     |                | □□ mm                                     |  | Horizontaler Überbiss             |  | □□ mm                        |  | Mittellinien-Abweichung           |  | □□ mm o R o L            |  |                              |  |
| <b>4. Bewegungsabweichung beim Öffnen</b>                 |                | o Gerade                                  |  | o Deviation                       |  | o Deflexion                  |  | o R o L                           |  |                          |  |                              |  |
| <b>5. Öffnen des Mundes</b>                               |                |   |  |                                   |  |                              |  |                                   |  |                          |  |                              |  |
| <b>A. Schmerzfreies Öffnen</b>                            |                |   |  |                                   |  |                              |  |                                   |  |                          |  |                              |  |
| □□ mm   |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
| <b>B. Maximale Öffnung aktiv</b>                          |                | <b>Schmerz</b>                            |  | <b>Bekannter Schmerz</b>          |  | <b>Bekannter Kopfschmerz</b> |  | <b>Schmerz</b>                    |  | <b>Bekannter Schmerz</b> |  | <b>Bekannter Kopfschmerz</b> |  |
| □□ mm   | Temporalis     | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Masseter       | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | TMJ            | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Andere Muskeln | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
| <b>C. Maximale Öffnung passiv</b>                         |                | <b>Schmerz</b>                            |  | <b>Bekannter Schmerz</b>          |  | <b>Bekannter Kopfschmerz</b> |  | <b>Schmerz</b>                    |  | <b>Bekannter Schmerz</b> |  | <b>Bekannter Kopfschmerz</b> |  |
| □□ mm   | Temporalis     | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Masseter       | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | TMJ            | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Andere Muskeln | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
| <b>6. Laterotrusion/Protrusion</b>                        |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
| <b>A. Rechts Lateral</b>                                  |                | <b>Schmerz</b>                            |  | <b>Bekannter Schmerz</b>          |  | <b>Bekannter Kopfschmerz</b> |  | <b>Schmerz</b>                    |  | <b>Bekannter Schmerz</b> |  | <b>Bekannter Kopfschmerz</b> |  |
| □□ mm   | Temporalis     | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Masseter       | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | TMJ            | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Andere Muskeln | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
| <b>B. Links Lateral</b>                                   |                | <b>Schmerz</b>                            |  | <b>Bekannter Schmerz</b>          |  | <b>Bekannter Kopfschmerz</b> |  | <b>Schmerz</b>                    |  | <b>Bekannter Schmerz</b> |  | <b>Bekannter Kopfschmerz</b> |  |
| □□ mm   | Temporalis     | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Masseter       | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | TMJ            | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Andere Muskeln | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |
| <b>C. Protrusion</b>                                      |                | <b>Schmerz</b>                            |  | <b>Bekannter Schmerz</b>          |  | <b>Bekannter Kopfschmerz</b> |  | <b>Schmerz</b>                    |  | <b>Bekannter Schmerz</b> |  | <b>Bekannter Kopfschmerz</b> |  |
| □□ mm   | Temporalis     | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Masseter       | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | TMJ            | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   | Andere Muskeln | oJ oN                                     |  | oJ oN                             |  | oJ oN                        |  | oJ oN                             |  | oJ oN                    |  | oJ oN                        |  |
|   |                | Schmerz Rechts                            |  |                                   |  | Schmerz Links                |  |                                   |  |                          |  |                              |  |

| 7. TMJ Geräusche beim Öffnen & Schließen              |                        | Rechte Seite      |           |                   |    | Linke Seite       |           |           |    |                   |    |               |    |    |
|---|------------------------|-------------------|-----------|-------------------|----|-------------------|-----------|-----------|----|-------------------|----|---------------|----|----|
|   |                        | Therapeut         |           | Patient           |    | Therapeut         |           | Patient   |    |                   |    |               |    |    |
|   |                        | Öffnen            | Schließen |                   |    | Öffnen            | Schließen |           |    |                   |    |               |    |    |
|   | <i>Knacken</i>         | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN |               |    |    |
|   | <i>Crepitus</i>        | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN |               |    |    |
| 8. TMJ Geräusche bei Lateral- & Protrusionsbewegungen |                        | Rechte Seite      |           |                   |    | Linke Seite       |           |           |    |                   |    |               |    |    |
|   |                        | Therapeut         |           | Patient           |    | Schmerz           |           | Therapeut |    | Patient           |    | Schmerz       |    |    |
|   |                        |                   |           |                   |    |                   |           |           |    |                   |    |               |    |    |
|   | <i>Knacken</i>         | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>Crepitus</i>        | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
| 9. TMJ (Sub-)Luxation                                 |                        | Rechte Seite      |           |                   |    | Linke Seite       |           |           |    |                   |    |               |    |    |
|   |                        | Reduktion Patient |           |                   |    | Reduktion Patient |           |           |    |                   |    |               |    |    |
|   |                        |                   |           |                   |    |                   |           |           |    |                   |    |               |    |    |
|   | Beim Öffnen            |                   | oJ        | oN                | oJ | oN                |           | oJ        | oN | oJ                | oN |               | oJ | oN |
|   | Weite Mundöffnung      |                   | oJ        | oN                | oJ | oN                |           | oJ        | oN | oJ                | oN |               | oJ | oN |
| 10. Muskel- und TMJ-Schmerz bei Palpation             |                        | Rechte Seite      |           |                   |    | Linke Seite       |           |           |    |                   |    |               |    |    |
|   |                        | Schmerz           |           | Bekannter Schmerz |    | Referred Pain     |           | Schmerz   |    | Bekannter Schmerz |    | Referred Pain |    |    |
|   |                        |                   |           |                   |    |                   |           |           |    |                   |    |               |    |    |
|   | <i>Temporalis</i>      | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>Masseter</i>        | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>Pterygoid. med.</i> | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>submandibulär</i>   | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>retromandibulär</i> | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>TMJ</i>             | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>Kondylus</i>        | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>Pterygoid. lat.</i> | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
|   | <i>Temporalissehne</i> | oJ                | oN        | oJ                | oN | oJ                | oN        | oJ        | oN | oJ                | oN | oJ            | oN |    |
| <b>11. CMD-Diagnose</b>                               |                        |                   |           |                   |    |                   |           |           |    |                   |    |               |    |    |
| <b>12. Bemerkungen</b>                                |                        |                   |           |                   |    |                   |           |           |    |                   |    |               |    |    |

mod. nach DC/TMD (Schiffman EL, et al. 2014. Diagnostic Criteria for Temporomandibular Disorders (DC / TMD) for clinical and research applications: recommendations of the international RDC / TMD Consortium Network and orofacial pain special interest group. J. Oral Facial Pain Headache 28, 1:6–27)