

PRACTICAL CLINICAL COURSES
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Career Development Program

V3106
Simple TMD Therapy for Your Practice

Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

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TERMINOLOGY CONFUSION CLARIFICATION

The glossary of Prosthodontic terms defines CENTRIC OCCLUSION as the “occlusion of opposing teeth when the mandible is in centric relation. This may or may not coincide with maximum intercuspal position.”

The glossary definition is not the one most dentists have learned, and it may be confusing on the video you are viewing. Previous definitions of CENTRIC OCCLUSION have indicated that this position is the location where the patient chews, regardless of where it is in regard to centric relation.

In this video please interpret the phrase CENTRIC OCCLUSION, which is the older phrase that most dentists use, to mean the MAXIMAL INTERCUSPAL POSITION or MIP, which is the best fit of the teeth regardless of the condylar position.

It is my plan to eventually eliminate the phrase centric occlusion and replace it with the phrase maximal intercuspal position or MI.

Sorry for the confusion!

Thank you!

Gordon Christensen

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Gordon J. Christensen
PRACTICAL CLINICAL COURSES
Sources of Products Discussed in
V3106 SIMPLE TMD THERAPY FOR YOUR PRACTICE
Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **ACCUFILM II**
Parkell
155 Schmitt Blvd.
P.O. Box 376
Farmingdale, NY 11735
(800)243-7446
(631)249-1134
www.parkell.com
2. **ARTICULATOR 2240Q**
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Available through Local
Retailer
5. **LAB BURS E-CUTTERS**
#351E & #251E
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(912)925-8525
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6. **MADAME BUTTERFLY SILK**
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Portland, OR 97298-0214
(800)547-1511
(503)643-6633
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(877)550-2992
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www.HeadacheHope.com
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38 West Clarke Avenue
P.O. Box 359
Milford, DE 19963-0359
(800)532-2855
(302)422-4511
www.caulk.com
9. **OTOSCOPE**
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10. **STETHOSCOPE**
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Dentsply Professional
1301 Smile Way
P.O. Box 7807
York, PA 17404-0807
(800)989-8826
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www.dentsply.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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Temporomandibular Disorders (TMD)

(Please Print Legibly)

Patient Name: _____ Date: _____

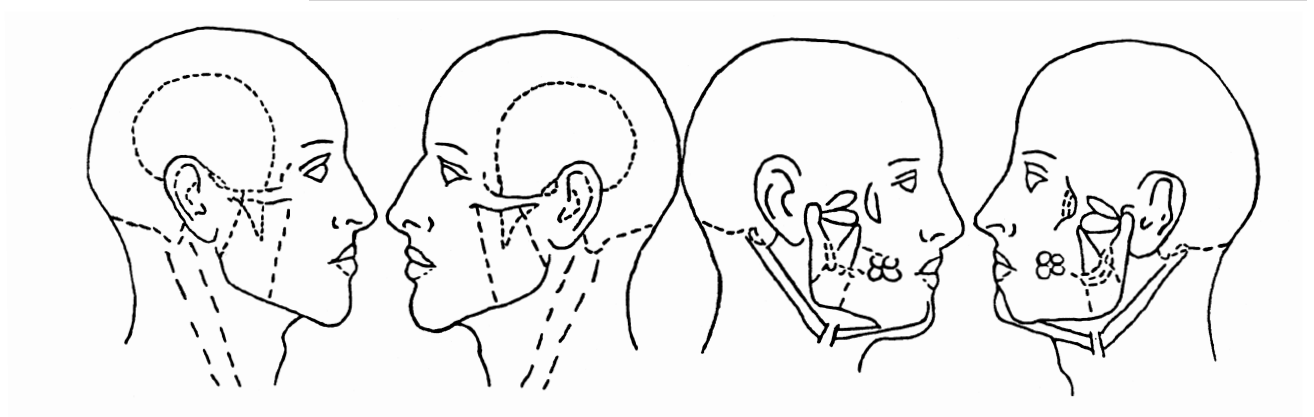
Referred by: _____

A. Symptoms & signs

1. Patient's Statement of the Problem

Main Complaint: _____

Patient's Comments: _____



2. Medical Complications: NONE

What? _____

3. Surgery: NONE

What? _____

4. Trauma: NONE

What? _____

5. Nature of Pain: NONE Mild Moderate Severe | Acute Chronic

6. Location of Pain:

RIGHT **LEFT**

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. TMJ |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Ears |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Masseters |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Temporals |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Sternomastoid |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Occipital |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Ext. Pterygoid |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Int. Pterygoid |

i. Neck: _____

j. Shoulders: _____

k. Back: _____

l. Other: _____

7. Tooth Pain: NONE

Location: _____

Stimulated by What? _____

Temporomandibular Disorders (continued)

B. Clinical exam

1. MANDIBULAR OPENING

- a. _____ mm (maxillary central to mandibular central)
- b. Movement to right _____ mm. Movement to left _____ mm.
- c. Deviations: to right to left
- d. Painful: No Yes; Where? _____

2. STETHOSCOPE

- a. Right joint: Normal Clicking Crepitus
- b. Left joint: Normal Clicking Crepitus

3. OTOSCOPE:

- a. Right ear: Normal Inflammation Wax Other: _____
- b. Left ear: Normal Inflammation Wax Other: _____

4. RADIOGRAPHS: Type: _____

- a. Right joint pathosis: _____
- b. Left joint pathosis: _____
- c. Other: _____

5. OCCLUSION: Angle: _____

- a. Centric relation first tooth contact: _____
- b. Centric relation to centric occlusion shift: _____
- c. Centric relation to maximum intercuspal position shift: _____
 Forward to left to right
- d. Working prematurities right: NONE Location: _____
- e. Working prematurities left: NONE Location: _____
- f. Non-Working prematurities right: NONE Location: _____
- g. Non-Working prematurities left: NONE Location: _____

6. OTHER: _____

7. SUMMARY OF FINDINGS:

- a. Duration of problem: _____
- b. Previous treatment: _____
- c. Muscle involvement: _____
- d. Bone involvement: _____
- e. Ear involvement: _____
- f. Stress present: _____
- g. Other: _____
- h. Prognosis: _____

8. PROPOSED TREATMENT

- a. _____
- b. _____
- c. _____

Temporomandibular Disorders (continued)

YES NO

20. Are you aware of clenching your teeth? When? _____
21. Do you grind your teeth? When? _____
22. Has there been recent change in your lifestyle such as, a change in marital status, childbirth, change of employment, death in immediate family, or other stressful events? If so, please explain: _____

23. Do you think nervous tension seems to affect this problem?
24. Have you had problems with other joints?
25. Have you had orthodontic treatment? If so, when? _____
26. Have you had recent dental treatment? If so, when? _____
Where? _____ Why? _____
27. Have you had recent x-rays taken for this problem? If so, when? _____
Where? _____

PROGRAM

V3106 Simple TMD Therapy for Your Practice

CLINICIAN RESPONSIBLE

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses
Senior Consultant & Previous CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Describe temporomandibular dysfunction (TMD).
2. List several potential reasons for TMD.
3. Describe the incidence of TMD.
4. List several instruments necessary for diagnosis of TMD.
5. List the steps in diagnosis of TMD.
6. Describe the reason for use of a stethoscope in examination for TMD.
7. Describe the reason for use of an otoscope in examination for TMD.
8. Describe the normal amount of opening of the mandible.
9. Explain muscular TMD.
10. Explain reasons for the implications when TMD has bone involvement.
11. List the types of health practitioners treating TMD.
12. List the types of treatment available for TMD.
13. Explain the rationale for TMD therapy.
14. List the described sequence for TMD therapy.
15. Discuss why an occlusal splint is usually done before an occlusal equilibration.
16. Describe the suggested patient interview for TMD.
17. Explain why the interview is necessary.
18. List several psychological factors that may indicate a difficult patient.
19. Describe occlusal splint therapy.
20. Describe the steps and the rationale for occlusal equilibration.

OVERVIEW

V3106 Simple TMD Therapy for Your Practice

Treatment of temporomandibular dysfunction (TMD) is often overlooked in general dental practice because of the perceived difficulty encountered in diagnosing the condition and the unknown potential success of the planned procedure. This video emphasizes the potential simplicity and desirability of treating the 80% of TMD patients who have muscular TMD without bone involvement. Treating muscular TMD can be simple, predictable, and effective.

The following aspects of TMD are presented, discussed, and demonstrated in this presentation:

- Description of TMD
- Reasons for TMD
- Incidence of TMD
- Diagnosis of TMD
- Description of muscular TMD
- Bone involvement with TMD
- Practitioners who treat TMD
- TMD treatment available
- Rationale for TMD treatment
- The sequence for TMD treatment
- Interviewing TMD patients
- Psychological evaluation
- Occlusal splint therapy
- Staff involvement in TMD therapy
- Types of occlusal splints
- Where to construct the splint
- Seating occlusal splints
- Use of splints by typical patients
- Occlusal equilibration
- Deciding when to provide occlusal equilibration
- The sequence of occlusal equilibration
- Use of occlusal splints after occlusal equilibration
- Long-term expectations after active therapy
- Follow-up therapy for TMD
- Practice administration and fees for TMD therapy

Therapy for muscular TMD is predictable, relatively simple, and effective. Incorporation of this procedure into practice provides diversion and stimulation for the dentist and staff, an excellent service for patients, and an economical advantage for the practice.

SUPPLEMENTAL MATERIALS

V3106 Simple TMD Therapy for Your Practice

1. CHRISTENSEN, G.J. "Abnormal Occlusal Conditions: A Forgotten Part of Dentistry". **JADA**. Vol. 126, December 1995. Pp. 1667-1668.
2. CHRISTENSEN, G.J. "Treating Bruxism and Clenching". **JADA**. Vol. 131, February 2000. Pp. 233-235.
3. CHRISTENSEN, G.J. "Now is the Time to Observe and Treat Dental Occlusion". **JADA**. Vol. 132, January 2001. Pp. 100-102.
4. CHRISTENSEN, G.J. "Is Occlusion Becoming More Confusing? A Plea for Simplicity". **JADA**. Vol. 135, June 2004. Pp. 767-770.

POST-TEST

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1. The majority of patients having TMD:
 - a. are women.
 - b. are men.
 - c. have bone involvement.
 - d. have severe pain in the temporomandibular joints.

2. A stethoscope is used in TMD diagnosis:
 - a. to hear popping.
 - b. to hear crepitus.
 - c. to evaluate the patient's hearing.
 - d. for determination of temporalis pathosis.

3. Muscular TMD pain:
 - a. is manifested in the frontal portion of the head.
 - b. never extends into the shoulders.
 - c. is manifested in the muscles of mastication.
 - d. is always in the platysma muscle.

4. Bone involvement in TMD occurs:
 - a. early in the TMJ degeneration.
 - b. is expected about 6 weeks after the problem starts.
 - c. always occurs in TMD.
 - d. usually occurs later in the TMJ degeneration.

5. The types of practitioners treating TMD are:
 - a. general practitioners.
 - b. Prosthodontists.
 - c. Periodontists.
 - d. oral surgeons.
 - e. all of the above.

6. The most common form of TMD therapy is:
 - a. occlusal splint and occlusal equilibration.
 - b. muscle exercises and occlusal splint.
 - c. occlusal equilibration and muscle relaxants.
 - d. none of the above.

7. The purpose of a patient interview for TMD is:
 - a. to evaluate the patient's mental involvement with the TMD.
 - b. to see if the patient has financial resources.
 - c. to see if you want to, should, or can treat the patient.
 - d. to find out as much as you can about the physiological aspects of the TMD as possible.

POST-TEST (CONT'D)

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8. Reasons not to treat the patient include:
- a. previous law suits with other dentists or physicians.
 - b. a history with many competent practitioners without success.
 - c. positive answers to most of the TMD questions.
 - d. all of the above.
9. Staff persons should be used as primary clinicians for:
- a. occlusal equilibration.
 - b. diagnosis and treatment planning.
 - c. occlusal splint construction and placement.
 - d. drug therapy.
10. The sequence of treatment for TMD suggested in this video begins with:
- a. drug therapy.
 - b. physical therapy.
 - c. occlusal equilibration.
 - d. occlusal splint therapy.

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