

July 2024

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### Recommended Citation

Guraya, Kelsey (2024) "The Head and Neck Exam Revisited: Insights from VCU's Oral Facial Pain and Oral Medicine Club," *Virginia Dental Journal*: Vol. 101: No. 3, Article 23.

Available at: <https://commons.ada.org/vadentaljournal/vol101/iss3/23>

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# THE HEAD AND NECK EXAM REVISITED:

INSIGHTS FROM VCU'S ORAL FACIAL PAIN AND ORAL MEDICINE CLUB

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At both the VCU School Of Dentistry and dental practices across the nation, a head and neck examination is the standard of care at every intake appointment and subsequent periodic exam. But what exactly encompasses a true head and neck exam? For most of us, a quick assessment of the floor of the mouth and lateral border of the tongue to rule out oral cancer takes precedence in the midst of busy schedules and clinical requirements. However, a comprehensive approach to patient care necessitates attention to the entire oral cavity, including the head and neck region.

VCU's Oral Facial Pain and Oral Medicine (OFPOM) Club, with the help of orofacial pain specialist Dr. Shawn P. McMahon and oral medicine specialist Dr. Alexandra Howell, conducted a head and neck workshop this past school year to address proper techniques and possible findings of a routine head and neck exam. Through this workshop, we found that a systematic approach to a head and neck exam is vital not only for the early detection of various pathologies but also important for identifying pain that mimics symptoms of odontogenic origin.

During our workshop, Dr. Howell emphasized a systematic approach to an intraoral and extraoral examination. For most of us, inspecting the lips, buccal mucosa, tongue, floor of the mouth, palate, and gingiva for any abnormalities, such as lesions, ulcers, or swelling, is routine. Another important aspect of the intraoral half

of the exam is assessing the occlusal scheme and TMJ function to identify parafunction and TMD signs and symptoms. The tonsillar area is a commonly forgotten area which is often difficult to assess. The tonsils have a profound impact on swallowing and maintaining the airway. A thorough intraoral exam is key in detecting pathologies such as squamous cell carcinoma and oropharyngeal cancer.

The extraoral half of the exam proved to be the most insightful when learning to palpate the muscles of mastication, facial muscles, and lymph nodes. Palpating perpendicular to the muscle fibers can reveal trigger points as well as referred pain that can mimic tooth pain. The temporalis, masseter, trapezius, anterior digastric, and more can refer pain to any correlating part of the maxillary or mandibular dentition. The pain can resemble a dull throbbing ache normally associated with pulpal inflammation. If cold or percussion testing appears inconclusive, referred pain could be the culprit of tooth pain. As patients often see their general dentists more often than their primary care doctors, palpating the lymph nodes for firm, unmovable masses in the submandibular and cervical region is vital in the early diagnosis of malignant diseases.

The main insight the OFPOM Club gained through this hands-on workshop was the interdisciplinary nature of the head and neck exam. Dental students and practitioners proficient in conducting thorough examinations play a vital role in facilitating interdisciplinary

communication and referral pathways. By fostering partnerships with primary care doctors, ENTs, and other dental specialists, we can ensure that patients receive timely and appropriate care. By prioritizing the integration of these exams into clinical practice, dental professionals can enhance patient outcomes and contribute to the holistic aspect of overall healthcare.