

'SOUND' BITES' TREATMENT PHILOSOPHY

Our approach to helping patients achieve optimal oral health

Primary or Initial Treatment

1) Treatment of destructive “forces” (malocclusion, dysfunctional bites):
if untreated, can lead to physical **destruction of gums, teeth and joints--**

- in **gums** (“occlusal trauma”, leading to accelerated perio, tooth loss)
- in **teeth** (“cracked” teeth, leading to outright fractures and broken cusps)
- in **pulps** (“hypersensitivity”, inflamed pulps leading to pain from hot, cold or brushing, and even irreversible pulpitis leading to pulp necrosis)
- in **jaws** (temporomandibular joint “TMJ” dysfunction, leading to chronic joint and muscle pain, reduced chewing function, headaches, etc.)

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2) Treatment of persistent “bugs” (plaque, bacteria):

if untreated, will lead to **infections--**

- in **gums** (“pyorrhea”, leading to very bad breath and eventual tooth loss)
- in **teeth** (“decay”, leading to loss of hard tooth structure, requiring “fillings”)
- in **pulps** (“necrosis”, death of healthy nerve tissue, requiring “root canals”)
- in **jaws** (classic “dental abscess”, which can be serious infection of face/neck)

3) Treatment of the matter of “ownership” (personal responsibility):

if personal responsibility not assumed for existing dental problems and for current day to day cleaning routine--that is, **present oral hygiene**, will lead to frustration (never-ending dental problems, unnecessary expense) and helplessness (‘victim’ outlook, permanent loss of oral health)--

-by taking **personal responsibility** for your existing situation, by understanding and feeling comfortable with the diagnosis, by selecting treatment based on your situation and the pros and cons of the tx options available, by continuous, honest communication with us regarding any problems or misunderstandings, and by working *with* us; you will be involved in the process of improving, regaining or maintaining your oral health.

Secondary or Restorative Treatment.

(Only after the elimination of disease and the re-establishment of HEALTH!!)

Treatment of “damage” (replacement and repair of lost or diminished teeth):

if untreated, will lead to reduced function and “overload” of remaining teeth.

Tertiary or Maintenance Treatment.

Consistent, regular re-evaluation and re-inspiration:

if undertaken, will lead to minimal treatment and expense in the future.

'SOUND' BITES' DIAGNOSTIC PROTOCOL

1.) Patient Questionnaire--Please circle any of the following Situations or Symptoms that apply to you:

- sensitive or painful teeth? sensitive or painful teeth to cold? or to brushing? or flossing? that can move around in your mouth? just a general 'awareness' of the teeth? sensitive or sore teeth during or after chewing? loose teeth? teeth that seem to be changing position? limited opening?
- headaches? ringing in your ears? sore or tired head or facial muscles? especially in the morning? clenching or bruxing? day or night? past or present? dreams about teeth breaking? or falling out?
- a preference for chewing on, or chewing limited to, only one side of the mouth? right or left? a forward posturing of the jaw with the lower teeth resting on the upper front teeth? frequent "tongue splinting"?
- bleeding gums even though hygiene is good? periodontal disease? difficulty flossing because the teeth are too tight? previous orthodontics?
- sore or painful joints? popping, clicking or noisy joints on opening, closing or chewing? or joints that lock sometimes? a mouth guard? past or present?
- lip or cheek biting? uncertainty about where to bite? no "home" bite? a change in the bite if there is a change in posture? that is, is the bite different lying down from sitting up? Do you have or have ever had a 'night guard'?

2.) Palpation of Joints

- crepitis/clicking/popping? Yes or No? opening: R or L? closing: R or L?
- limited opening? Yes or No? 3 2 1 finger(s)
- deviation of the jaw? Yes or No? opening: R or L? closing: R or L?

3.) Lateral Excursions

- inability to go to either or both excursions without opening?
Yes or No? R or L?

4.) Oral Exam (see chart for specific location)

- periodontal disease? gingival recession? wear facets? broken or chipped teeth? hairline fracture lines? mandibular tori? tooth mobility? loose or open contacts? missing cusps? missing or tipped teeth? tooth/root sensitivity to air or explorer? inability of patient to demonstrate a consistent bite position? wider PDL spaces? lots of previous endo?

5.) Palpation of Upper Anteriors and Premolars

- impact, shake or bounce? Yes or No? 5 4 3 2 1 1 2 3 4 5

6.) Assessment with Wax

- perforations or holes? Yes or No? 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

7.) Assessment with Marking Paper and Silk

- no 1st molar support? Yes or No? R or L?
- lateral forces? Yes or No? 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
- distal-driving forces? Yes or No? 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

8.) Screening/Assessment with 'Diagnostic' Splint Yes or No?