It's about the bite. *Prof. Riaz Yar, Specialist in Prosthodontics*

C — Collect the History. History does the differential before your hands do. As much as 70–80% of the diagnostic information in TMD comes from the history alone. Get C right, and A, R and E become confirmation, not detection.

C Collect the history → **A** Assess clinically → **R** Reason the differential → **E** Establish Dx & manage

DOMAIN	WHAT YOU ASK	WHY IT MATTERS CLINICALLY
Pain	Site, onset, character; ask the patient to point with one finger. Diffuse (whole-hand sweep) vs. localised (single fingertip) — what makes it better or worse.	A fingertip over the joint suggests arthralgia; a diffuse sweep across temple/cheek/jaw is far more characteristic of myalgia.
Opening / locking	Does the jaw catch or lock, open or closed? Does it self-reduce? Morning stiffness that eases with movement?	Locking without reduction points to a mechanical obstruction; stiffness that improves with use suggests a muscular cause, not a fixed block.
Joint sounds	Click, pop or crepitus — onset, and whether it has changed or stopped.	Painless, unchanged clicking is common and not itself a diagnosis. New crepitus, or a click that has recently disappeared, is more significant.
Headache	Site, timing, relationship to jaw use or clenching.	Temporal headache reproduced on masseter/temporalis palpation is often myofascial, not a primary headache.
Parafunction & sleep	Daytime clenching, grinding, nail-biting; sleep quality; partner-reported grinding/snoring; cold sensitivity on waking.	Directs treatment (behaviour modification, splint) and flags a sleep-bruxism / OSA overlap worth screening.
Psychosocial (Axis II)	Pain-related disability, occupational stress, mood, catastrophising.	The strongest single predictor of who will not respond to conservative care alone.

💡 **CLINICAL PEARL — The one-finger test.**
Ask the patient to point to the pain with one finger. A fingertip placed precisely in front of the ear describes joint pain. A whole hand sweeping across temple, cheek and jaw describes muscle pain. Five seconds, and it reframes the whole consultation.

The Three-Question Screen (3Q/TMD)

A validated 30-day recall screen, run before the patient sits back in the chair. Any positive response warrants a full history and examination.

1	Pain in the jaw, temple, ear, or in front of the ear, in the last 30 days?
2	That pain made worse by chewing, opening wide, or moving the jaw?
3	Any catching, locking, or difficulty opening or closing the mouth?

Red Flags in the History — Refer, Do Not Treat: First or worst-ever facial pain • Progressive trismus with swelling • Unilateral hearing loss or altered sensation • Cranial nerve signs • Unintended weight loss • Jaw claudication over 50 (possible giant cell arteritis)

Next in the framework — A: Assess the patient clinically (structured examination, Table 1.1) → R: Reason through the differential → E: Establish the diagnosis and evidence-based management, then triage Green / Amber / Red. Full worked case: Chapter 1, *Temporomandibular Disorders: From Specialist Practice to the Dental Graduate.*

Evidence: Schiffman E et al. DC/TMD. J Oral Facial Pain Headache. 2014;28:6–27 • Gonzalez YM et al. 3Q/TMD screening questionnaire. J Am Dent Assoc. 2011;142:1183–91 • Von Korff M et al. Grading chronic pain severity. Pain. 1992;50:133–49