J.S. Mannheimer, PT, Ph.D, CCTT, CODN

CSP/CGH/TMD/OFP ASSESSMENT

Date: _____

Dr. RE: Vocation: Age: DOB:

Degree of Computer Use: Laptop – Desktop BMI: HT___ WT_____

Ergonomic Recommendations:_____

_____

_____

Chronological History of Current Problem:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

5._____

_____

_____

Pre-Existing History:

_____

_____

_____

Current
Medication:_____

_____

_____

_____

Car Seat / Head Rest:
Recommendations:_____

_____

_____

SLEEP DATA

Read/TV/Laptop/Cell phone in bed: **Pillow Type & #** **Mattress:**

Sleep Positions: **Start:** **Change:** **Awaken in:**

Pillow Type: **Number of Pillows:** **One Pillow case** **Angulation:**

Cervical Roll: **Inclined Wedge:** **Knee / Ankle Bolster:** **Cpap:**

SUBJECTIVE DATA

Awakened by Pain at Night: **Nocturnal Parafunction:** **Refreshed in A.M:**

Morning S/S: **TMJ Hypo** **Pain** **R - L Tinn** **Baro** **Tooth / Gingival**

Upper ¼: **Headache:** **Eye** **Ear** **Nose** **Throat** **Tongue** **Palate**

Dizziness **Vertigo** **Nausea** **Globus** **Blurred/double/X-ray Vision**

Lightheadedness (Foggy) **GI** **Raynaud's / Vasomotor S/S**

Current Subjective Data: Chronology – Intensity – Associated/Modifying Factors:

1. _____
2. _____
3. _____
4. _____

5. U/E Referral: _____ **Paresthesia:** _____

6. Imaging or Other Testing: _____

7. Nutritional Factors: _____

Comments: _____

OBJECTIVE

FHRSP: Min Mod Max ACR PCR DH SB: R L ROT: R L

Hand Dominance: Nasal - Oral Breather Oral Appliance: Day - Night

Shoulder Girdle: Tissue density Scoliosis kyphosis Iliac Crest

Facial: Brachy Meso Dolicho Orbital –Aural- Occlusal Plane Ptosis

ACTIVE CERVICAL ROM

		Flexion			
		Extension			
R	L	Rotation	R	L	
R	L	Side-bending	R	L	

I: _____
II: _____
III: _____
IV: _____

Dural Sign: Nystagmus: Strength C2 – T1:_____Facial_____

Manual Provocation (15-30 seconds): Vertex compression: Distraction:

Sub-Occipital Foraminal Encroachment to the: R_____L_____
Manual Compression upon the: R_____L_____

Sitting VA: (Sustained R & L Rotation, Ext + SB)_____
_____
Prone VA:_____Supine VA:_____

Definitive Testing

A. Flexion + over-pressure:_____
B. Extension + over-pressure:_____
C. Extension + rotation: R_____L_____
D. Extension + SB: R_____L_____
E. Maximal FHRSP:_____+PCR_____+ACR_____
F. Systemic hypermobility (0 – 9):_____
G. Hallpike-Dix:_____
H. Comments: _____
_____
_____
_____

Upper ¼ Palpation (0 – 3)

RIGHT	MUSCLE OR REGION	LEFT
	Lateral Deltoid	
	Pectoralis	
	Supraclavicular fossa	
	Post Scalene	
	Ant Scalene	
	SCM: origin – belly - insertion	
	Upper Trap	
	Supraspinatus	
	Infraspinatus	
	Levator Scapulae	
	Rhomboid/M-Trap	
	Sub-occipital fossa	
	Mastoid Process	
	TP of Atlas	
	C2-3 facet pillars	
	C3-6 facet pillars	

↑ = Proximal referral to craniofacial region
↓ = Distal referral to upper extremity

Prone Position: Interspinous Palpation:_____
Vertebral Spring Test:_____
Lateral Oscillation:_____
Central P/A glides of C1 – C3:_____
Unilateral P/A glides of C1 –C3:_____
Fibrocytic Nodules / Taut Bands:_____

Supine Position: Alar and Transverse Ligs:_____
Flexion-Rotation Test:_____
Deep Cervical Flexors_____
Manual Sub-occipital Traction: _____
Imaging: _____
_____
Comments:_____
_____
_____
_____
_____
_____

Temporomandibular Complex:

Oral Appliance: Previous: Max / Mand Present: Max / Mand
Type:_____
Guidance – Locking – Thickness – Ramp: _____
Checkout – Comments - Recommendations:_____
_____

Ortho: Dental Work: Food Density: Soft Moderate Normal Yawning:

Implants:_____Denture:_____

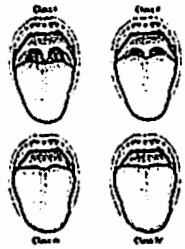
Chewing Side: R L Missing Teeth: Tooth Pain: Tongue Position/scalloping:

Class: Midline: Molar contact: Overbite: Overjet: Openbite: Linea Alba:

Occlusal Change: Post. Support: Clicking: Open/Closed Locking Crepitus: Thud:
Comments:_____
_____

Nocturnal/Diurnal Masticatory Parafunction: Swallowing: Tongue Thrust:

Mallampati Score



ACTIVE TMJ ROM

mm	Vertical	mm
mm	Right lateral	mm
mm	Left lateral	mm
mm	Protrusive	mm

* = Pain-free and painful end-range recordings.
I:_____II:_____III:_____IV:_____

Mandibular Dynamics: Early / Hyper-translation: Deflection: Deviation:

Luxation: R L Subluxation: R L _____

Auscultation:

E/M: Clicking: R L Thud: R L Crepitus: R L
(NCK = ↓ or no clicking) (NCP = ↓or no crepitus)

I/M: Clicking: R L Thud: R L Crepitus: R L

Joint Sound Reduction: E/E: ____TD's: ____Tongue-Up: ____(n/c = no clicking)
Oral Appliance: _____ Postural Correction: _____
Comments:_____
_____
_____

Palpation (0 - 3):

RIGHT	MUSCLE / STRUCTURE	LEFT
	Post. Lat. Condylar Pole	
	Retrodiscal Tissue	
	Ant. Temporalis	
	Mid.Temporalis	
	Post. Temporalis	
	Sup. Masseter	
	Inf. to zygomatic arch	
	Deep Masseter	
	Medial Pterygoid (E/O)	
	Medial Pterygoid (I/O)	
	Temporal Tendon (I/O)	
	Styloid Process region	
	Ant Digastric	
	Post Digastric	

E/O = Extra-oral I/O = Intra-oral

Provocation:

ROP: JT. Loading: G on R: G on L:

Resisted Movement Testing: _____

_____

Mobilization: Pain:_____End-feel: _____

Post Long-Axis Distraction:_____

_____

Imaging: _____

Recommendations/Comments: _____

_____

_____

Dx Codes:_____

Therapeutic Goals & Comprehensive Treatment Plan: _____

_____

_____

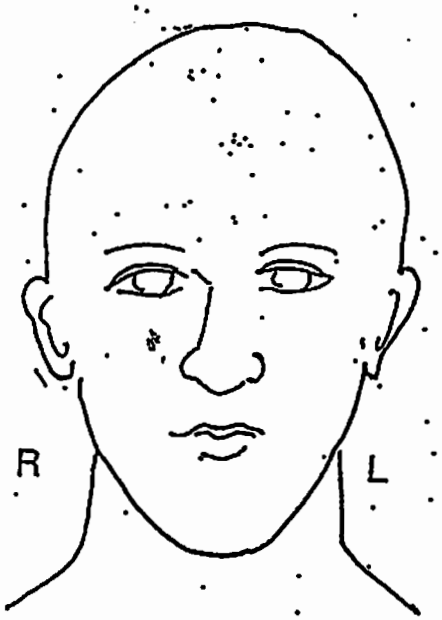
CC: Dr._____Dr._____Dr._____

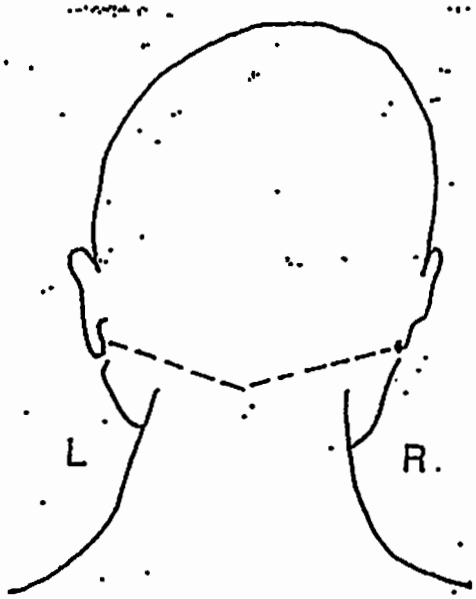
Initial Treatment Certification Parameters

Frequency: x Duration: Weeks

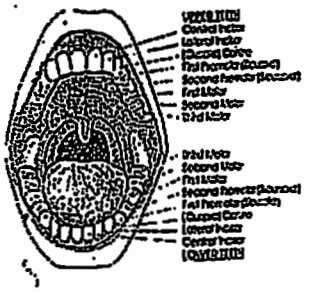
Inclusive Dates:

PAIN INDICATORS

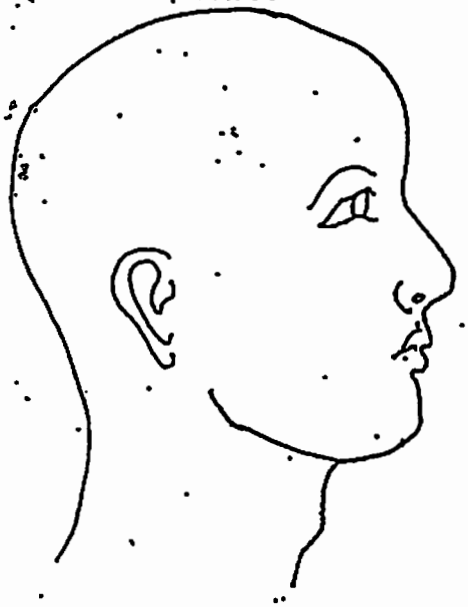




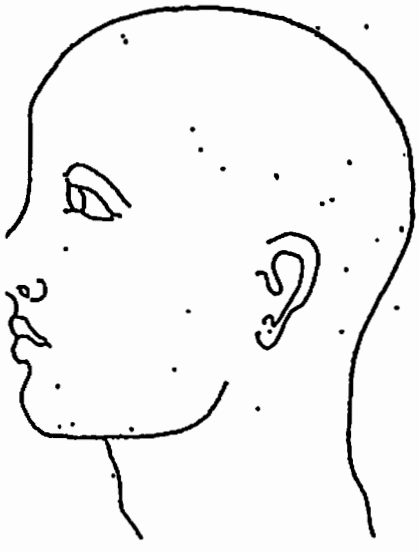
- • PAIN
- S SUPERFICIAL PAIN
- D DEEP PAIN
- M MODERATE PAIN
- SEVERE PAIN
- SHOOTING PAIN
- NUMBNESS

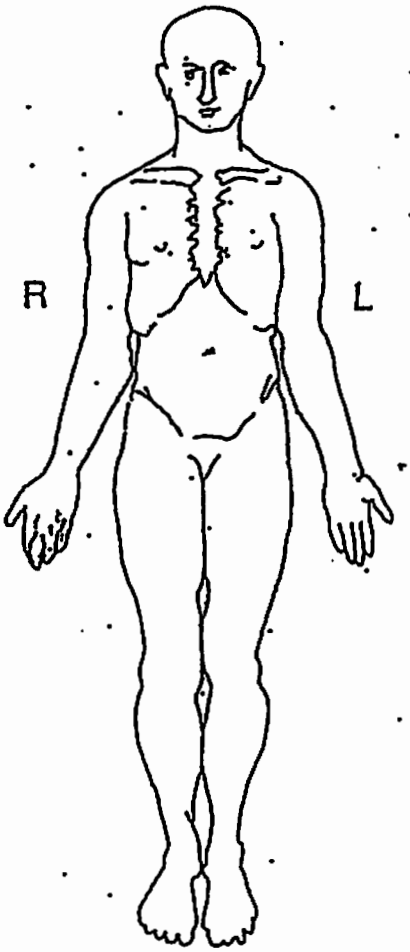


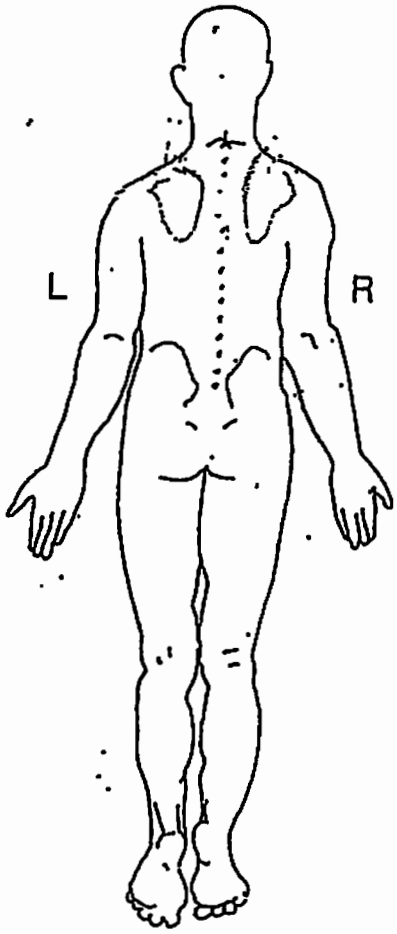
RIGHT



LEFT







PLEASE BE SURE THAT YOU HAVE SIGNED EACH PAGE

Signature: _____

Date: _____