Department of Veterans Affairs

TEMPOROMANDIBULAR DISORDERS (TMDs) DISABILITY BENEFITS QUESTIONNAIRE

Name of Claimant/Veteran:	Claimant/Veteran's Social Security Number:	Date of Examination:

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY OR REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. **It is intended that this questionnaire will be completed by the Veteran's provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Other: please describe

Are you a VA Healthcare provider? ◯ Yes ◯ No

Is the Veteran regularly seen as a patient in your clinic? ◯ Yes ◯ No

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

◯ No records were reviewed

◯ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

Note: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire:

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis or an approximate date determined through record review or reported history.

1B. Does the Veteran now have or has he or she ever had a temporomandibular joint (TMJ) condition? ◯ Yes ◯ No (if "Yes" complete item 1C)

1C. Provide only diagnoses that pertain to TMJ conditions:

Diagnosis #1:	ICD code:	Date of diagnosis:
Diagnosis #2:	ICD code:	Date of diagnosis:
Diagnosis #3:	ICD code:	Date of diagnosis:

1D. If there are additional diagnoses that pertain to TMJ conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's TMJ condition (brief summary):

2B. Does the Veteran report flare-ups of the TMJ condition? ◯ Yes ◯ No If yes, document the Veteran's description of the flare-ups he/she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time? ◯ Yes ◯ No If yes, document the Veteran's description of functional loss or functional impairment in his/her own words.

SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

Note: For VA Compensation purposes, the normal maximum unassisted range of vertical jaw opening is from 35-50 millimeters.

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance, or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up; however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided - such as what the range of motion in millimeters would be opined to look like after repetitive use over time. However, when this is not feasible, an "as clear as possible" description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

3A. Initial ROM measurements

Right TMJ		Left TMJ	
☐ All normal	☐ Abnormal or outside of normal range	☐ All normal	☐ Abnormal or outside of normal range
☐ Unable to test	☐ Not indicated	☐ Unable to test	☐ Not indicated
If "Unable to test" or "Not indicated" please explain:		If "Unable to test" or "Not indicated" please explain:	

If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a temporomandibular joint condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ◯ Yes ◯ No

If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a temporomandibular joint condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ◯ Yes ◯ No

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ◯ Yes ◯ No If no, provide an explanation:

If this is the unclaimed joint, is it: ◯ Damaged ◯ Undamaged

If undamaged, range of motion testing must be conducted.

Can testing be performed? ◯ Yes ◯ No If no, provide an explanation:

If this is the unclaimed joint, is it: ◯ Damaged ◯ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Interincisal distance: ☐ greater than 34mm ☐ 30 - 34mm ☐ 21 - 29mm ☐ 11 - 20mm ☐ 0 - 10mm

Right lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Mouth opening ☐ Lateral excursion

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the millimeters in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Interincisal distance (if different than above)

_____ Lateral excursion (if different than above)

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Left lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Mouth opening ☐ Lateral excursion

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the millimeters in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Interincisal distance (if different than above)

_____ Lateral excursion (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Was passive range of motion testing performed? ◯ Yes ◯ No If not, indicate why passive range of motion testing was not performed:

☐ Medically contraindicated (e.g., it may cause the Veteran severe pain or the risk of further injury). It is not medically advisable to conduct passive range of motion testing because (provide explanation).

☐ Testing not necessary because (provide explanation).

☐ Other (provide explanation).

Explanation:

Interincisal distance: ☐ greater than 34mm ☐ 30 - 34mm ☐ 21 - 29mm ☐ 11 - 20mm ☐ 0 - 10mm

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Right lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

Left lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

If noted on examination, which passive ROM exhibited pain (select all that apply):

☐ Mouth opening ☐ Lateral excursion

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the millimeters in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Interincisal distance (if different than above)

_____ Lateral excursion (if different than above)

If noted on examination, which passive ROM exhibited pain (select all that apply):

☐ Mouth opening ☐ Lateral excursion

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the millimeters in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Interincisal distance (if different than above)

_____ Lateral excursion (if different than above)

Is there evidence of pain with chewing (mastication)? ◯ Yes ◯ No

If yes check all that apply.

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion ☐ on rest/non-movement

☐ causes functional loss (if checked describe in the comments box below) ☐ does not result in/cause functional loss

Comments:

Is there evidence of pain with chewing (mastication)? ◯ Yes ◯ No

If yes check all that apply.

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion ☐ on rest/non-movement

☐ causes functional loss (if checked describe in the comments box below) ☐ does not result in/cause functional loss

Comments:

Is there objective evidence of crepitus? ◯ Yes ◯ No

Is there objective evidence of localized tenderness or pain on palpation or associated soft tissue of the right TMJ? ◯ Yes ◯ No

Is there objective evidence of crepitus? ◯ Yes ◯ No

Is there objective evidence of localized tenderness or pain on palpation or associated soft tissue of the left TMJ? ◯ Yes ◯ No

3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?
◯ Yes ◯ No If no, please explain:

Is there additional loss of function or range of motion after three repetitions?
◯ Yes ◯ No

If yes, please respond to the following after the completion of the three repetitions:

3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?
◯ Yes ◯ No If no, please explain:

Is there additional loss of function or range of motion after three repetitions?
◯ Yes ◯ No

If yes, please respond to the following after the completion of the three repetitions:

Interincisal distance: ☐ greater than 34mm ☐ 30 - 34mm ☐ 21 - 29mm ☐ 11 - 20mm ☐ 0 - 10mm

Right lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

Left lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

Select factors that cause this functional loss: (check all that apply)

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other _____

Select factors that cause this functional loss: (check all that apply)

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other _____

Note: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in millimeters) that reflect frequency, duration, and during flare-ups - even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time	3C. Repeated use over time
Is the Veteran being examined immediately after repeated use over time? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ◯ Yes ◯ No Select factors that cause this functional loss. (Check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other _____ Estimate range of motion in millimeters for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.	Is the Veteran being examined immediately after repeated use over time? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ◯ Yes ◯ No Select factors that cause this functional loss. (Check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other _____ Estimate range of motion in millimeters for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.
Interincisal distance: ☐ greater than 34mm ☐ 30 - 34mm ☐ 21 - 29mm ☐ 11 - 20mm ☐ 0 - 10mm	
Right lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm	Left lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm
The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)	The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)
3D. Flare-ups	3D. Flare-ups
Is the examination being conducted during a flare-up? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ◯ Yes ◯ No Select factors that cause this functional loss. (Check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other _____ Estimate range of motion in millimeters for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.	Is the examination being conducted during a flare-up? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ◯ Yes ◯ No Select factors that cause this functional loss. (Check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other _____ Estimate range of motion in millimeters for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.
Interincisal distance: ☐ greater than 34mm ☐ 30 - 34mm ☐ 21 - 29mm ☐ 11 - 20mm ☐ 0 - 10mm	
Right lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm	Left lateral excursion: ☐ greater than 4mm ☐ 0 - 4mm

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3E. Additional factors contributing to disability

3E. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

- ☐ None
- ☐ Less movement than normal
- ☐ More movement than normal
- ☐ Weakened movement
- ☐ Swelling
- ☐ Deformity
- ☐ Atrophy of disuse
- ☐ Other, describe:

☐ None
☐ Less movement than normal
☐ More movement than normal
☐ Weakened movement
☐ Swelling
☐ Deformity
☐ Atrophy of disuse
☐ Other, describe:

Please describe additional contributing factors of disability:

Please describe additional contributing factors of disability:

SECTION IV - DIETARY RESTRICTIONS

Note: For VA compensation purposes, mechanically altered foods are defined as altered by blending, chopping, grinding or mashing so that they are easy to chew and swallow. There are four levels of mechanically altered foods: full liquid, puree, soft, and semi-solid foods. To warrant elevation based on mechanically altered foods, the use of texture-modified diets must be recorded or verified by a physician.

4A. Does the Veteran require a mechanically altered foods diet, which has been physician verified or documented, due to the temporomandibular disorder? ◯ Yes ◯ No
If yes, indicate the restrictions below:

- ☐ Dietary restrictions to all mechanically altered foods, to include full liquid, puree foods, soft foods, and semi-solid foods
- ☐ Dietary restrictions to soft and semi-solid foods

SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

5A. Does the Veteran have any other pertinent physical finding, complications, conditions, signs or symptoms related to any conditions listed in the diagnosis section above?
◯ Yes ◯ No

If yes, describe (brief summary)

5B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?
◯ Yes ◯ No If yes, also complete the appropriate dermatological questionnaire.

SECTION VI - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, even if in the past, no further imaging studies are required by VA, even if arthritis has worsened.

6A. Have imaging studies been performed in conjunction with this examination? ◯ Yes ◯ No

6B. If yes, is degenerative or post-traumatic arthritis documented? ◯ Yes ◯ No

Indicate side. ◯ Right ◯ Left ◯ Both

6C. If yes provide type of test or procedure, date and results (brief summary):

6D. Are there any other significant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination?
◯ Yes ◯ No If yes, provide type of test or procedure, date and results (brief summary):

6E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

SECTION VII - FUNCTIONAL IMPACT

Note: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

7A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)? ◯ Yes ◯ No

If yes, describe the functional impact of each condition, providing one or more examples:

SECTION VIII - REMARKS

8A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION IX - EXAMINER'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

9A. Examiner's signature:

9B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

9C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

9D. Date Signed:

9E. Examiner's phone/fax numbers:

9F. National Provider Identifier (NPI) number:

9G. Medical license number and state:

9H. Examiner's address: