

MRI TMJ Evaluation

Patient No.: _____ Family name: _____ Given name: _____ Date of birth: _____

Referred by: _____ MRI examination by: _____

Clinical diagnoses: _____

MRI diagnoses: _____

MR imaging technique and parameters: _____

Number of prints: _____

Diagnostic remarks: _____

Condylar morphology*

R		L
	No pathological findings/Convex	
	Gable-shaped/Pointed angle	
	Flattening	
	Concavity	
	Hypoplasia	
	Deformation	
	Fracture	
	Compacta: No pathological findings	
	Erosion	
	Osteophyte formation	
	Spongiosa: No pathological findings	
	Degeneration	
	Inflammation/Tumor	

Disk morphology* (closed mouth)

R		L
	No evaluation possible	
	Biconcave	
	Biplanar	
	Overall thickening	
	Overall or central thinning	
	Thickening in the marginal area	
	Flattening in the marginal area	
	Deformation	
	Plicated	
	Spherical	
	Perforated	
	Destroyed/Fragmented	

Fossa/tubercular morphology

R		L
	No pathological findings	
	Erosion	
	Osteophyte formation	
	Angle of articular eminence: average	
	pointed	
	obtuse	
	Tubercle: No pathological findings	
	Pointed configuration	
	Flattening	

Condyle/fossa relationship (closed mouth)

R		L
	Centric	
	Anterior orientation	
	Posterior orientation	
	Cranial orientation	
	Caudal orientation	
	Localizer image in the sagittal plane	
	Localizer image perp. to condylar long axis	
	Localizer image insufficiently aligned	
	Condyle not discernible in localizer image	

* Multiple answers permitted

Condyle/fossa relationship (open mouth)

R		L
	Translation movement: Regular	
	Translation movement: Hypermobile	
	Translation movement: Reduced	
	Translation movement: No	