

# Rapid Guide to Interpretation of the TMJ Scale™

Please refer to the TMJ Scale Report below or you can copy and print it to use with this Rapid Guide.

## 4.-SIMPLE STEPS

1. Check the Report Confidence on page 1. It should say “acceptable.” If it says marginal or low, then the patient responded in a less reliable manner and caution is suggested in using the test results.
2. Read the Summary on page 4 for a quick overview of the results.
3. Scan the Graph on page 2. The height of each bar indicates the severity of the symptom. When a bar is above the cut-off score (horizontal line), the symptom is clinically significant. Follow these four steps:
  - i) First see if the Global Scale (GS) is elevated and indicates the presence of a TM disorder. See the narrative on page 3 for details.
  - ii) Check which Physical Symptoms are clinically significant. See the narrative on page 3 for details.
  - iii) Check the Non-TM Disorder (NT) scale to see if it indicates the presence of a non-TM disorder. See the narrative on page 4 for details.
  - iv) Check the Psychosocial scales including Psychological Factors (PF), Stress (ST) and Chronicity (CN) to see if any are significant. See the narrative on page 4 for details.
4. Compare the patient’s scores to other TMD patients of the same sex on page 5 (top left). The % Rank for each scale let’s you compare the severity of symptoms to other TMD patients.

TMJ Scale Report

The TMJ Scale Report may be used as a research tool for epidemiological studies, group comparisons, and to document and study patient symptom profiles pre- and post-treatment to assess treatment effectiveness and changes in symptoms over time. Interpretive statements are derived from the magnitude of scale score deviations from cutoffs which research has shown to optimize sensitivity and specificity. The inferences herein should not be viewed or used as definitive judgements, but rather as probabilistic and suggestive. Report results should only be used as an aid to supplement thorough clinical evaluation and other studies rather than for direct clinical decision making. This report should be considered confidential.

Patient ID: WFG-12-3456      Date Taken: 07/02/02      PRC ID: A-34505

Clinician Initials: RDW      Report Date: 7/01/02

Sex: Female      Age: 44

Marital Status: Married      Ethnic/Racial: White

No. School Years: 16      Problem Length: 1-2 Years

Report confidence: Acceptable.

Verification Mode: none.

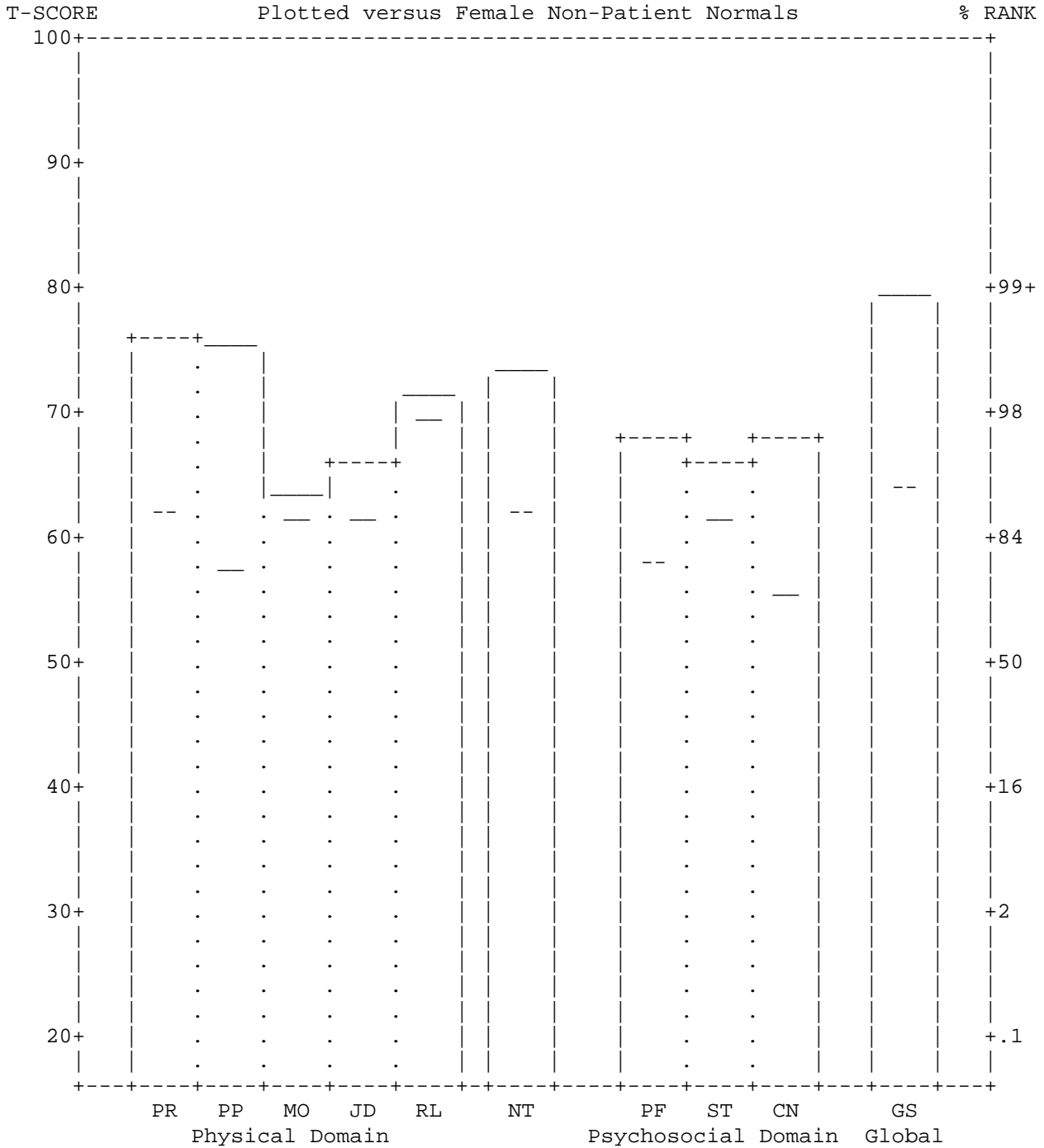
Domain	Dimension	Raw Score	Non-Patient Norms	
			T-Score Female	% Rank Female
Physical	Pain Report (PR)	2.00	76	99+
	Palpation Pain (PP)	1.57	75	99+
	Perceived Malocclusion (MO)	1.50	63	90
	Joint Dysfunction (JD)	1.43	66	94
	Range of Motion Limitation (RL)	2.20	71	98
	Non-TM Disorder (NT)	1.67	73	99
Psychosocial	Psychological Factors (PF)	2.00	68	96
	Stress (ST)	1.88	66	95
	Chronicity (CN)	1.33	68	96
Global	Global (GS)	1.88	79	99+

TMJ Scale Profile

Patient ID: WFG-12-3456

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T-Score = 76 75 63 66 71 73 68 66 68 79  
 % Rank = 99+ 99+ 90 94 98 99 96 95 96 99+

Cutoff for Significance = --

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TMJ Scale Report Narrative

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Global Scale

The Global Scale is the best single predictor for the presence of a TM disorder, which includes dysfunction of the muscles of mastication and/or of the temporomandibular joint. The Global Scale score in this patient fell at the 99+ percentile relative to the non-patient normative population and therefore appears clinically significant, and indicates the likely presence of a TM disorder.

Physical Domain

The physical domain scales assess 5 critical areas of dysfunction often associated with TM disorders. Ranking these scales in decreasing order of significance:

Rank Order	Scale	Clinical Significance
1	Palpation Pain	significant
2	Pain Report	significant
3	Joint Dysfunction	significant
4	Perceived Malocclusion	significant
5 *	Range of Motion Limitation	significant

\* rank of scale ties with previous scale

Pain Report sites include TM joint, jaw, ear, posterior auricular, masseter, digastric, trapezius, sternocleidomastoid, and temporalis.

Palpation Pain sites include lateral TMJ ligament, external auditory meatus, temporalis, masseter, digastric, trapezius, and sternocleidomastoid.

Perceived Malocclusion is associated with the patient's report that her bite feels off, uncomfortable, and like it's changing.

Joint Dysfunction symptoms include clicking or popping, grating or grinding, loud noises, closed locking, and lack of smooth movement.

Range of Motion Limitation is associated with pain on opening wide, limitation of opening, and limitation in protrusion.

### Psychosocial Domain

Psychosocial factors may contribute both to the onset or maintenance of TM disorders and also reflect the patient's reaction to illness.

The Psychological Factors scale, which screens for the patient's overall present state of emotional functioning, fell at the 96 percentile. This indicates that the patient portrays herself as having more emotional difficulties than 96% of the non-patient normative population. This patient reports tension and worry, anxiety, sadness and depression, anger, frustration, nervous problems, and use of nerve or sleeping pills or alcohol for relief. Psychological factors thus appear clinically significant in this patient and therefore further evaluation and intervention (or referral) are suggested.

The Stress scale screens for the patient's overall level of stress, both chronic and recent, by assessing various experiential, environmental and behavioral parameters. The Stress scale score fell at the 95 percentile, indicating that this patient is experiencing more stress than 95 out of 100 persons in the non-patient normative population. This patient reports stress related pain, chronic stress, recent stress, clenching teeth, grinding teeth, and sore teeth and tired jaw in the morning. This patient's reported stress level thus appears clinically significant and therefore further evaluation (or referral) and stress management approaches are indicated.

The Chronicity scale incorporates a number of historical and perceptual factors which are associated with a propensity toward, or the presence of, chronic illness. This patient's Chronicity scale score is greater than 96% of the non-patient normative population. Therefore, chronicity appears significant and thus suggests that this patient may be predisposed to develop, or already have, a chronic condition.

### Non-TM Disorder

The Non-TM Disorder scale screens patients with TM disorders for a variety of symptoms associated with other head and neck problems such as tension and vascular headache, sinusitis, otitis, neuralgia, etc. The Non-TM Disorder scale score fell at the 99 percentile, and thus appears clinically significant and suggests the presence of an additional disorder, if a TM disorder is indicated.

### Summary

This patient appears to have a TM disorder. The physical symptom picture is characterized by significant dysfunction in PR, PP, MO, JD, and RL and borderline dysfunction in no particular area. A non-TM disorder is indicated. Psychological factors appear to be playing a significant role. Stress levels are high. The potential for a chronic problem appears significant.

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TM Patient Norms

Non-TM Dental Patient Norms

Scale	Female		T-Score	Female	
	T-Score	% Rank		T-Score	% Rank
PR	54	64	71	98	
PP	56	71	71	98	
MO	49	47	59	81	
JD	51	52	65	93	
RL	50	50	66	94	
NT	60	83	73	99	
PF	63	90	68	96	
ST	57	75	65	93	
CN	58	79	66	95	
GS	51	54	68	96	

Raw Item Responses

Item	Response	Item	Response	Item	Response	Item	Response
1	3	25	4	49	1	73	2
2	1	26	3	50	1	74	1
3	2	27	4	51	1	75	1
4	1	28	3	52	1	76	1
5	1	29	4	53	1	77	2
6	2	30	2	54	0	78	2
7	1	31	1	55	0	79	1
8	3	32	1	56	1	80	2
9	1	33	2	57	2	81	1
10	2	34	2	58	1	82	2
11	0	35	2	59	2	83	1
12	0	36	2	60	1	84	2
13	1	37	2	61	2	85	1
14	2	38	0	62	2	86	2
15	1	39	0	63	1	87	1
16	2	40	2	64	2	88	2
17	1	41	2	65	2	89	1
18	2	42	4	66	2	90	2
19	2	43	4	67	2	91	1
20	2	44	2	68	2	92	2
21	2	45	1	69	1	93	2
22	2	46	2	70	1	94	2
23	3	47	1	71	1	95	2
24	3	48	1	72	0	96	1
						97	2