

PRACTICAL CLINICAL COURSES

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Career Development Program

V3106

Simple TMD Therapy for Your Practice

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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!

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V3106 SIMPLE TMD THERAPY FOR YOUR PRACTICE

Presented by: Gordon J. Christensen, DDS, MSD, PhD

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Patient: _____

Date: _____

Referred by: _____

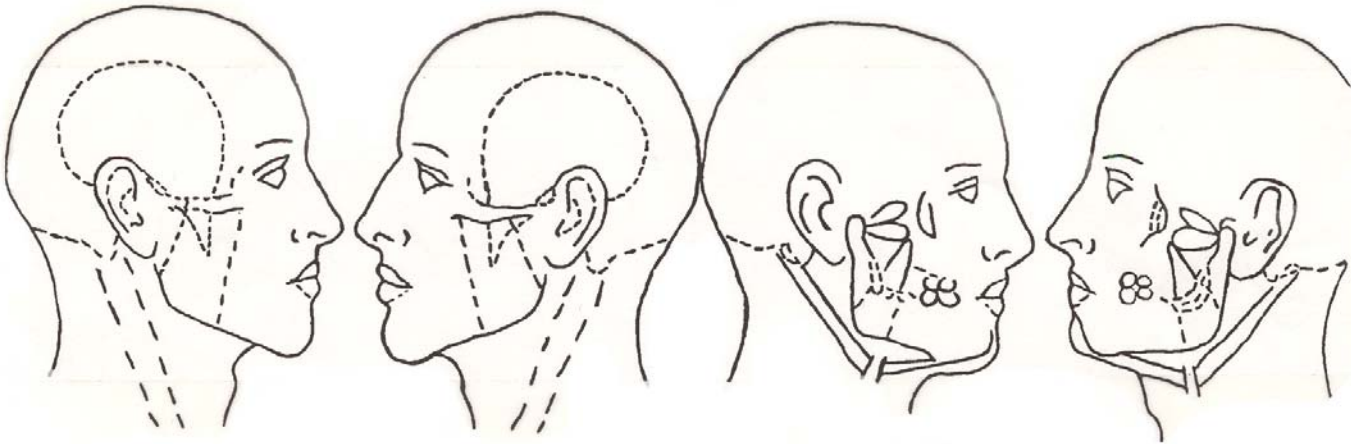
TEMPOROMANDIBULAR DISORDERS (TMD)

A. SYMPTOMS & SIGNS:

1. PATIENT'S STATEMENT OF PROBLEM

a. Main Complaint: _____

b. 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	i. Neck _____
<input type="checkbox"/>	<input type="checkbox"/>	b. Ears	
<input type="checkbox"/>	<input type="checkbox"/>	c. Masseters	j. Shoulders _____
<input type="checkbox"/>	<input type="checkbox"/>	d. Temporals	
<input type="checkbox"/>	<input type="checkbox"/>	e. Sternomastoid	k. Back _____
<input type="checkbox"/>	<input type="checkbox"/>	f. Occipital	
<input type="checkbox"/>	<input type="checkbox"/>	g. Ext. Pterygoid	l. Other _____
<input type="checkbox"/>	<input type="checkbox"/>	h. Int. Pterygoid	_____

7. TOOTH PAIN: NONE

Location: _____

Stimulated by what? _____

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: Yes, No; 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 centric occlusion shift deviation:
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.

Patient: _____

Date: _____

Referred by: _____

TEMPOROMANDIBULAR DISORDERS (TMD)

Directions: Please answer all by checking, circling, or filling in the blank on all that apply.

- | YES | NO | |
|------------|-----------|---|
| _____ | _____ | 1. Do you have frequent headaches? |
| _____ | _____ | 2. Do you have pain in or around the right jaw joint? |
| _____ | _____ | 3. Do you have pain in or around the left jaw joint? |
| | | 4. When did you first notice the jaw pain? _____ |
| _____ | _____ | 5. Has the pain recently become more severe? If so, when? _____ |
| | | 6. The pain is worse in the: Mornings Evenings At Meals No Specific Time |
| | | 7. The pain is: Dull Stabbing Throbbing Continuous
Intermittent Other: _____ |
| _____ | _____ | 8. Does the pain sometimes feel like it is in your ear? |
| _____ | _____ | 9. Do you have clicking, popping, or grating noise in your right jaw joint? |
| _____ | _____ | 10. Do you have clicking, popping, or grating noise in your left jaw joint? |
| | | 11. When did you first notice the noise? _____ |
| _____ | _____ | 12. Has the noise become more pronounced recently? |
| _____ | _____ | 13. Has your hearing worsened since your jaw problem began? |
| _____ | _____ | 14. Does your jaw problem interfere with your normal activities? |
| _____ | _____ | 15. Are you taking, or have you taken, medication for this
problem? If so, what? _____ |
| _____ | _____ | 16. Has anything occurred in your life which might be related to the onset of the problem?
Explain: _____
_____ |
| _____ | _____ | 17. Have you ever had a severe blow or trauma to the head, neck, or jaw? Explain:

_____ |

YES **NO**

- _____ _____ 18. Do you have difficulty chewing? If so, is this difficulty because of: pain in joint, pain in teeth, clicking, limited opening, missing teeth, or other (specify): _____
- _____ _____ 19. Has your mouth ever locked open so you were unable to close it?
If so, when? _____
- _____ _____ 20. Have you had problems opening your mouth wide? If so, please explain: _____
- _____ _____ 21. Are you aware of clenching your teeth? When? _____
- _____ _____ 22. Do you grind your teeth? When? _____
- _____ _____ 23. 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: _____

- _____ _____ 24. Do you think nervous tension seems to affect this problem?
- _____ _____ 25. Have you had problems with other joints?
- _____ _____ 26. Have you had orthodontic treatment? If so, when? _____
- _____ _____ 27. Have you had recent dental treatment? If so, when? _____
Where? _____ Why? _____
- _____ _____ 28. Have you had recent x-rays taken for this problem? If so, when? _____
Where? _____

PROGRAM

V3106 Simple TMD Therapy for Your Practice

CLINICIAN RESPONSIBLE

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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.

REFERENCES

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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.
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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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