Department of Veterans Affairs

TEMPOROMANDIBULAR DISORDERS (TMDs) DISABILITY BENEFITS QUESTIONNAIRE

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

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

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A TEMPOROMANDIBULAR JOINT CONDITION?

☐ YES ☐ NO *(If "Yes," complete Item 1B)*

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO TEMPOROMANDIBULAR JOINT CONDITIONS:

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

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO TEMPOROMANDIBULAR JOINT CONDITIONS LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S TEMPOROMANDIBULAR JOINT CONDITION *(Brief summary):*

2B. DOES THE VETERAN REPORT FLARE-UPS OF THE TEMPOROMANDIBULAR JOINT?

☐ YES ☐ NO

IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF FLARE-UPS IN HIS OR HER OWN WORDS:

2C. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT OF THE TEMPOROMANDIBULAR JOINT (REGARDLESS OF REPETITIVE USE)?

☐ YES ☐ NO

IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT IN HIS OR HER OWN WORDS:

SECTION III - INITIAL RANGE OF MOTION *(ROM)* AND FUNCTIONAL LIMITATIONS

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 of "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 that repetitive use over time or during a flare up, however, this is not always feasible.

Information regarding joint function is broken up into two subsets. First is based on repetitive use and the second functional loss associated with flare ups. The repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second portion 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, taking 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 available medical evidence.

Optimally, description of any additional loss of function should be provided as what the degrees range of motion would be opined to look like in these given scenarios. However, when this is not feasible, a 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.

SECTION III - INITIAL RANGE OF MOTION *(ROM)* AND FUNCTIONAL LIMITATIONS *(Continued)*

3A. INITIAL ROM MEASUREMENTS

RIGHT TMJ

☐ Unable to test ☐ Not indicated

If 'Unable to test" or "Not indicated", please explain:

LEFT TMJ

☐ Unable to test ☐ Not indicated

If 'Unable to test" or "Not indicated", please explain:

Inter-incisal 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

RIGHT TMJ

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons 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?

☐ Yes ☐ No

If yes, please explain:

Description of Pain *(select the best response)*:

☐ No pain noted on exam

☐ Pain noted on exam on rest / non-movement

☐ Pain noted on exam but does not result in / cause functional loss

☐ Pain noted on examination and causes functional loss

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

☐ Mouth opening

☐ Right lateral excursion

Is there evidence of pain with chewing (mastication)?

☐ Yes ☐ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☐ No

Is there objective evidence of crepitus or clicking of joints or soft tissue of the right TMJ? ☐ Yes ☐ No

If yes to crepitus or clicking above, describe including location, severity, and relationship to condition(s).

LEFT TMJ

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons 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?

☐ Yes ☐ No

If yes, please explain:

Description of Pain *(select the best response)*:

☐ No pain noted on exam

☐ Pain noted on exam on rest / non-movement

☐ Pain noted on exam but does not result in / cause functional loss

☐ Pain noted on examination and causes functional loss

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

☐ Mouth opening

☐ Left lateral excursion

Is there evidence of pain with chewing (mastication)?

☐ Yes ☐ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☐ No

Is there objective evidence of crepitus or clicking of joints or soft tissue of the left TMJ? ☐ Yes ☐ No

If yes to crepitus or clicking above, describe including location, severity, and relationship to condition(s).

3B. OBSERVED REPETITIVE USE

RIGHT TMJ

Is the veteran able to perform repetitive-use testing with at least three repetitions?

☐ Yes ☐ No

If no, provide reason:

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

Select all factors that cause this functional loss: ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination

☐ N/A

LEFT TMJ

Is the veteran able to perform repetitive-use testing with at least three repetitions?

☐ Yes ☐ No

If no, provide reason:

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

Select all factors that cause this functional loss: ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination

☐ N/A

ROM after 3 repetitions:

Inter-incisal 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

3C. REPEATED USE OVER TIME

RIGHT TMJ	LEFT TMJ
Is the Veteran being examined immediately after repetitive use over time? ☐ Yes ☐ No If the examination is ***not*** being conducted immediately after repetitive use over time: ☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time. ☐ The examination is neither medically consistent nor inconsistent with the Veteran's statements describing functional loss with repetitive use over time. If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:	Is the Veteran being examined immediately after repetitive use over time? ☐ Yes ☐ No If the examination is ***not*** being conducted immediately after repetitive use over time: ☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time. ☐ The examination is neither medically consistent nor inconsistent with the Veteran's statements describing functional loss with repetitive use over time. If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:
Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time? ☐ Yes ☐ No ☐ Unable to say without mere speculation If unable to say without mere speculation, please explain:	Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time? ☐ Yes ☐ No ☐ Unable to say without mere speculation If unable to say without mere speculation, please explain:
Select all factors that cause this functional loss: ☐ N/A ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination	Select all factors that cause this functional loss: ☐ N/A ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination
Are you able to describe in terms of Range of Motion? ☐ Yes ☐ No If no, please describe:	Are you able to describe in terms of Range of Motion? ☐ Yes ☐ No If no, please describe:

Inter-incisal 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

3D. FLARE UPS

RIGHT TMJ	LEFT TMJ
Is the examination being conducted during a flare up? ☐ Yes ☐ No	Is the examination being conducted during a flare up? ☐ Yes ☐ No
If the examination is ***not*** being conducted during a flare up: ☐ The examination is medically consistent with the Veteran's statements describing functional loss during flare up. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare up. ☐ The examination is neither medically consistent nor inconsistent with the Veteran's statements describing functional loss during flare up.	If the examination is ***not*** being conducted during a flare up: ☐ The examination is medically consistent with the Veteran's statements describing functional loss during flare up. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare up. ☐ The examination is neither medically consistent nor inconsistent with the Veteran's statements describing functional loss during flare up.
If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:	If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:

3D. FLARE UPS *(Continued)*

RIGHT TMJ	LEFT TMJ
Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare ups? ☐ Yes ☐ No ☐ Unable to say without mere speculation If unable to say without mere speculation, please explain:	Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare ups? ☐ Yes ☐ No ☐ Unable to say without mere speculation If unable to say without mere speculation, please explain:
Select all factors that cause this functional loss: ☐ N/A ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination	Select all factors that cause this functional loss: ☐ N/A ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination
Able to describe in terms of Range of Motion? ☐ Yes ☐ No If no, please describe:	Able to describe in terms of Range of Motion? ☐ Yes ☐ No If no, please describe:

Inter-incisal 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

3E. ADDITIONAL FACTORS CONTRIBUTING TO DISABIITY

RIGHT TMJ	LEFT TMJ
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 *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)* ☐ More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc..)* ☐ Weakened movement *(due to muscle injury, disease or injury of nerves, divided or lengthened tendons, etc.)* ☐ Swelling ☐ Deformity ☐ Atrophy of disuse ☐ Other, 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 *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)* ☐ More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc..)* ☐ Weakened movement *(due to muscle injury, disease or injury of nerves, divided or lengthened tendons, etc.)* ☐ Swelling ☐ Deformity ☐ Atrophy of disuse ☐ Other, describe:

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 semisolid foods. To warrant elevation based on mechanically altered foods, the use of texture-modified diets must be recorded or verified by a physician.

4. 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 AND/OR SYMPTOMS

5A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, DESCRIBE (*brief summary*):

SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS *(Continued)*

5B. DOES THE VETERAN HAVE ANY SCARS (*surgical or otherwise*) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM *(6 square inches)*; OR ARE LOCATED ON THE HEAD, FACE OR NECK?

☐ YES ☐ NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: ______________________________ MEASUREMENTS: length __________ cm X width __________ cm.

NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

5C. COMMENTS, IF ANY:

SECTION VI - DIAGNOSTIC TESTING

NOTE: The diagnosis of degenerative arthritis (osteoarthritis) or traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, no further imaging studies are required by VA, even if arthritis has worsened.

6A. HAVE IMAGING STUDIES OF THE TMJ BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

☐ YES ☐ NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

☐ YES ☐ NO

IF YES, SIDE AFFECTED: ☐ Right ☐ Left ☐ Both

6B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ YES ☐ NO

IF YES, SIDE AFFECTED: ☐ Right ☐ Left ☐ Both

IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS *(Brief summary)*:

SECTION VII - FUNCTIONAL IMPACT

7. DOES THE VETERAN'S TEMPOROMANDIBULAR JOINT CONDITION IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO

IF YES, DESCRIBE THE IMPACT OF EACH OF THE VETERAN'S TEMPOROMANDIBULAR CONDITIONS PROVIDING ONE OR MORE EXAMPLES:

SECTION VIII - REMARKS

8. REMARKS *(if any)*:

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: