Sample CCTT Exam 2027

1. A patient presents with pain extending from the back of the head to the forehead, with some pain behind the eye. Light touch can elicit it. The patient describes it as a “jolt” or “throbbing” sensation. Which of the following diagnoses is **MOST** consistent with this presentation?

A. Cervicogenic headache

B. Occipital neuralgia

C. Status Migrainosus

D. Tension Type Headache

2. A 62-year-old patient presents with a painful, progressive limitation of mouth opening. Maximal mouth opening measures 20mm with uncorrected deflection to the right with slight crepitus noted at the right TMJ. Which of the following diagnoses **BEST** fits this presentation according to the 2014 Diagnostic Criteria for Temporomandibular Disorders (DC/TMD)?

A. Degenerative joint disease

B. Disc displacement with reduction

C. Disc displacement without reduction with limited opening

D. Local myalgia

3. A patient reports frequent nighttime tooth grinding that a partner has also observed. The patient attributes the jaw pain entirely to the grinding. No sleep study or electromyography has been performed. Based on current evidence on the relationship between sleep bruxism and temporomandibular disorder (TMD) pain, which of the following should the physical therapist consider **MOST** accurate?

A. Bruxism is not associated with TMD pain regardless of how it is measured

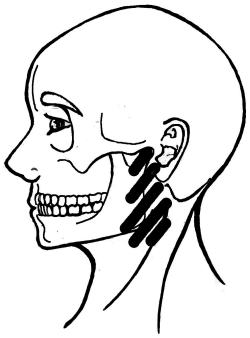
B. Instrument confirmed bruxism is associated with TMD pain more often than self reported bruxism

C. Partner observed grinding establishes a definite diagnosis of sleep bruxism

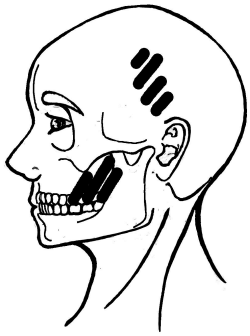
D. Self reported bruxism is associated with TMD pain more often than instrument confirmed bruxism

4. A patient presents with longstanding left sided facial pain. After palpation of the masseter, you find that their diagnosis is consistent with myofascial pain with spreading. The thick, black, diagonal lines on the figures below represent the patient's possible patterns of pain. What pattern of pain would **MOST** likely be seen in this patient?

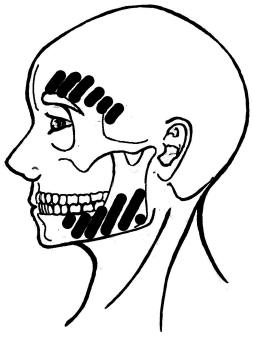
A



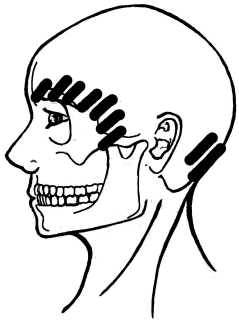
B



C



D



5. A 15 yr old patient presents with right sided jaw pain and “clunking” with end range yawning and eating food like burgers. On exam, their mandibular opening is 58mm, with deflection to the left at end range. Which of the following interventions is **MOST** appropriate for this patient?

A. Cervical soft tissue mobilization to normalize craniocervical posture before initiation of treatment of masticatory musculature

B. Grade III mobilization of the right TMJ to address the positioning of a probable right sided anteriorly displaced disc.

C. Isometric jaw opening and laterotrusion to promote improved motor control of the masticatory muscles.

D. Right laterotrusion of the mandible to improve translation of the left TMJ in opening

6. A 52-year-old patient presents with persistent left preauricular pain that worsens during mastication. Physical examination reveals tenderness over the lateral pole of the left condyle and acute localized pain when pressure is applied to the posterior aspect of the condyle via the external auditory meatus during mouth closure. Maximum mouth opening is within normal limits, and no joint sounds or trismus are present.
Which anatomical structure is the **MOST** likely source of the patient’s familiar pain?

A. Deep masseter muscle

B. Posterior digastric

C. Retrodiscal tissue

d. Sphenomandibular ligament

7. A patient with anterior disc displacement with reduction reports painless joint clicking and unrestricted mandibular movement. An audible click occurs at 24 mm of mouth opening, followed by smooth, comfortable translation to 45 mm. The patient reports consistently avoiding wide mouth opening after being advised that doing so would progressively damage the joint.
Which of the following statements **BEST** describes the kinematic and tissue-loading principles relevant to this patient's opening movement?

A. Adaptive shortening of the temporomandibular ligament restricts anterior condylar translation following disc reduction.

B. Condylar translation begins after the displaced articular disc returns to its functional position.

C. Jaw closing musculature recruitment increases during opening to maintain contact between the disc and condyle.

D. Superior retrodiscal tissues undergo elongation near maximal opening in joints with and without disc displacement.

8. (7b) What is the **MOST** likely consequence of reinforcing these movement restrictions?

A. It causes prolonged hypertonicity of the superior head of the lateral pterygoid, initiating a closed lock.

B. It reinforces kinesiophobia and secondary myofascial guarding while reducing normal functional joint movement.

C. It promotes progressive intra-articular fibrosis, eventually producing fibrous ankylosis of the temporomandibular joint.

D. It triggers adaptive shortening of the bilaminar zone, eliminating the reciprocal click while restricting anterior translation.

9. A 32-year-old patient presents with chronic jaw fatigue and habitual snoring. Examination reveals a narrow, high-arched palate, bilateral posterior crossbite, low resting tongue posture, and habitual mouth breathing.
Which of the following is the MOST appropriate clinical interpretation of these findings?

A. Craniofacial and functional findings suggest possible nasal airflow limitation warranting further airway assessment.

B. Jaw fatigue and tongue posture suggest a primary orofacial myofunctional disorder warranting targeted muscle retraining.

C. Posterior crossbite and palatal morphology suggest a primary occlusal disorder warranting referral for orthodontic intervention.

D. Snoring and mouth breathing suggest sleep-disordered breathing warranting referral for mandibular advancement therapy.

KEY:

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