

JAMSS Risk Assessment Questionnaire*

Use this questionnaire to evaluate patients for risk factors associated with Jaw Joint and Muscle Sprain/Strain (JAMSS)

1. Do you often have jaw or facial pain?	No	Yes
2. Do you often have headaches?	No	Yes
3. Do you have difficulty opening your mouth wide?	No	Yes
4. Does it hurt to open your mouth wide?	No	Yes
5. Does it hurt to chew hard or chewy foods?	No	Yes
6. Does it hurt after dental work is done?	No	Yes
7. Are your jaw and temple muscles tender when you press on them?	No	Yes
8. Do you often have aches and pain in your body?	No	Yes
9. Do you often notice yourself clenching or holding your teeth together?	No	Yes
10. Do you often feel depressed, downhearted, or blue due to pain?	No	Yes
11. Do you often feel anxiety or nervousness?	No	Yes
12. Do you often feel like you have had a lot of stress?	No	Yes

PATIENT NAME: _____

DATE: _____

PRIOR HISTORY: _____

No Yes

NOTES: _____

- A** Any "yes" answers suggest there is some risk of jaw joint and muscle sprain/strain (JAMSS).
- B** If the patient exhibits symptoms of JAMSS, implement the JAMSS Speed-to-Treat Protocol to reduce the chance of chronic jaw pain and dysfunction. The protocol manages and evaluates acute jaw joint and muscle sprain/strain over a 2 to 4-week period; it stratifies results and provides the practitioner with a clearly defined path for next steps in care.
- C** Even if you refer the patient to a specialist, you should initiate treatment of the acute pain symptoms with a QuickSplint® interim oral appliance and self-care measures.

*The JAMSS Risk Assessment Questionnaire is designed for use with the JAMSS Speed-to-Treat Protocol for treatment of jaw joint and muscle sprain/strain injuries, and the S.A.F.E. Protocol for prevention of jaw joint and muscle sprain/strain injuries during dental treatment.

For more information visit: www.JawPainRx.com



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