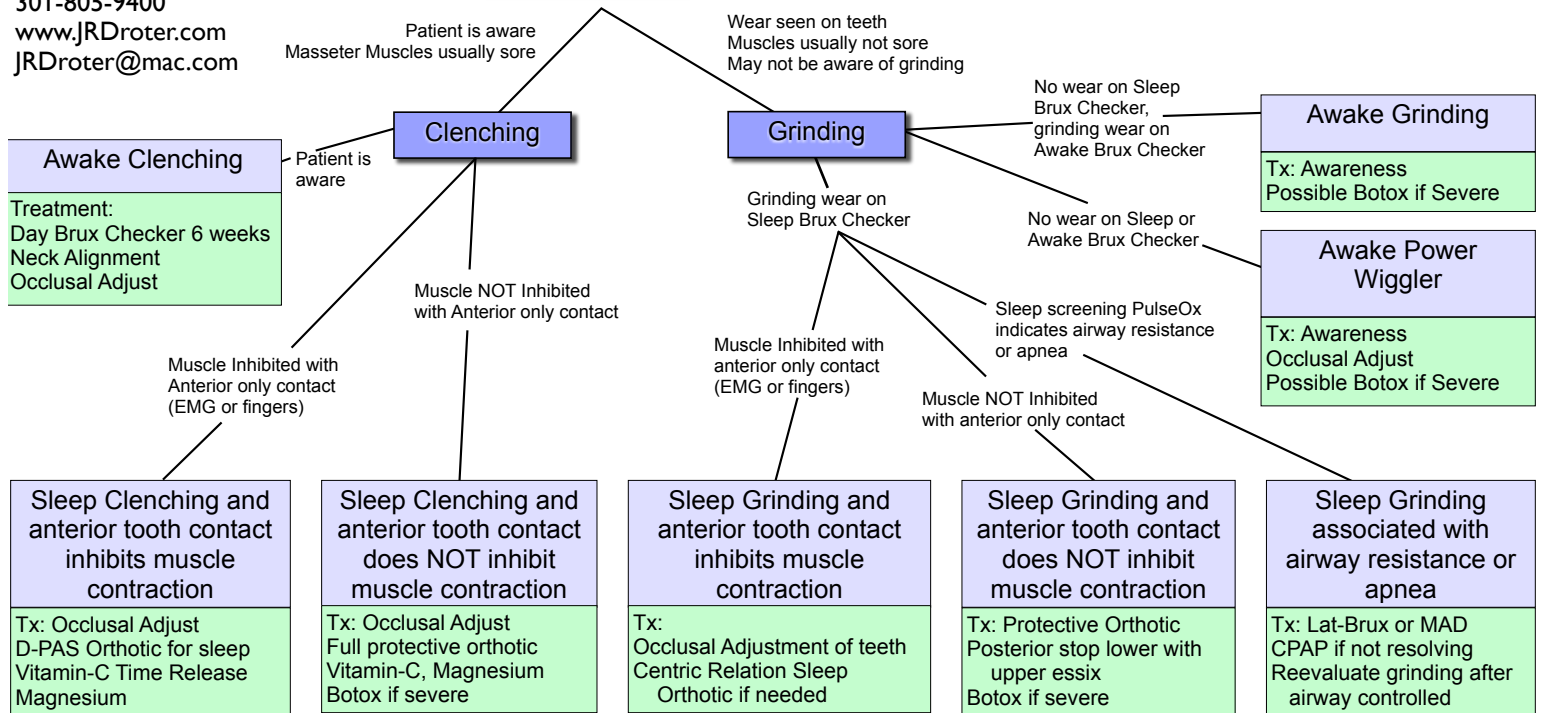


# BRUXING: PARAFUNCTIONAL TOOTH CONTACT



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 (Shaklee Sustained Release Vitamin-C- take 1,000 mg) will help protect the cartilage from hypoxia reperfusion injury on waking.

These are difficult patients to treat as there is no way to decrease the forces with an orthotic. DO NOT use an anterior stop. Use a posterior stop night guard or a full coverage night guard to distribute the forces evenly in the middle of the maxilla.

Botox diffusion in masseter muscle is beneficial.

The TMJ cartilage is being damaged from the continuous cartilage compression. Taken before bedtime, antioxidants like time release vitamin C (Shaklee Sustained Release Vitamin-C- take 1,000 mg) will help protect the cartilage from hypoxia reperfusion injury on waking.

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 reline of the orthotic is very beneficial to assure a proper fit. A dual arch anterior stop orthotic can also work well (Upper palatal 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.



Posterior Stop

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.



Lateral Brux Orthotic



D-PAS: Diagnostic Palatal Anterior Stop



Posterior Stop



Brux-PAS with lower Essex



Upper Hard CR Orthotic

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



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



Great Lakes Nylon Herbst MAD