

Temporomandibular Disorders (TMD) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. A patient has jaw pain, develops painful popping/locking and has used a flat splint in the past. What appliance would you try next?**
 - A. Nightguard**
 - B. Soft resilience splint**
 - C. Anterior repositioning appliance**
 - D. Hard stabilization splint**

- 2. Which statement accurately describes bruxism in relation to TMD loading?**
 - A. Bruxism reduces compressive loads on TMJ**
 - B. Bruxism increases compressive loads on TMJ and masticatory muscles**
 - C. Bruxism has no effect on TMJ loading**
 - D. Bruxism cures TMD**

- 3. How can you differentiate TMJ pain from cervical spine-related jaw pain in a clinical exam?**
 - A. Screen the neck and perform jaw-specific maneuvers to distinguish TMJ from cervical spine-related jaw pain**
 - B. Rely solely on imaging to differentiate**
 - C. Treat the neck pain as TMJ pain until proven otherwise**
 - D. Ignore neck symptoms and focus only on jaw findings**

- 4. True or False: A patient's slide from CR to MIP is $\geq 2\text{mm}$, therefore they are predisposed to TMD.**
 - A. True**
 - B. False**
 - C. Not sure**
 - D. Depends on the patient**

- 5. Which ligament is associated with Ernest syndrome?**
 - A. Stylohyoid ligament**
 - B. Sphenomandibular ligament**
 - C. Temporomandibular ligament**
 - D. Stylomandibular ligament**

- 6. What is the role of physical therapy in TMD management?**
- A. Physical therapy improves range of motion, reduces muscle tension and trigger points, and enhances function through exercises, manual therapy, posture training, and modalities**
 - B. PTs only provide rest**
 - C. PTs cure all disc disorders**
 - D. PT only uses heat and ultrasound with no exercise**
- 7. What is the role of MRI in diagnosing disc displacement types?**
- A. MRI demonstrates disc position relative to the condyle in various jaw positions, enabling diagnosis of displaced discs with or without reduction and assessment of soft tissue integrity**
 - B. MRI is not useful for disc displacement**
 - C. CT is superior for soft tissues**
 - D. Ultrasound can replace MRI for this purpose**
- 8. Which two conditions are common intra-articular TMJ pathologies?**
- A. Disc displacement (with or without reduction) and degenerative joint disease/osteoarthritis of the TMJ**
 - B. Osteomyelitis and gout**
 - C. Synovitis and myositis**
 - D. Bursitis and facial nerve palsy**
- 9. Which ligament is associated with Eagle's syndrome?**
- A. Stylomandibular ligament**
 - B. Sphenomandibular ligament**
 - C. Stylohyoid ligament**
 - D. Temporomandibular ligament**
- 10. If there is pain in the maxillary anterior teeth, what muscle is the pain referred?**
- A. Anterior temporalis**
 - B. Middle temporalis**
 - C. Posterior temporalis**
 - D. Lower superficial masseter**

Answers

SAMPLE

1. C
2. B
3. B
4. A
5. D
6. A
7. A
8. A
9. C
10. A

SAMPLE

Explanations

SAMPLE

1. A patient has jaw pain, develops painful popping/locking and has used a flat splint in the past. What appliance would you try next?

- A. Nightguard**
- B. Soft resilience splint**
- C. Anterior repositioning appliance**
- D. Hard stabilization splint**

When a patient has jaw pain plus painful popping or locking, the issue is often disc displacement with reduction, where the disc sits anterior to its normal position and causes a click or temporary lock during movement. The goal is to restore normal disc-condyle relationship, which is best achieved by guiding the jaw forward to recapture the disc. An anterior repositioning appliance does exactly this: it positions the mandible forward (and slightly downward) so the articular disc can return to its proper place in front of the condyle during closing. This can reduce or eliminate the popping/locking and associated pain, addressing the mechanical derangement rather than just relaxing the muscles or stabilizing the bite. A flat stabilization (hard) splint may help with muscle relaxation and occlusal stabilization, but it doesn't actively reposition the mandible to reduce disc displacement, so it's less effective for a disc displacement with reduction. A nightguard is typically used for bruxism or general grinding and doesn't specifically address the disc in a forward position. A soft resilience splint may be more forgiving and helpful for some patients, but it similarly lacks the forward guidance needed to recapture the disc. In this scenario, choosing an appliance that provides anterior guidance to reposition the jaw is the most targeted next step to relieve the clicking/locking and pain.

2. Which statement accurately describes bruxism in relation to TMD loading?

- A. Bruxism reduces compressive loads on TMJ**
- B. Bruxism increases compressive loads on TMJ and masticatory muscles**
- C. Bruxism has no effect on TMJ loading**
- D. Bruxism cures TMD**

Bruxism involves parafunctional grinding and clenching of the teeth, which drives repetitive, high-intensity jaw muscle contractions. Those strong contractions push more force through the bite, increasing compressive loads on the temporomandibular joint and loading the surrounding masticatory muscles. In the context of TMD, this added mechanical stress can worsen joint structures (like the disc and articular surfaces) and overwork the muscles, contributing to pain, fatigue, and dysfunction. So the statement that bruxism increases compressive loads on both the TMJ and masticatory muscles best reflects how bruxism relates to TMD loading. It wouldn't reduce loads, have no effect, or cure TMD.

3. How can you differentiate TMJ pain from cervical spine-related jaw pain in a clinical exam?

- A. Screen the neck and perform jaw-specific maneuvers to distinguish TMJ from cervical spine-related jaw pain**
- B. Rely solely on imaging to differentiate**
- C. Treat the neck pain as TMJ pain until proven otherwise**
- D. Ignore neck symptoms and focus only on jaw findings**

A thorough clinical differentiation relies on an integrated examination that combines cervical screening with jaw-specific provocative maneuvers. Imaging alone often cannot tell you which structure is driving the pain, because neck and jaw problems can produce overlapping symptoms and imaging findings may exist without causing pain. In practice, pain originating from the TMJ is typically reproduced or worsened by jaw movements, biting, or loading the joint, and tenderness is found over the TMJ or the surrounding masticatory muscles on palpation. You would assess jaw range of motion, note any bite issues or deviations, listen for joint sounds, and perform maneuvers that stress the TMJ to see if they reproduce the patient's pain. Conversely, pain arising from the cervical spine tends to be provoked by neck movements and by palpation of cervical joints and paraspinal muscles. It may radiate toward the jaw or temples but is often linked to neck motion or neck-specific provocative tests rather than direct jaw loading. Many patients have a combination of issues, so the goal is to separate the contribution of each region through a coordinated exam rather than relying on imaging alone. Imaging can support findings but cannot definitively identify the pain source, especially when symptoms overlap or when structural changes are present without pain.

4. True or False: A patient's slide from CR to MIP is ≥ 2 mm, therefore they are predisposed to TMD.

- A. True**
- B. False**
- C. Not sure**
- D. Depends on the patient**

A noticeable movement from centric relation to maximum intercuspation reflects occlusal instability and how the mandible is guided into the bite. When that slide is 2 mm or more, it means the jaw must translate and adjust more to achieve habitual occlusion, which places non-axial, uneven loads on the temporomandibular joints and surrounding muscles. Over time, this increased loading can contribute to joint stress, muscle fatigue, and altered disc-condyle mechanics, all of which are recognized risk factors for developing TMD symptoms. So, a CR to MIP slide of at least 2 mm is considered a clinical indicator that the patient is predisposed to TMD, though it doesn't guarantee it and other factors (trauma, parafunction, biomechanics, etc.) also play roles.

5. Which ligament is associated with Ernest syndrome?

- A. Stylohyoid ligament**
- B. Sphenomandibular ligament**
- C. Temporomandibular ligament**
- D. Stylomandibular ligament**

Ernest syndrome is linked to calcification or ossification of the stylomandibular ligament. This ligament runs from the styloid process to the angle of the mandible and normally helps limit excessive jaw protrusion. When it becomes ossified, it forms a rigid band that can irritate nearby structures and restrict mandibular movement, producing pain and limited opening or protrusion that characterize the syndrome. Because the condition specifically involves the stylomandibular ligament, that ligament is the one associated with Ernest syndrome. Other ligaments—stylohyoid, sphenomandibular, or the temporomandibular ligament—are associated with different conditions and don't define Ernest syndrome.

6. What is the role of physical therapy in TMD management?

- A. Physical therapy improves range of motion, reduces muscle tension and trigger points, and enhances function through exercises, manual therapy, posture training, and modalities**
- B. PTs only provide rest**
- C. PTs cure all disc disorders**
- D. PT only uses heat and ultrasound with no exercise**

Physical therapy in TMD management centers on restoring jaw function through an active, multimodal approach. The best way to describe the role is that PT aims to improve range of motion, reduce muscle tension and trigger points, and optimize function through targeted exercises, hands-on manual therapy, posture training, and appropriate modalities. Exercises help loosen the jaw, improve mobility, and retrain the muscles that control chewing and jaw movement. Manual therapy releases tight muscles and joints around the jaw and neck, improving movement and reducing pain. Posture training supports proper alignment of the head, neck, and jaw, which often reduces strain during daily activities and chewing. Modalities, when used, can alleviate pain and muscle overactivity but are most effective when paired with active rehabilitation. Rest alone doesn't address movement or muscle balance, disc disorders aren't universally cured by PT, and using heat or ultrasound without exercises misses the active component that drives lasting improvement.

7. What is the role of MRI in diagnosing disc displacement types?

- A. MRI demonstrates disc position relative to the condyle in various jaw positions, enabling diagnosis of displaced discs with or without reduction and assessment of soft tissue integrity**
- B. MRI is not useful for disc displacement**
- C. CT is superior for soft tissues**
- D. Ultrasound can replace MRI for this purpose**

MRI is the imaging method of choice for evaluating disorders of the TMJ's soft tissues, especially the articular disc. The key point is that MRI can visualize the disc's position relative to the condyle in different jaw positions, so clinicians can determine whether the disc is displaced and whether it reduces when the mouth opens. This capability is essential for classifying disc displacement types. If the disc is displaced in the closed position but returns to a normal relationship during opening, that's disc displacement with reduction. If the disc remains displaced throughout opening, that's disc displacement without reduction. MRI also shows the surrounding soft tissues—the retrodiscal tissue, ligaments, and any inflammatory or degenerative changes—providing a fuller picture of the pathology that drives symptoms like clicking, limitation, or pain. Other imaging modalities don't offer the same level of soft tissue detail. CT excels at visualizing bone but not the disc and soft tissues. Ultrasound has limited ability to image the TMJ disc reliably due to depth, acoustic window, and operator dependence, and cannot replace MRI for soft tissue assessment. So MRI uniquely provides the direct view of disc position in multiple jaw states plus the integrity of the soft tissues, which is why it's the best tool for diagnosing disc displacement types.

8. Which two conditions are common intra-articular TMJ pathologies?

- A. Disc displacement (with or without reduction) and degenerative joint disease/osteoarthritis of the TMJ**
- B. Osteomyelitis and gout**
- C. Synovitis and myositis**
- D. Bursitis and facial nerve palsy**

Intra-articular TMJ problems are disorders that occur inside the joint capsule, involving the articular disc and the joint surfaces. The two most common intra-articular issues are disc displacement with or without reduction and degenerative changes of the joint surfaces (osteoarthritis) of the TMJ. Disc displacement is when the articular disc sits abnormally between the condyle and the temporal bone during jaw movement. If the disc reduces, it returns to its proper position during movement; if it doesn't reduce, the jaw may feel restricted or lock, and clicking or popping can occur. Degenerative joint disease or osteoarthritis involves wear and tear of the joint cartilage and adjacent bone, leading to pain, stiffness, reduced range of motion, and crepitus within the joint. The other options describe problems that are not primarily within the TMJ joint itself: infections of bone, crystal deposits, inflammation of muscles, bursae around the joint, or nerve issues. These are not classic intra-articular TMJ pathologies.

9. Which ligament is associated with Eagle's syndrome?

- A. Stylomandibular ligament**
- B. Sphenomandibular ligament**
- C. Stylohyoid ligament**
- D. Temporomandibular ligament**

Eagle's syndrome occurs when the stylohyoid ligament elongates or becomes calcified, forming a longer styloid-hyoid chain that can irritate nearby structures in the throat. The stylohyoid ligament runs from the styloid process of the temporal bone to the hyoid bone, and when it is abnormally long or ossified it can press on or irritate the glossopharyngeal nerve and tissues in the tonsillar region, producing deep throat or ear pain, a sensation of a foreign body, or dysphagia. This is why the stylohyoid ligament is the ligament associated with Eagle's syndrome. The other ligaments listed—stylomandibular, sphenomandibular, and the temporomandibular ligament—are involved in jaw movement and TMJ stability but are not characteristically linked to Eagle's syndrome. Imaging often shows an elongated styloid process or calcified stylohyoid ligament, and treatment ranges from conservative measures to surgical shortening or removal of the elongated/ossified segment if symptoms persist.

10. If there is pain in the maxillary anterior teeth, what muscle is the pain referred?

- A. Anterior temporalis**
- B. Middle temporalis**
- C. Posterior temporalis**
- D. Lower superficial masseter**

Referred pain from myofascial trigger points in jaw muscles follows consistent patterns, and the anterior fibers of the temporalis commonly map to the maxillary anterior teeth. When the anterior temporalis is involved, trigger points can radiate dull, aching pain into the front upper teeth because these teeth share the same trigeminal sensory pathways and the muscle's fascial connections extend toward that tooth region. The other portions of the temporalis and the masseter tend to produce pain patterns more associated with the temple/ear region or with other teeth (for example, molars), rather than the maxillary anterior group. So, pain felt in the maxillary anterior teeth is most consistent with referred pain from the anterior temporalis muscle.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://tmd.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE