

INFORMATIONAL USE ONLY

SPLINT TREATMENT

A splint, or mandibular orthopedic repositioner is a removable appliance worn over the teeth to passively reposition the lower jaw to its physiologically most stable position. This positioning is needed for those with temporal mandibular joint (TMJ) problems or those requiring extensive restorative dentistry, in order to plan and perform further treatment needs. For splint therapy to be successful, 24-hours a day wear is required with removal only to clean it and the teeth.

For those wearing a splint wearing TMJ conditions involving limited or compromised function and/or pain may be secondary to other processes. These include but are not limited to traumatic injury, disc displacement, degenerative joint disease, inflammation, infection, arthritis, developmental or congenital defect, malrelation of the arches of the teeth, or systemic disorders.

For those with TMJ problems, such as symptoms as headaches, stiff necks, ringing in the ears, popping and clicking noises in the joints, and clenching and grinding of the teeth, can be relieved. Due to the complexity of the joints, and in most cases the duration of the problem, there is no assurance that all symptoms will go away or improve. Therefore, splint therapy is not just treatment, but also a diagnostic tool for us to determine what is happening in the joints. Radiographs such as tomograms or arthrograms may be needed through the duration of splint therapy depending on the course of treatment. Also, cross referrals to other specialties such as orthodontia, oral surgery, physical therapy etc. may be needed depending on oral surgery, physical therapy etc. may be needed depending on symptomology. The length of treatment with a splint can be as short as 1-2 months for a restorative patient to as long as 1-2 years for a TMJ patient. The average patient is 5-10 months in treatment.

Once splint therapy is completed and this stable mandibular position has been located, an extensive occlusal (bite) analysis must be performed in order to make the diagnosis of how we are going to make the teeth fit together in this new position and resulting in malocclusion. This fitting of the bite may involve which things as equilibration, (a very sophisticated bite adjustment), orthodontia, oral surgery, reconstructive dentistry or any combination thereof. The treatment needed will be based on what the occlusal analysis shows. At this time, and extensive consultation will occur to inform you of recommended post splint treatment needs. It is important the patient understand equilibration, orthodontia, surgery or reconstruction is a possibility for every splint patient. Also, it is impossible to predict what will be needed with any certainty until after the occlusal analysis. Therefore, any patient considering splint therapy should be prepared for any of these recommendations prior to starting treatment.

There are always some substantial risks and complications with any treatment. Some of these include but are not limited to:

1. Lack of improvement or worsening of pain & jaw dysfunction
2. Resultant malocclusion and/or limited jaw opening
3. Further degenerative changes in the TMJ
4. Decreased lower jaw motion.
5. Noises in the TMJ

The amount of the risks are dependent on the present condition of TMJ, the body's host, response, and environmental influence.

Due to the complexity and duration of the problem with the joint, there can never be any assurance that the joint will always be healthy after treatment. Final occlusal treatment gives us the best opportunity to keep the joint healthy but again will not ensure it. There are many environmental factors (such as stress and bruxism, but not limited to those) that have an effect on the health of the joint. Any bone changes in the joint and position of the meniscus is always a concern in treatment. Whenever possible, final occlusion treatment will be done with the meniscus in position over the head of the lower jaw. If it is known that the meniscus is or could be out of position, we will inform you, but on occasion it is possible that this may not be known. This can occur when the patient is comfortable and has no other signs or symptoms indicating it. Further diagnostic studies to determine this are invasive and may not be indicated. If the meniscus is out of position and the patient is comfortable, it will become the patient's decision if final occlusal treatment should be proceeding with. If the meniscus is out of position, and the patient is not comfortable, further evaluation by other health professionals, including surgical evaluation, may be necessary.

We hope this narrative has provided you the information you need, but if you have ANY FURTHER QUESTIONS, PLEASE FEEL FREE TO ASK. Also, if you would like a list of patients undergoing or having undergone this treatment, we will be glad to provide it.

I hereby acknowledge that I have completely read the foregoing, HAVE DISCUSSED ANY QUESTIONS OR CONCERNS regarding my treatment and acknowledge I have received a copy of this form.

Signature _____

Date _____

Witness _____

Date _____

Dentist _____

Date _____