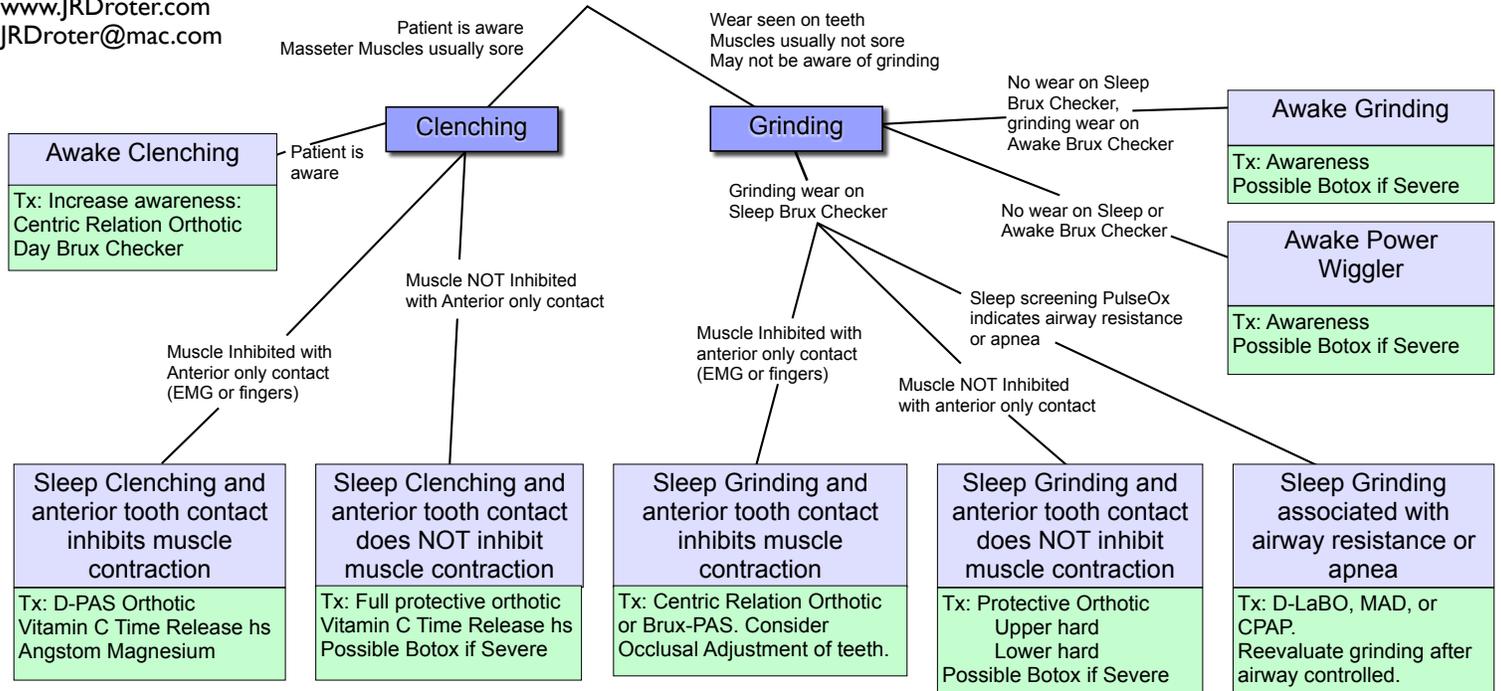


## BRUXING: PARAFUNCTIONAL TOOTH CONTACT



An upper anterior stop orthotic is very effective in both diagnosing and controlling sleep clenching. Vertical dimension is opened a minimal amount (1mm), just enough so posterior teeth do not contact on clenching. Any tooth contact in excursions is not relevant as the patient does not move the jaw parafunctionally in excursions. A full coverage orthotic is contraindicated as it may increase the power of the clenching.

Taken before bedtime, antioxidants like time release vitamin C (NOW Vitamin C Sustained Release 1000 mg) will help protect the cartilage from hypoxia reperfusion injury on waking.



D-PAS: Diagnostic Palatal Anterior Stop

Vertical is opened a minimal amount (1mm). Natural Teeth will eventually contact in excursive movements.

These are difficult patients to treat as there is no way to decrease the forces with an orthotic. The benefit of an orthotic is questionable but a full coverage orthotic may help with force absorption.

The TMJ cartilage is being damaged from the continuous cartilage compression. Taken before bedtime, antioxidants like time release vitamin C (NOW Vitamin C Sustained Release 1000 mg) will help protect the cartilage from hypoxia reperfusion injury on waking.

Check the neck for signs of mechanical instability as a possible source of TMJ muscle bracing.

In severe cases, botox diffusion in masseter muscle may be beneficial.



Brux-PAS with lower Essex

Anterior stop extends beyond incisal edges #8, 9. All excursive contact on anterior stop



A full coverage centric relation orthotic with anterior guidance will work well. A lower is preferred over an upper as it is more comfortable and less intrusive for most patients. It must be hard, fit solidly on the teeth, and not have any rocking or squishing movements. A relin of the orthotic is very beneficial to assure a proper fit. A dual arch anterior stop orthotic with a lower Essex, Brux-PAS)



Lower hard CR Orthotic



The goal is to protect the teeth and distribute the forces across as much surface area as possible. Upper is preferred as it reinforces the maxilla. My preference is a hard orthotic but a few patients prefer a soft guard.

In severe cases, botox diffusion in masseter muscle may be beneficial.

If there is wear on molars and none on anterior teeth they power wiggler, a combination of clenching and grinding.



Upper Hard CR Orthotic

Lateral Brux Orthotic



Sleep grinding can occur in response to microarousals in patients with upper airway resistance. A home sleep screening with a high resolution pulse oximeter (Patient Safety Inc. Sleep SAT Pulse Ox) is an effective way to identify patients who have airway related issues. Patients who may have Obstructive Sleep Apnea would be referred to a pulmonologist for a medical sleep study. Appropriate therapies are then prescribed depending on the severity of the airway issue. These include Lateral Bruxing Orthotic, Mandibular Advance Device, or CPAP. The sleep grinding needs to be reevaluated after the airway issues are resolved.



Narval CC

