

Third announcement (after 6 months)**Date of randomization:** ___/___/___ **Fax no: 0049 351 458 5348****Initials:** **Number:** **Institution:****3.7 Outcome measures after 6 months** Examination date: _____

3.7.1. Duration of physiotherapy: _____ months _____ days

 Still going on

3.7.2. Lesions of the facial nerve: left right

branch (1-4):	1) 2) 3) 4)	1) 2) 3) 4)
yes	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
no	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

① temporal ② zygomatic ③ buccal ④ marginal

4.7.3 Lesion of the auriculotemporal nerve

	left		right	
hypoesthesia/reduced sensation	yes <input type="radio"/>	no <input type="radio"/>	yes <input type="radio"/>	no <input type="radio"/>
numbness	yes <input type="radio"/>	no <input type="radio"/>	yes <input type="radio"/>	no <input type="radio"/>
hyperalgesia	yes <input type="radio"/>	no <input type="radio"/>	yes <input type="radio"/>	no <input type="radio"/>

3.7.4 Lesion of the occipitalis minor respectively auricularis magnus nerve:

	left		right	
hypoesthesia/reduced sensation	yes <input type="radio"/>	no <input type="radio"/>	yes <input type="radio"/>	no <input type="radio"/>
numbness	yes <input type="radio"/>	no <input type="radio"/>	yes <input type="radio"/>	no <input type="radio"/>
hyperalgesia	yes <input type="radio"/>	no <input type="radio"/>	yes <input type="radio"/>	no <input type="radio"/>

3.7.5 Stenosis of acoustic meatus

left	right
<input type="radio"/> yesmm	<input type="radio"/> yesmm
<input type="radio"/> no	<input type="radio"/> no

3.7.6. TMJ mobility

1. Maximal distance between the incisors: _____ mm

2. Lateral mandibular movement: left _____ mm right _____ mm

3. Protrusion: left _____ mm right _____ mm

4. Deviation on protrusion: _____ mm

Second announcement (after 6 weeks)**Date of randomization:** ___/___/___ **Fax no: 0049 351 458 5348****Initials:** **Number:** **Institution:**

3.7.7. Pain assessment:

No pain

Unbearable
pain

3.7.8. Appearance of scar:

Completely satisfied

Completely
dissatisfied

3.7.9. Removal of osteosynthesis material

 Yes, after months No

3.7.10. Occlusal disturbances

- subjective - change of occlusion caused by the fracture: yes no - objective - visible open bite: yes no - major correction by dentist yes no

3.7.11. Mandibular function impairment by MFIQ (Mandibular Function Impairment Questionnaire)

Outcome measures after 6 months

Answer the following questions as explained on page 3.

How much difficulty do you have , owing to your jaw complaints, with:

- | | | | | | |
|---------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. social activities (with family, friends etc.)? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 2. speaking? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 3. taking a large bite (e.g.from an apple) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 4. chewing hard food? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 5. chewing soft food? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 6. work and/or daily activities? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 7. drinking? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 8. laughing? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Third announcement (after 6 months)

Date of randomization: ___/___/___ Fax no: 0049 351 458 5348

Initials: Number: Institution:

9. chewing resistant food? 1 2 3 4 5
10. yawning? 1 2 3 4 5
11. kissing? 1 2 3 4 5

Eating food involves **taking a bite, chewing and swallowing**. The following addresses some types of food. We want to know how much difficulty you have with eating these types of food. It may be possible that you have not eaten this food lately. In that case you should answer the question with a comparable type of food in mind or indicate how much difficulty you would have in case you were forced to eat this type of food.

How much difficulty do you have, owing to your jaw complaints, with eating:

12. a hard cooky 1 2 3 4 5
13. meat (e.g.porc or beef) 1 2 3 4 5
14. a raw carrot 1 2 3 4 5
15. french bread/white bread 1 2 3 4 5
16. peanuts or almonds 1 2 3 4 5
17. an apple (not cut to pieces) 1 2 3 4 5

3.8. Results of X-ray examination 6 months postinterventional (OPG, Towne/Clementsich, CT-Scan)

- | | <u>left</u> | <u>right</u> |
|--------------------------------|----------------------------------------------------|----------------------------------------------------|
| 1. Correct position: | no <input type="radio"/> yes <input type="radio"/> | no <input type="radio"/> yes <input type="radio"/> |
| 2. Shortening of the ramus: | _____mm | _____mm |
| 3. Angulation of the fragment: | _____° | _____° |
| 4. Resorption of condyle | no <input type="radio"/> yes <input type="radio"/> | no <input type="radio"/> yes <input type="radio"/> |
| 5. Failure of osteosynthesis | no <input type="radio"/> yes <input type="radio"/> | no <input type="radio"/> yes <input type="radio"/> |