

PRACTICAL CLINICAL COURSES

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S3163

Occlusal Splints Are Essential

Gordon J. Christensen, DDS, MSD, PhD &
Karen Preston, MAEd, RDH, FHEA &
Ric Schwarting, BS
Valinda Johnston, CDA, BS

Materials Included:

C.E. Instruction Sheet
Products List
Clinician Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

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PRACTICAL CLINICAL COURSES
Sources of Products Discussed in
S3163 Occlusal Splints Are Essential

Presented by Gordon J. Christensen, DDS, MSD, PhD & Karen Preston, MAEd, RDH, FHEA &
Ric Schwarting, BS & Valinda Johnston, CDA, BS

1. **AccuFilm II**
Parkell, Inc.
300 Executive Drive
Edgewood, NY 11717
(800)243-7446
(631)249-1134
www.parkell.com
2. **Alginator**
Kerr Corporation
200 S. Kraemer Blvd.
Building E2
Brea, CA 92821
(800)537-7123
www.kerrdental.com
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Parkell, Inc.
300 Executive Drive
Edgewood, NY 11717
(800)243-7446
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Yates Motloid
845 N. Larch Avenue
Elmhurst, IL 60126
(800)662-5021
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www.yates-motloid.com
5. **Fit Checker**
GC America Inc.
3737 W. 127th Street
Alsip, IL 60803
(800)323-7063
www.gcamerica.com
6. **Ivocap**
Ivoclar Vivadent
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
www.ivoclar.com
7. **Jeltrate Plus**
Dentsply Sirona
13320-B Ballantyne Corporate Pl
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com
8. **Laboratory:**
Glidewell
4141 MacArthur Blvd.
Newport Beach, CA 92660
(800)854-7256
www.glidewelldental.com
9. **Laboratory:**
Great Lakes Dental
Technologies
200 Cooper Avenue
Tonawanda, NY 14150
(800)828-7626
(716)871-1161
www.greatlakesdentaltech.com
10. **Laboratory:**
NDX Keller Dental Laboratory
160 Larkin Williams Industrial
Fenton, MO 63026
(800)325-3056
(636)600-4200
www.nationaldentex.com
11. **Laboratory:**
Northeast Laboratory
914 Stratford Avenue
Elkins Park, PA 19027
(800)441-0974
nedentallab@outlook.com
12. **Madame Butterfly**
Almore International
441 19th Street S.E.
Hickory, NC 28602
(800)547-1511
www.almore.com
13. **NTI-TSS by Boyd Research**
Made by Various Laboratories
14. **Snap-Stone**
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361 Farmington Avenue
Louisville, KY 40209
(800)626-5651
(502)637-1451
www.whipmix.com
15. **TrollFoil by TrollDental**
Directa USA
64 Barnabas Road
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Newtown, CT 06470
(800)537-8765
www.directausa.com
16. **TurboMAX by Raintree Essix**
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PROGRAM

S3163 Occlusal Splints Are Essential

CLINICIANS RESPONSIBLE:

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*Associate Professor – Dental Hygiene, Utah Valley University
Board of Directors, CR Foundation*

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, viewers should be able to:

1. Describe recent changes in occlusion related to changes in restorative procedures.
2. List clinical conditions needing occlusal splints.
3. List types of occlusal splints.
4. Describe clinical characteristics of the splint types.
5. Compare different types of impressions for occlusal splints.
6. Discuss the importance of an adequate interocclusal record.
7. Describe laboratory procedures for occlusal splints.
8. Describe an optimum design for a full-occlusal maxillary splint.
9. Describe an optimum design for a full-occlusal mandibular splint.
10. List steps for seating full-occlusal splints.
11. Describe gross initial fitting of the splint into the mouth.
12. Describe initial adjustment of the splint for centric relation.
13. Describe refined adjustment of the splint for centric relation.
14. Describe adjustment of right and left lateral positions for the splint.
15. Describe adjustment of protrusive for the splint.
16. Discuss the necessity for allowing muscle relaxation before final adjustment of the splint.
17. Describe the technique for final adjustment of the splint.
18. Discuss the reason for a “touch-up” appointment ten days to 2 weeks after seating.
19. Discuss the reason for a second “touch-up” appointment.
20. List ADA codes for occlusal splints.

OVERVIEW

S3163 Occlusal Splints Are Essential

Most mature dentists have placed many occlusal splints, but many do not know there are many types of splints providing different services for their patients. There have been significant changes in restorative materials in the last few years. The new materials are wear-resistant and do not have the ability to wear into place as was present previously. As a result, occlusal splints have become mandatory for some clinical situations.

The following and other topics are included in this video:

- Recent changes in occlusion related to changes in restorative procedures
- Clinical conditions needing occlusal splints
- Types of occlusal splints
- Clinical characteristics of the splint types
- Different types of impressions for occlusal splints
- The importance of an adequate interocclusal record
- Laboratory procedures for occlusal splints
- Optimum design for a full-occlusal maxillary splint
- Optimum design for a full-occlusal mandibular splint
- Steps for seating full-occlusal splints
- Gross initial fitting of the splint into the mouth
- Initial adjustment of the splint for centric relation
- Refined adjustment of the splint for centric relation
- Adjustment of right and left lateral positions for the splint
- Adjustment of protrusive for the splint
- Necessity for allowing muscle relaxation before final adjustment of the splint
- Technique for final adjustment of the splint
- The reason for a “touch-up” appointment ten days to 2 weeks after seating
- The reason for a second “touch-up” appointment
- ADA codes for occlusal splints

SUPPLEMENTAL MATERIALS

S3163 Occlusal Splints Are Essential

1. Christensen GJ. Ask Dr. Christensen: Solving zirconia occlusion challenges. Dental Economics. 2023 Dec;113(12):40-4.
2. Nassif M, Haddad C, Habli L, Zoghby A. Materials and manufacturing techniques for occlusal splints: A literature review. J Oral Rehabil. 2023 Nov;50(11):1348-1354. doi: 10.1111/joor.13550. Epub 2023 Jul 17.
3. Christensen GJ. Ask Dr. Christensen: Solving challenges with zirconia and lithium disilicate crowns. Dental Economics. 2023 Oct;113(10):35-8.
4. Christensen GJ. Ask Dr. Christensen: Occlusion and caries: Continuing zirconia challenges. Dental Economics. 2023 Feb;113(2):52-4.
5. Albagieh H, Alomran I, Binakresh A, Alhatarisha N, Almeteb M, Khalaf Y, Alqublan A, Alqahatany M. Occlusal splints – types and effectiveness in temporomandibular disorder management. Saudi Dent J. 2023 Jan;35(1):70-79. doi: 10.1016/j.sdentj.2022.12.013. Epub 2022 Dec 28.
6. Minakuchi H, Fujisawa M, Abe Y, Iida T, Oki K, Okura K, Tanabe N, Nishiyama A. Managements of sleep bruxism in adult: A systematic review. Jpn Dent Sci Rev. 2022 Nov;58:124-136. doi: 10.1016/j.jdsr.2022.02.004. Epub 2022 Mar 25.
7. Christensen GJ. Ask Dr. Christensen: Occlusion in 2022: The forgotten area in dentistry. Dental Economics. 2022 Mar;112(3):68-70.
8. Zhang SH, He KX, Lin CJ, Liu XD, Wu L, Chen J, Rausch-Fan X. Efficacy of occlusal splints in the treatment of temporomandibular disorders: a systematic review of randomized controlled trials. Acta Odontol Scand. 2020 Nov;78(8):580-589. doi: 10.1080/00016357.2020.1759818. Epub 2020 May 18.
9. Al-Moraissi EA, Farea R, Qasem KA, Al-Wadeai MS, Al-Sabahi ME, Al-Iryani GM. Effectiveness of occlusal splint therapy in the management of temporomandibular disorders: network meta-analysis of randomized controlled trials. Int J Oral Maxillofac Surg. 2020 Aug;49(8):1042-1056. doi: 10.1016/j.ijom.2020.01.004. Epub 2020 Jan 22.
10. Christensen GJ. Ask Dr. Christensen: What is the best type of material for posterior crowns? Dental Economics. 2018 Oct;108(10):79-81.

POST-TEST

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1. Occlusal splints are used primarily for temporomandibular dysfunction.
 - a. True
 - b. False
2. The major long-term challenge for partial-arch splints is tooth extrusion.
 - a. True
 - b. False
3. Occlusal splints should always have more canine rise and incisal guidance than the natural dentition.
 - a. True
 - b. False
4. Scanned impressions are more accurate than analog impressions for splints.
 - a. True
 - b. False
5. An interocclusal record should be used when making an occlusal splint.
 - a. True
 - b. False
6. All splint adjustments are done in a supine position.
 - a. True
 - b. False
7. The reason for “touch-up” appointments is the TMJ remodels when a splint is properly made.
 - a. True
 - b. False

POST-TEST (CONT'D)

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8. One of the main reasons for an occlusal splint is to reduce tooth wear for patients with bruxism.
 - a. True
 - b. False
9. If treating grinding bruxism, a splint is worn only at night.
 - a. True
 - b. False
10. An adequate splint should be at least _____ thick in the second molar area.
 - a. 0.5 mm
 - b. 1.0 mm
 - c. 1.5 mm
 - d. 2.0 mm

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