

TMJ-TMD-MSD SIGNS AND SYMPTOMS...

associated with chronic bad health conditions that are associated with:

- an incorrect relationship of the lower jaw to upper jaw and skull = **MSD** (Muscle-Skeletal Disorder)
- an incorrect relationship of the mandible (lower jaw) to the temporal bones = a malocclusion = Bad Bite = **TMD** (Temporo-Mandibular Disorder)
- jaw joint problems = **TMJ** (Temporo-Mandibular Joint) disorder. You can have MSD or TMD without TMJ.

If you don't know whether or not you have a TMJ-TMD-MSD problem, please review this form first.

If you do have several of the signs and symptoms on this form, please print and fill in the [TMJ-TMD-MSD QUESTIONNAIRE](#) and bring it with you to your first appointment.

Please check (✓) the signs and symptoms of which you are aware.

Please add others not listed.

✓	EXTERNAL SIGNS	✓	SYMPTOMS
<input type="checkbox"/>	One eye higher than the other	<input type="checkbox"/>	Jaw joint pain while chewing
<input type="checkbox"/>	One shoulder higher than the other	<input type="checkbox"/>	Jaw joint clicking
<input type="checkbox"/>	One hip higher than the other	<input type="checkbox"/>	Jaw joint grating sound
<input type="checkbox"/>	One leg shorter than the other	<input type="checkbox"/>	Jaw joint locks open when open wide to yawn or to bite into a sandwich
<input type="checkbox"/>	Head postured forward of the spine	<input type="checkbox"/>	Facial muscle pain while opening and closing mouth
<input type="checkbox"/>	Head tilted to one side - Torticollis	<input type="checkbox"/>	Facial muscle pain when touch them
<input type="checkbox"/>	Profile view – chin too close to nose	<input type="checkbox"/>	Headache
<input type="checkbox"/>	Jowls forming due to over closure of lower jaw	<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Lips pooch out due to over closure	<input type="checkbox"/>	Neck ache
<input type="checkbox"/>	Others:	<input type="checkbox"/>	Backache
<input type="checkbox"/>		<input type="checkbox"/>	Shoulder ache
<input type="checkbox"/>		<input type="checkbox"/>	Head pain when press with fingers
<input type="checkbox"/>		<input type="checkbox"/>	Pain elsewhere when press with fingers
<input type="checkbox"/>		<input type="checkbox"/>	Ringing in ears – Tinnitus
<input type="checkbox"/>	SIGNS INSIDE THE MOUTH	<input type="checkbox"/>	Loss of hearing
<input type="checkbox"/>	LOWER JAW	<input type="checkbox"/>	Dizziness
<input type="checkbox"/>	Front six teeth higher (taller) than 4 back teeth	<input type="checkbox"/>	Blurred vision
<input type="checkbox"/>	Front teeth worn down	<input type="checkbox"/>	Eye pain
<input type="checkbox"/>	Back teeth worn down	<input type="checkbox"/>	Loose teeth
<input type="checkbox"/>	Front teeth crowded	<input type="checkbox"/>	Sore teeth
<input type="checkbox"/>	Root erosion near gum line	<input type="checkbox"/>	Bad bite – hard to chew food
<input type="checkbox"/>	Others:	<input type="checkbox"/>	Others:
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	UPPER JAW	<input type="checkbox"/>	
<input type="checkbox"/>	Space between front teeth increasing	<input type="checkbox"/>	
<input type="checkbox"/>	Back side of front teeth worn down	<input type="checkbox"/>	
<input type="checkbox"/>	Back teeth worn down	<input type="checkbox"/>	
<input type="checkbox"/>	Others:	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	