

CONSERVATIVE TREATMENT OF TEMPOROMANDIBULAR DISORDERS

EMERALD COAST ANNUAL REVIEW OF
DENTISTRY

SEPTEMBER 5,6 2025

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Treatment"
Sept 5-6, 2025

DISCLOSURE STATEMENT

Neither I nor any members of my family have a financial arrangement with any corporate organization offering financial support or grant monies regarding this continuing dental education presentation.

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LEARNING OBJECTIVES

- Review the anatomy of the temporomandibular joint (TMJ) and the muscles of mastication, including their roles in oral function and health.
- Learn how to utilize bimanual guidance and palpation techniques for evaluating the health of the TMJ and the muscles of mastication.
- Identify the impact of occlusomuscular disorders on temporomandibular disorders (TMDs) and when occlusal treatments can be reliably implemented.
- Familiarize yourself with imaging modalities (panoramic radiography, CT and CBCT) for diagnosing TMJ conditions and planning treatment.
- Understand the dentist's role in TMJ rehabilitation, including the use of precision occlusal appliances and emergency appliances for pain management, to improve restorative outcomes.

HANDS-ON AND LECTURE TOPICS TO INCLUDE:

- TMJ palpation and auscultation.
- Bite recordings using intraoral scanners and analog.
- Bimanual guidance training.
- Delivery of emergency appliances to relieve occlusal muscle pain.
- Occlusion and technology, including cone-beam computed tomography (CBCT).
- Muscle palpation.
- Intraoral scanning.
- 3D printing.

Warren Jesek, DDS, MAGD

Master of the Academy of General Dentistry

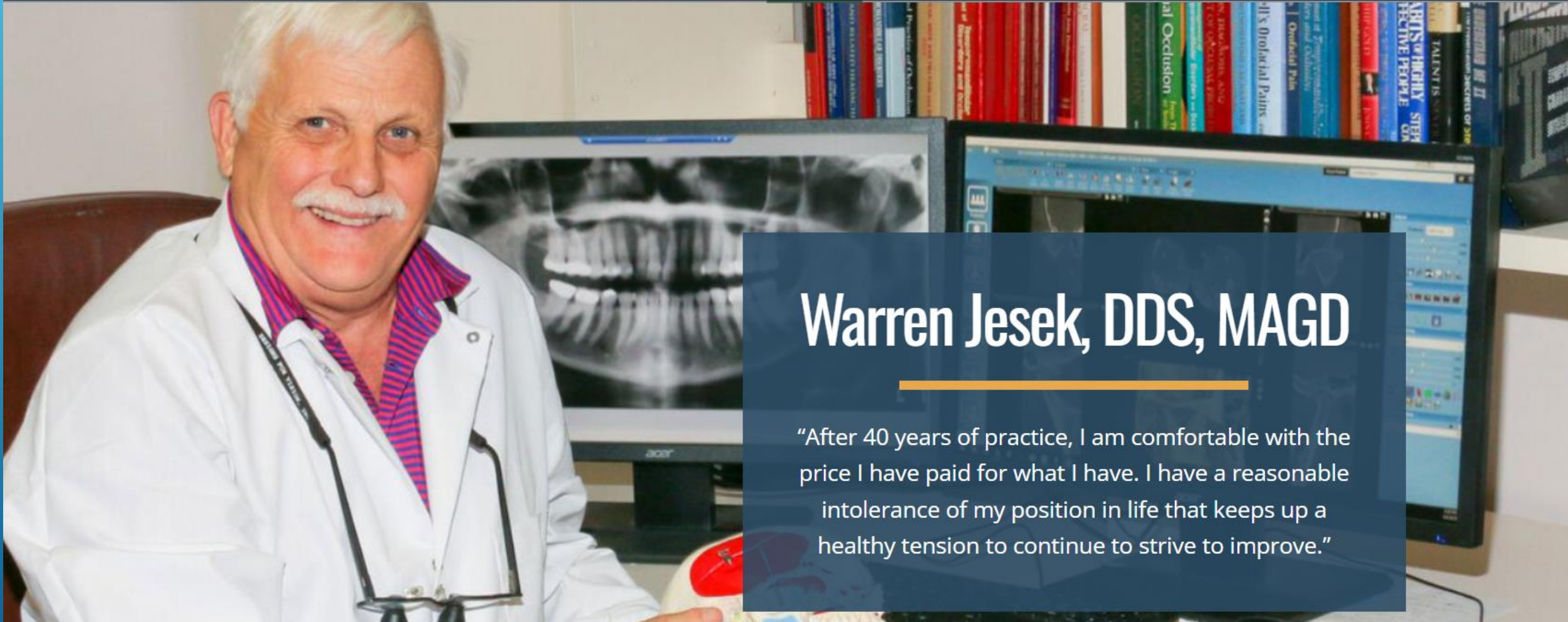
**SPEAKER
PACKET**



"May excellence be your goal and happiness your continual companion."

Contact me at:
217-972-4494
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wjesek@aol.com





Warren Jesek, DDS, MAGD

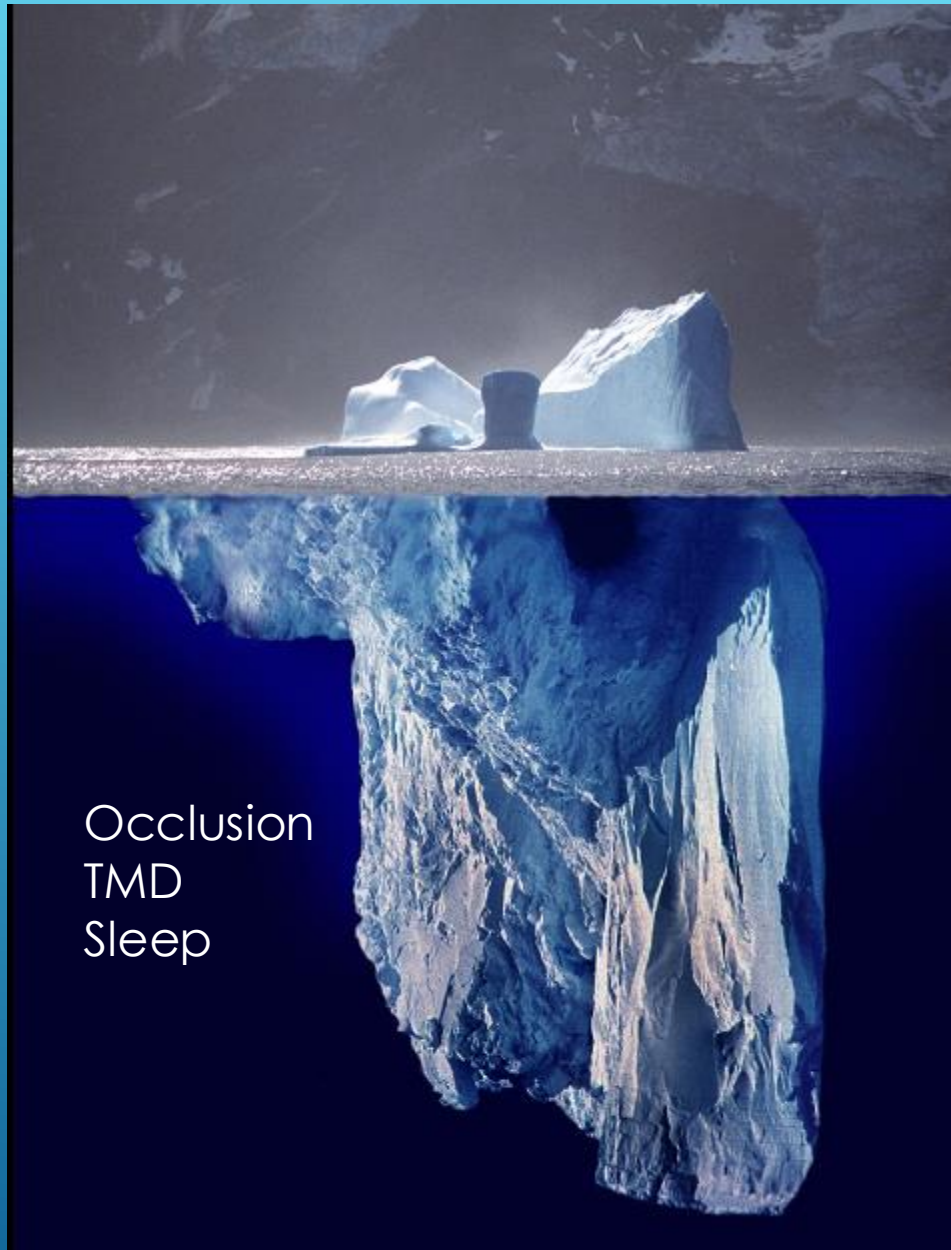
"After 40 years of practice, I am comfortable with the price I have paid for what I have. I have a reasonable intolerance of my position in life that keeps up a healthy tension to continue to strive to improve."

Dentistry's "Hippocratic" Oath

MY PRIMARY RESPONSIBILITY IS TO MY PATIENTS, AND I SHALL DEDICATE MYSELF TO RENDER, TO THE BEST OF MY ABILITY, THE HIGHEST STANDARD OF ORAL HEALTH CARE...THEREFORE, LET ALL COME TO ME SAFE IN THE KNOWLEDGE THAT THEIR TOTAL HEALTH AND WELL-BEING ARE MY FIRST CONSIDERATIONS.

THE DENTIST'S PLEDGE, AS ADOPTED BY THE AMERICAN DENTAL ASSOCIATION

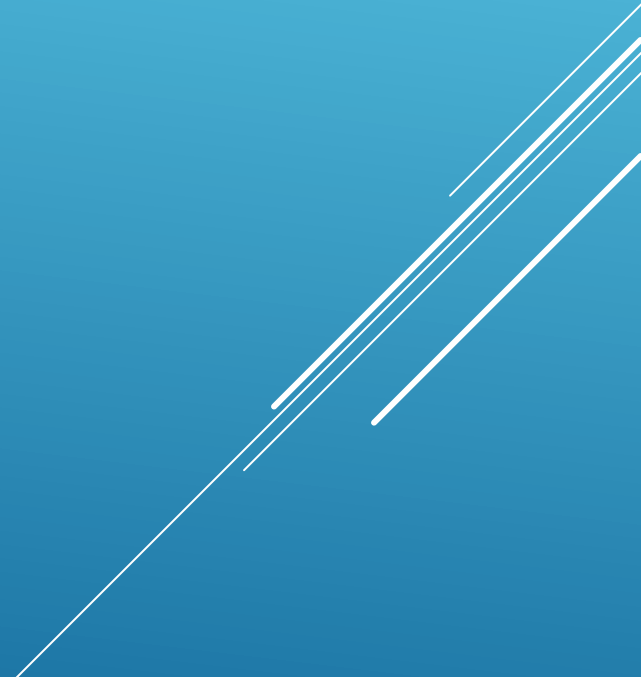
I am going to show you
the tip of the iceberg

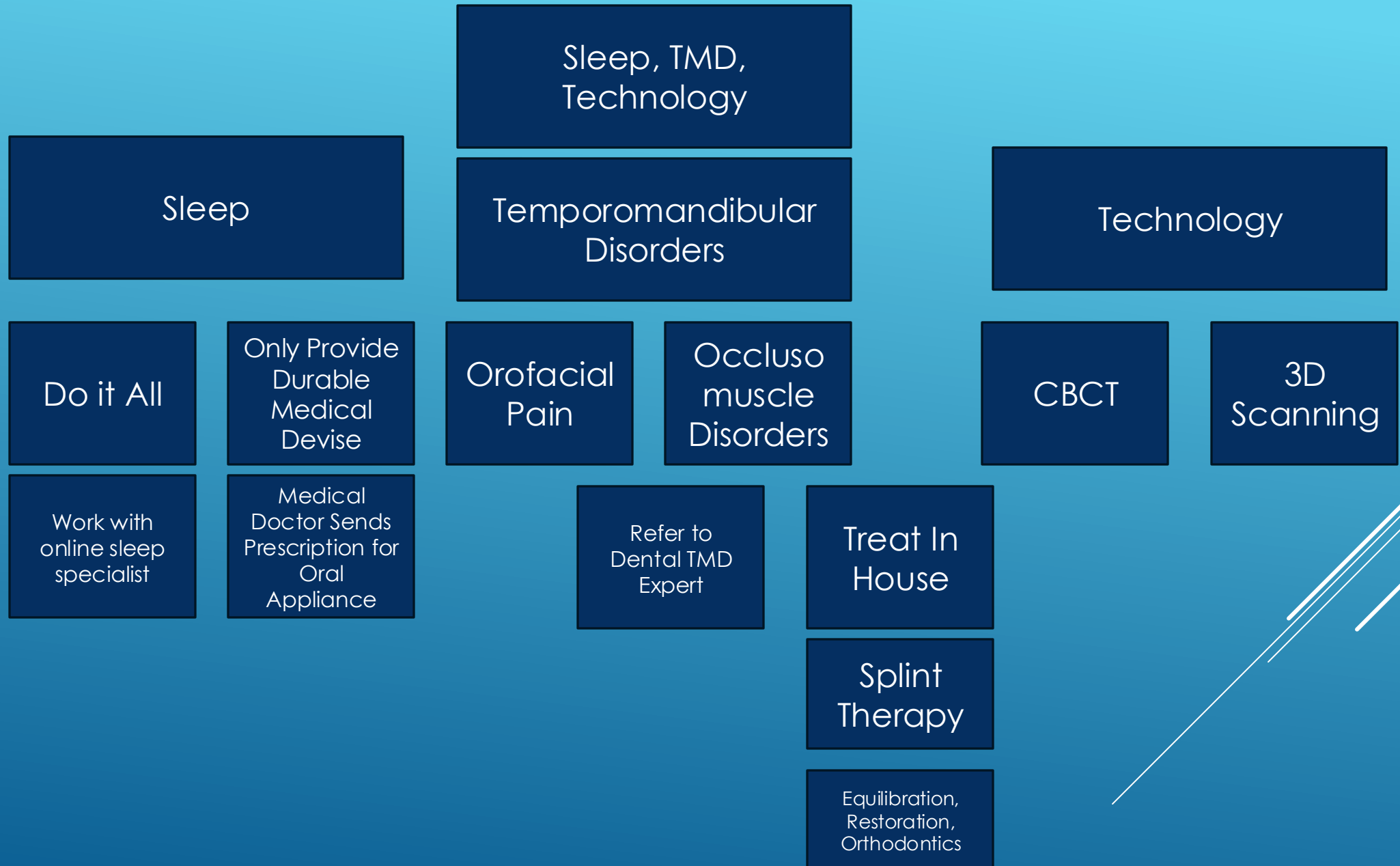


And help you see some things
that you may have not been
seeing.



Occlusion
TMD
Sleep





LEARNING OBJECTIVES

1. Understand dental treatment and referral options for occlusomuscle pain.
2. Understand the use of CBCT and intraoral 3D scanning used to discover dental conditions and educate their patients about their diagnosis and treatment options.
3. Use open ended questions to discover underlying dental and medical issues that affect the patient's overall health.
4. Open patient conversations to educate patients about the benefits of early diagnosis and preventive measures to deal with headaches and occlusomuscle disorders.

I have been harvesting pearls of wisdom for 45 years and would like to share some of them with you

There will be at least a couple of pearls just for you



I am supported by a fantastic staff





WHY DO WE SCREEN FOR THIS?

BECAUSE IT IS OUR JOB!

“Sleep apnea...
remains the most
undiagnosed deadly
problem in medicine.”

William C. Dement, MD,
Ph.D.



WHAT IS TMD?

Temporomandibular Disorder

We are trying to keep this
from happening.



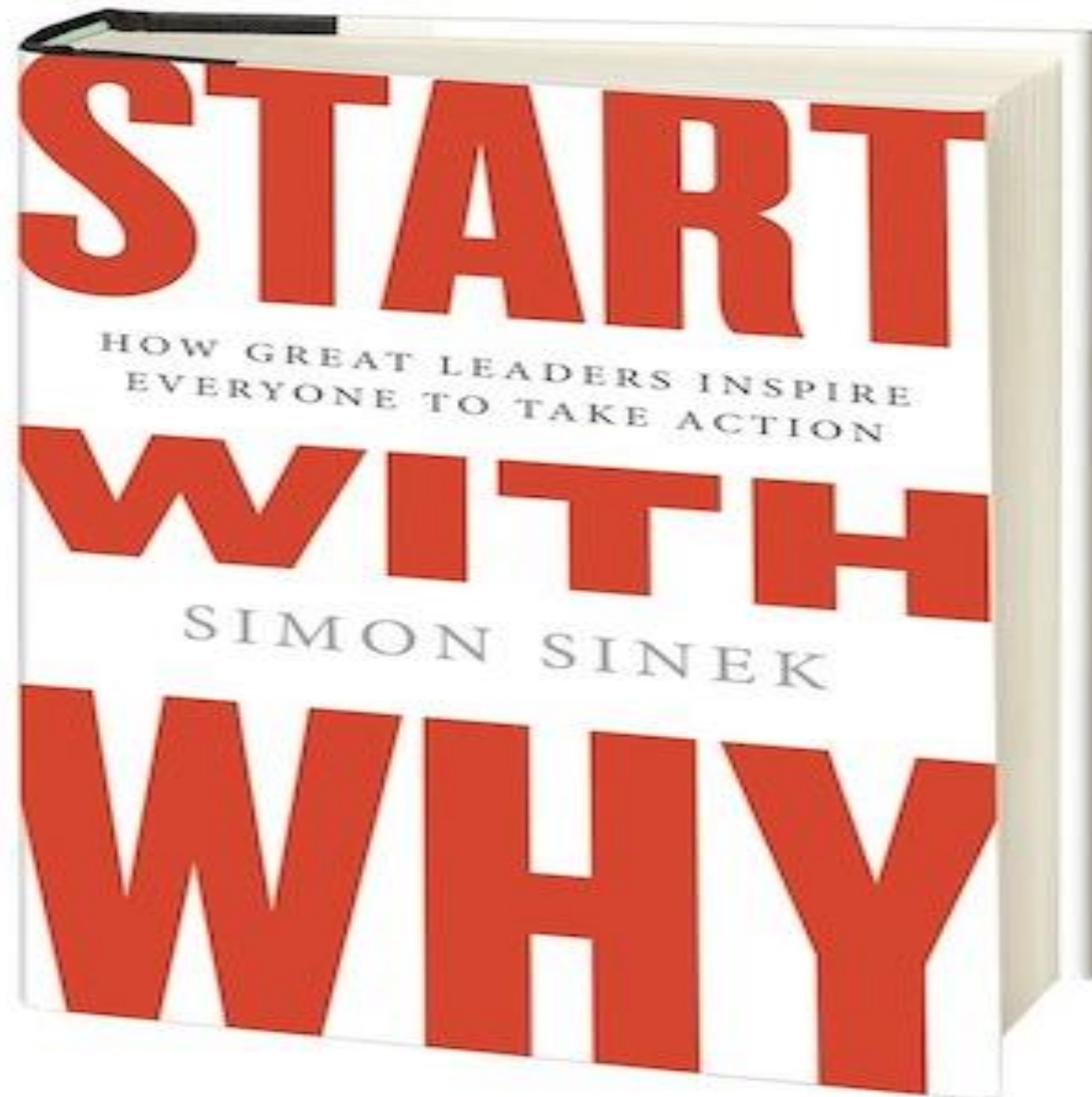
Temporomandibular disorders (TMDs) are a group of more than 30 conditions that cause pain and dysfunction in the jaw joint and muscles that control jaw movement. “TMDs” refers to the disorders, and “TMJ” refers only to the temporomandibular joint itself. People have two TMJs; one on each side of the jaw. You can feel them by placing your fingers in front of your ears and opening your mouth.

Classification of Temporomandibular Disorders

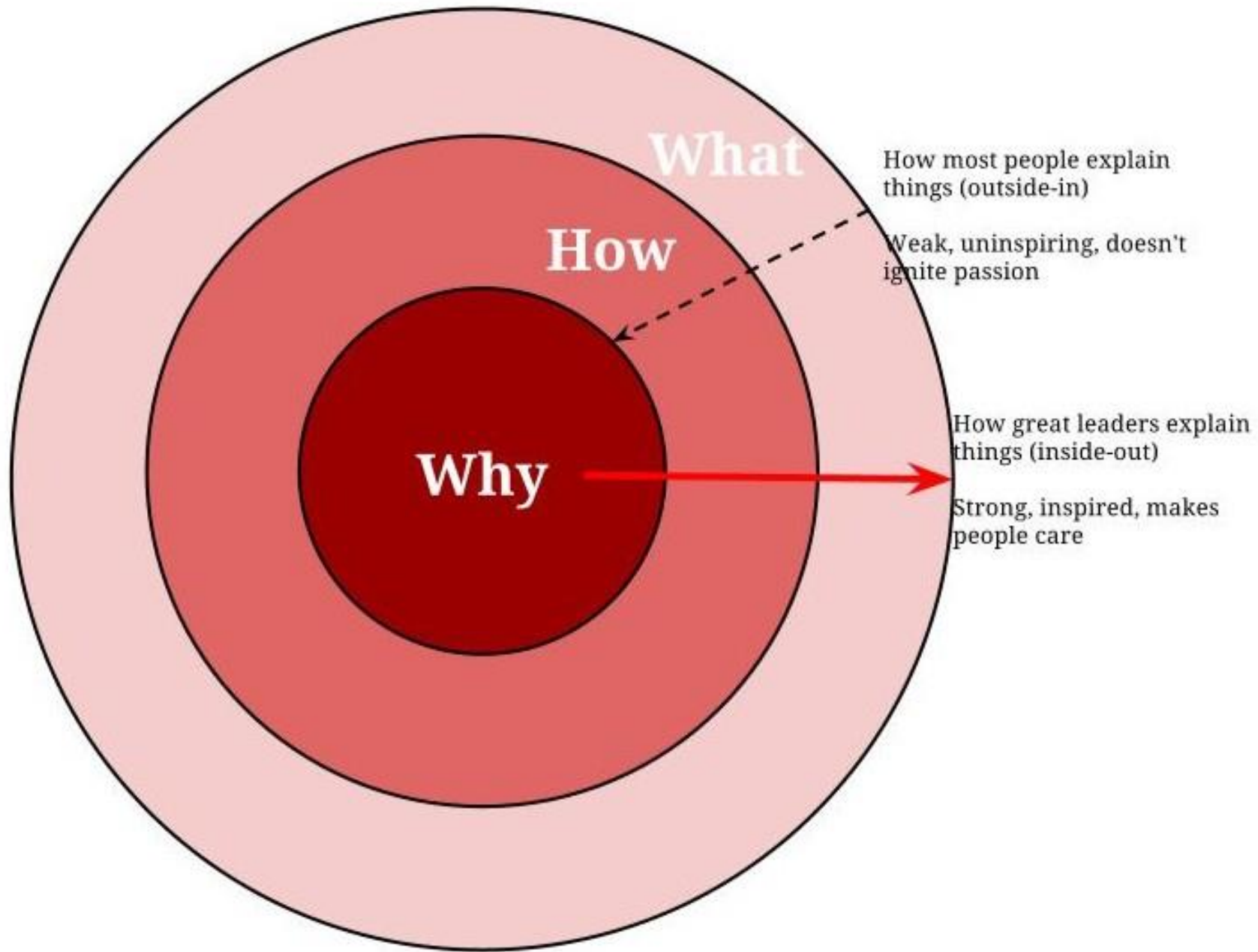
- ▶ 1. **Disorders of the joints.** Examples include joint pain (arthralgia), disc disorders (disc is not in its normal position), and bone destruction (degenerative joint disease).
- ▶ 2. **Disorders of the muscles used for chewing** (masticatory muscles). Examples include a) pain located in one area that gets worse with things such as applying pressure (myalgia) and b) pain that spreads beyond the point where it starts or pain felt in an area of the body far away from where it started (myofascial pain without/with referral).
- ▶ 3. **Headaches associated with a TMD.** Example is any type of headache along with a painful TMD.
- ▶ Note: A person may have one or more of these conditions at the same time.
- ▶ National Institute of Dental and Craniofacial Research, Jan, 2022

- So many people say I have TMJ
- They have two of them and two knees
- Temporomandibular Disorder has many definitions and root causes
- Many of them are occlusomuscle disfunction issues

YOU CAN CHANGE PEOPLES LIVES BY-ELIMINATING
THEIR HEADACHES CAUSED BY OCCLUSOMUSCLE
ISSUES, REGARDLESS OF THE OPPOSING LITERATURE



SHOULD WE ASK: WHY IS THAT
IS THAT TOOTH SENSITIVE OR
CRACKED BEFORE WE CROWN
IT?





Warren F. Jesek
DDS, FAGD

All Splints and Occlusal TMD Treatments are Not Created Equal: We Need to Raise the Standard

I recently completed a search of the literature published in the last five years with the criterion of occlusal splints, occlusal equilibration and TMJ. The result was 42 articles. From these, I selected various quotes to share that reflect the current controversies facing occlusal splints and occlusal adjustments.

Many of us are well meaning and caring clinicians, who have found, studied and implemented treatment protocols that provide our patients with comfortable muscles of mastication and occlusions that support overall long lasting results. We need to continue to pursue occlusal excellence and find consensus among those of us that know that occlusion and certain TMD's are causally linked.

The search of the literature published for support of splint therapy and occlusal adjustment (OA) yielded some various results. One of which states emphatically, *"The paradigmatic shift to evidence-based dentistry (EBD) that relates to occlusal therapy, selective occlusal adjustment (OA) and stabilization splints therapy (SS) for TMDs has had an unfavorable impact on the teaching of many of the important aspects of occlusion needed in dental practice. The teaching of OA systematically in dental schools has been nearly abandoned because of the belief that OA is an irreversible procedure and gives the impression that it is without merit elsewhere in the management of occlusion."* (1)

What is this clamor about irreversible procedure? Aren't fillings, crowns, root canals and extractions irreversible? We are taught in school when it is proper to do them. I know that is difficult to teach occlusion and equilibration as so

eloquently stated by Niles Guichet, *"An occlusal equilibration of the natural dentition is a very complex precision surgical procedure...Performing an occlusal equilibration on the natural dentition is typically not a prerequisite for graduation from dental school. Therefore, many dentists in all areas of the profession have no applied skills in this procedure."* (2)

Time after time literature is published and the results claim that splints are either no more effective than placebos or just slightly more effective than no treatment at all. (3) Authors will say that the splint is constructed following certain guidelines. Often there is little or no mention of the delivery and adjustment protocols. Some have even said that the splints were only adjusted once over a six month period. Dentistry has standards for what good work is for fillings, crowns and root canals. Specialists tell us that if a general dentist does not feel that he or she can perform these services to the same level of expertise as a specialist they should refer the case to them. The phraseology is: "the general dentist is held to the same standard of care."

I feel that people who say occlusal therapy is ineffective would not recognize a good splint if they saw it. Splints in their hands are ineffective because they are not properly designed or adjusted to a proper level of precision. Henry Tanner taught that one of the main values of using a splint was to confirm that there was a direct connection between the signs and symptoms that the patient was experiencing due to occlusal disharmony. If after a complete examination and resulting diagnosis of an occlusomuscle disorder a splint does not significantly reduce or eliminate the signs and

MANY OF US ARE WELL MEANING AND CARING CLINICIANS, WHO HAVE FOUND, STUDIED AND IMPLEMENTED TREATMENT PROTOCOLS THAT PROVIDE OUR PATIENTS WITH COMFORTABLE MUSCLES OF MASTICATION AND OCCLUSIONS THAT SUPPORT OVER-ALL LONG-LASTING RESULTS. WE NEED TO CONTINUE TO PURSUE OCCLUSAL EXCELLENCE AND FIND CONSENSUS AMONG THOSE OF US THAT KNOW THAT OCCLUSION AND TMD ARE CAUSALLY LINKED.

“THE PARADIGMATIC SHIFT TO EVIDENCE-BASED DENTISTRY (EBD) THAT RELATES TO OCCLUSAL THERAPY, SELECTIVE OCCLUSAL ADJUSTMENT (OA) AND STABILIZATION SPLINTS THERAPY (SS) FOR TMDS HAS HAD AN UNFAVORABLE IMPACT ON THE TEACHING OF MANY OF THE IMPORTANT ASPECTS OF OCCLUSION NEEDED IN DENTAL PRACTICE. THE TEACHING OF OA SYSTEMATICALLY IN DENTAL SCHOOLS HAS BEEN NEARLY ABANDONED BECAUSE OF THE BELIEF THAT OA IS AN IRREVERSIBLE PROCEDURE AND GIVES THE IMPRESSION THAT IT IS WITHOUT MERIT ELSEWHERE IN THE MANAGEMENT OF OCCLUSION.” (1)

1. Ash MM Jr., Occlusion, TMDs, and dental education. Head Face Med. 2007 Jan 3;3:1. Review.

THE DOUBTERS OF OCCLUSAL THERAPY SEEM
TO FIND SOME SENSE OF NOBILITY IN SAYING
NOTHING WORKS AND SUGGEST WE SHOULD
NEGLECT THE PRINCIPLES OF GOOD DENTISTRY.
THE IGNORANCE OF WHAT A WELL DESIGNED
AND ADJUSTED APPLIANCE AND OCCLUSION IS
A TRAVESTY.

“In dentistry, you have
no competitors, only
colleagues.”

■ Dr. L.D. Pankey

Several thin, white, parallel diagonal lines are located in the bottom right corner of the slide, extending from the right edge towards the center.

HENRY TANNER TAUGHT THAT ONE OF THE MAIN VALUES OF USING A SPLINT WAS TO CONFIRM THAT THERE WAS A DIRECT CONNECTION BETWEEN THE SIGNS AND SYMPTOMS THAT THE PATIENT WAS EXPERIENCING DUE TO OCCLUSAL DISHARMONY.

IT SEEMS LIKE DENTISTRY DOES NOT WANT TO ACCEPT ANY DIRECT CAUSAL RELATIONSHIP OF TMD AND OCCLUSION. IF IT WAS ACCEPTED THAT OCCLUSAL CORRECTION OR PROPER OCCLUSION RELIEVED TMD SIGNS AND SYMPTOMS, THEN POOR OCCLUSAL TREATMENT OUTCOMES FROM ORTHODONTICS, OPERATIVE AND RESTORATIVE PROCEDURES WOULD CAUSE TMD SYMPTOMS SUCH AS HEADACHES AND PAIN.

I FEEL THAT SPLINT THERAPY GETS NO RESPECT. ACRYLIC IS HAPHAZARDLY PLACED IN MOUTHS WITH THE HOPE SOMETHING WILL IMPROVE. MOST OFTEN THESE INACCURATE APPLIANCES DO NOT HELP AND SOME OTHER THERAPY IS PROPOSED AND OCCLUSAL THERAPY IS **WRONGLY ABANDONED**. THE PROBLEM MAY LIE IN THE FACT NOT ENOUGH ATTENTION IS BEING PLACED ON THE CONDITION AND HEALTH OF THE TMJ'S AS THEY RELATE TO OCCLUSION. THERE SEEMS TO BE NO STANDARD OF CARE.


WE SHOULD NOT THROW AWAY THE WISDOM AND TEACHING OF OCCLUSAL THERAPY OF THE PAST PRESERVED IN OUR TEXTBOOKS AND LITERATURE WRITTEN BY SUCH DENTAL GIANTS AS NATHAN SHORE, SIG RAMFORD, MAJOR ASH, L.D. PANKEY, PETE DAWSON, PETER NEFF, JEFF OKESON, TERRY TANAKA AND SO MANY OTHERS. SEVERAL PRIVATE EDUCATIONAL CENTERS ARE DOING THEIR BEST TO PASS ON THIS KNOWLEDGE.

THE STANDARD OF CARE IN MY OFFICE IS TO TREAT THE SIGNS AND SYMPTOMS OF OCCLUSOMUSCLE DISORDERS. MANY CASES CAN BE TREATED WITH FULL MOUTH EQUILIBRATION OF THE NATURAL DENTITION AS TAUGHT FOR OVER FIFTY YEARS BY THE MASTERS THAT HAVE BELONGED TO THE AES. FREQUENTLY, I WILL DELIVER AND ADJUST AN APPLIANCE OVER A THREE TO SIX MONTH PERIOD OR UNTIL THE CONDYLE DISC ASSEMBLY IS STABLE AND MANDIBULAR MIGRATION HAS STOPPED. I PRESCRIBE 24 HOUR SPLINT WEAR.

THE OCCLUSION IS THEN ADJUSTED ONLY AFTER A REPEATABLE CENTER OF ROTATION FOR THE CONDYLE IS ACHIEVED BY REHABILITATING THE CONDYLE DISC ASSEMBLY TO A STATE OF HEALTH AND PROPER FUNCTION. THIS MEANS THAT MY RESTORATIVE CASES, TMD CASES AND ORTHODONTIC REFERRALS ARE DESIGNED AND ADJUSTED TO HAVE THE CONDYLES IN CENTRIC RELATION OR ADAPTED CENTRIC RELATION IN MAXIMUM INTERCUSPATION. (15)

15. Dawson P Functional Occlusion: From TMJ to Smile Design, Mosby, St. Louis, 2007.

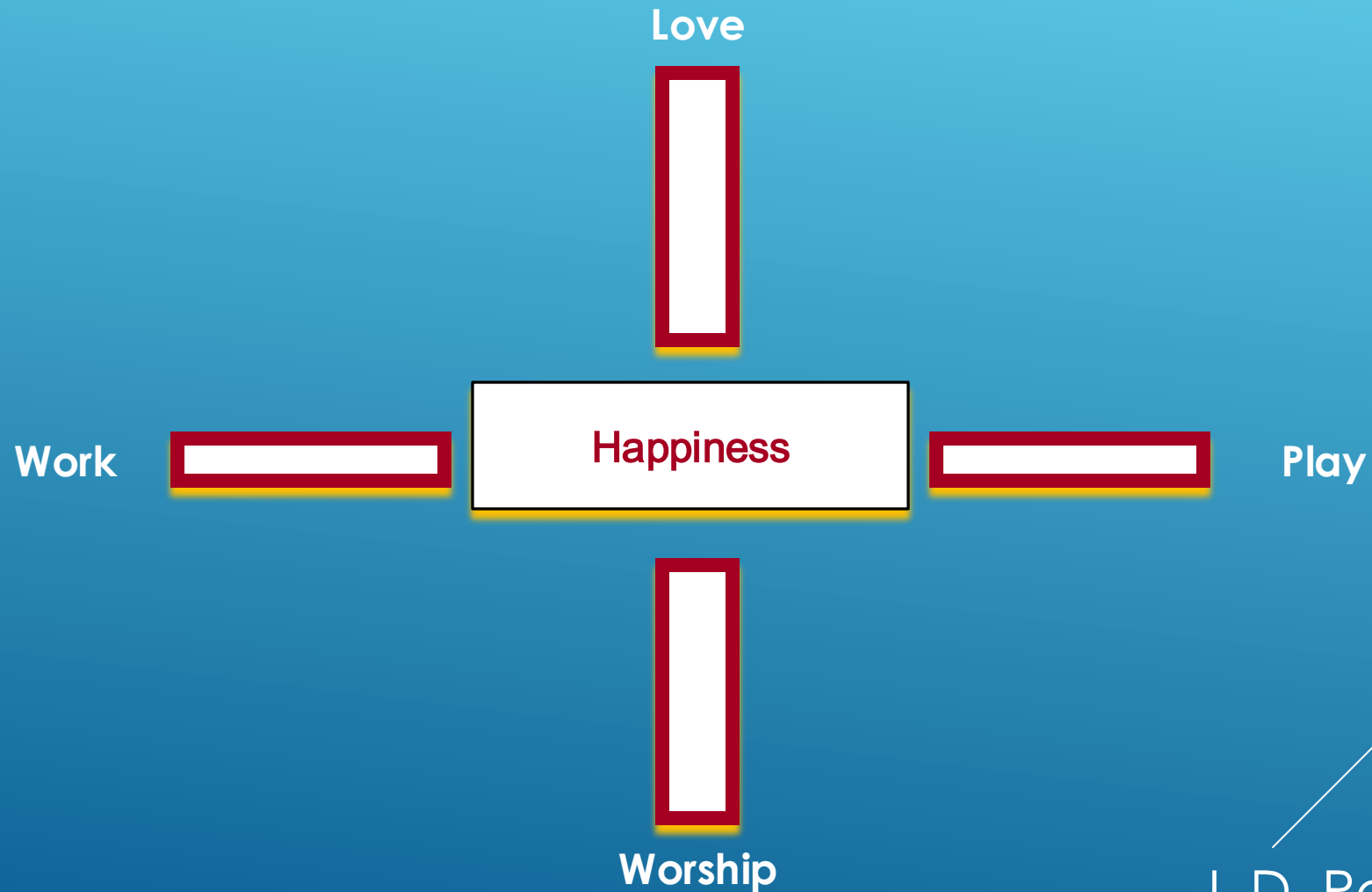
THE RESULTS OF SPLINT
THERAPY SHOULD BE
MAXIMUM
**HEALTH, COMFORT AND
FUNCTION**
OF THE MASTICATORY
SYSTEM.

Decorative white lines consisting of several parallel diagonal strokes in the bottom right corner of the slide.

WHY WE HATE TREATING TMJ

Getting paid by insurance is a pain in the butt.
It takes too much time---I can make money faster
doing fillings and crowns.
Some of these people are nuts.
No one agrees on how to treat it.

The Cross of Life



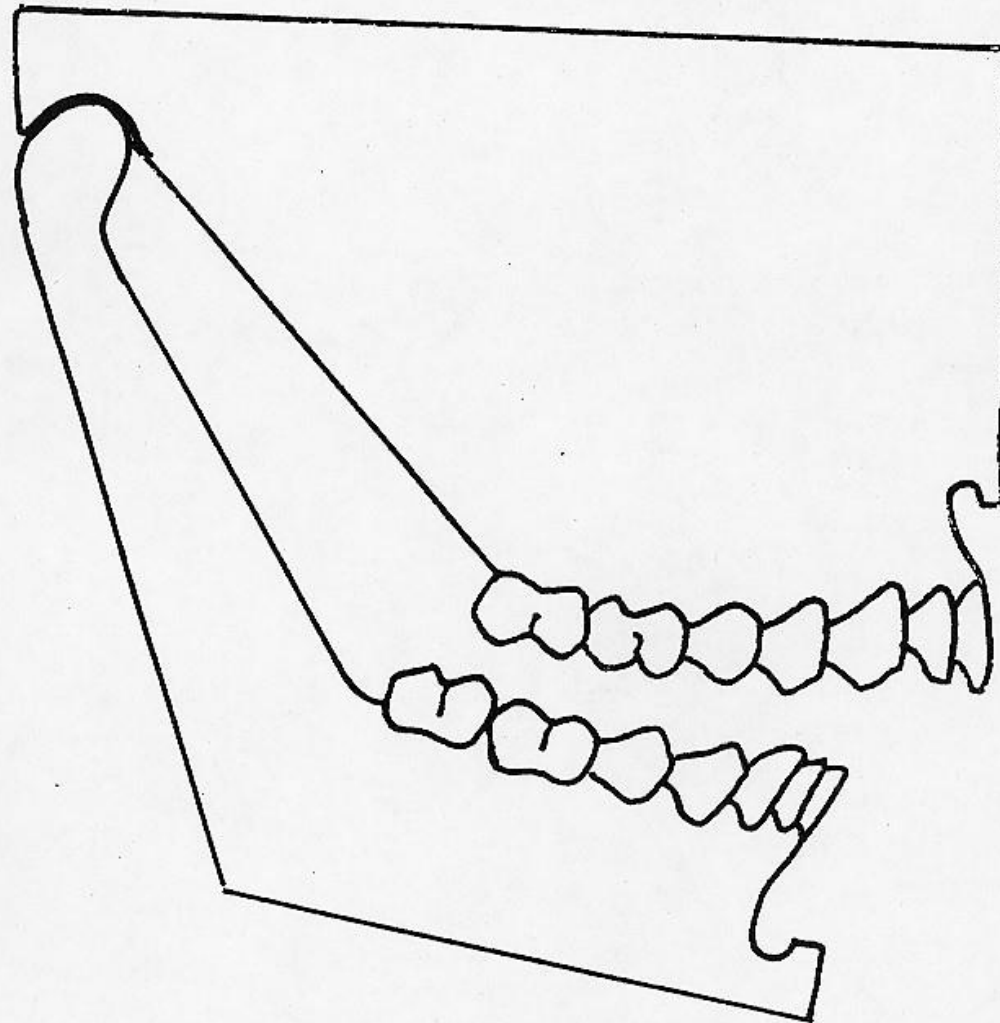
L.D. Pankey

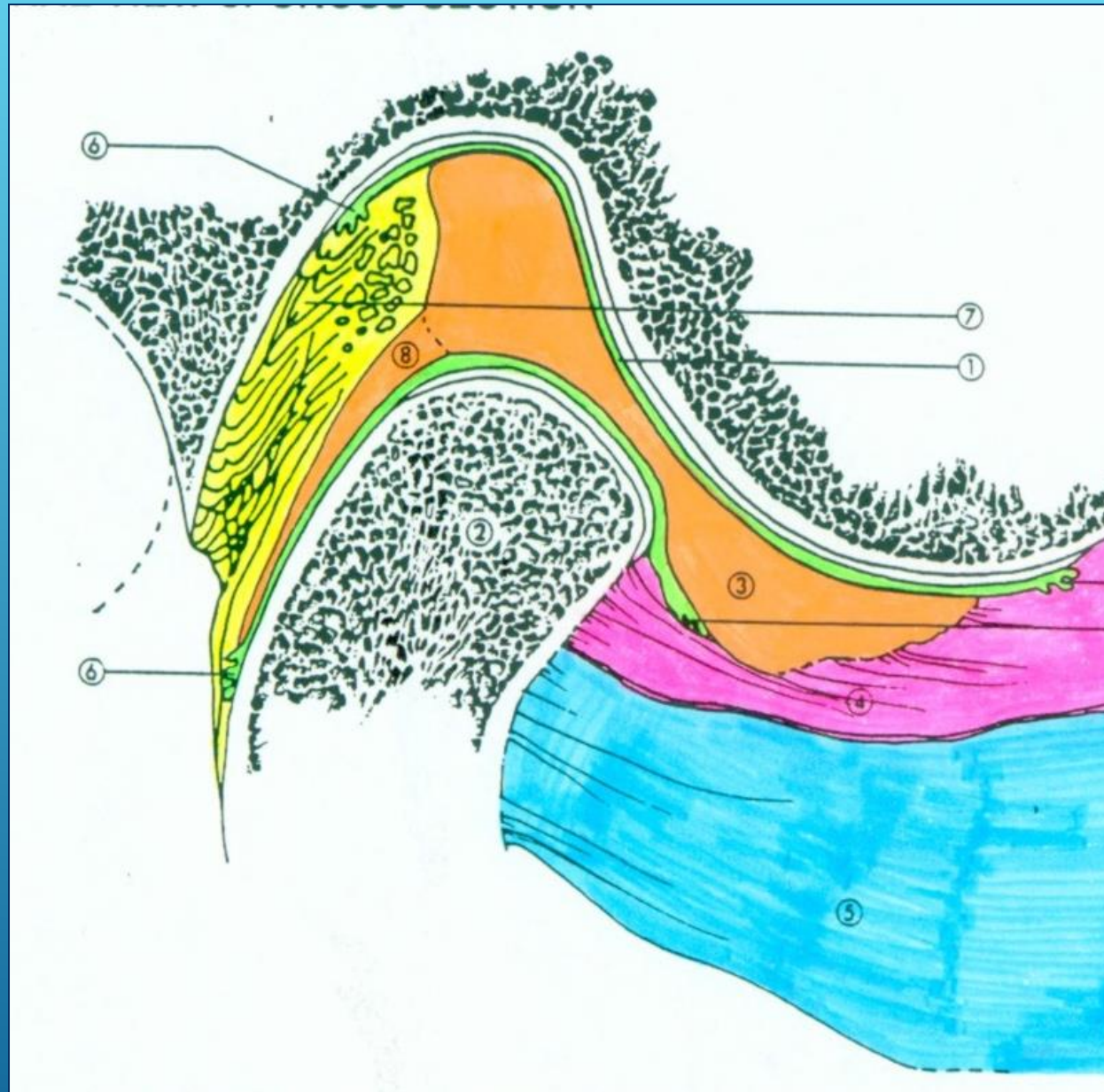
The Cross of Dentistry



L.D. Pankey

Peter E Dawson





Peter E Dawson



Peter E Dawson

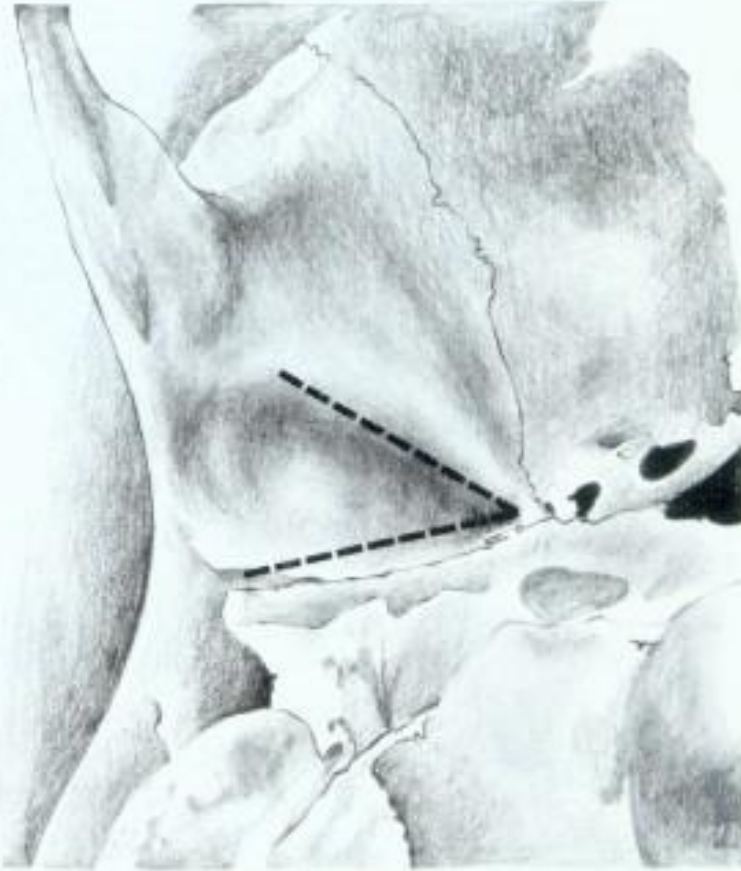


Fig. 3-2. Further evidence that the horizontal axis runs through the medial poles of the condyles is found in the triangular fossae with the apex related to the medial pole. A horizontal axis through any part of the condyle other than the medial pole would result in translatory movements of the medial pole during a fixed rotational axis, and this would be incompatible with the V shape of the fossa.

AQUALIZER®

Where to Buy

All distribution inquiries worldwide should be directed to:

Aqualizer Splint Systems by Jumar Corporation
9431 Coppertop Loop NE Suite 101 Box 29
Bainbridge Island, WA 98110
USA
Toll-free: 1 800 HELP TMD (1 800 435 7863)
Phone: 206 279 7080
Email: info@aqualizer.com

AQUALIZER®

ULTRA

The Aqualizer® Ultra is a short term diagnostic splint for the relaxation of masticatory muscles, and decompression of the TMJs. Ultra models have a full sized adult arch and can be worn over orthodontic brackets and aligners.



This is our best seller and will fit most adult patients' mouths. The Ultra comes in three vertical openings (thicknesses): 1mm (low), 2mm (med), and 3mm (high).

[CLICK TO LEARN MORE](#)



All distribution inquiries worldwide should be directed to:

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Bainbridge Island, WA 98110

USA

Toll-free: 1 800 HELP TMD (1 800 435 7863)

Phone: 206 279 7080

Email: info@aqualizer.com

ANTERIOR DEPROGRAMMERS

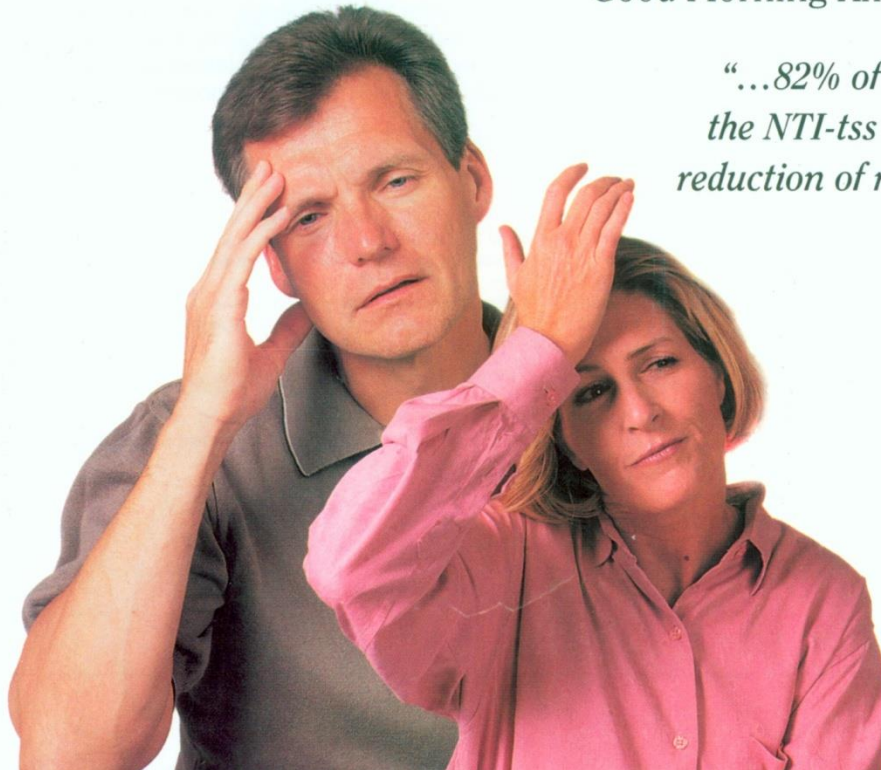
FDA Approves NTI-tss Dental Device for the Prevention of Migraine Headache Pain

“It could be just what the doctor ordered for 40 million Americans who suffer from tension headaches and migraines....”

Diane Sawyer, ABC News
Good Morning America, 9/5/01

“...82% of migraineurs who used the NTI-tss nightly showed a 77% average reduction of migraine episodes....”

(See inside for details.)




NTI-tss
(Nociceptive Trigeminal Inhibition
Tension Suppression System)



Message

Dentist ruined my bite with NTI-- suggestions?

#1  by **Marrigold** » Tue Mar 29, 2022 8:40 pm



Hi everyone,

I found out that the NTI device my dentist recommended to me, and sold to me, caused an open bite. My dentist DID NOT INFORM me that these devices are known to cause an open bite in some patients and that I needed to be monitored closely by him. He KNEW that I am an expat living abroad and that my pattern of coming to his office for visits was once a year to once every year and a half. If a patient must be monitored closely when put on an NTI night guard, then he should have understood that I wasn't a good candidate. Clearly he was not considering the open bite issue at all. He simply told me to wear the device a night, and sent me on my way. I wore it at night for a year and half before I returned to the US and had a follow up with him. At that point I told him that I was experiencing a weird inability to form words clearly. This should have tipped him off. Now I know that this is a clear symptom of open bite! But guess what his response was? "See a speech therapist." Really? I am suddenly going to have trouble out of nowhere forming words when I am in my 50s?

It never occurred to me that the NTI device had anything to do with it. Since he'd never divulged to me the true information about this device, I had zero idea that it could cause an open bite.

BE SURE AND LOOK FOR
LINGUAL FIXED ORTHO
RETAINERS !!!!!!!



PANKEY BITE STOP
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L.D. PANKEY BOOKSTORE 1-305-428-5500

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QuickSplint® is designed for short-term use to relax craniofacial muscles, disclude posterior teeth and seat the condyles.

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Designed For Immediate, Short-Term Use

Unlike anterior bite plane (ABP) devices that are custom-made by labs and clinicians, QuickSplint® is suitable for immediate use and is designed as a transitional, short-term device. QuickSplint® saves time and money and can be made chairside by auxiliary staff.



Minimize Post-Op Complications

Provide QuickSplint® the day of dental procedures to inhibit overnight parafunctional clenching and prevent possible complications from microtrauma and jaw sprain/strain.



Restorative Case Planning Aid

Simplify deprogramming for centric bite records, diagnose parafunction and engage your patient in the conversation about the possible impact on the restorative case. Protect temporaries and new restorations.



Diagnose and Treat TMD

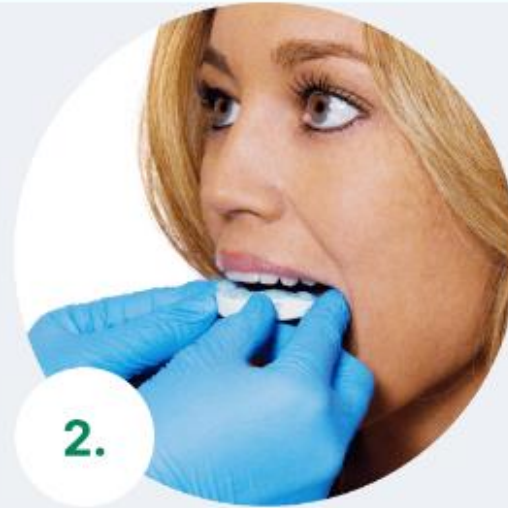
Provide same-day relief for jaw pain or headache while you determine a definitive care plan. Use QuickSplint® in your differential diagnosis of sprain/strain or other conditions of the jaw, joints, and muscles. QuickSplint® helps you determine whether oral appliance therapy is beneficial and tolerated.





Fill

Fill QuickSplint® uniformly with Quick Bite Registration Material.



Align

Align QuickSplint® on the upper or lower teeth, supporting while the patient bites down completely to seat the QuickSplint®.

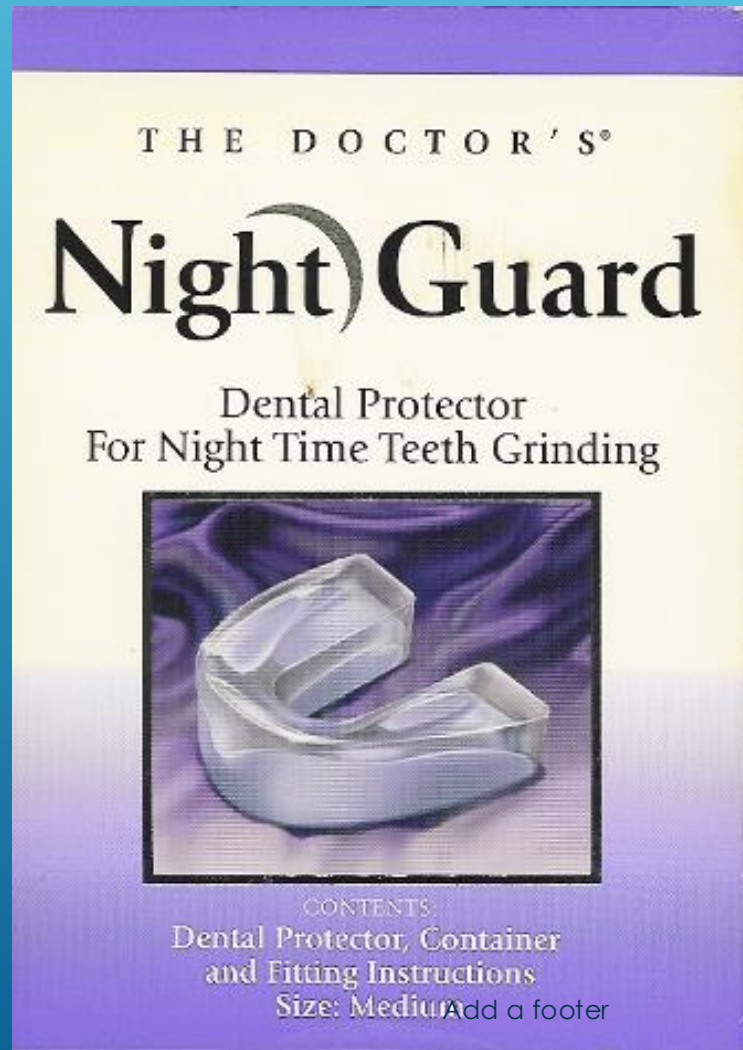


Trim

After VPS sets, gently remove the QuickSplint® and trim any excess material with a sharp blade. QuickSplint® is now ready for use!



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- ▶ It says it is similar to the dental protector recommended by many dentists, only you do the fitting yourself in about 5 minutes.

Nightguard

WORKING AT NIGHT
WATCHING -DOING
NOTHING



9:52

◀ Messages



Paramount Dental Studio
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 29

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✕

CLUES THAT DENTISTRY IS THE ANSWER

- ▶ Pain on chewing in muscles of mastication
- ▶ Pain or difficulty in holding mouth open
- ▶ Avoidance of chewy or difficult foods
- ▶ Avoidance of chewing gum to pain
- ▶ Any TM joint sounds and noises
- ▶ Patient knows what side they chew on and they are not avoiding obvious bad or missing teeth
- ▶ Wear on anterior or posterior teeth
- ▶ Posterior teeth missing in a healthy mouth-----a story like, it hurt, they did a root canal, then a crown—it still hurt– they retreated it---it still hurt– I had it pulled ---- it still hurts over there
- ▶ Several root canals on one side and the joints sound awful
- ▶ Pain or tenderness over the TMJ's
- ▶ History of mouth locking open or closed

SIGNS AND SYMPTOMS of occlusal muscle disorder

Signs are what **we** look for and record

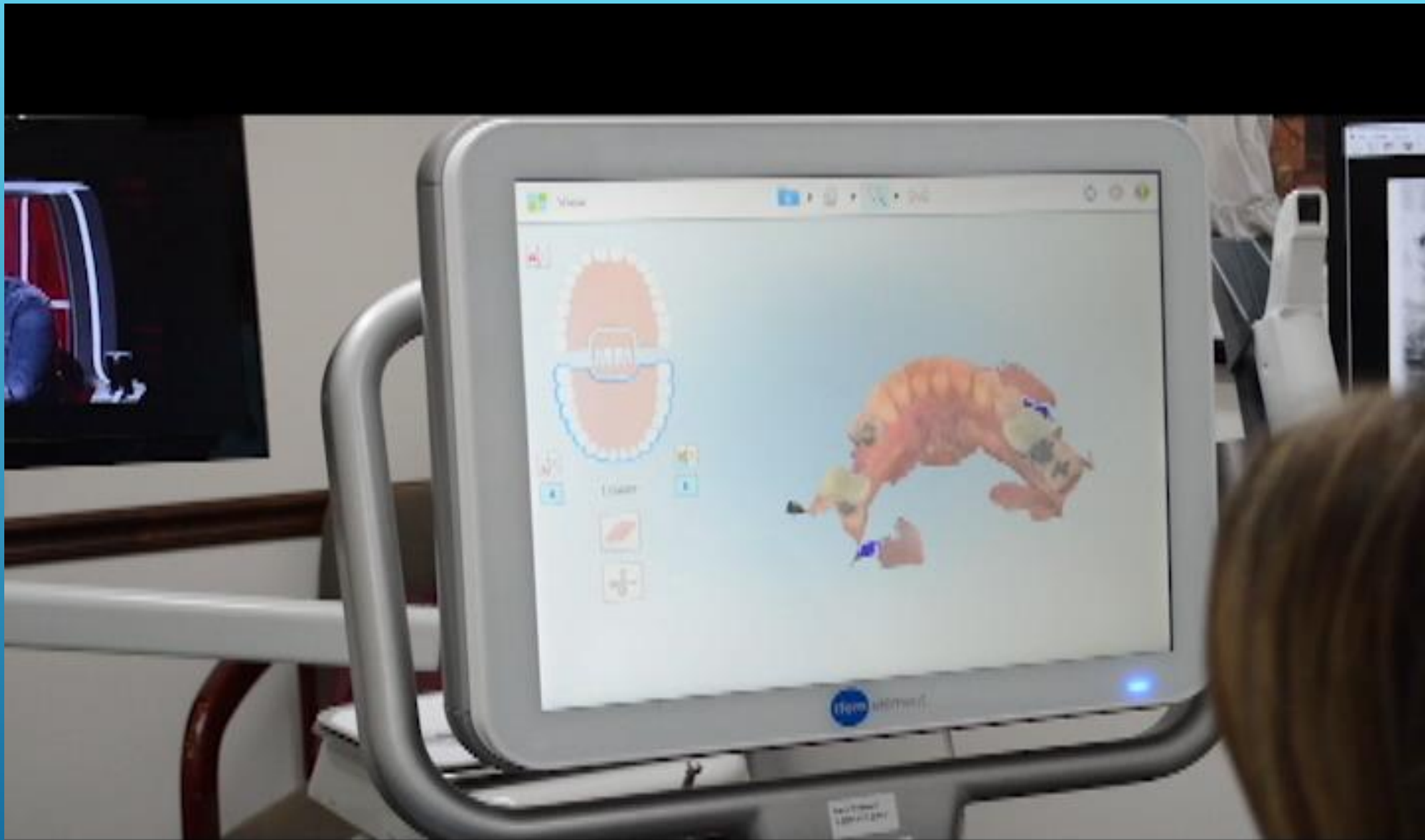
- Tooth wear and mobility
- Tender muscles and trigger points
- Limited range of motion
- Muscle incoordination
- Intracapsular pathology

Symptoms are what the **patient** knows about

- Headache
- Popping / clicking
- Tooth sensitivity
- Earache / neck stiffness

We need to quit treating the symptoms of pain only

- Saying, oh you have pain because you grind or clench your teeth, let's make you a splint, is like saying, oh you want to go somewhere, let's get in a car and go for a ride and see where we wind up.



Questionnaire Items for TM Disorders

YES NO

___ ___

1. Do you have difficulty opening your mouth?

___ ___

2. Do you hear noises from the jaw joints?

___ ___

3. Does your jaw get “stuck,” “locked,” or “go out”?

___ ___

4. Do you have pain in or about the ears, temples, or cheeks?

___ ___

5. Do you have pain with chewing or yawning?

___ ___

6. Does your bite feel uncomfortable or unusual?

___ ___

7. Do you have frequent headaches?

___ ___

8. Have you had a recent injury to your head or neck?

___ ___

9. Do you have arthritis?

___ ___

10. Do you have problems chewing, talking, or using your jaws?

___ ___

11. Do you clench or grind your teeth?

___ ___

12. Have you previously been treated for a jaw joint (TMJ) problem? If so, when? _____



ADD A FOOTER

RANGE OF MOTION

Clinical Evaluation Form TMJ-Myofascial Pain and Muscle Disorders

Warren F Jeseck, DDS, FAGD

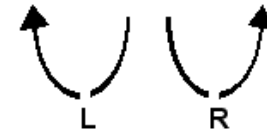
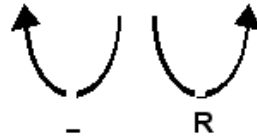
3040 S Mt Zion Rd
Decatur, IL 62521
217-864-4494

Patient Name: _____ Date: _____

I. Range of Movement

Maximum opening _____
Lateral L _____ R _____
Protrusive _____
Deviation Opening _____
Closing _____

II. Auscultation



III. Muscular Pain

	Left	Right
Masseter	_____	_____
Temporalis		
Ant Fibers	_____	_____
Mid Fibers	_____	_____
Post Fibers	_____	_____
Sternocleido-Mastoid	_____	_____
Occipital Muscles	_____	_____
Medial Pterygoid	_____	_____
Lateral Pterygoid	_____	_____
Coronoid Process	_____	_____
Temporalis Insertion	_____	_____

Joint Pain

	Left	Right
Opening	_____	_____
Lateral movement	_____	_____
Palpation	_____	_____
Clenching	_____	_____
Load in CR	_____	_____

Add a footer

iv. **Radiographic Evaluation**

____ Tomogram

____ Panorex

____ Transcranial

____ Submental Vertex

____ Panoramic Evaluation

____ Cat Scan

Bony degeneration of condyle or fossa: _____

Irregular joint space: _____

Pathology of abnormalities: _____

Limited condylar translation on opening: _____

v. **Occlusion**

Class: I II-1 II-2 III

Overbite _____ Overjet _____ Crossbite _____

Anterior Guidance _____

First point of contact _____ Slide _____

Mobility patterns _____

Wear patterns _____

Headache History:

Classification:

Dawson: _____

Piper: L _____ R _____

Diagnosis:

Treatment / Prognosis:

Add a footer



PALPATION

- ▶ Where?
- ▶ How hard do you press?



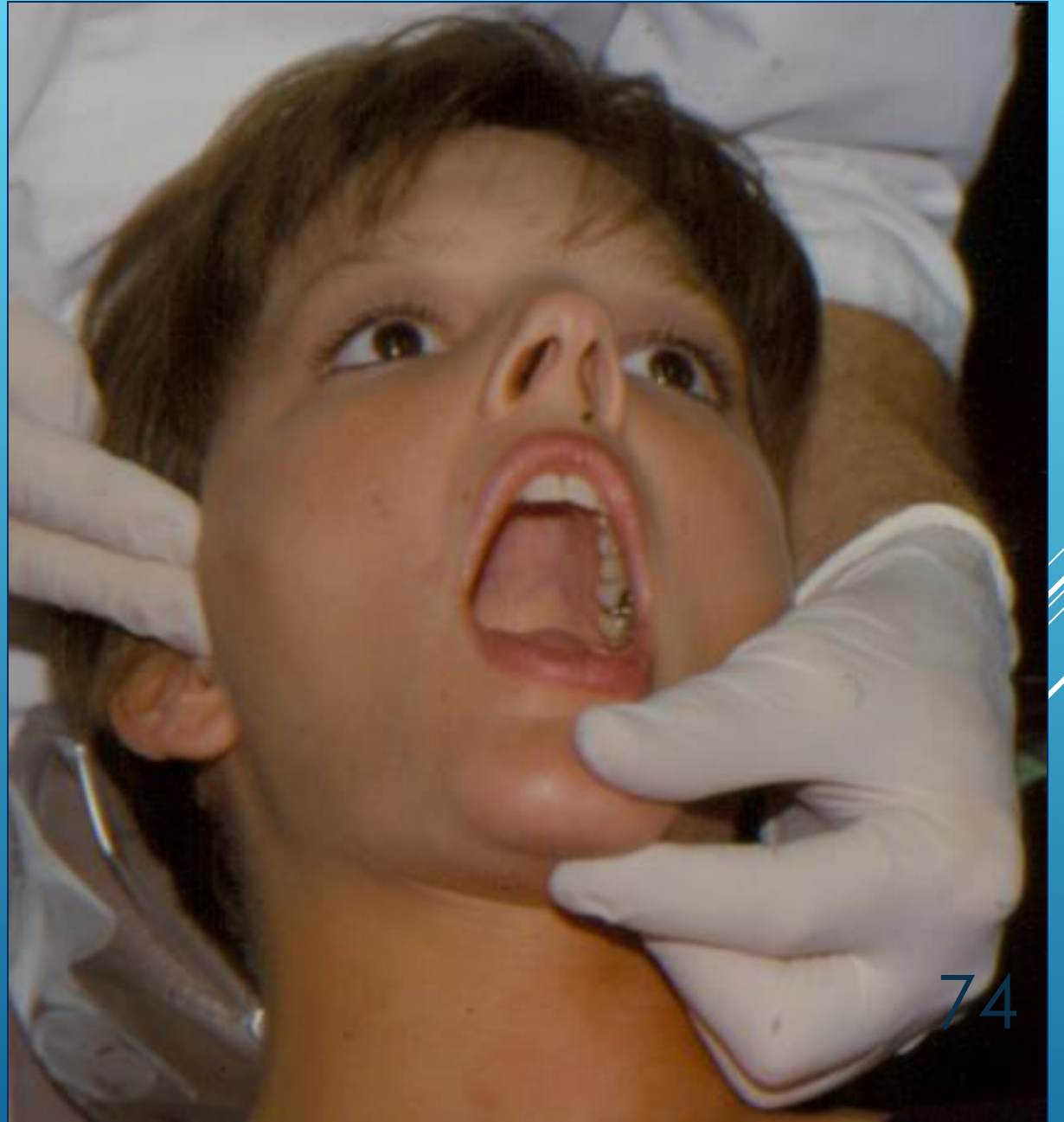
USE A VEGETABLE SCALE TO TRAIN YOUR
PALPATION PRESSURE TO 3-5 POUNDS OR
1.3-2.3 KG

PALPETER
500 MG = 1.1 LBS
1000 MG = 2.2 LBS

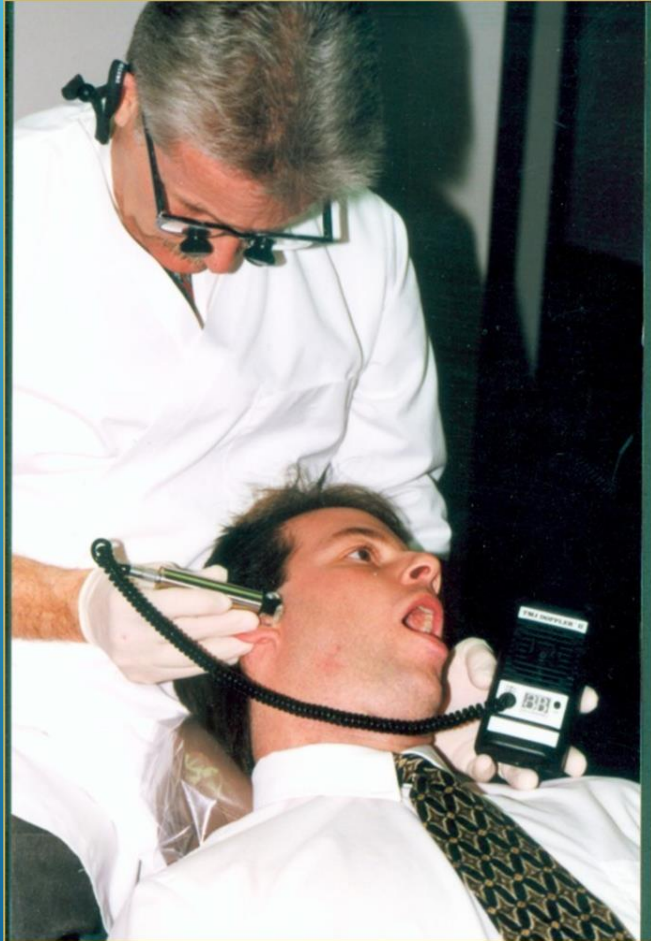


RANGE OF MOTION AND PALPATION

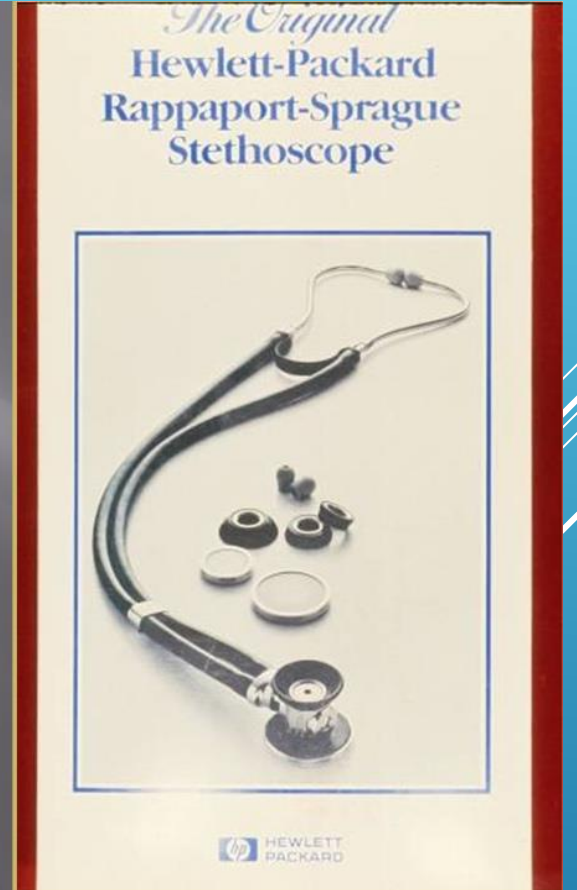
Add a footer



Doppler Auscultation



Stethoscope



STETHOSCOPE

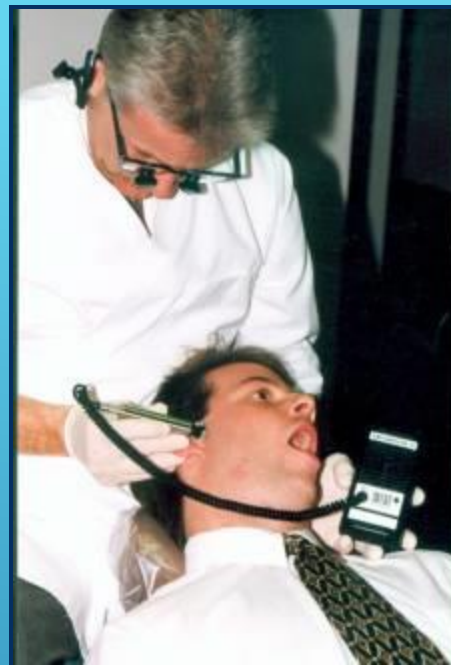




Muscle
Palpation



Doppler
Auscultation



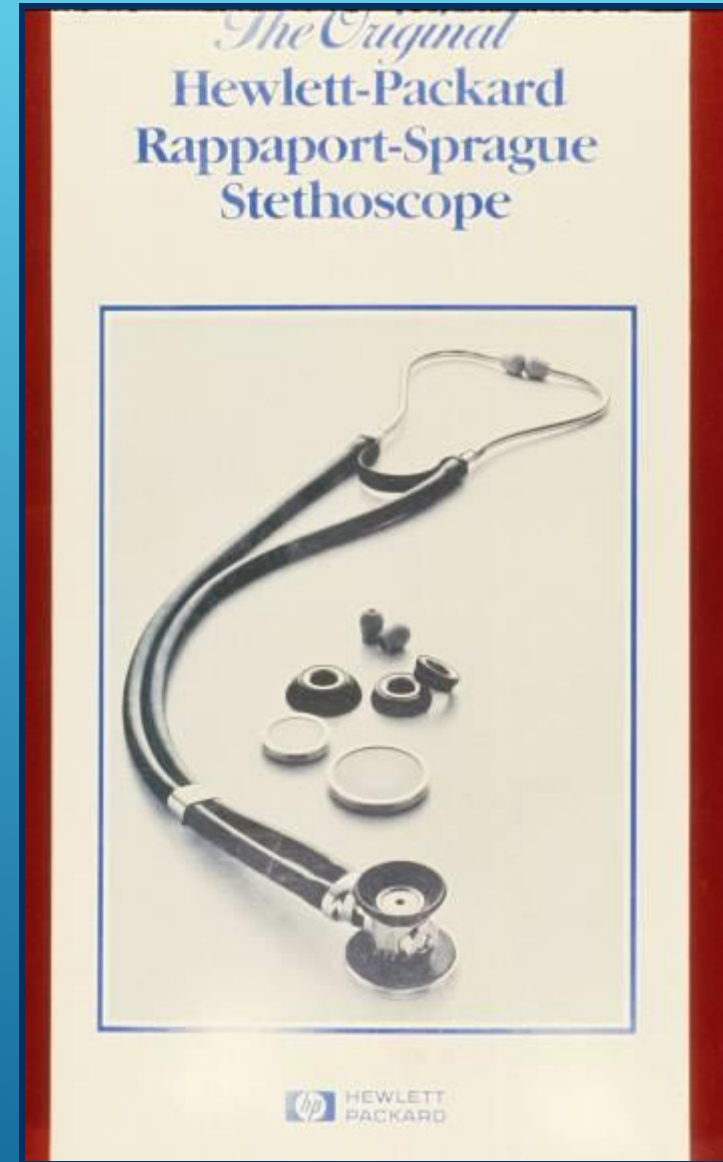
Bimanual
Guidance



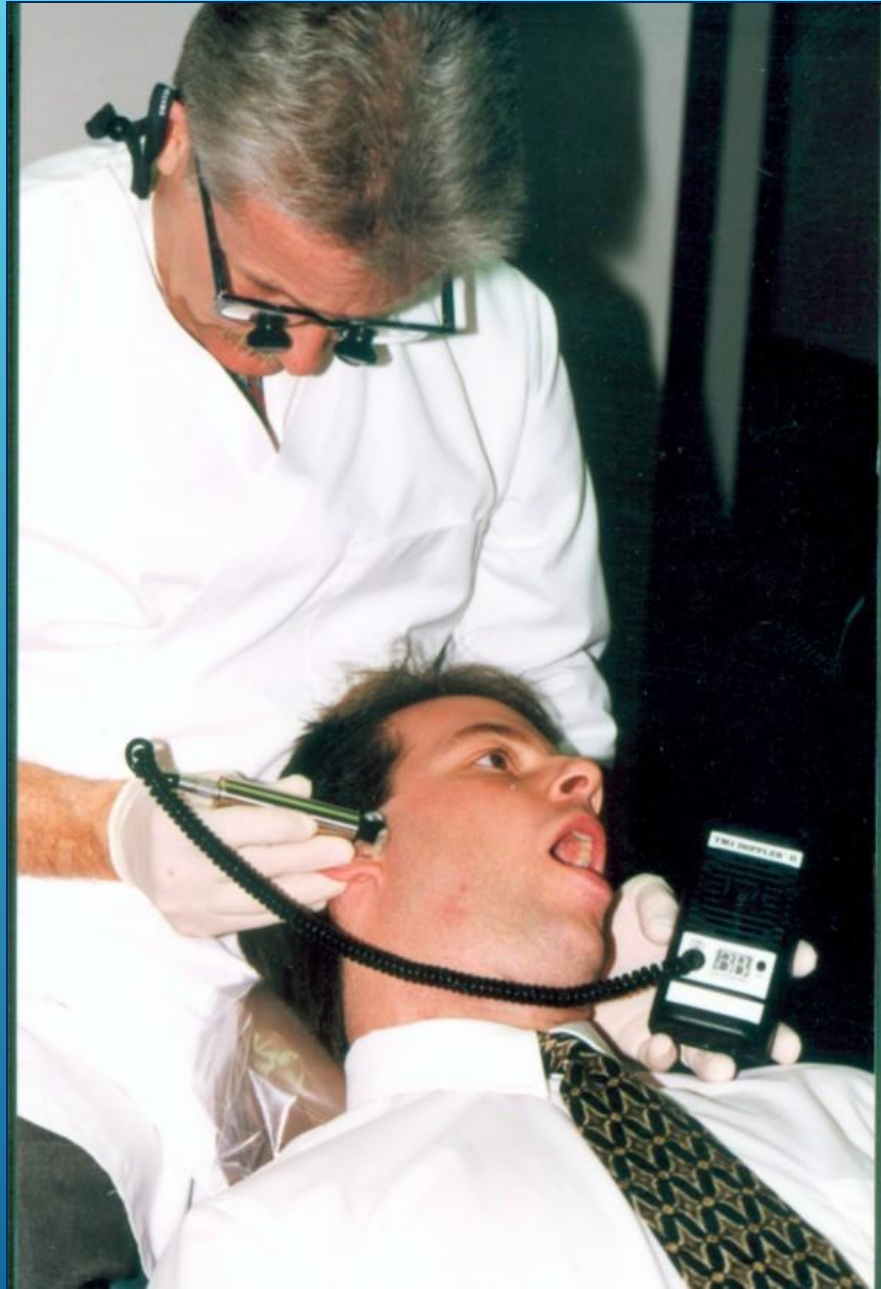
Mounted study
models

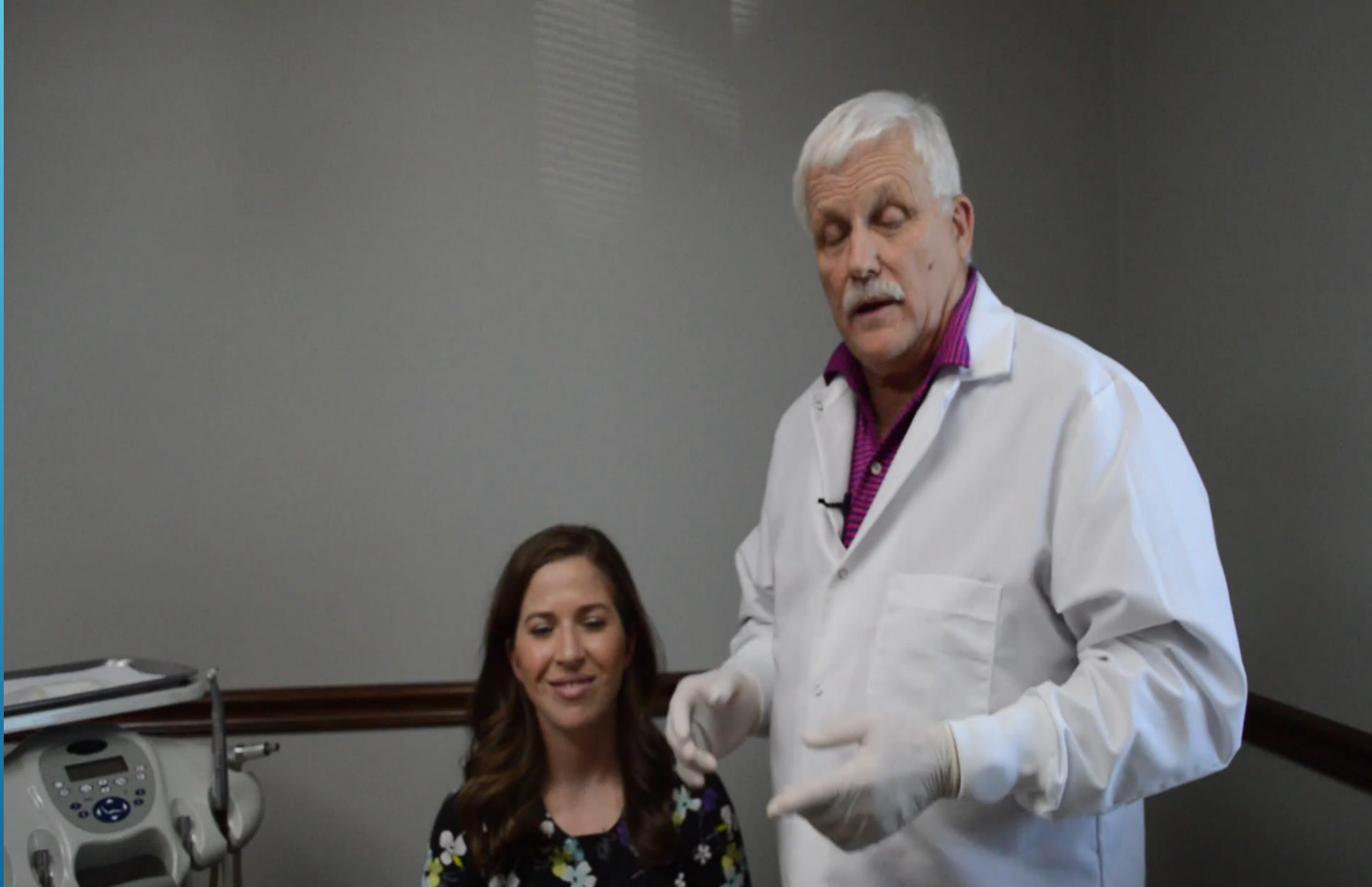


Stethoscope



Doppler



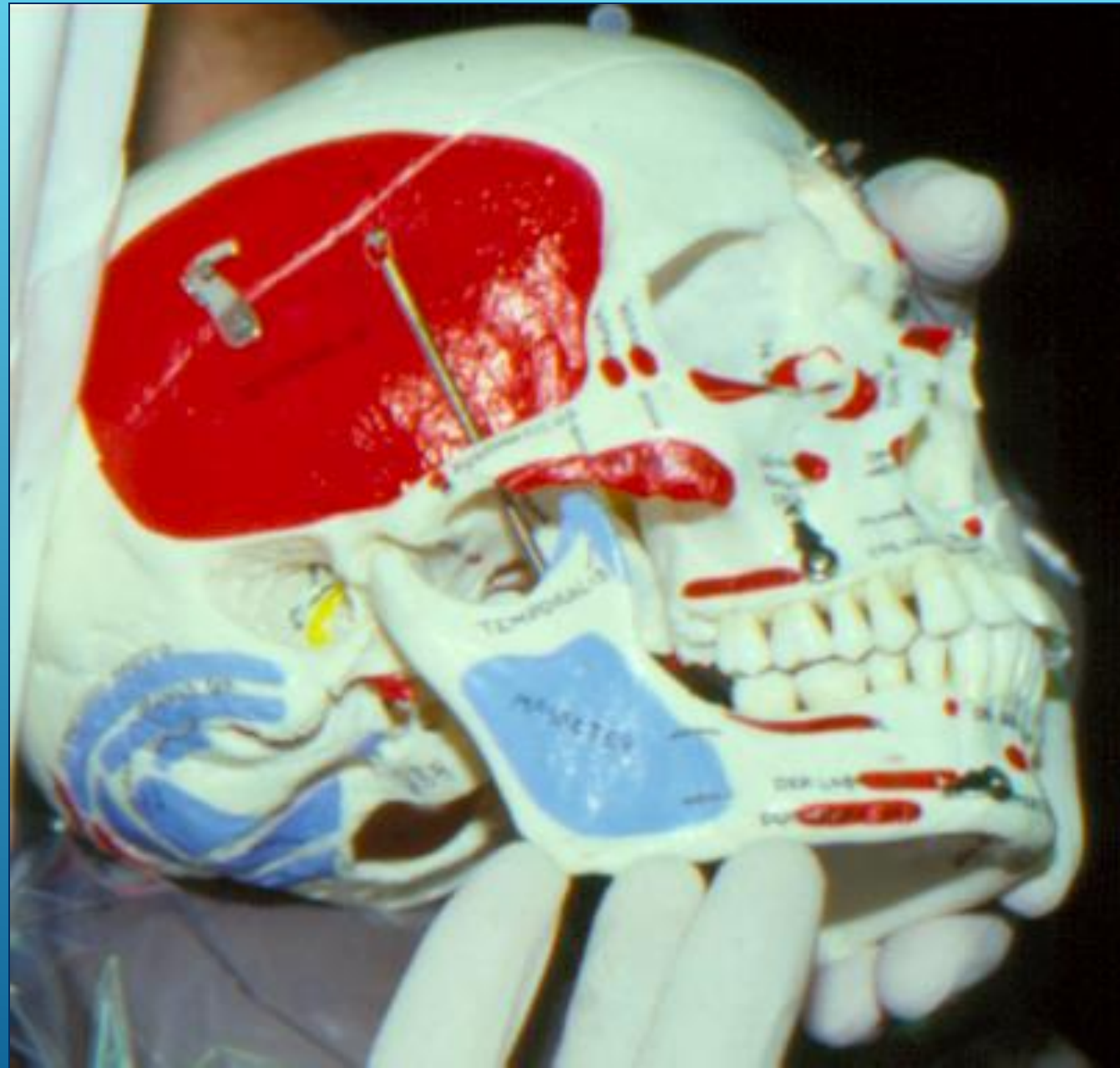




DOPPLER

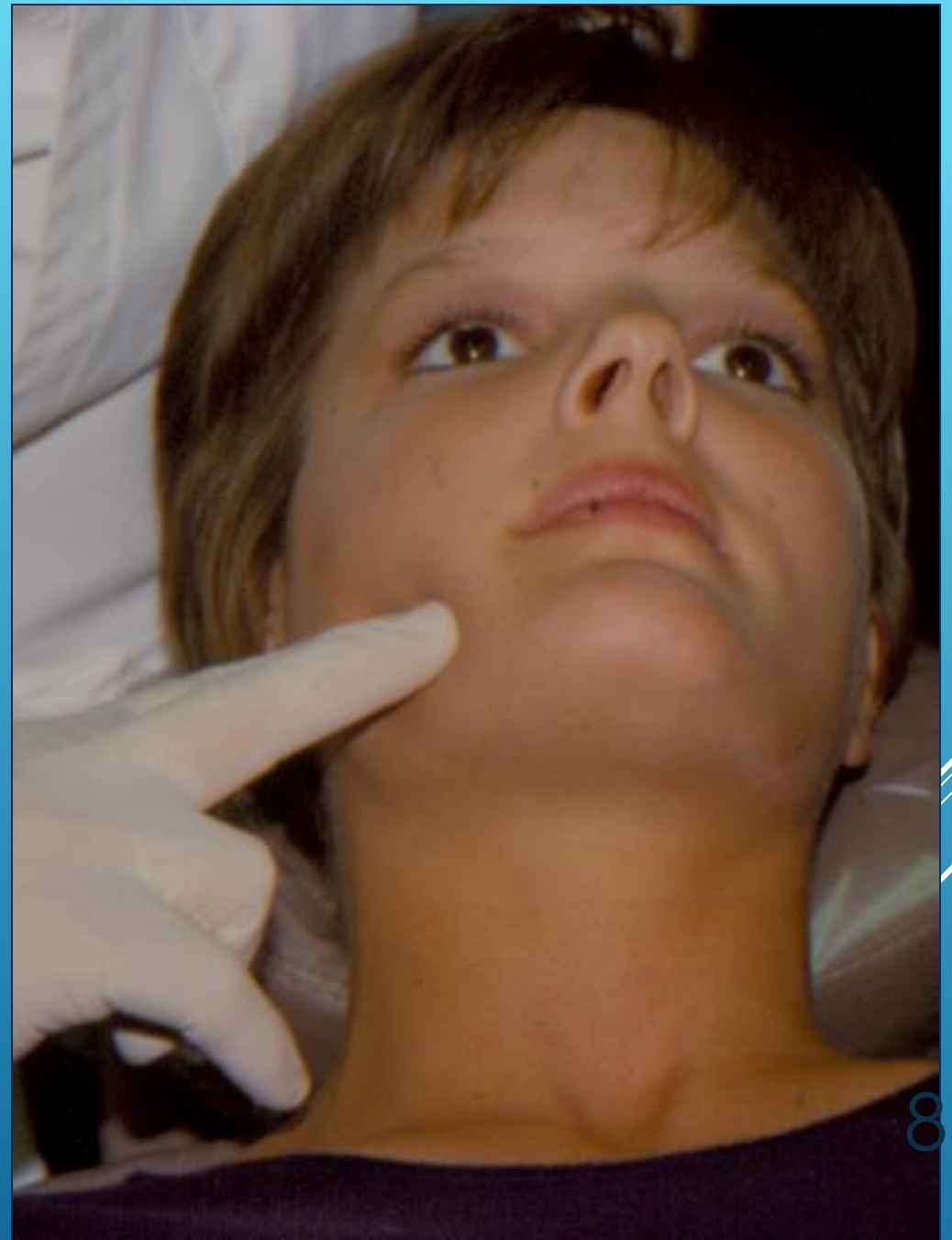
MUSCLES OF MASTICATION: BASIC ANATOMY REVIEW

- ▶ Masseter
- ▶ Temporalis
- ▶ Medial pterygoid
- ▶ Lateral pterygoid
- ▶ All of these muscles are innervated by the Trigeminal Nerve



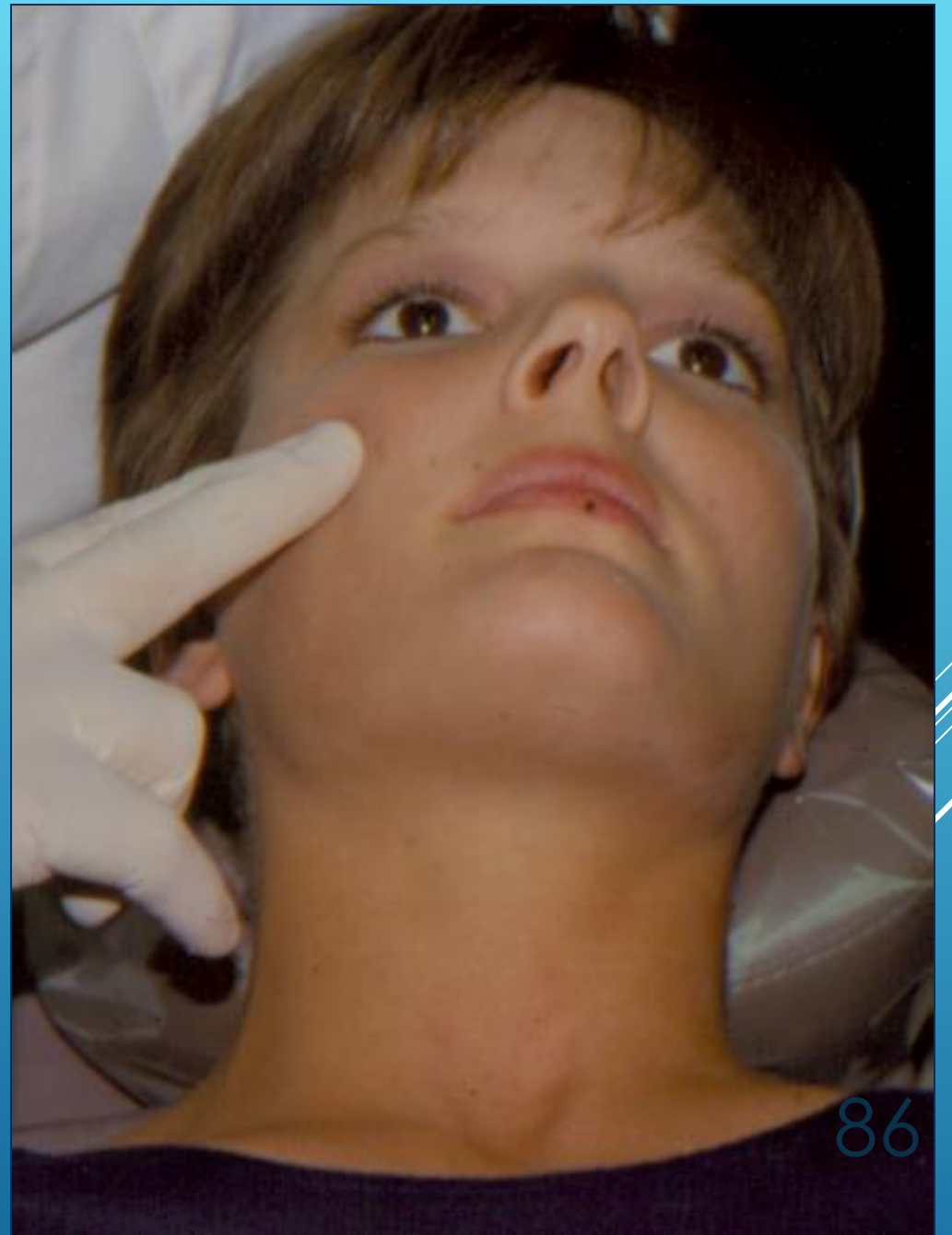
MASSETER-INSERTION

Add a footer

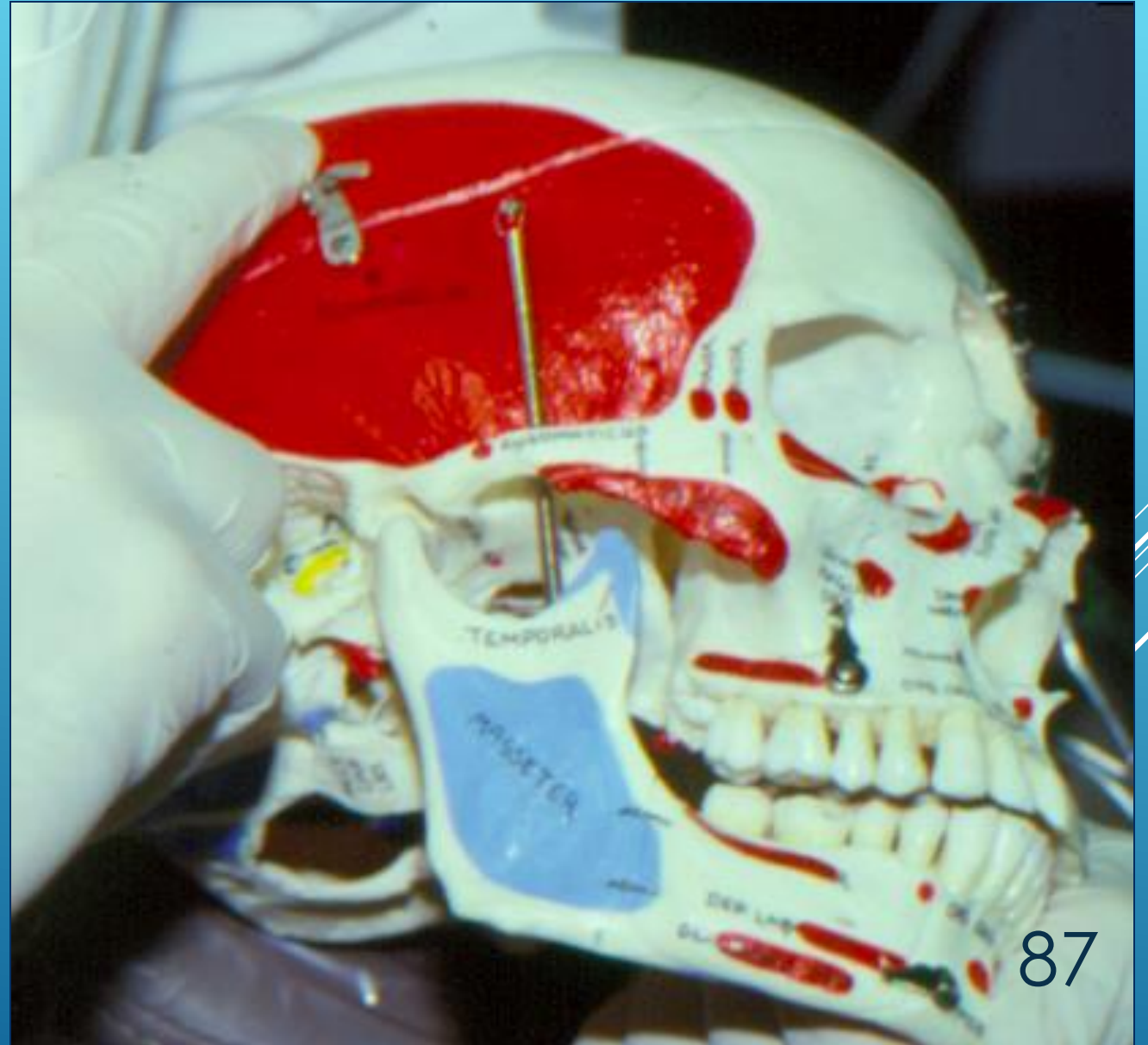


MASSETER-ORIGIN

Add a footer



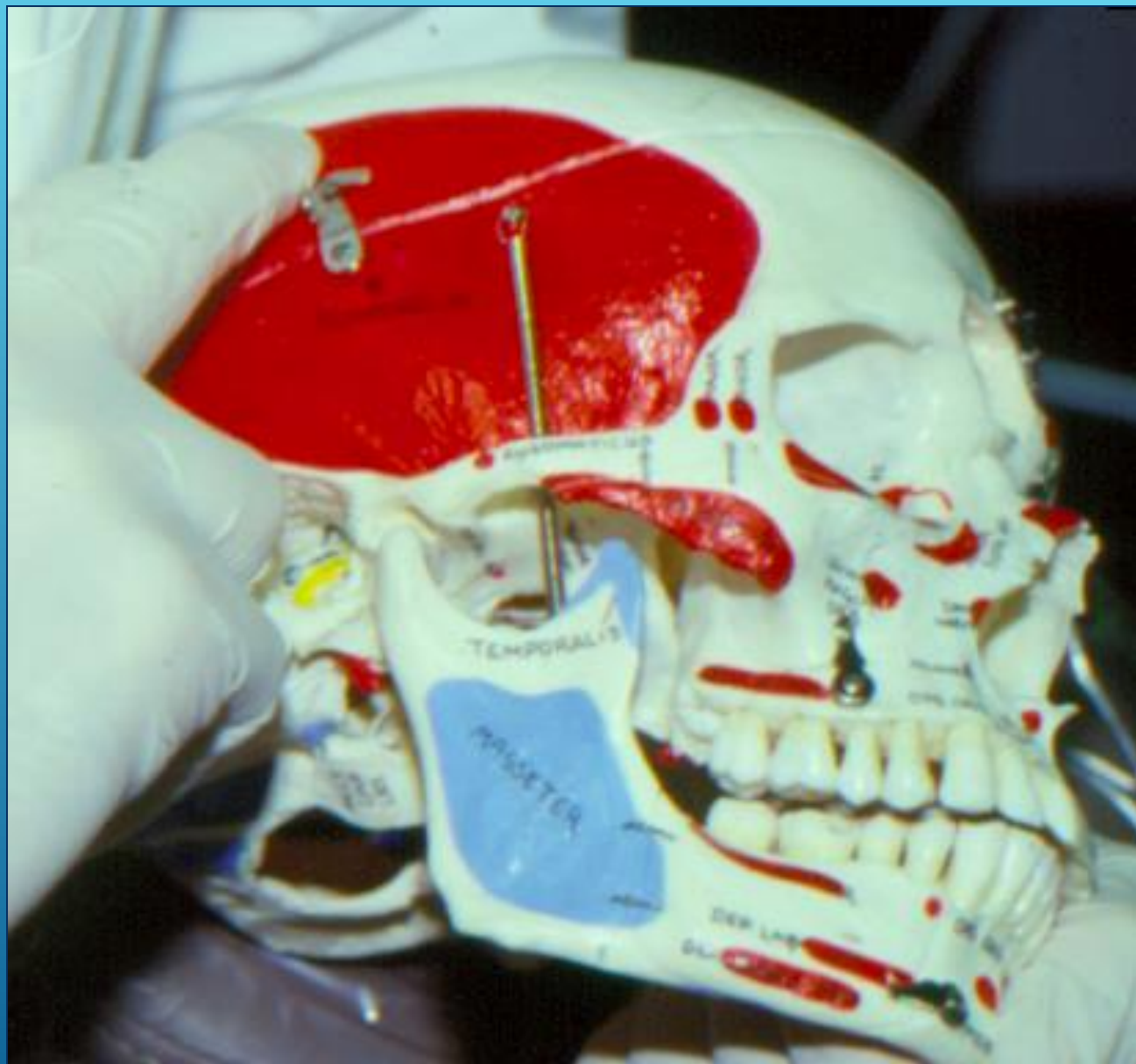
TEMPORALIS



MIDDLE FIBERS

Add a footer





MEDIAL PTERYGOID



LATERAL PTERYGOID

Add a footer











STERNOCLEIDOMASTOID

Add a footer

TRIGGER POINTS

- ▶ Jump sign
- ▶ “Myofascial Pain and Dysfunction”,
The Trigger Point Manual, Janet
G.Travel, MD and David G. Simopns,
MD.

TRIGGER POINT

Add a footer



Janet Travel Trigger points

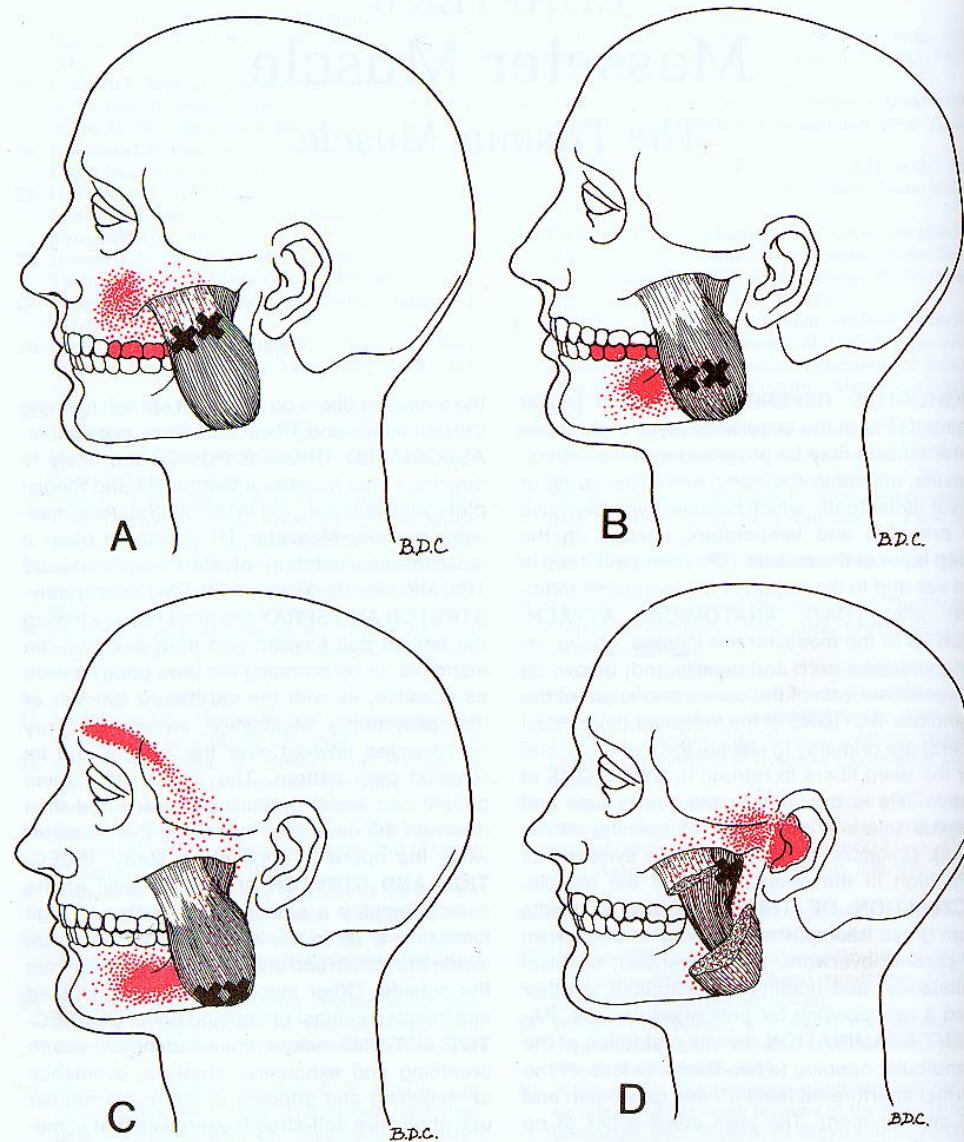


Figure 8.1. The x's locate trigger points in various parts of the masseter muscle. Solid red shows essential referred pain zones, and the stippled areas are spillover pain zones. A, superficial layer, upper portion. B, superficial layer, mid-belly. C, superficial layer, lower portion. D, deep layer, upper part—just below the temporomandibular joint.



MUSCLE PALPATION

Add a footer

ITERO EXAM AND BITE REGISTRATION






Huffman Leaf Gauge

56 individual strips
Each leaf is 0.1mm
Every leaf is numbered

Classify the Occlusion

- Dawson 1,1a,2a, etc.
- Dawson, P. A classification system for occlusions that relates maximum intercuspation to the position and condition of the temporomandibular joints. *The Journal of Prosthetic Dentistry*. 1996

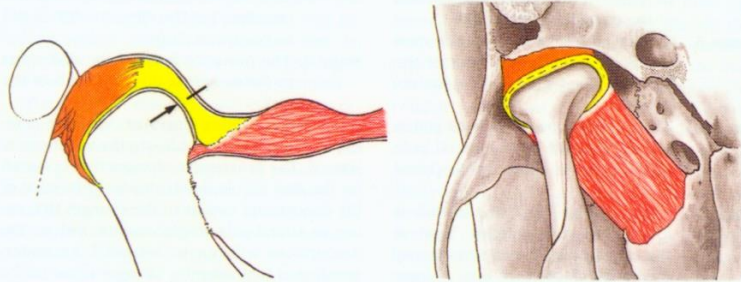
Classification of occlusions
as they relate to maximum
intercuspatation of the
occlusion and the position
and condition of the
Temporomandibular Joints

Several thin, white, parallel diagonal lines are positioned in the bottom right corner of the slide, extending from the right edge towards the center.

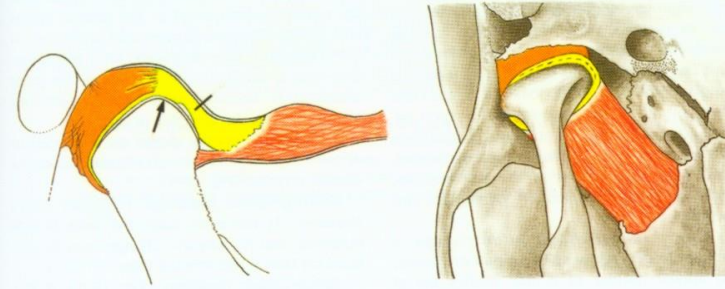




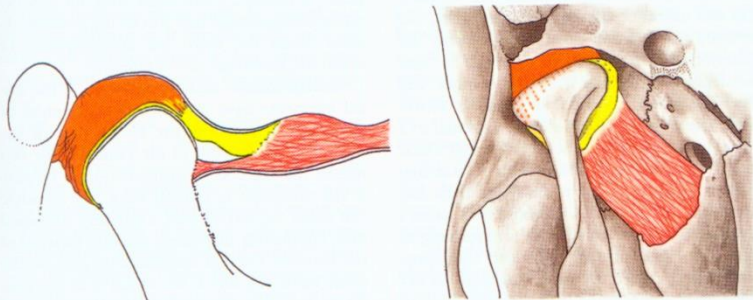
THE HEALTHY JOINT



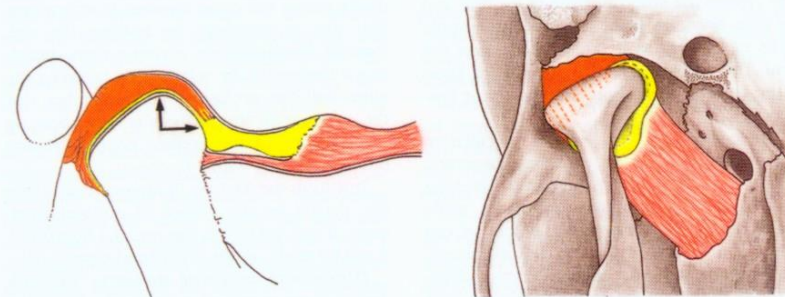
BEGINNING LATERAL-POLE DERANGEMENT



LATERAL-POLE DISK DISPLACEMENT



LATERAL-POLE CLOSED LOCK



Dawson Types

- Type I - Maximum intercuspation occurs in harmony with a verifiable centric relation
- Type IA - Maximum intercuspation occurs in harmony with an adapted centric relation
- Type II - Condyles must displace from a verified centric relation for maximal intercuspation to occur
- Type IIA - Condyles must displace from adapted centric posture for maximum intercuspation to occur
- Type III - Centric relation or adapted centric posture cannot be verified
- Type IV - The occlusal relationship is in a state of progressive disorder because of pathologically unstable and actively progressive deformation of the TMJ's

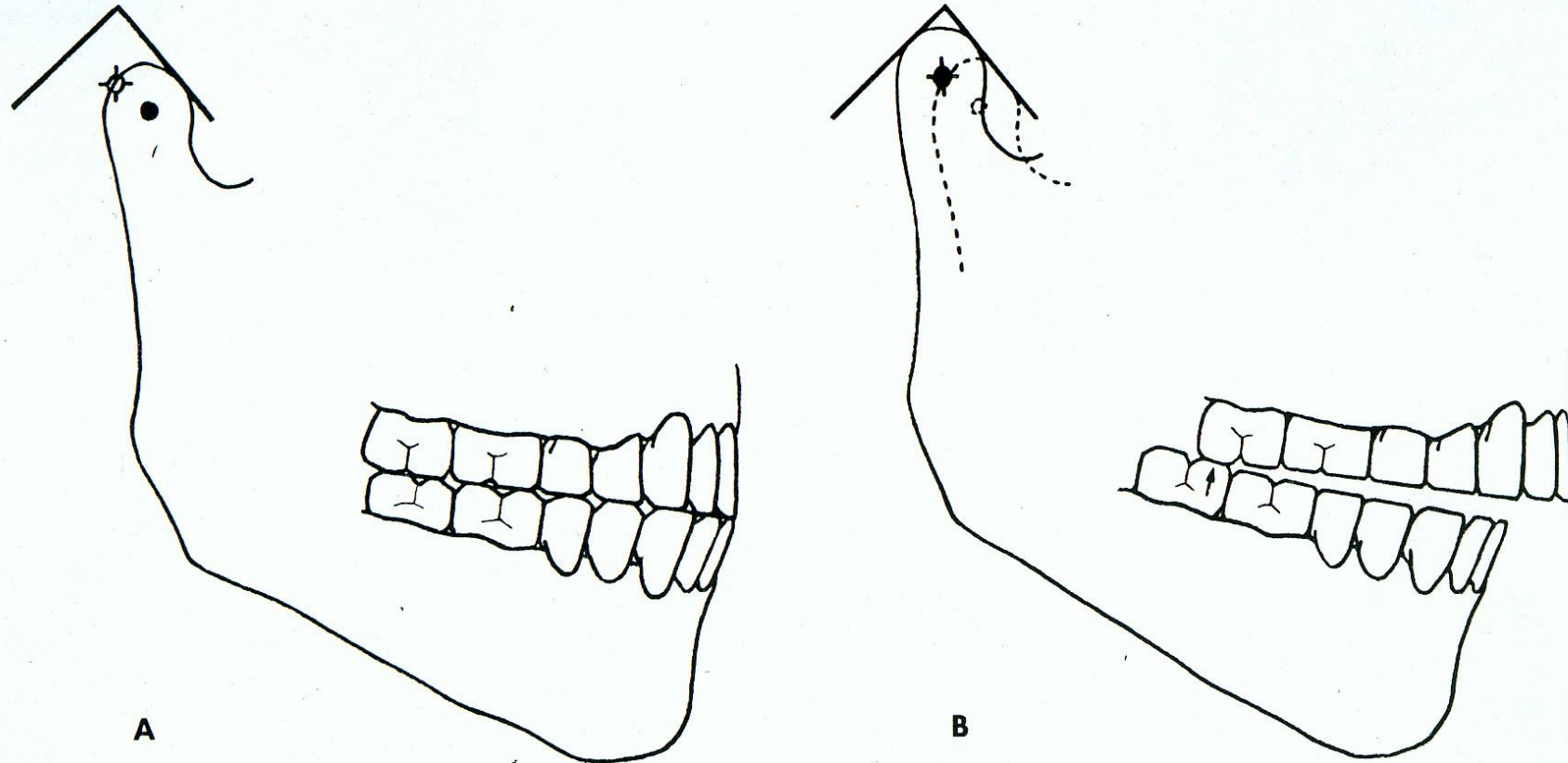


Fig. 4-2. If the occlusion is harmonized at a protruded-jaw relationship, the forward position of the condyle requires downward movement, **A**. When the elevator muscles contract behind the teeth, the condyles are elevated into the more superiorly seated position at centric relation, **B**. This causes the most posterior teeth to become the occlusal pivot and puts the entire load onto these teeth until the jaw shifts forward.

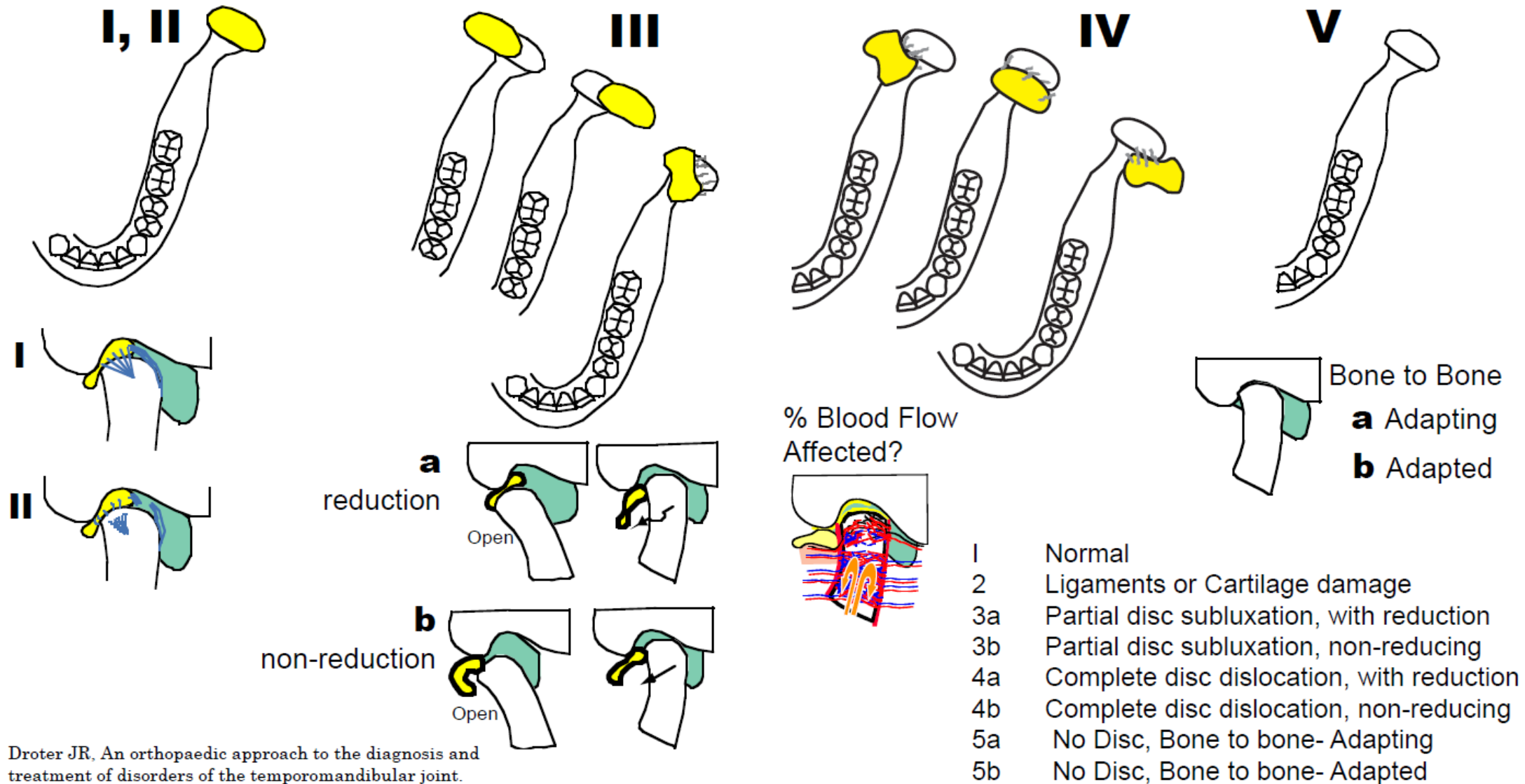
Piper's Classification of TMJ Pathology

- Stage I - Normal TMJ. All intracapsular structures intact
- Stage II - Intermittent click
- Stage III A - Lateral pole click
- Stage III B - Lateral pole displacement with lock
- Stage IV A - Medial pole click
- Stage IV B - Medial pole lock
- Stage V A - Perforation with acute Degenerative Joint Disease (DJD)
- Stage V B - Perforation with chronic Degenerative Joint Disease (DJD)

Dr. Mark Piper's Classification

John R Droter DDS
www.JRDroter.com

Left TMJ

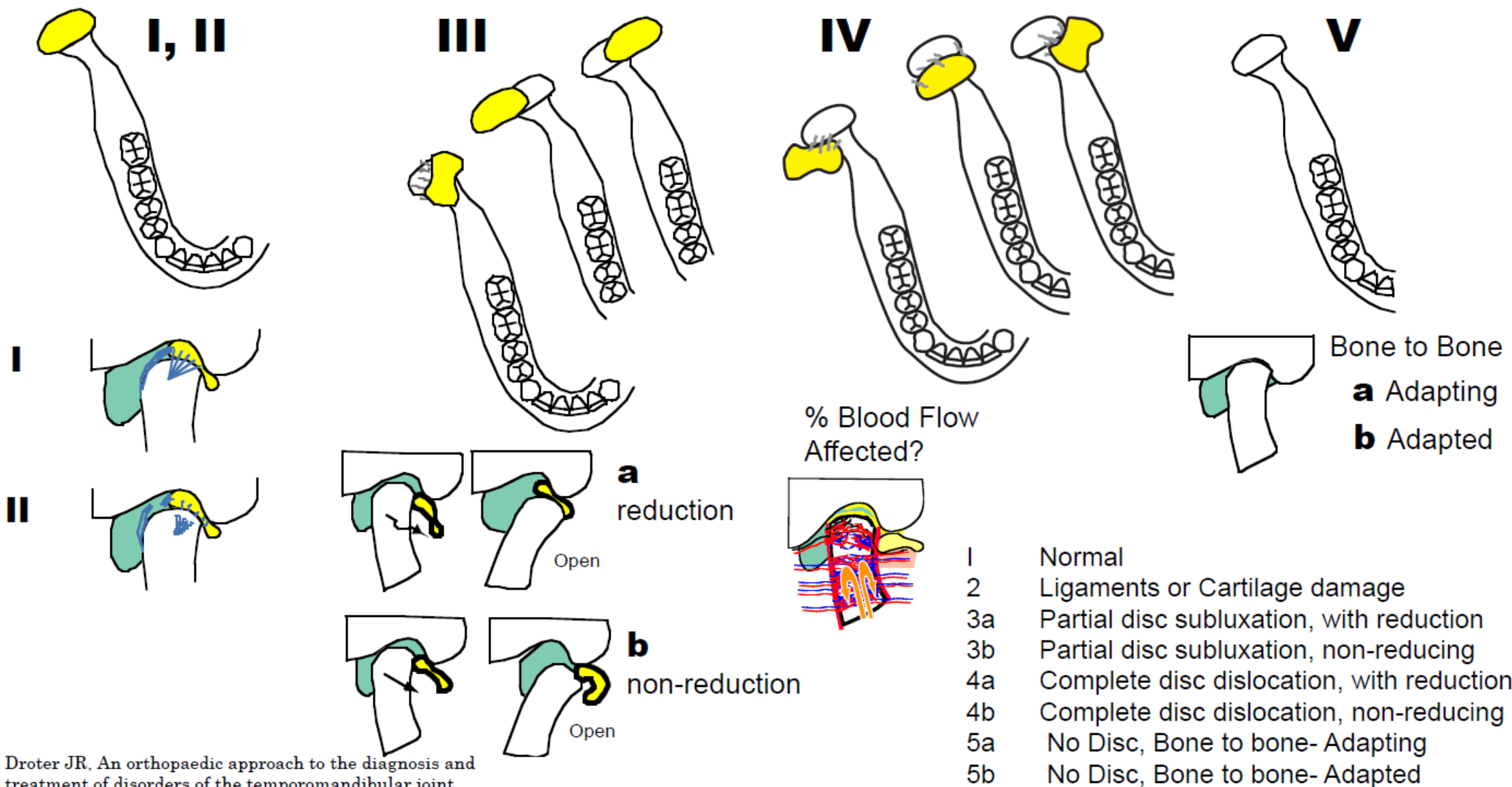


Droter JR. An orthopaedic approach to the diagnosis and treatment of disorders of the temporomandibular joint. Dent Today 2005 Nov;24(11):82, 84-8

Dr. Mark Piper's Classification

John R Droter DDS
www.JRDroter.com

Right TMJ



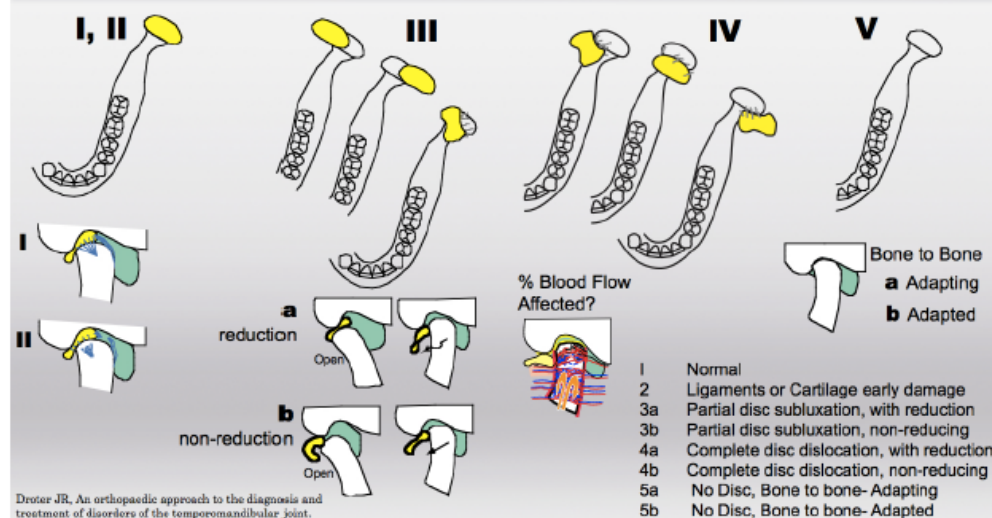
The Expanded Piper Disc Classification

TMJ Damage

- I Normal Healthy Disc, Ligament and Cartilage
- 2 Normal Disc Position but damage:
 - Ligaments damage
 - Cartilage Fibrillation
 - Disc Distortion
 - Perforation of Disc
 - Disc unstable due to contralateral TMJ damage
- 3ae Early Partial disc subluxation, with reduction
- 3a Partial disc subluxation, with reduction
- 3b Partial disc subluxation, non-reducing
- 4ae Early Complete disc dislocation, with reduction
- 4a Complete disc dislocation, with reduction
- 4 adh Adhesed disc to eminence
- 4b Complete disc dislocation, non-reducing
- 4b/a Complete disc dislocation, non-reducing in function
- 5a No Disc, Bone to bone- Adapting- OA Active
- 5b No Disc, Bone to bone- Adapted- OA adapted

Dr. Mark Piper's Classification

Left TMJ



4a/4b Qualifiers

Disc Size- small, medium, large

Direction of dislocation-

Anterior, Medial, Lateral, Distal

Thickness of posterior band

Distance posterior band in front of condyle

Conforming of dislocated disc to eminence

Perforation of Pseudo-disc

Subluxation of Pseudo-disc

OA Active without perforation of Pseudo-disc

OA Adapted without perforation of Pseudo-disc



113

ANTERIOR DEPROGRAMMER



Add a footer

DEPROGRAMMER 2

STOP

The goal of any occlusal therapy or restoration should be to rehabilitate your Dawson 2's and 3's to Dawson 1's; in other words, to make **CO** equal **CRO**.

*The difference between
success and failure is....*

Knowing the health and
condition of the TMJ's as
related to the maximum
intercuspatation of the teeth
before beginning any
treatment.

KELLY H.

29 year old female.

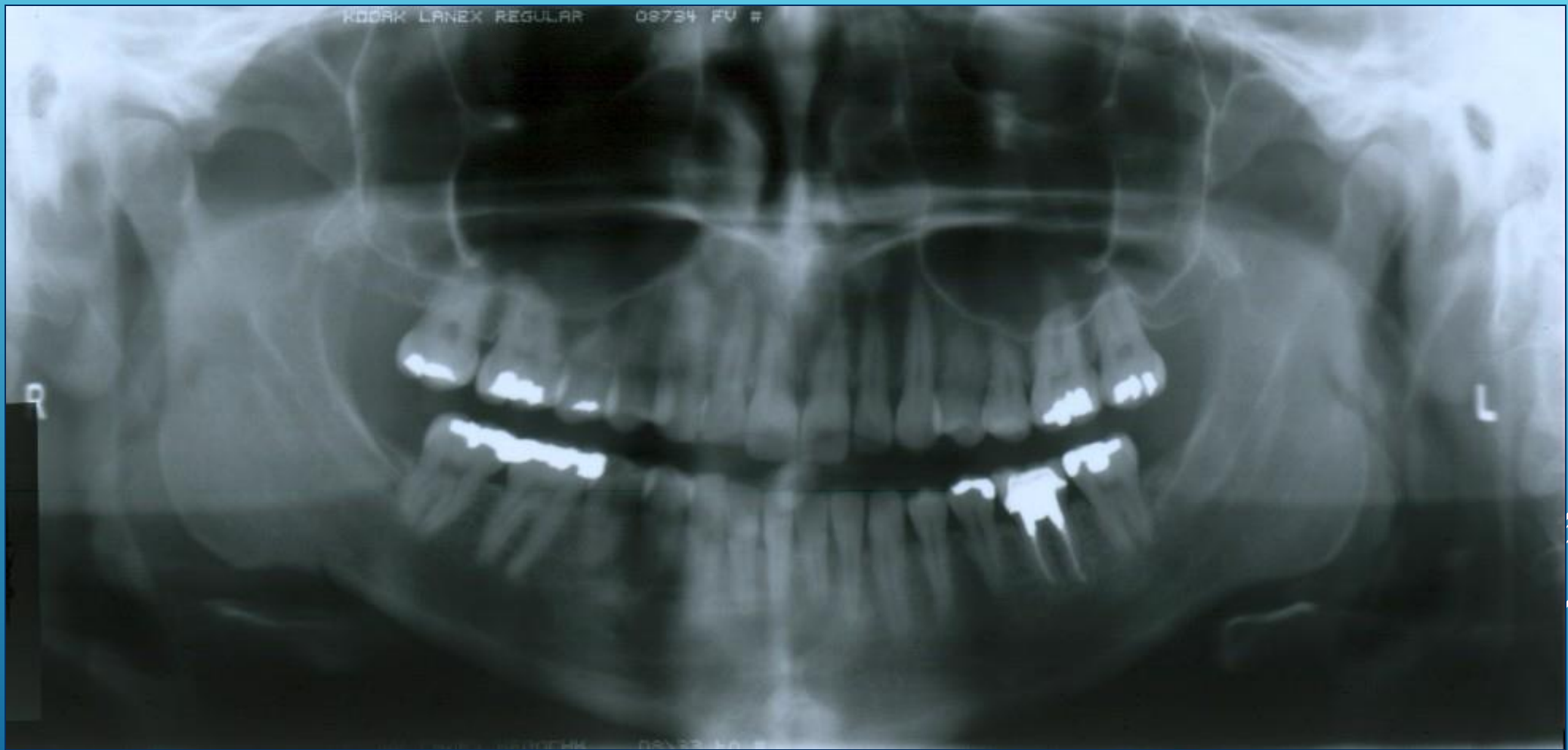
Chair side assistant.

Major complaint: Pain in lower left jaw.

Classified as:

Dawson 2

Piper L 2, R 2





TREATMENT AND PROGRESS NOTES

DATE	TOOTH NO.	TREATMENT	FEE
2-2-99	18(01)	#19 hurts after eaters. 1 PA shows no abscess, & probably TMT ↓ traps, jaw pain + tooth's like muscle exam Doppler Needs a splint. Gave aqualizer.	N/C OK
2-22-99		equil LL	
3-12-99	19	PCT in 4 th canal that was previously #40 @ 16 mm DB done by Oshman Apical BU Recent crown of - Surge 2x glo Exam	N/C N/C
5-25-99		Exam	
19-DX		Adult Prophyl	
(01)		4BW pano.	
12-7-99		Exam	
19-DX		Adult Prophyl	
(01)		- DR. adj. occ. right + left Flz	
11-9-00		Adult pro Flz	N/C
4-3-01		Exam	
19-DX		Adult Prophyl	
(01)		4BW Flz	
3-1-02		missed appt. - called and left message - hygiene appt.	

Clinical Evaluation Form
TMJ-Myofacial Pain and Muscle Disorders

Warren F Jeseck, DDS, FAGD

3040 S Mt Zion Rd
Decatur, IL 62521
217-864-4494

Patient Name: [REDACTED]

Date: 2/2/99

I. Range of Movement

Maximum opening 59mm
Lateral L 10mm R 10mm
Protrusive 10m
Deviation Opening _____
Closing _____

II. Ausculation



III. Muscular Pain

	Left	Right
Masseter	<u>3</u>	<u>1</u>
Temporalis		
Ant Fibers	_____	_____
Mid Fibers	_____	_____
Post Fibers	_____	_____
Sternocleido-Mastoid	_____	_____
Occipital Muscles	_____	<u>2</u>
Medial Pterygoid	_____	_____
Lateral Pterygoid	_____	_____
Coronoid Process	<u>2</u>	_____
Temporalis Insertion	_____	_____

St+

Joint Pain

	Left	Right
Opening	_____	_____
Lateral movement	_____	_____
Palpation	<u>Neg</u>	<u>Neg</u>
Clenching	<u>Positive</u>	_____
Load in CR	<u>Neg</u>	<u>Neg</u>

Left masseter mimic's tooth pain #185/19 (provokes)

iv. **Radiographic Evaluation**

___ Tomogram

___ Panorex

___ Transcranial

___ Submental Vertex

___ Panoramic Evaluation

___ Cat Scan

Bony degeneration of condyle or fossa: _____

Irregular joint space: _____

Pathology of abnormalities: _____

Limited condylar translation on opening: _____

v. **Occlusion**

Class: I II-1 II-2 III

Overbite _____ Overjet _____ Crossbite _____

Anterior Guidance _____

First point of contact # 2 Slide 1 1/2 mm post. → Ant.

Mobility patterns (of 1) 2, 3, 14 , (of 2) # 15

Wear patterns Flattening molars

Headache History:

Stiffness left ear

Classification:

Dawson: 2

Piper: L 2 R 2

Diagnosis:

Occluso/muscle

Treatment / Prognosis:

Splint/equilibration





SPLINT THERAPY IS JUST A PART OF
DEFINITIVE TREATMENT OF
TEMPOROMANDIBULAR
DISORDERS CAUSED BY
OCCLUSOMUSCLE ISSUES

Okeson, et.al. (Kemper and Moody)


- *J. Prosthet. Dent.* 48:711 (1982), found that regardless of whether the symptoms were acute (less than 6 months) or chronic (more than 6 months), patients treated with occlusal splints worn 24 hours a day had significant improvement in observable pain scores and maximum comfortable opening at follow-up.

Beard and Clayton

Journal of Prosthetics, 1980

- Found that the use of splint therapy was therapy, not treatment, because when the splints were removed, the PRI (Patient Review Instrument) dysfunction scores increased.
- Patients who did not wear the splints 24 hours a day had less reduction PRI scores.

**Why do splints
work and what
do you do when
they don't?**

Several thin, white, parallel diagonal lines are positioned in the bottom right corner of the image, extending from the right edge towards the center.

SPLINTS WORK WHEN
THEY ARE APPROPRIATELY
PRESCRIBED, DESIGNED
AND DELIVERED.

The Tanner Mandibular Appliance

Henry Tanner, Continuum, p. 23-34, 1980.

Excellence in Dentistry: Mandibular Repositioning Appliances

Samuel H. Davis, Dental Management, June 1989.

“The Tanner Mandibular Appliance,” Henry Tanner, Continuum, p. 23-34, 1980.

- The Tanner Mandibular Appliance is a multipurpose, removable, hard acrylic splint worn over the lower teeth. Its applications as a diagnostic tool include provision of symptomatic pain relief in temporomandibular joint dysfunction; confirmation of the relationship of occlusion to the signs and symptoms; and alleviation of muscle spasm, pain, and neuromuscular disruptions that prevent a patient from arcing in the centric relation pathway of closure.

“Excellence in Dentistry: Mandibular Repositioning Appliances, Sam Davis, *Dental Management*, June 1989, p. 42-48.

■ The MRA is a *passive* type of appliance in that it does not actively hold the mandible in a position with inclines or indentations to recapture a displaced disk, as has been written in the literature. Instead, it is flat planed in all posterior contact areas and thus allows the mandible to reposition to a physiologically stable position as the muscles relax and the disk begins to stabilize in its proper position.

SPLINTS THAT DO NOT
SEAT THE CONDYLES
OFTEN FAIL

SOFT SPLINTS LIKE THIS ARE OF NO USE FOR TREATING HEAD AND NECK PAIN. THEIR ONLY USE SHOULD BE AS ATHLETIC MOUTH GUARDS.



Add a footer









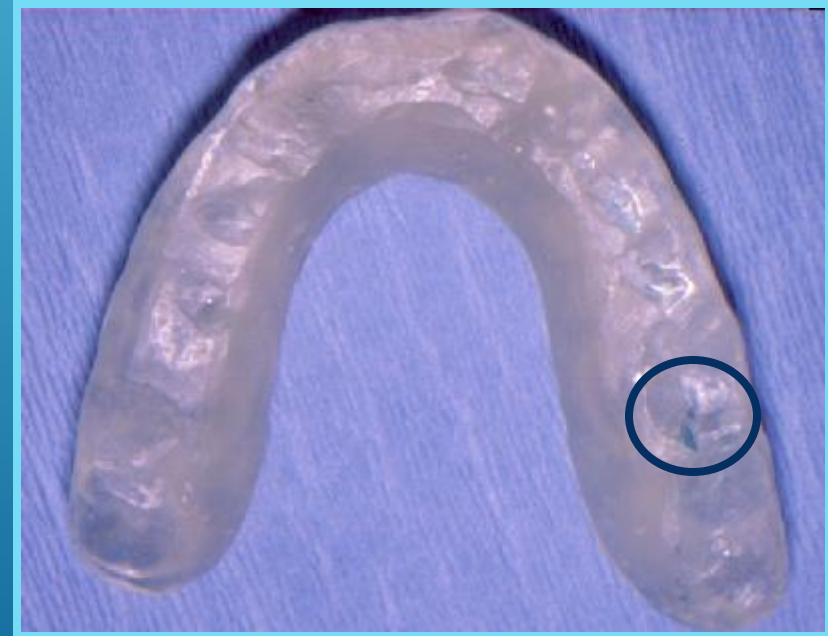
When the splint is not adjusted properly, the condyles are not allowed to seat, resulting in a loss of natural condylar guidance. The splint will track and the patient's muscle pain will not resolve.





When the condyles are seated there is a large slide from CR to CO

Only one tooth contacts the splint when patient is in CR.







Segmental Appliance





Condyles seated
using bimanual
manipulation



Bite with condyles seated



Myotronic bite with condyles down and out of fossa in a muscle braced position.







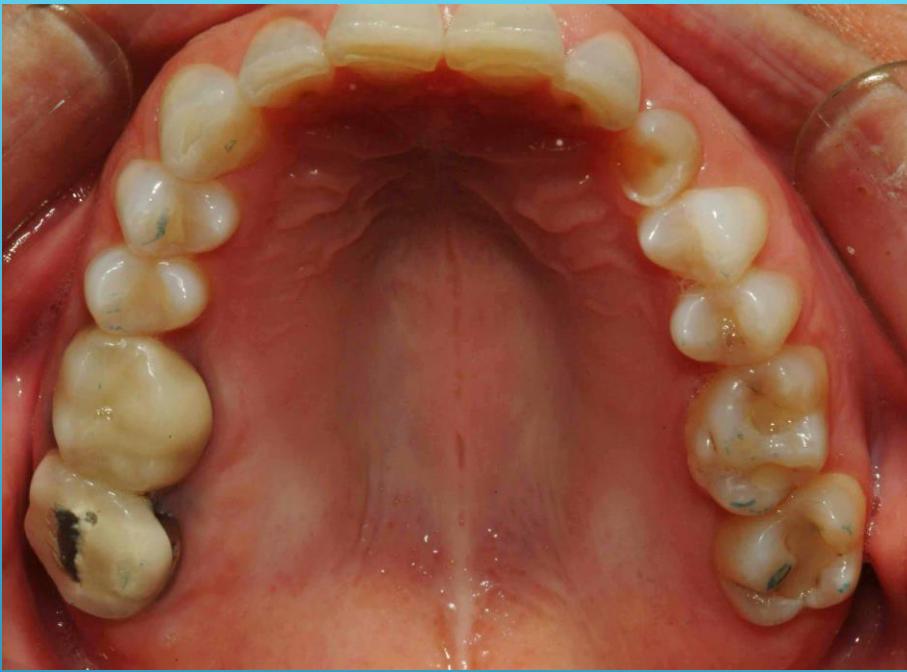


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Add a footer



PATIENT CONVERTED TO A
MANDIBULAR CENTRIC
RELATION APPLIANCE.







SOME OF OUR PATIENTS HAVE CAR WRECKS





[REDACTED]

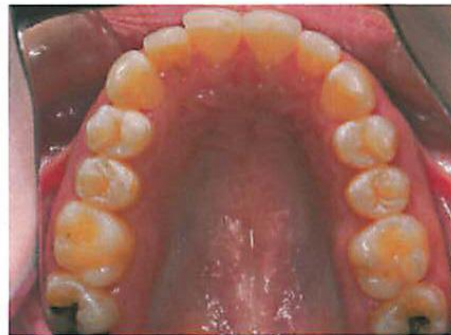


[REDACTED]

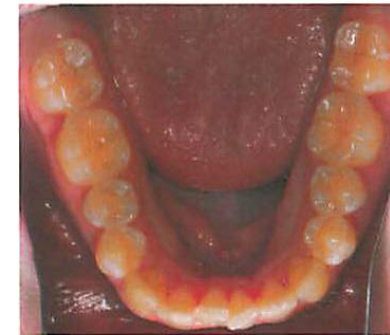


Date of Birth

[REDACTED]



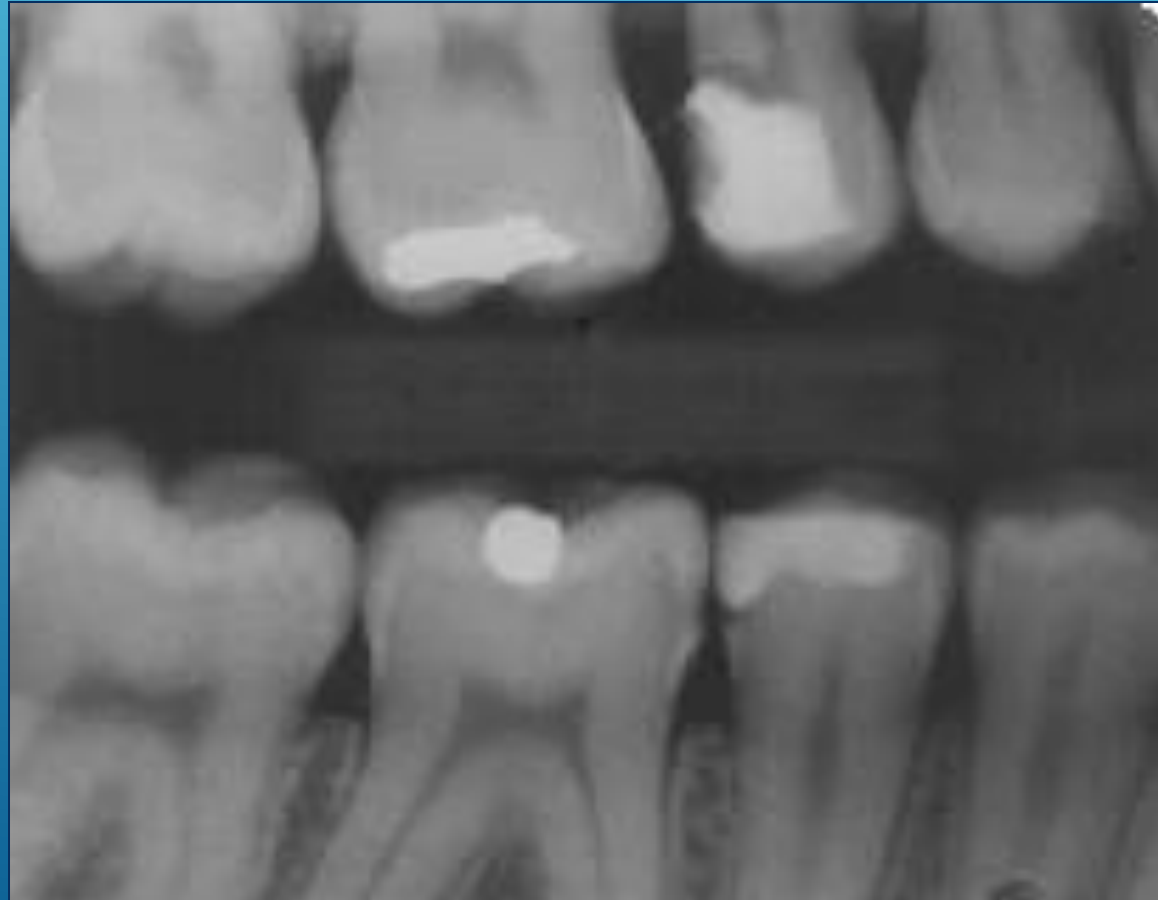
J. MICHAEL
HUDSON
ORTHODONTICS FOR ALL AGES







Why don't we wait until you
have some pain before we
fix these teeth?



WHAT IS SLEEP APNEA ?

163

IF YOU DO NOT KNOW ABOUT IT YOU WON'T SEE IT


You cannot make a diagnosis of sleep apnea, but you can find signs and symptoms through co-diagnosis with the patient and make them aware and encourage them to seek medical care.

- ▶ Sleep apnea is a common sleep disorder that causes frequent pauses in breathing during sleep. Most people with sleep apnea experience symptoms such as loud snoring and daytime sleepiness. The two main types of sleep apnea are obstructive sleep apnea (OSA) and central sleep apnea (CSA).
- ▶ In OSA, a narrowing of the airway during sleep leads to breathing disruptions. In CSA, the breathing disruptions are caused by a lack of communication between the brain and the muscles involved in breathing.

I DO NOT TREAT SLEEP
APNEA

I DELIVER DURABLE MEDICAL DEVICES
UNDER THE SUPERVISION OF THE
PATIENT'S PHYSICIAN

Apnea-hypopnea Index (AHI), also called Respiratory Event Index (REI)
Average number of apneas and hypopneas per hour of sleep; mild 5-14.9, moderate 15-29.9, severe >30

Several thin, white, parallel diagonal lines are positioned in the bottom right corner of the slide, extending from the right edge towards the center.



“Sleep apnea...
remains the most
undiagnosed deadly
problem in medicine.”

William C. Dement, MD,
Ph.D.



A woman with dark hair and glasses is shown yawning, with her hand covering her mouth. She is wearing a white shirt and is partially covered by a white blanket. The background is a plain, light-colored wall.

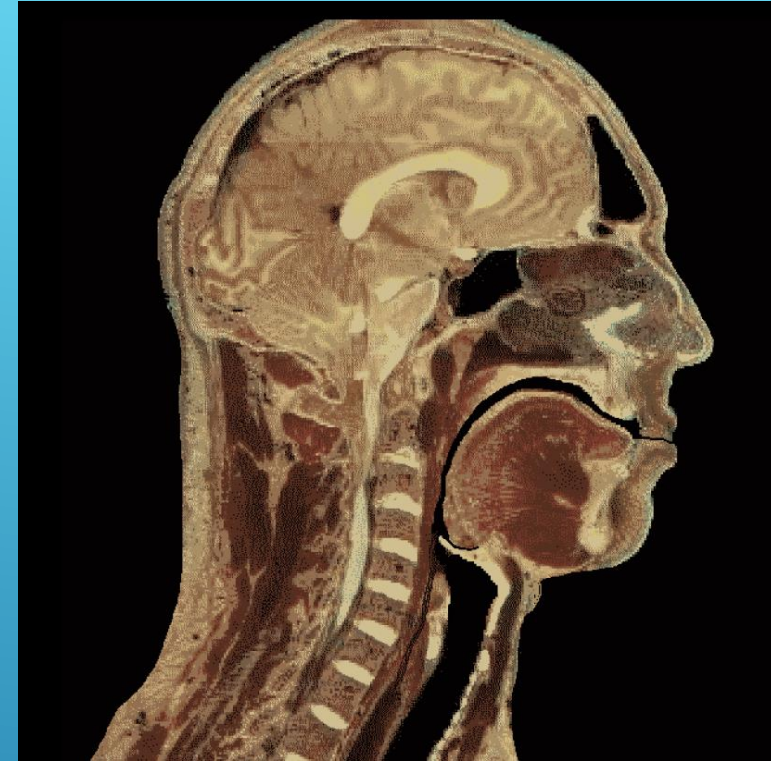
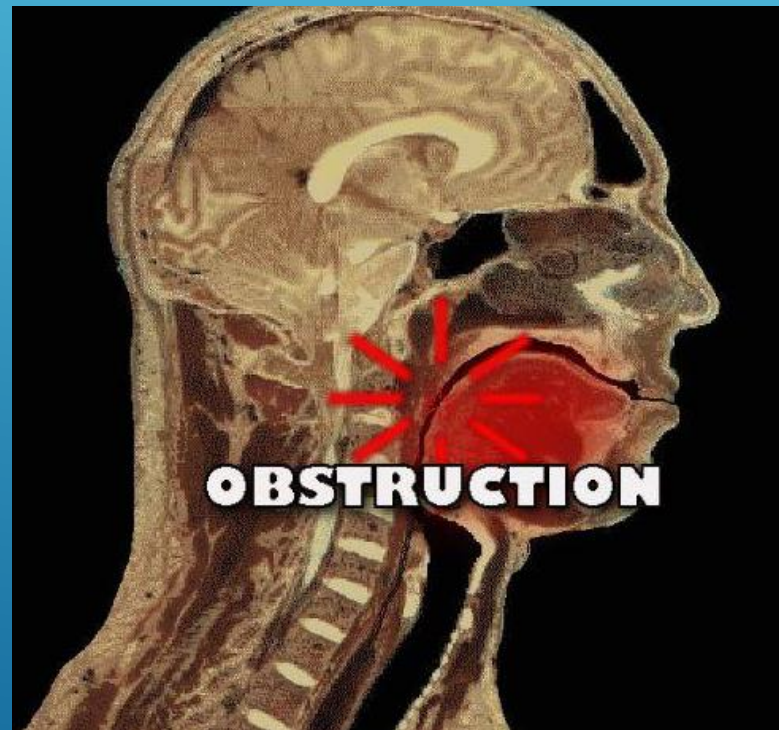
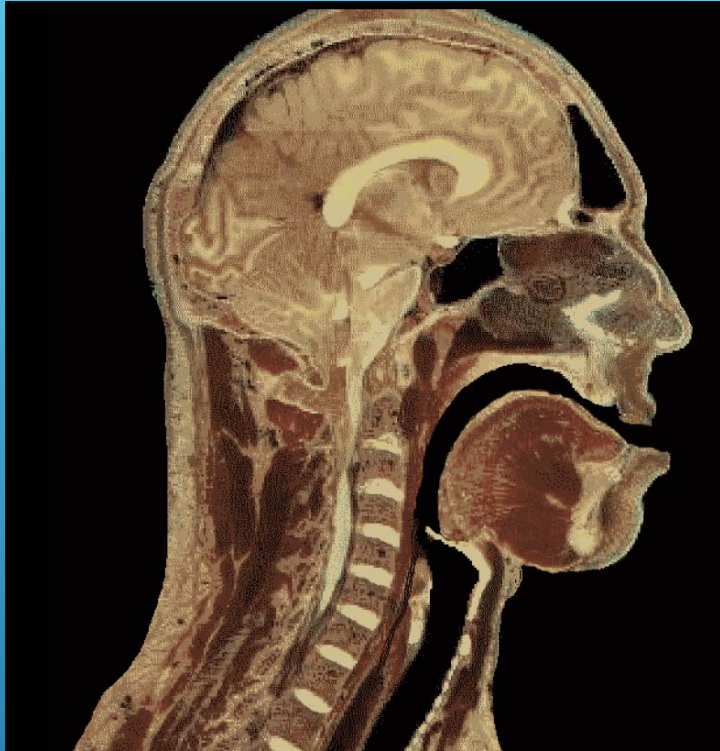
29

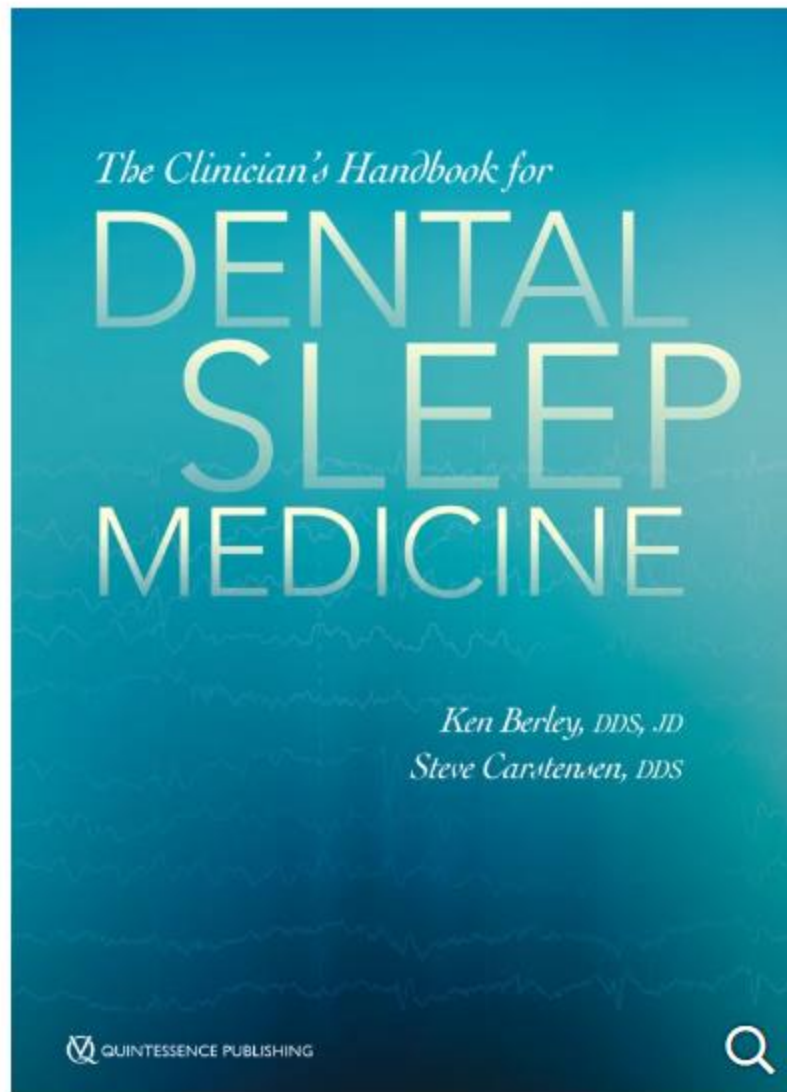
Million Americans
Have Obstructive Sleep Apnea

1 Billion Worldwide

AASIM American Academy of
SLEEP MEDICINE®

<http://www.aasimnet.org/articles.aspx?id=6426>





The Clinician's Handbook for Dental Sleep Medicine 1st edition, Kindle Edition

by Ken Berley (Author), Steve Carstensen (Author) | Format: Kindle Edition

4.9 ★★★★★ 11 ratings

[See all formats and editions](#)



Prevention, early recognition, and reversal of suboptimal development of the mandible and maxilla and compensatory dental function leading to disease may be a very important paradigm shift compared to treating disease. Dentists can help with their knowledge of jaw and facial development to intercede and optimize craniofacial development to change the phenotype and promote healing and health without medication or surgery.

Heit T, Tablizo BJ, Salud M, Mo F, Kang M, Tablizo MA, Witmans M. Craniofacial Sleep Medicine: The Important Role of Dental Providers in Detecting and Treating Sleep Disordered Breathing in Children. Children (Basel). 2022 Jul 15;9(7):1057. doi: 10.3390/children9071057. PMID: 35884041; PMCID: PMC9323037.

FAIREST 6

Functional Airway Evaluation Screening Tool

January 2021 © FairEsturg & The Breathe Institute figure credit: Chai Kristan

Six Red Flags for: Pediatric Sleep Disordered Breathing (SDB)

Reference: Determinants of Sleep-Disordered Breathing During the Mixed Dentition: Development of a Functional Airway Evaluation Screening Tool (FAIREST 6)
James Oh DDS, Sonooch Zoghi MD, Cynthia Peterson PT, Charles S. Low DMD MS, Audrey J. Yoon DDS MS

Each of these six (6) factors is an independent "red flag" for sleep-disordered breathing.



Difficulty with exclusive nasal-breathing for 3+ minutes?

MOUTH BREATHING

☐ NO ☐ YES



No Mentalis-Strain Mentalis-Strain

MENTALIS STRAIN

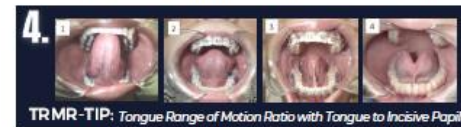
☐ NO ☐ YES



0-25% 25-50% 51-75% 76-100%

TONSIL HYPERTROPHY

☐ <50% ☐ >50%

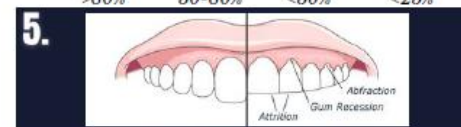


TRMR-TIP: Tongue Range of Motion Ratio with Tongue to Incisive Papilla

Grade 1 >80% Grade 2 50-80% Grade 3 <50% Grade 4 <25%

ANKYLOGLOSSIA

☐ NOT RESTRICTED ☐ RESTRICTED (GRADE 3-4)



Are there visible signs of dental wear?

DENTAL WEAR

☐ NO ☐ YES



Signs of dental crowding, high arch, and/or narrow palate?

NARROW PALATE

☐ NO ☐ YES

GRADING SCALE

The score on the FAIREST-6 is equal to the sum of the number of exam findings present. Scores may range from 0 (none of the items are present) to 6 (all six of the concerning exam findings are present). A score of two corresponds to mildly increased risk of sleep-disturbance; four indicates moderately increased risk; six indicates severely increased risk.

Number of Red Flags

0	1	2	3	4	5	6
Normal		Mild		Moderate		Severe

Risk of Sleep-Disturbance

Scoring Table for FAIREST 6

Comorbidities are of great interest in the field of orofacial pain. **Headaches, TMD, and sleep are strongly associated.** Poor sleep quality increases the risk of TMD, and people who develop TMD have impaired sleep quality. Sleep is also related to headaches, and headaches are related to TMD.

Slade, G D et al. "Painful Temporomandibular Disorder: Decade of Discovery from OPPERA Studies." Journal of dental research vol. 95,10 (2016): 1084-92. doi:10.1177/0022034516653743

- ▶ As this study showed that SA patients had a higher risk of subsequent TMD, it is suggested that physicians treating SA patients should pay careful attention to the possible associated chronic pain, which affects the quality of sleep. Moreover, as the current study revealed that SA was an independent risk factor for the development of TMD, **dentists must pay careful attention to the possible underlying SA while treating TMD patients so that appropriate referrals may be made to improve treatment outcomes.**

- ▶ Wu, J. H., Lee, K. T., Kuo, C. Y., Cheng, C. H., Chiu, J. Y., Hung, J. Y., Hsu, C. Y., & Tsai, M. J. (2020). The Association between Temporomandibular Disorder and Sleep Apnea-A Nationwide Population-Based Cohort Study. *International journal of environmental research and public health*, 17(17), 6311. <https://doi.org/10.3390/ijerph17176311>

The Epworth Sleepiness Scale

The Epworth Sleepiness Scale is widely used in the field of sleep medicine as a subjective measure of a patient's sleepiness. The test is a list of eight situations in which you rate your tendency to become sleepy on a scale of 0, no chance of dozing, to 3, high chance of dozing. When you finish the test, add up the values of your responses. Your total score is based on a scale of 0 to 24. The scale estimates whether you are experiencing excessive sleepiness that possibly requires medical attention.

How Sleepy Are You?

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right hand column. Total your score below.

Situation	Chance of Dozing
Sitting and reading	•
Watching TV	•
Sitting inactive in a public place (e.g., a theater or a meeting)	•
As a passenger in a car for an hour without a break	•
Lying down to rest in the afternoon when circumstances permit	•
Sitting and talking to someone	•
Sitting quietly after a lunch without alcohol	•
In a car, while stopped for a few minutes in traffic	•

Total Score = _____

Analyze Your Score

Interpretation:

- 0-7:** It is unlikely that you are abnormally sleepy.
- 8-9:** You have an average amount of daytime sleepiness.
- 10-15:** You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.
- 16-24:** You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. *Sleep* 1991; 14(6):540-5.

INSPIRE SLEEP APNEA TREATMENT



[For Inspire Patients](#)

[For Healthcare Professionals](#)

[Important Safety Information](#)



[The Process](#)

[Cost & Eligibility](#)

[FAQ](#)

[Free Events](#)

[Do I Qualify?](#)

**No mask.
No hose.
Just sleep.**™

Inspire is the only FDA approved obstructive sleep apnea treatment that works inside your body to treat the root cause of sleep apnea with just the click of a button.



Oral Appliance Types

Mono-block



**Anterior
Connected**



Bilateral Adjusters



**Bilateral
Dorsal
Wings**



Nylon Printed

- If you listen to people, they will feel understood
- If people feel that they have been understood, they will trust



Not only do sunflower seeds contain energy boosting vitamins and minerals, the sheer act of eating them can keep the mind engaged and alert. Popping a few seeds in the mouth and cracking them can take work and a certain level of concentration, which can help keep drowsiness at bay.

“As to methods there may be a million and then some, but *principles* are few. The man who grasps principles can successfully select his own methods. **The man who tries methods, ignoring principles, is sure to have trouble.**”

Ralph Waldo Emerson



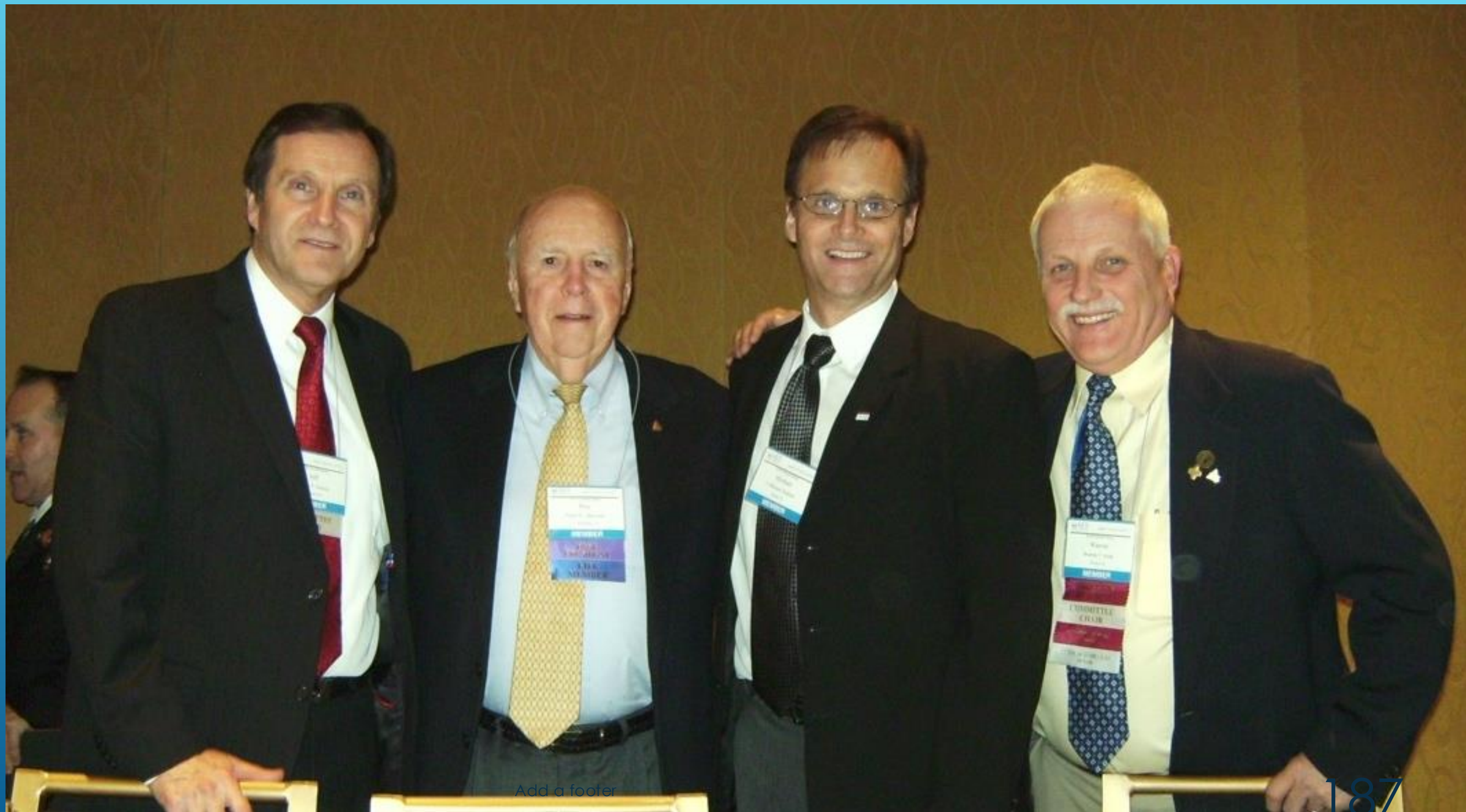
Who is this
patient with
all this wear?

It is **me** at the ripe old
age of 41 and this is
why I am here.





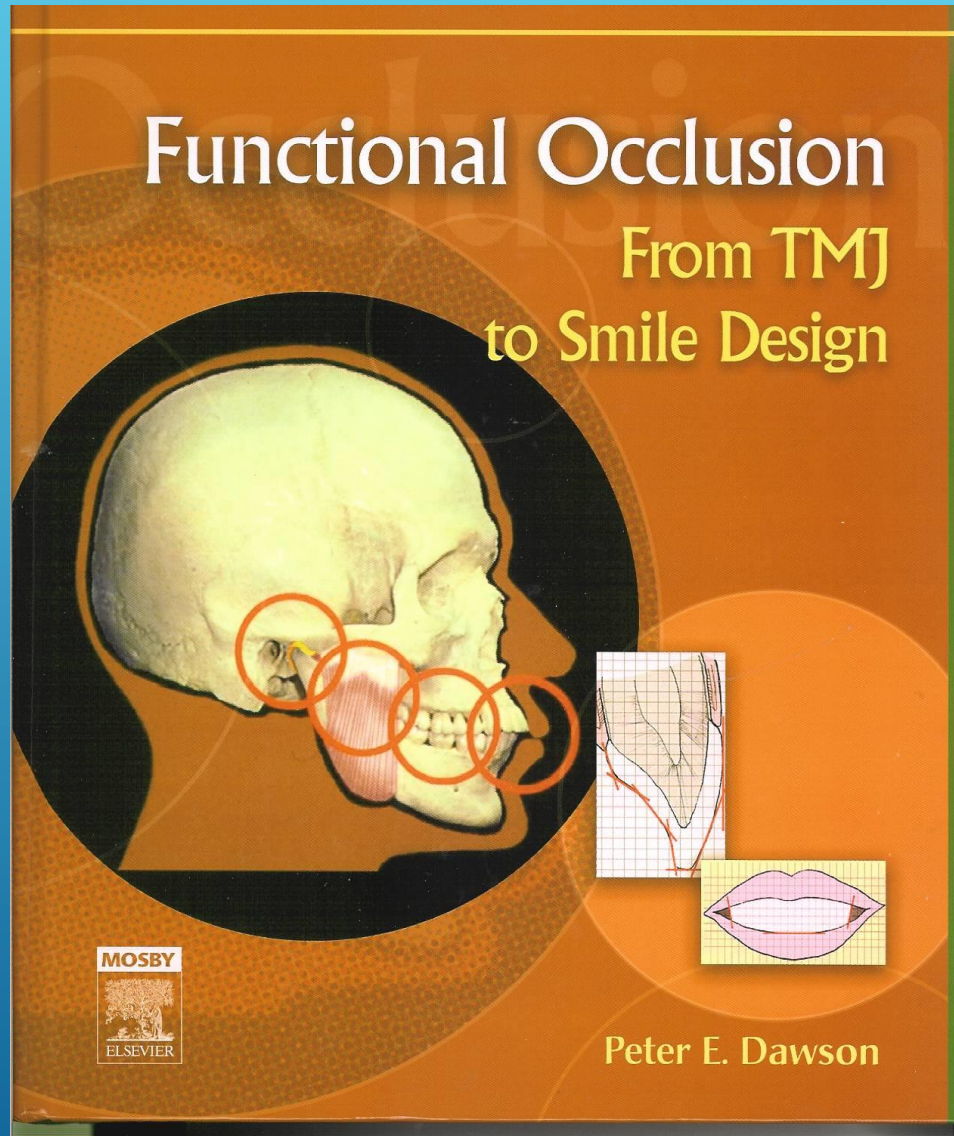
DR. GUY HADDIX, MY MENTOR, MY RESTORATIVE
DENTIST, I TRAVELED 750 MILES TO HIS OFFICE



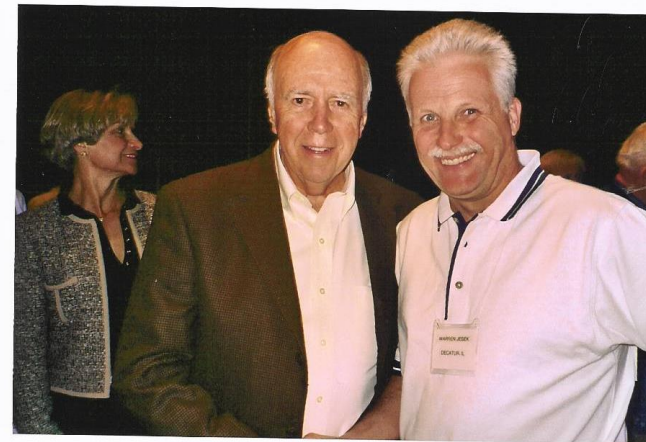
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“A hundred times a day, I remind myself that my life depends on the labors of other men, living and dead, and that I must exert myself in order to give, in the measure as I have received, and am still receiving.”

Albert Einstein



Warren
Best wishes on your
continuing quest for excellence
Pete Dawson



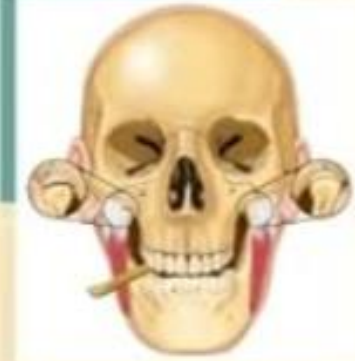
Enhanced
DIGITAL
VERSION
Included

8th EDITION



Management of
**TEMPOROMANDIBULAR
DISORDERS
and OCCLUSION**

Jeffrey P. Okeson



Practical Applications in Dental Occlusion

Analog to Digital

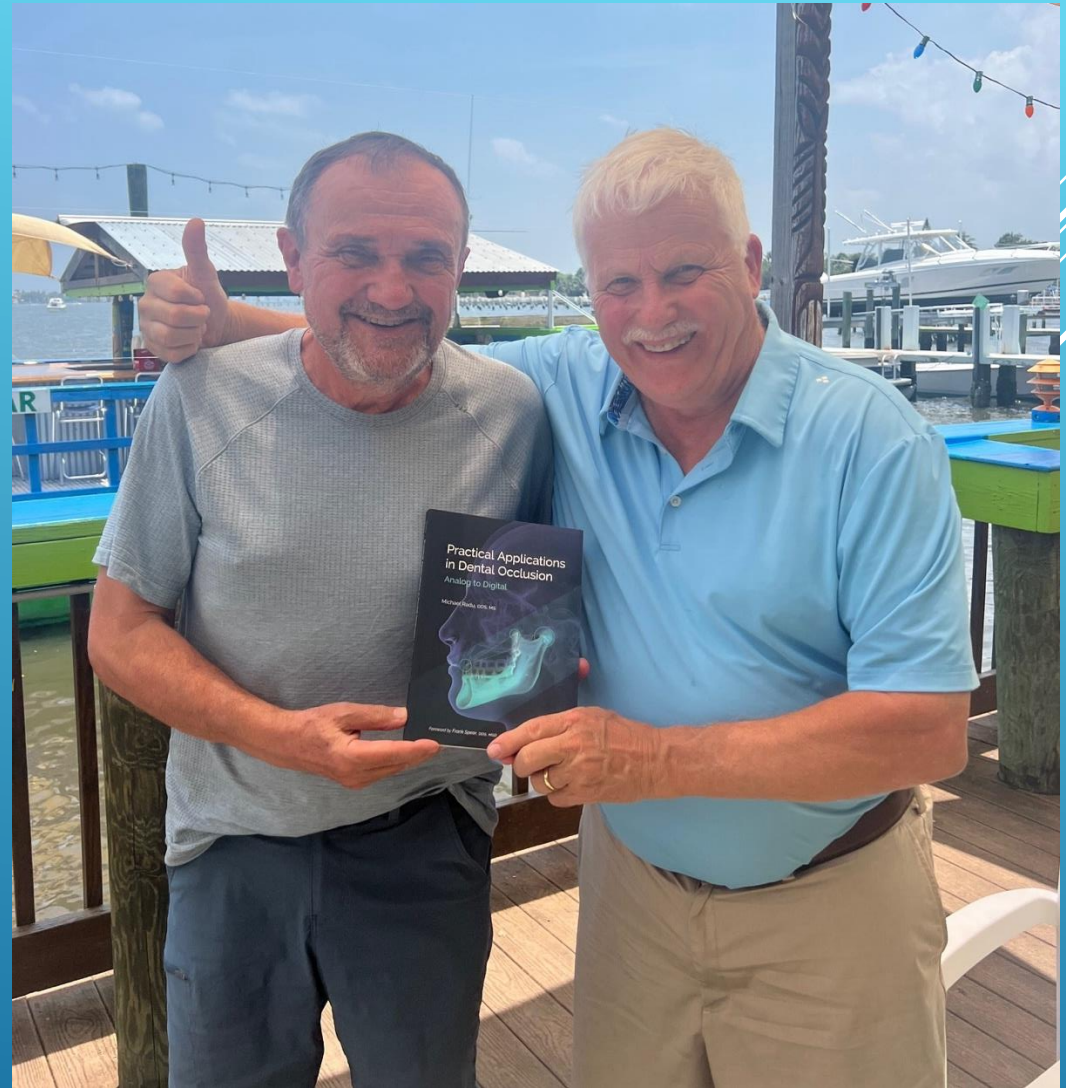
Michael Radu, DDS, MS



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Foreword by Frank Spear, DDS, MSD

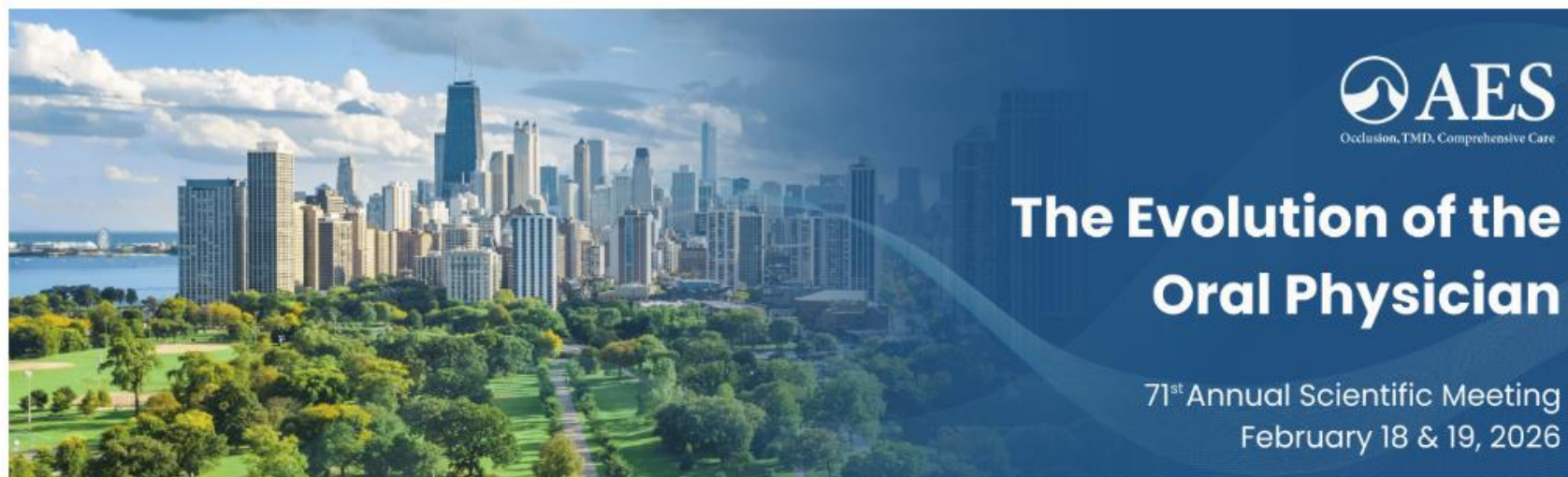
QUINTESSENCE PUBLISHING



Mike Radu DDS, MS

Home > 2026 Annual Meeting

2026 Annual Meeting



The Evolution of the Oral Physician

February 18th-19th, 2026

Chicago, Illinois

Chicago Marriott Downtown

Magnificent Mile

540 North Michigan Avenue

Conference Registration

[CLICK HERE TO
REGISTER](https://aes-tmj.org/2026annualmeeting)

<https://aes-tmj.org/2026annualmeeting>

“SLEEP, TMD AND TECHNOLOGY IN THE
MODERN DAY COMPREHENSIVE DENTAL
OFFICE”
GREECE CRUISE JUNE 12-19,2026



Celebrity Xcel

DATE	PORT OF CALL	ARRIVE	DEPART
Fri Jun 12	Barcelona, Spain	-	5:00 pm
Sat Jun 13	At Sea - Cruising	-	-
Sun Jun 14	Valletta, Malta	7:00 am	7:00 pm
Mon Jun 15	At Sea - Cruising	-	-
Tue Jun 16	Kusadasi (Ephesus), Turkey	9:00 am	8:00 pm
Wed Jun 17	Mykonos, Greece	7:00 am	6:00 pm
Thu Jun 18	Santorini, Greece	7:00 am	8:00 pm
Fri Jun 19	Athens (Piraeus), Greece	5:00 am	-



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Some people
drink from the
fountain of
knowledge,
others just gargle.

Robert Anthony



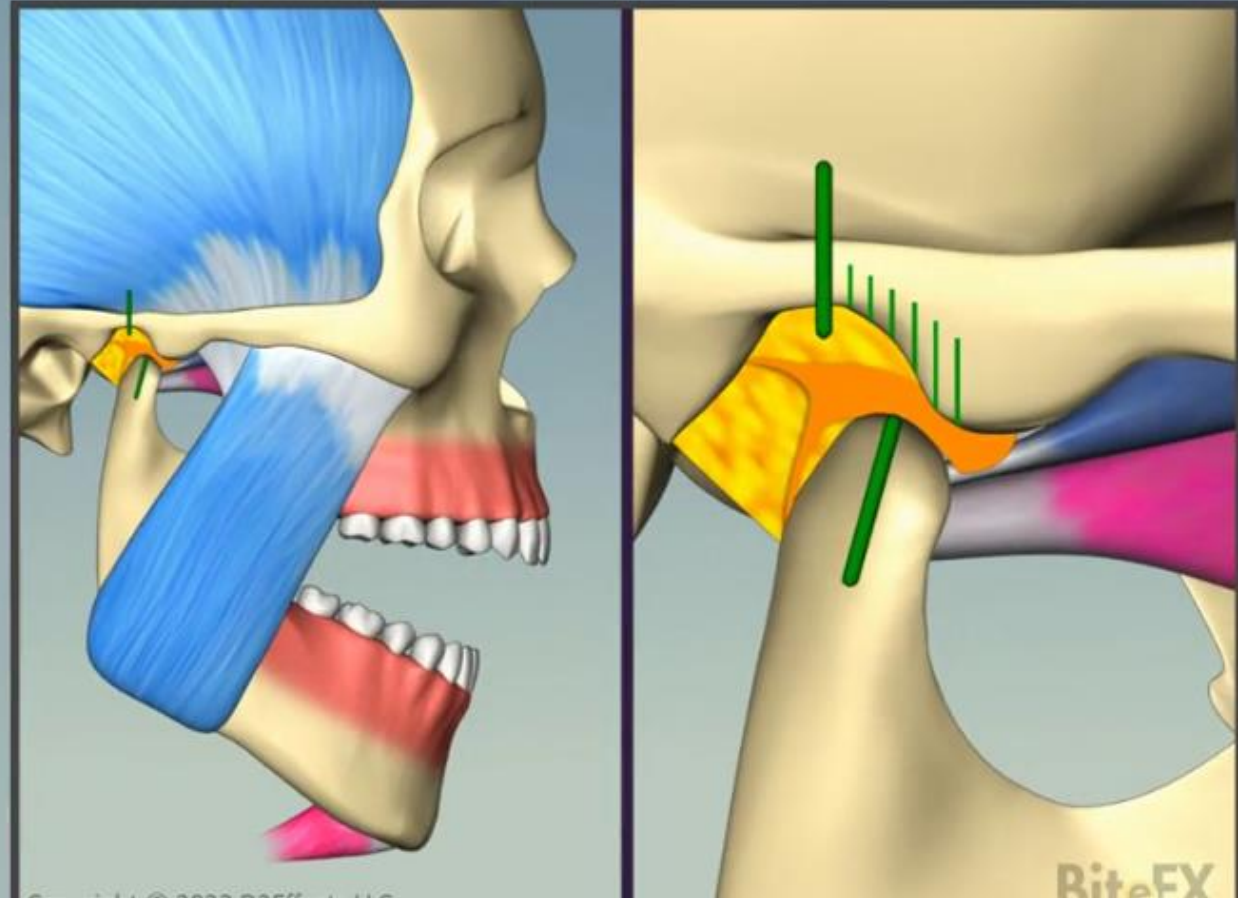
WELCOME TO



The blank stare removal tool!

By providing animations of difficult-to-understand concepts, BiteFX:

- Invigorates dentist-patient communication
- Enables staff to understand why occlusion and other topics are important for patient health
- Equips hygienists as the dentist's front-line eyes and communicator
- Helps dentists learn complex concepts quickly



THE WIDIOM RULE.

Would

I

Do

It

On

Myself?




FOCUS

During my eye exam my 24-year-old optician told me she was referred to an endodontist for a root canal on the lower right



The decisions we
make or don't make
affect our patients for
the rest of their lives.

A series of white lines of varying lengths and thicknesses, arranged in a parallel, diagonal pattern, extending from the right edge of the image towards the center.

NURSE TMD

Add a footer

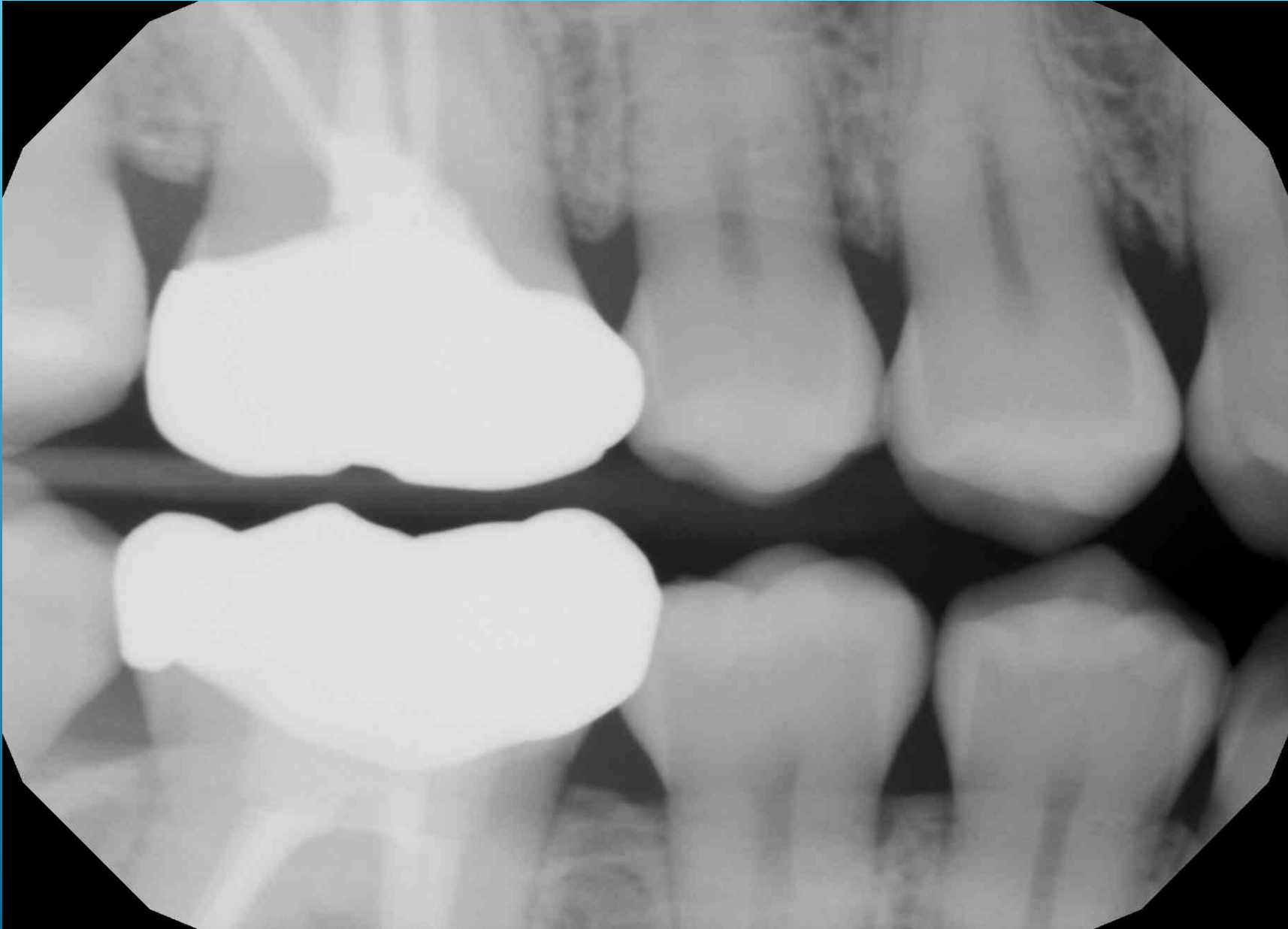


201



HMMMM, WHAT DO YOU SUSPECT?

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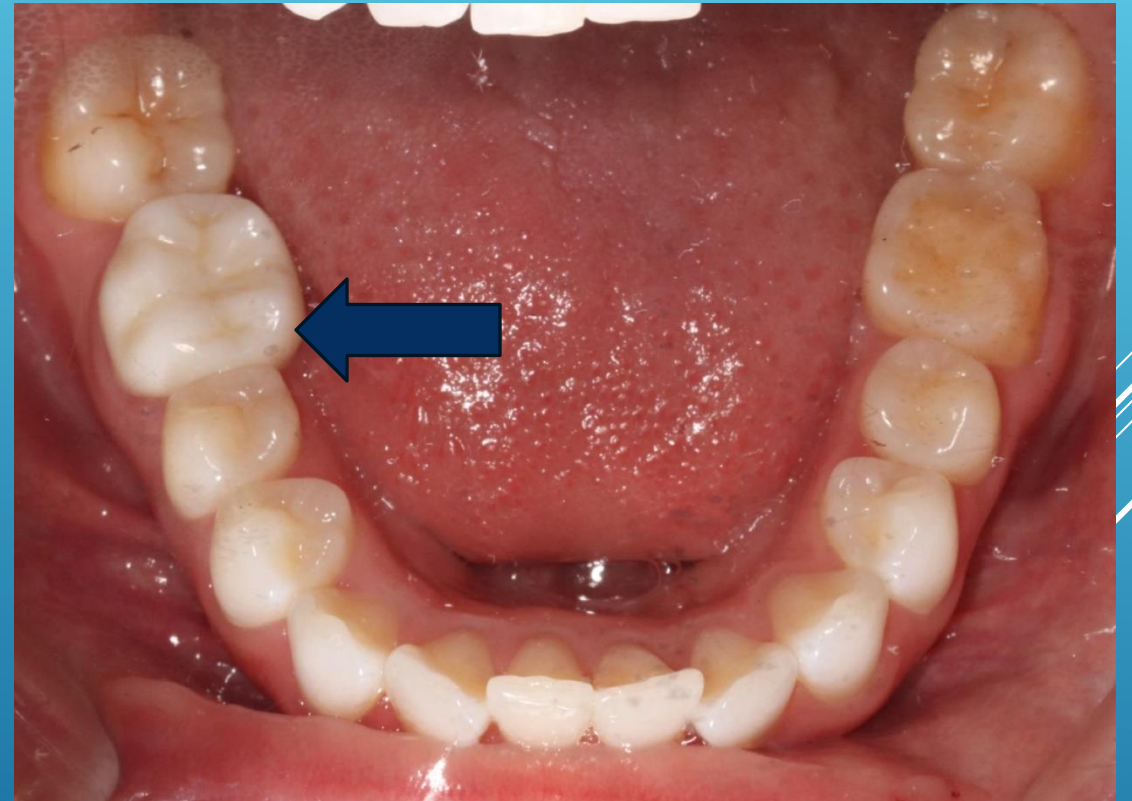
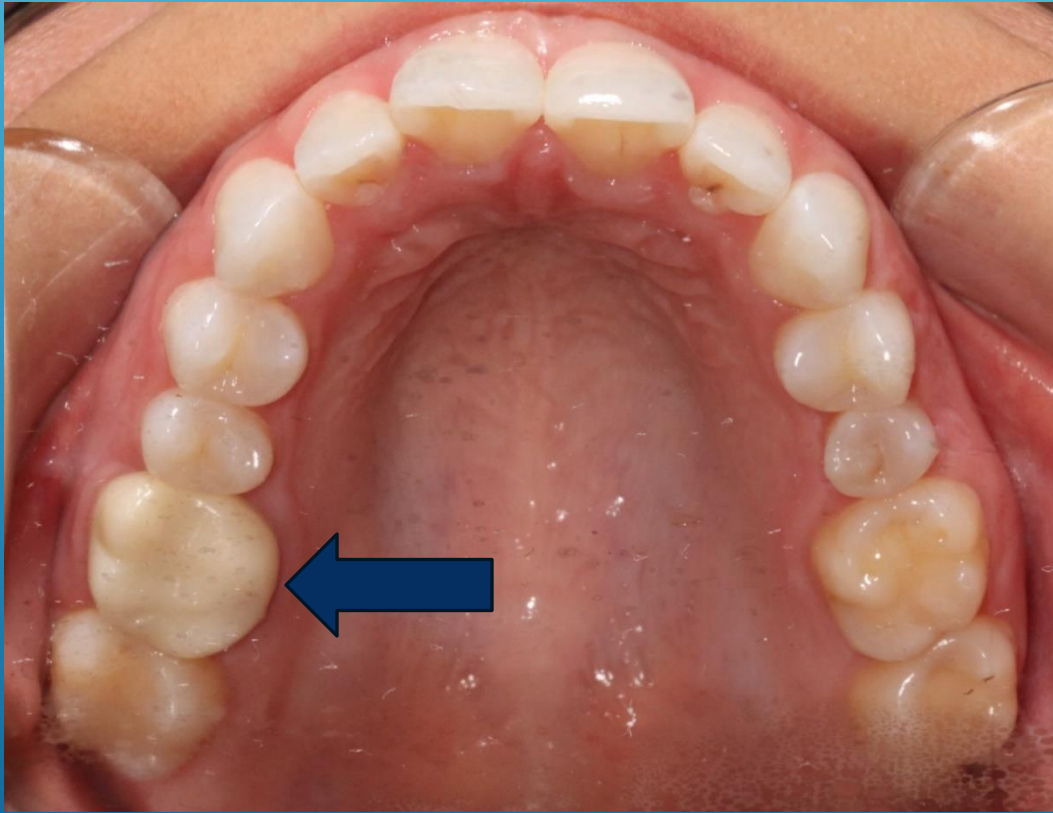
NURSE TMD

- Pain on right side of face
- Sensitivity to cold on right side
- Pain on chewing on right
- Treated twice orthodontically
- Told that both root canals were done and there was no decay in either tooth



Add a footer







Add a root

BEFORE ORTHO THE THIRD TIME

207



Long Creek Dental Care
Warren F. Jeseck, DDS, MAGD



nn
iddle

Date: 3-20-19

Address 5529 gateway Dr. Telephone no. Home 217-218-5657
City Mt. Zion State IL Zip 62219 Office _____
Age 25 Sex: Male ☐ Female ☒
Family Physician Dr. Kumar
Family Dentist _____
Marital status:
☐ Married ☐ Divorced ☐ Separated
☒ Single ☐ Co-habit ☐ Widow/widower

Number of children _____; ages _____

Are you presently employed? ☒ Yes ☐ No
Occupation RN

Who referred you to our office?
Address and telephone: _____

1. Chief complaint: (What problem brings you to this office?)

2. Do you know what caused you to have pain? ☐ Yes ☒ No
If yes, describe

3. Do you have pain in your face or jaw? ☒ Yes ☐ No
Using the rating scale indicate the severity of the pain you are experiencing by circling the appropriate area:
0 1 2 (3) 4 5 6 7 8 9 10
no pain extreme pain

4. Describe the pain:
☐ Dull ☒ Aching ☐ Burning
☐ Throbbing ☐ Pressure ☐ Pulsating
☐ Stabbing ☐ Sharp ☐ Other

3. Do you have pain in your face or jaw? X Yes _____ No

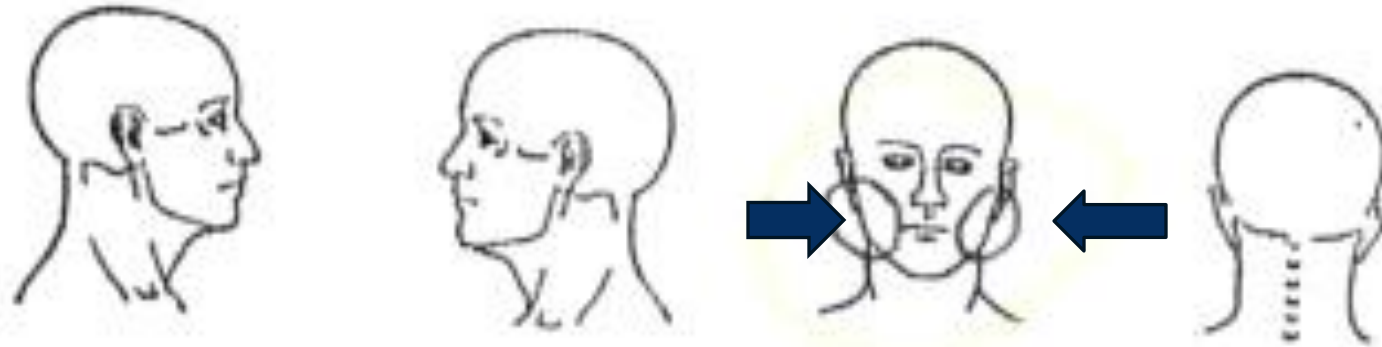
Using the rating scale indicate the severity of the pain you are experiencing by circling the appropriate area:

0 1 2 (3) 4 5 6 7 8 9 10
no pain extreme pain

4. Describe the pain:

<input type="checkbox"/> Dull	<input checked="" type="checkbox"/> Aching	<input type="checkbox"/> Burning
<input type="checkbox"/> Throbbing	<input type="checkbox"/> Pressure	<input type="checkbox"/> Pulsating
<input type="checkbox"/> Stabbing	<input type="checkbox"/> Sharp	<input type="checkbox"/> Other

6. On the diagrams please circle the areas where you have pain:



21. Are you aware of your jaw making sounds? ☒ Yes ☐ No

If yes, describe the nature of the sound:

☒ Clicking

☒ Popping

☐ Grating

☐ Cracking

Other _____

If yes, when do you notice the sound?

☐ Early opening

☒ Moving jaw to the side

☒ Middle opening

☒ Chewing

☒ Wide opening

☐ While closing

If yes, is the sound always present? ☐ Yes ☒ No

Which side? ☐ Right; ☒ Left; ☐ Both sides

23. Has your jaw ever locked closed? ✓ Yes No
Which side? Right; Left; ✓ Both sides

28. Do you need to move your jaw from side to side or forward to enable you to open or close your mouth? ☒ Yes ☐ No
Which side? ☐ Right; ☒ Left; ☐ Both sides Just currently, not always

29. What foods do you avoid eating because of this problem?
☒ Hard foods ☐ Chewy foods ☐ None
Other _____

30. On which side of your mouth do you do most of your chewing?
☒ Right side ☐ Left side ☐ Can't tell

31. Do you have pain when you chew? ☒ Yes ☐ No
Which side? ☐ Right ☐ Left ☒ Both sides

Using the rating scale indicate the severity of the pain you are experiencing by circling the appropriate area:

0 1 2 3 4 5 6 7 8 9 10
no pain extreme pain

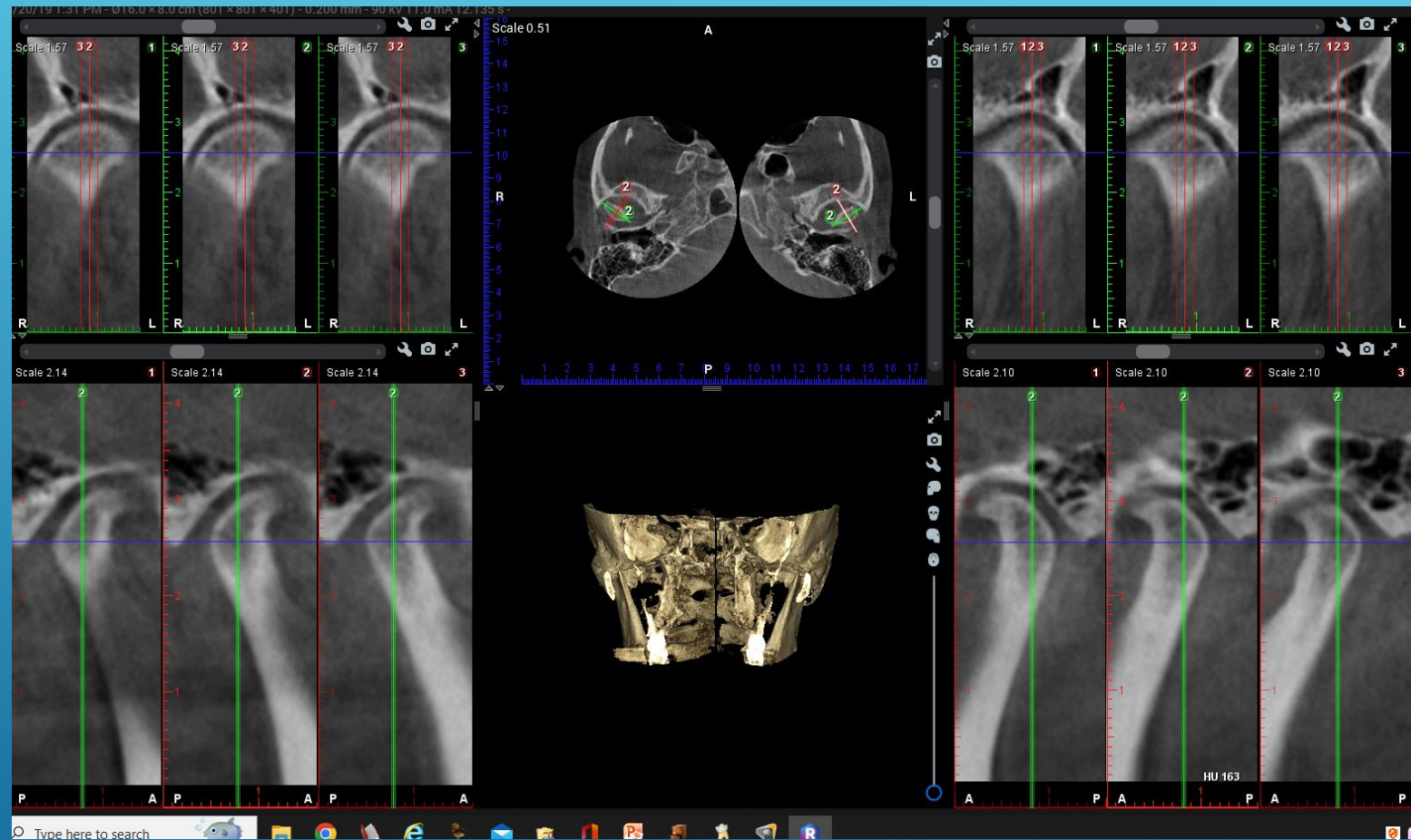
32. Have you ever had braces on your teeth?
☒ Yes ☐ No If yes, when? When I was 13-15 and 23-24

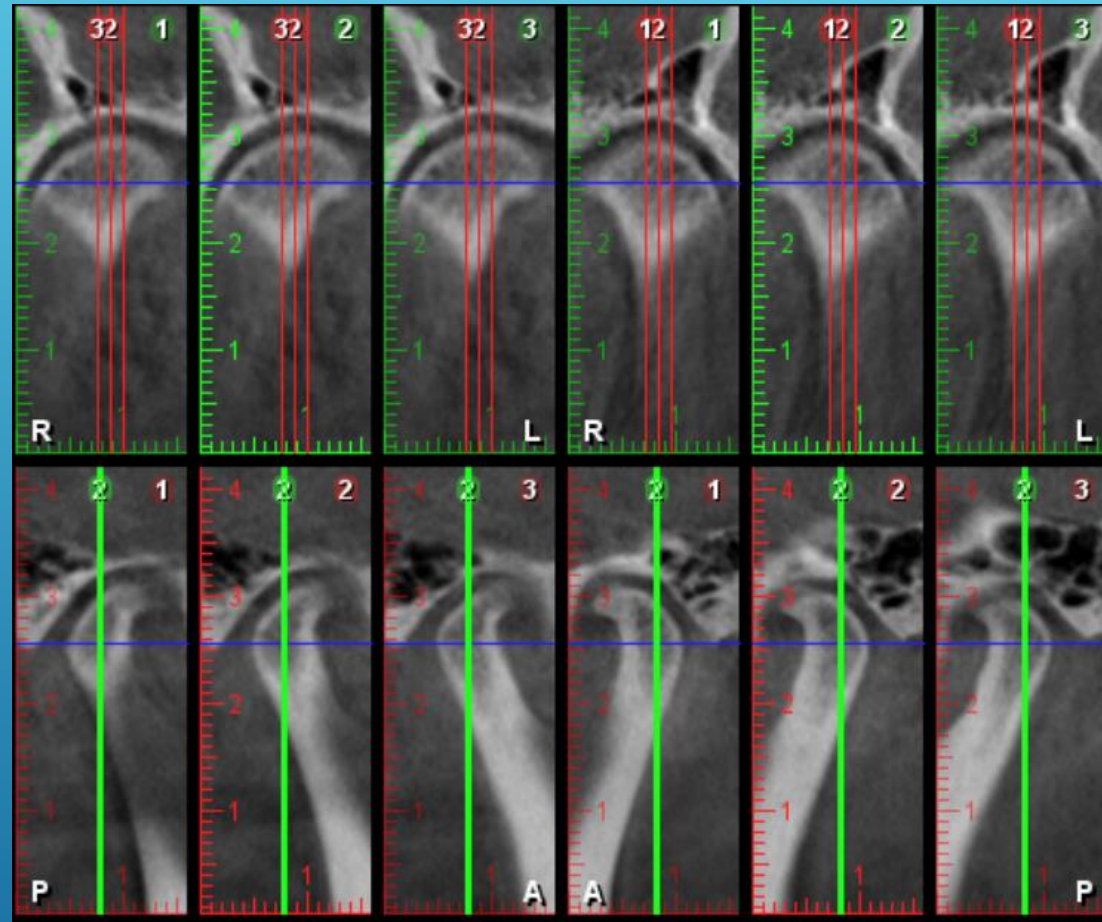
33. Do you chew gum? ☐ Yes ☒ No; If yes, how much?
☐ 0-5% of waking hours ☐ 25-50% of waking hours
☐ 5-15% of waking hours ☐ 75-100% of waking hours
☐ 15-25% of waking hours

46. Do you wake up with a headache? X Yes _____ No

47. Do you have headaches later in the day? X Yes _____ No

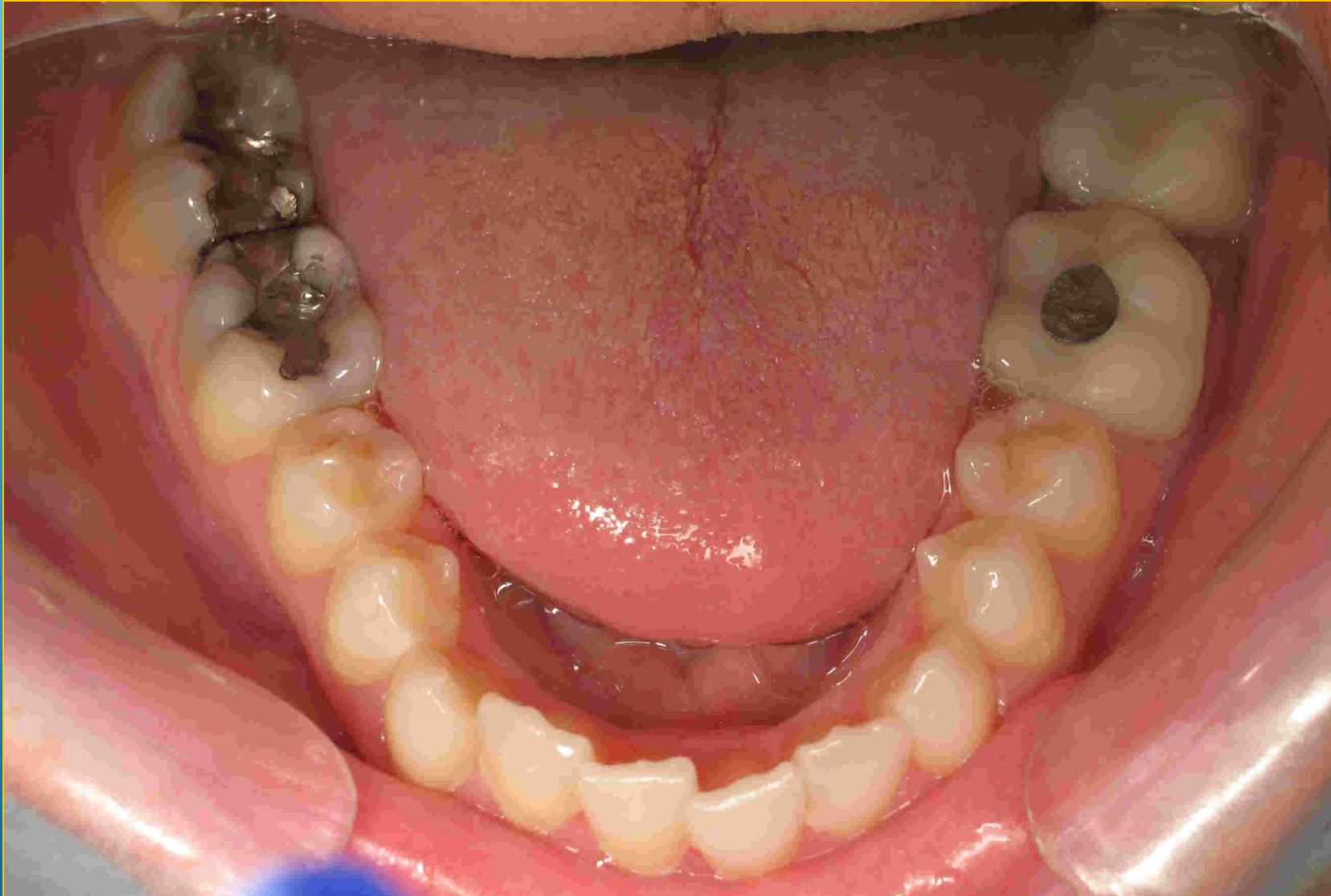
48. Do you have headaches as often as once per week? X Yes _____ No
If yes, how many per week?





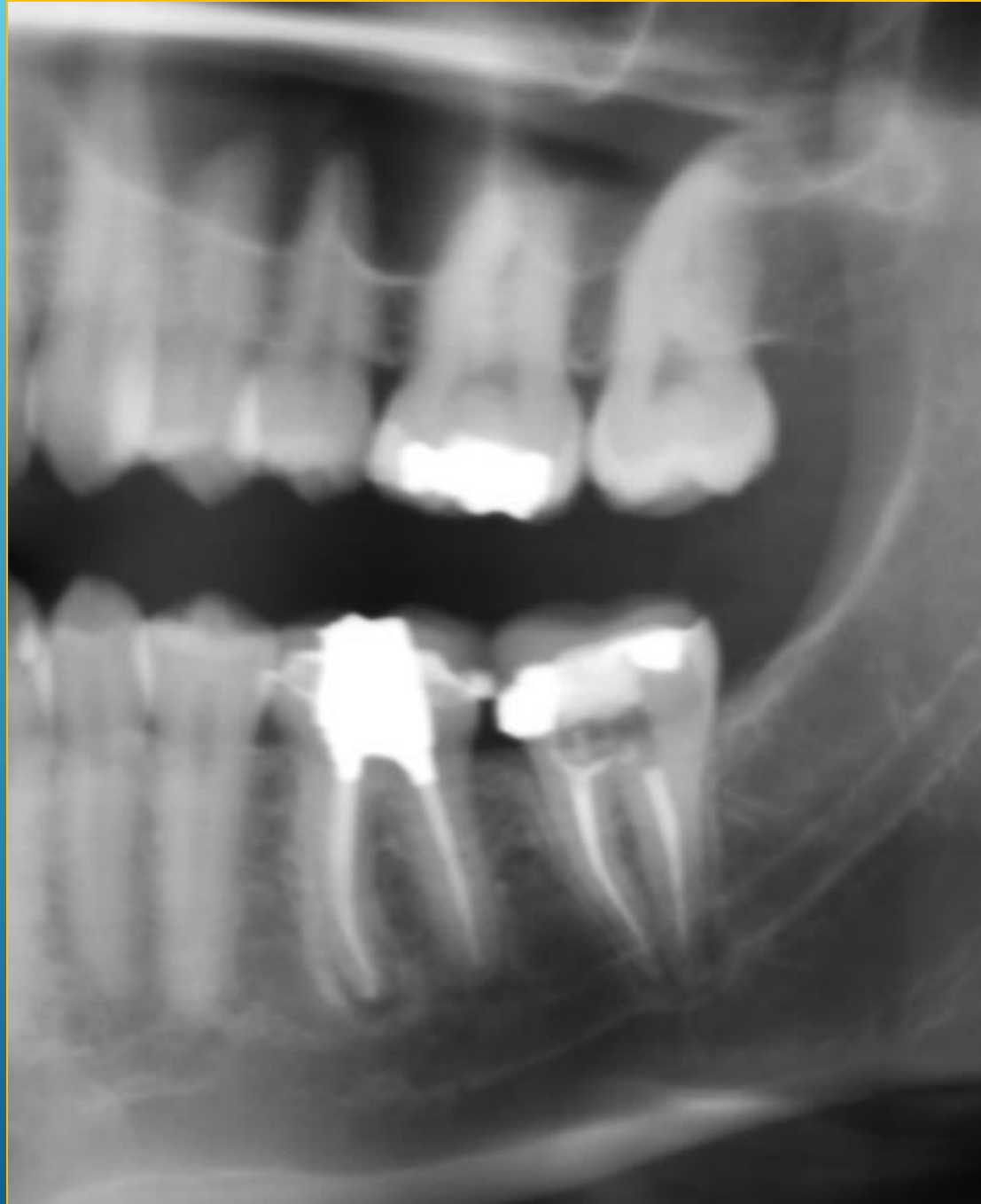
PATIENT REFERRED TO ORTHODONTIST

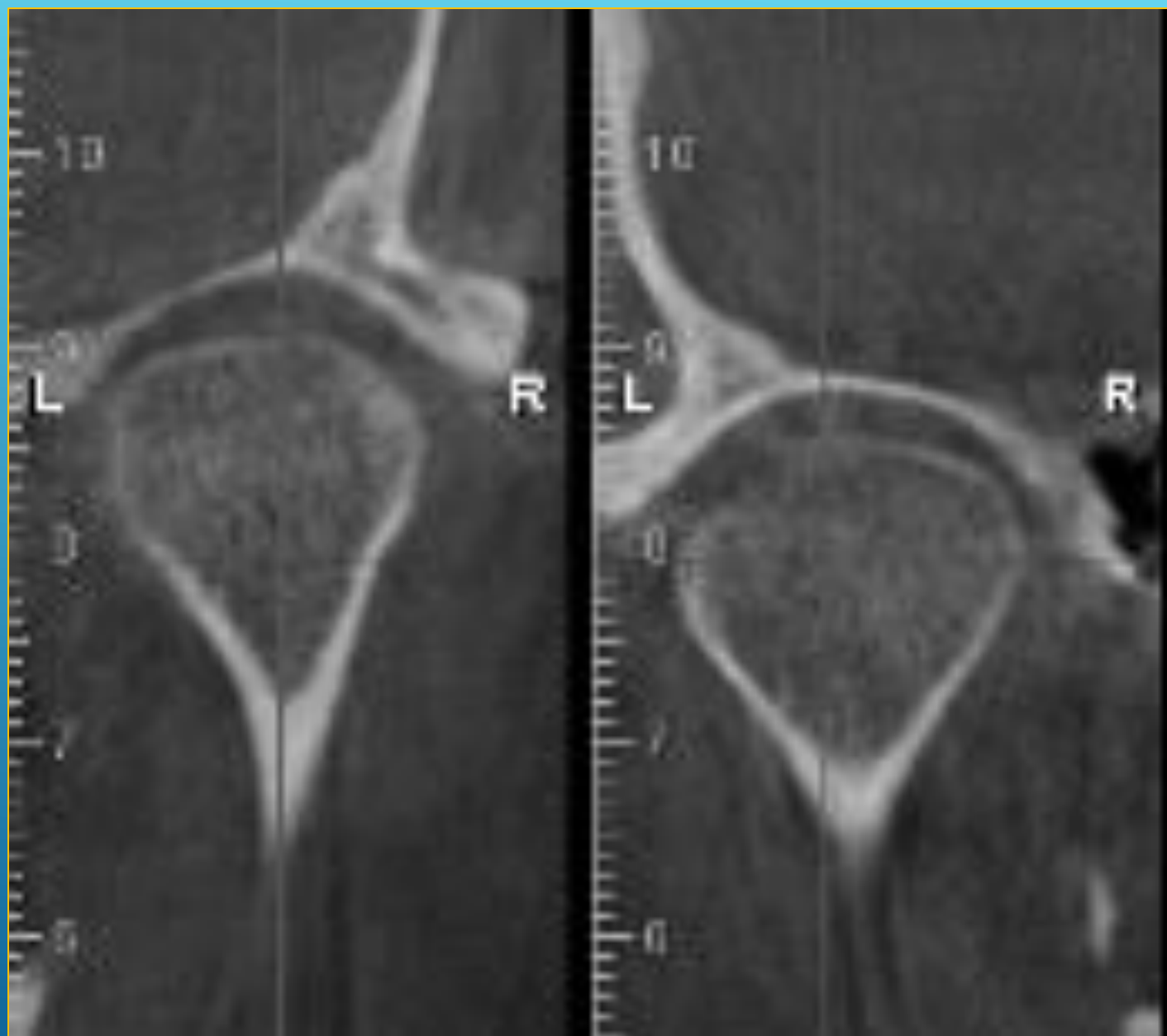
Patient Treated to Centric Relation Occlusion
and Teeth Were Equilibrated After Orthodontics
Completed



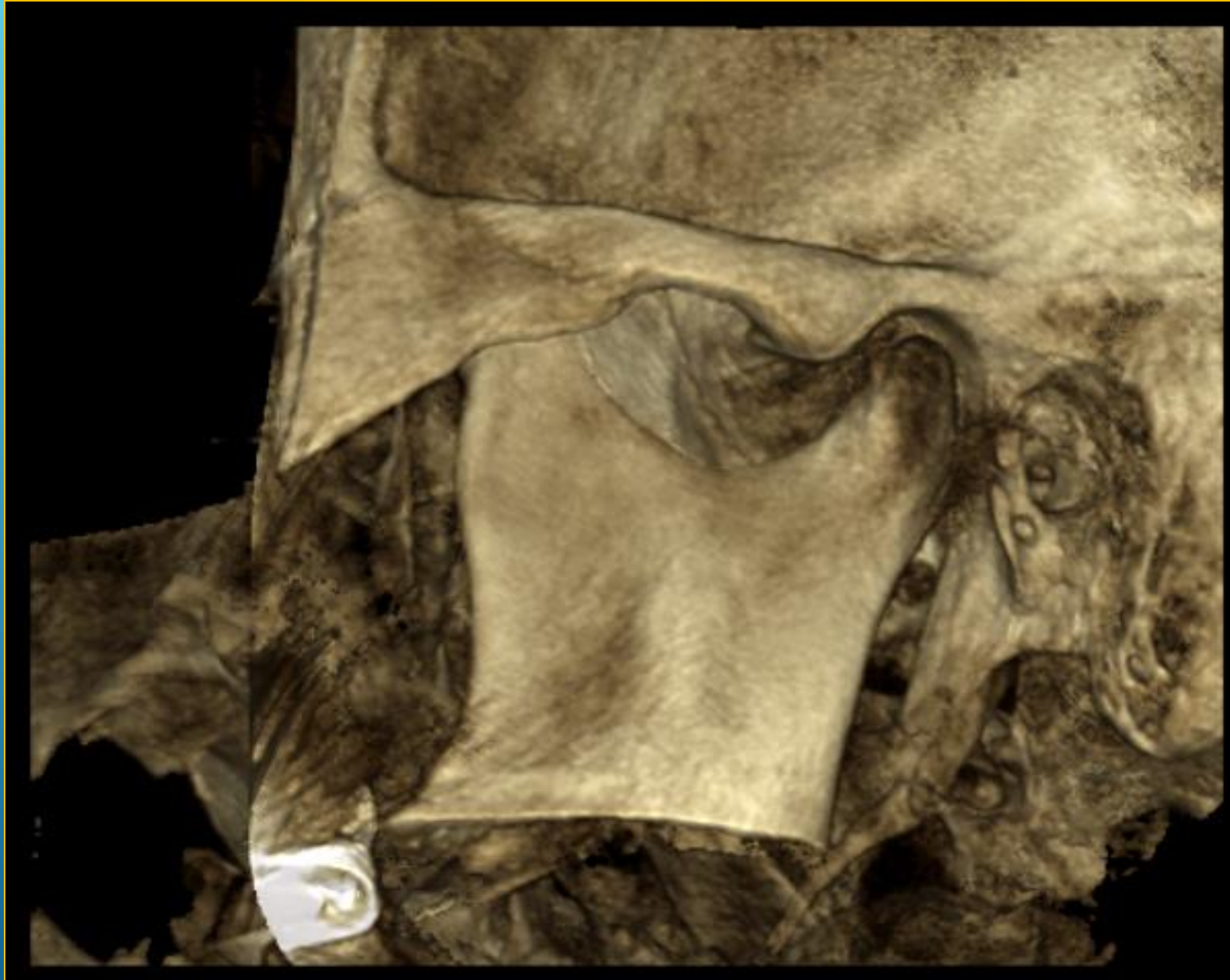
ARE WE WONDERING WHY THERE ARE 2 ROOT CANALS ON THE LEFT?











TREATMENT FOR TMJ DISORDERS

Occlusal splint - allows joint to seat into proper position relaxing muscles.

Occlusal equilibration - conservative procedure in which the teeth are reshaped to correct a mild malocclusion. By eliminating certain interferences, a more ideal fit of the teeth can be achieved.

Orthodontics - braces may be an option to permanently reposition teeth for a more stable bite.

Restorative procedures - crowns or bridges may be necessary to restore teeth that are worn and replace missing teeth for improved occlusion.

Joint surgery - in severe TMD cases, surgical correction may be required.

WHEN IS EQUILIBRATION INDICATED?

When is equilibration indicated? When patients are uncomfortable upon closure, it is usually because the strongest contacts are predominately on the incline planes resulting in off-loading of the dentition and sensitivity at the DEJ upon clenching. This is easily demonstrated by occlusal indicator wax. **If confirmed, a decision should be made as to whether these contacts should be eliminated by equilibration or by orthodontia.**

Gene McCoy DDS

Summer AES Contact 2022



- ▶ Occlusal Treatments
- ▶ Occlusion refers to how teeth fit together. For years it was thought that misaligned teeth (malocclusion) were a cause of TMDs; however, there is no evidence to support this belief. Occlusal treatments modify the teeth and bite. Examples include:
 - ▶ Placing crowns on the teeth.
 - ▶ Grinding down the teeth.
 - ▶ Using orthodontic treatment(s) to change the position of some or all teeth.
 - ▶ There is no evidence these occlusal treatments work, and they could make the problem worse.
- ▶ <https://www.nidcr.nih.gov/health-info/tmd>



Before receiving treatment for TMDs, you should know:

Sounds without pain in the temporomandibular joints are normal, happen frequently, and do not need treatment.

Signs and symptoms of TMD go away in many people without treatment.

Because evidence is lacking for the majority of TMD treatments, experts strongly recommend staying away from treatments that cause permanent changes to the jaw joints, teeth, or bite; or that involve surgery

<https://www.nidcr.nih.gov/health-info/tmd>



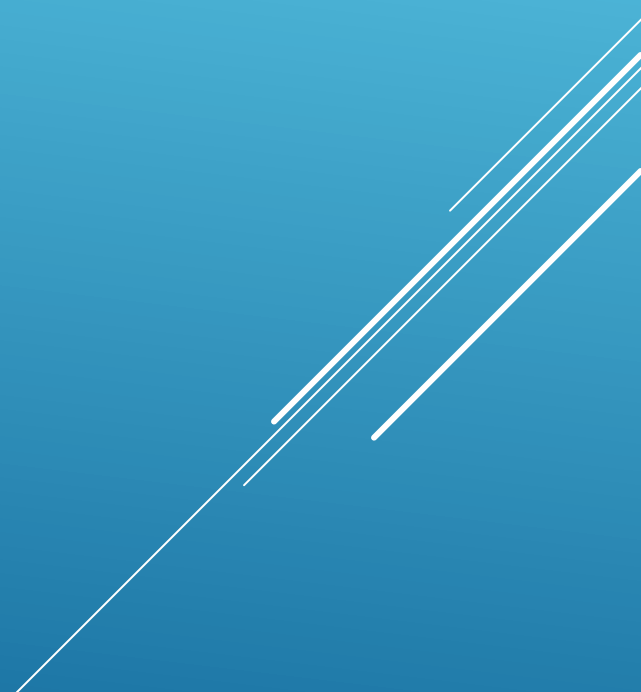
Add a footer Dr. Glenn Kidder

“Precision occlusal splints and the diagnosis of occlusal problems in myogenous orofacial pain patients”

Glenn M. Kidder, DDS, FAGD n Roger A. Solow, DDS

March/April 2014 *General Dentistry*

Occlusal correction may play a significant role in the treatment of myogenous orofacial pain when a structural problem is confirmed with objective occlusal analysis. There is extensive literature showing adverse occlusal forces are not beneficial to the patient and should be corrected as part of optimal care. It is the dentist's responsibility to assess the structural component of each patient's problem set. Precision OS therapy can assist this evaluation and preview the effect of definitive occlusal correction.



TMJ EARLY INJURIES

It is very important that we deal with clicking and popping to **rehabilitate** the condyle disc assembly.

Conclusion: Condylar repair and regeneration in early-stage TMJ DJD are possible, and ideal spatial disc-condyle relationship appears important.

Lei, Jie et al. "Condylar repair and regeneration in adolescents/young adults with early-stage degenerative temporomandibular joint disease: A randomised controlled study." *Journal of oral rehabilitation* vol. 46,8 (2019): 704-714. doi:10.1111/joor.12805

Simultaneous maxillary expansion and mandibular advancement induced and increase of the oral space in the three spatial dimensions, helping in the significant improvement of the OSAS symptoms, with long- terms effects on the sleep breathing quality.

Remy F, Bonnaure P, Moisdon P, et al. Preliminary results on the impact of simultaneous palatal expansion and mandibular advancement on the respiratory status recorded during sleep in OSAS children. J Stomatol Oral Maxillofac Surg. 2021;122(3):235-240. doi:10.1016/j.jormas.2020.07.008

TMJ disc repositioning by a mini-screw anchor provide stability for treatment of anterior disc displacement. Disc repositioning also can stimulate condylar bone regeneration.

Zhou, Qin et al. "Modified Temporomandibular Joint Disc Repositioning With Mini-screw Anchor: Part II-Stability Evaluation by Magnetic Resonance Imaging." Journal of oral and maxillofacial surgery : official journal of the American Association of Oral and Maxillofacial Surgeons vol. 77,2 (2019): 273-279. doi:10.1016/j.joms.2018.07.016

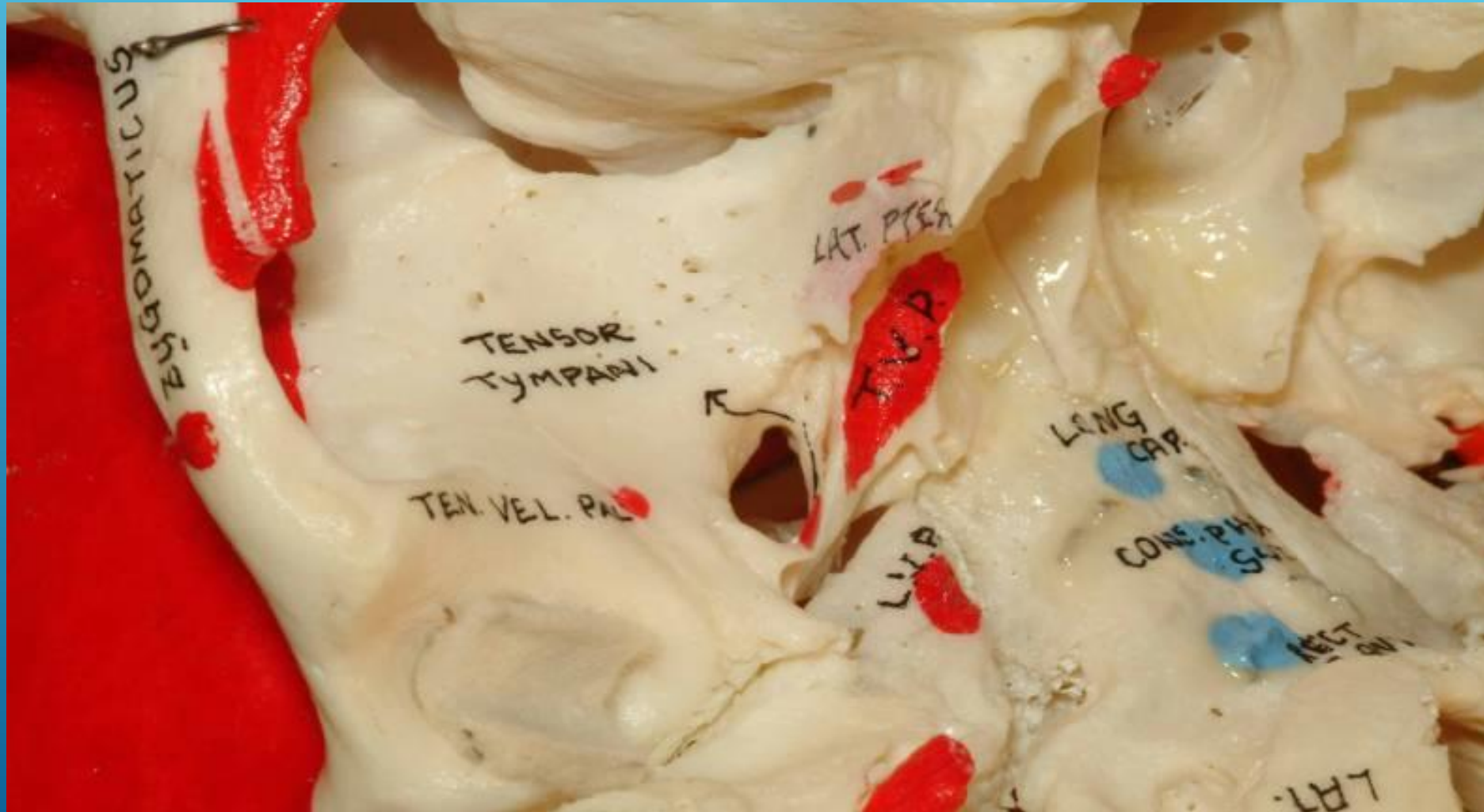
Breastfeeding is associated with many health benefits in children and mothers, and World Health Organization (WHO) **recommends exclusive breastfeeding until 6 months** of age and continued breastfeeding until 2 years of age.

Bellù R, Condò M. Breastfeeding promotion: evidence and problems. *Pediatr Med Chir.* 2017;39(2):156. Published 2017 Jun 28. doi:10.4081/pmc.2017.156

INSERTION OF TEMPORALIS AND LATERAL PTERYGOID MUSCLES



TENSOR VELI PALATINI, LATERAL PTERYGOID, TENSOR TYMPANI



“STUFFINESS OF THE EAR MAY BE A SYMPTOM OF MEDIAL PTERYGOID TPS. IN ORDER FOR THE TENSOR VELI PALATINI MUSCLE TO DIALATE THE EUSTACHIAN TUBE, IT MUST PUSH THE ADJACENT MEDIAL PTERYGOID MUSCLE AND FASCIA ASIDE; IN A RESTING STATE, THE PRESENCE OF THE MEDIAL PYTERYGOID HELPS KEEP THE EUSTACHIAN TUBE CLOSED. TENSE MYOFACIAL TP BANDS IN THE MEDIAL PTERYGOID MUCSLE MAY BLOCK THE OPENING ACTION OF THE TENSOR VELI PALATINI ON THE EUSTACHIAN TUBE PRODUCING EAR STUFFINESS.”

“Myofascial Pain and Dysfunction”, TheTrigger Point Manual,
Janet G.Travel, MD and David G. Simopns, MD.





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“Simultaneously, the volume of venous plexus observed between the medial pterygoid muscle and tensor veli palatine muscle was increased.

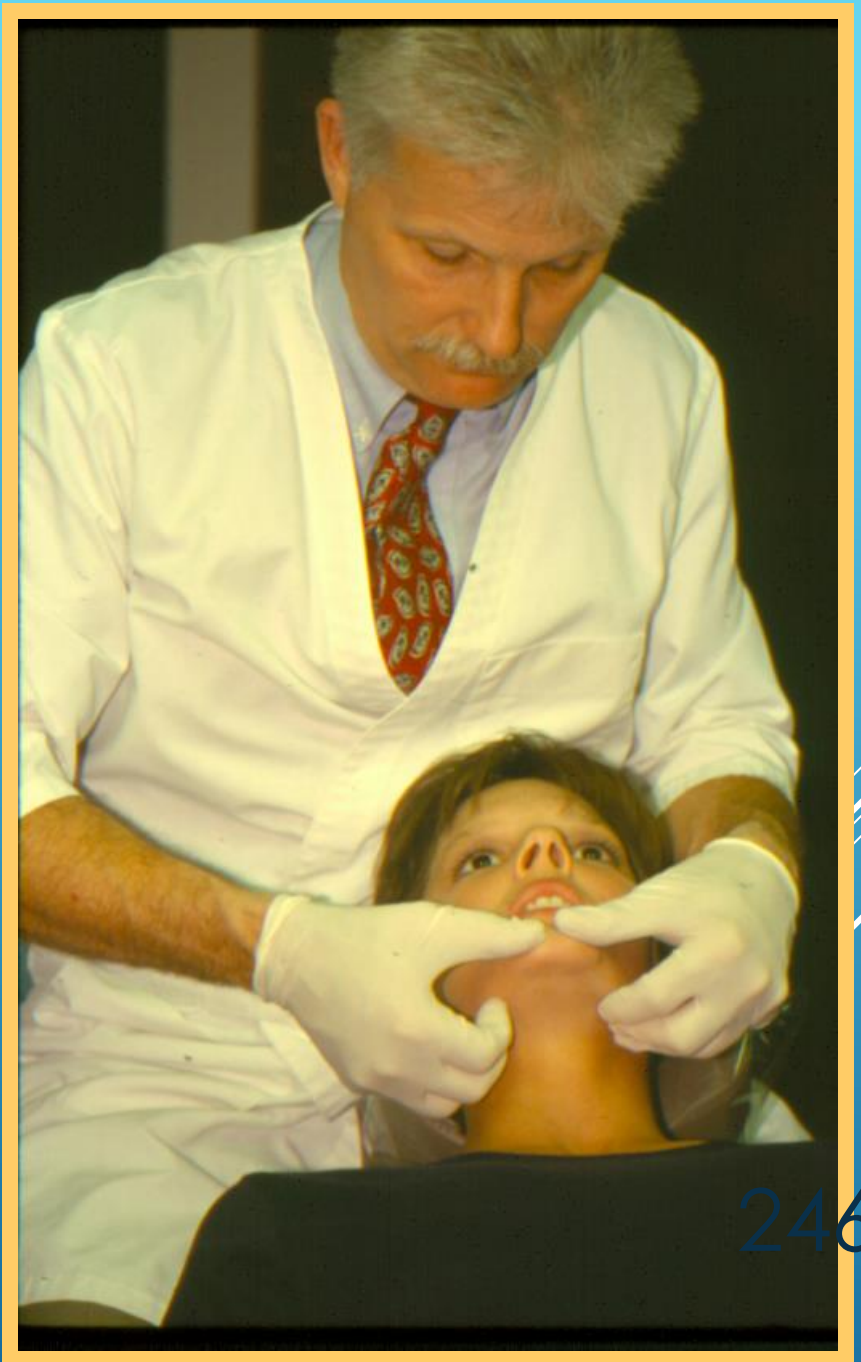
-Oshima T, et. Al. (2007)

“Involvement of Pterygoid Venous Plexus in Patulous Eustachian Tube Symptoms” Acta Otolaryngology 127(7): 693-9.



STOP

BIMANUAL GUIDANCE





LEAF GAUGE





ARTICULATING PAPER

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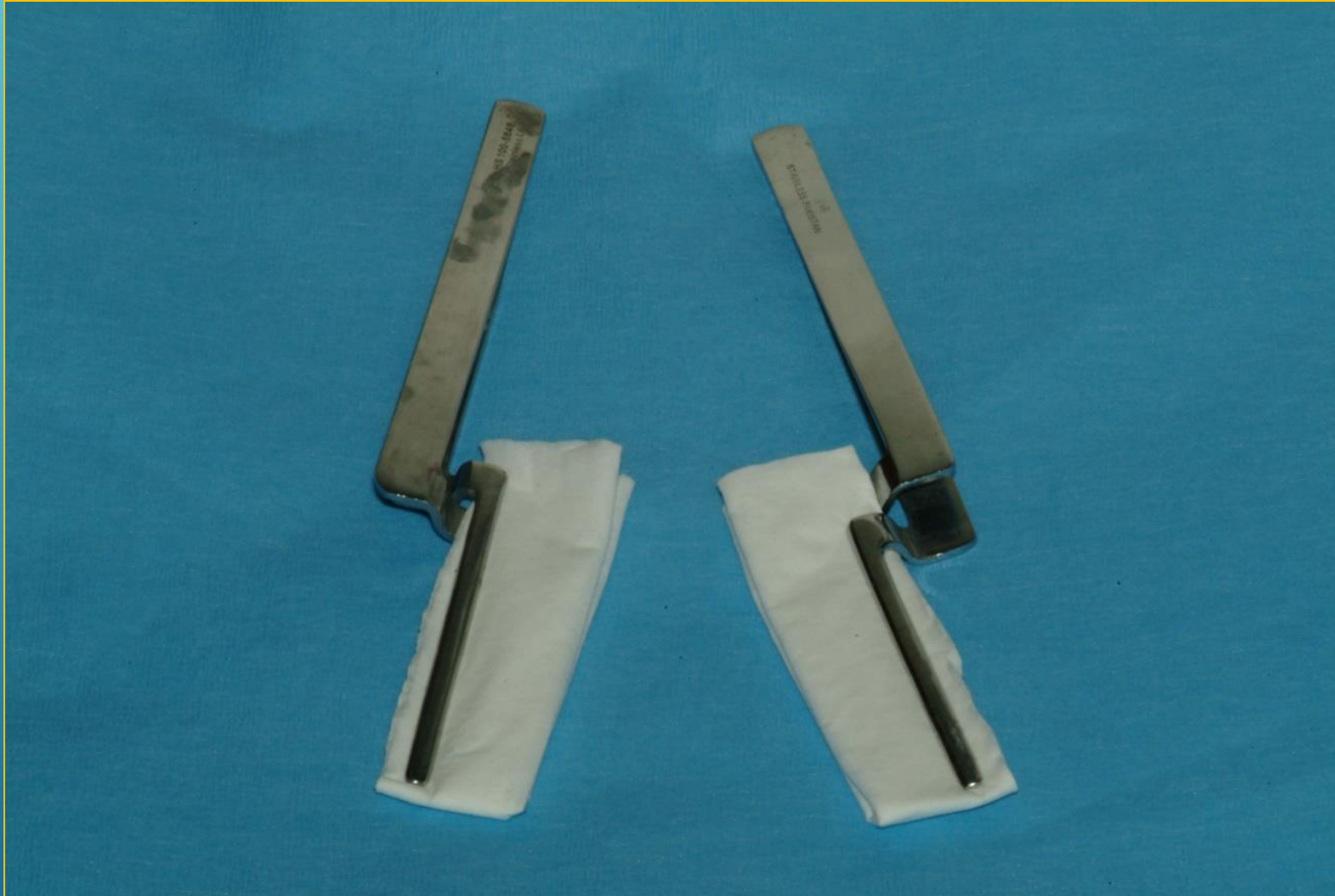
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251



TISSUE PAPER



MYLAR STRIP



WHY WE USE BIMANUAL GUIDANCE

It is the most accurate method to position the mandible in centric relation.

It achieves the most physiologic position for the condyle-disc assembly.

It provides a method of verification of:

- The correctness of the position

- The alignment of the condyle-disc assembly

- The integrity of the articular surfaces

- It is fast and uncomplicated if manipulation is done correctly.

CENTRIC RELATION

My goal is to keep healthy joints healthy and rehabilitate the ones that are sick.

I seek to find and maintain a REPEATABLE CENTER OF ROTATION in all that I do.

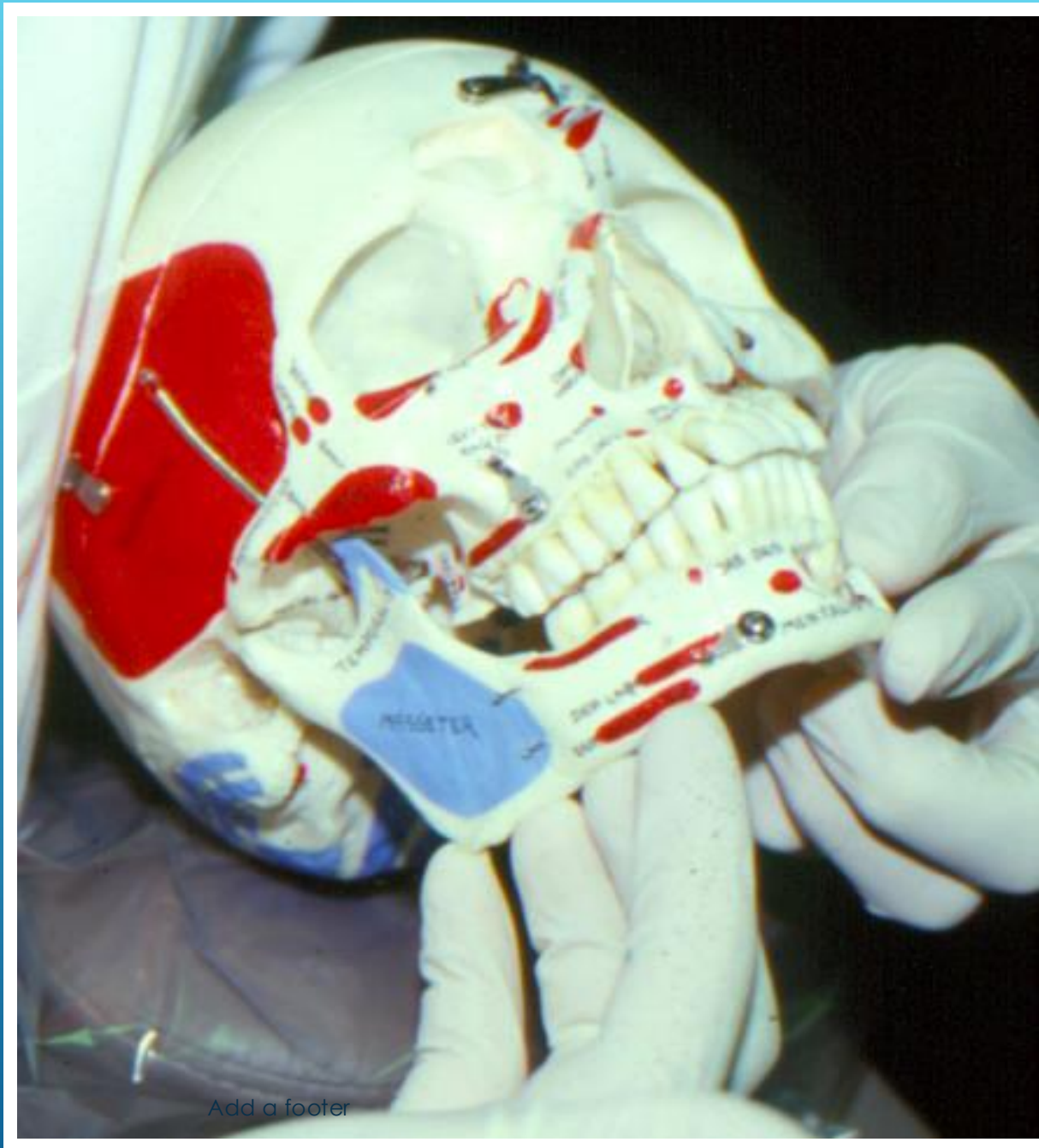




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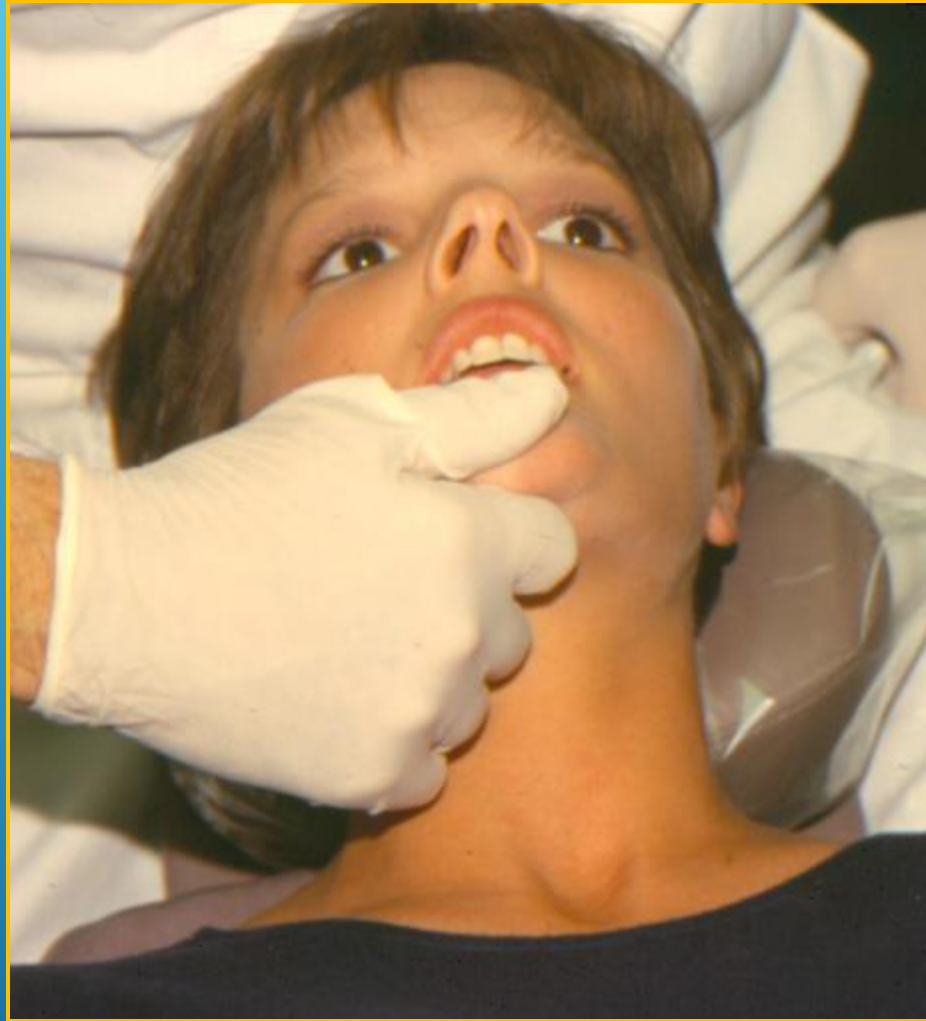


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DON'T
DO THIS



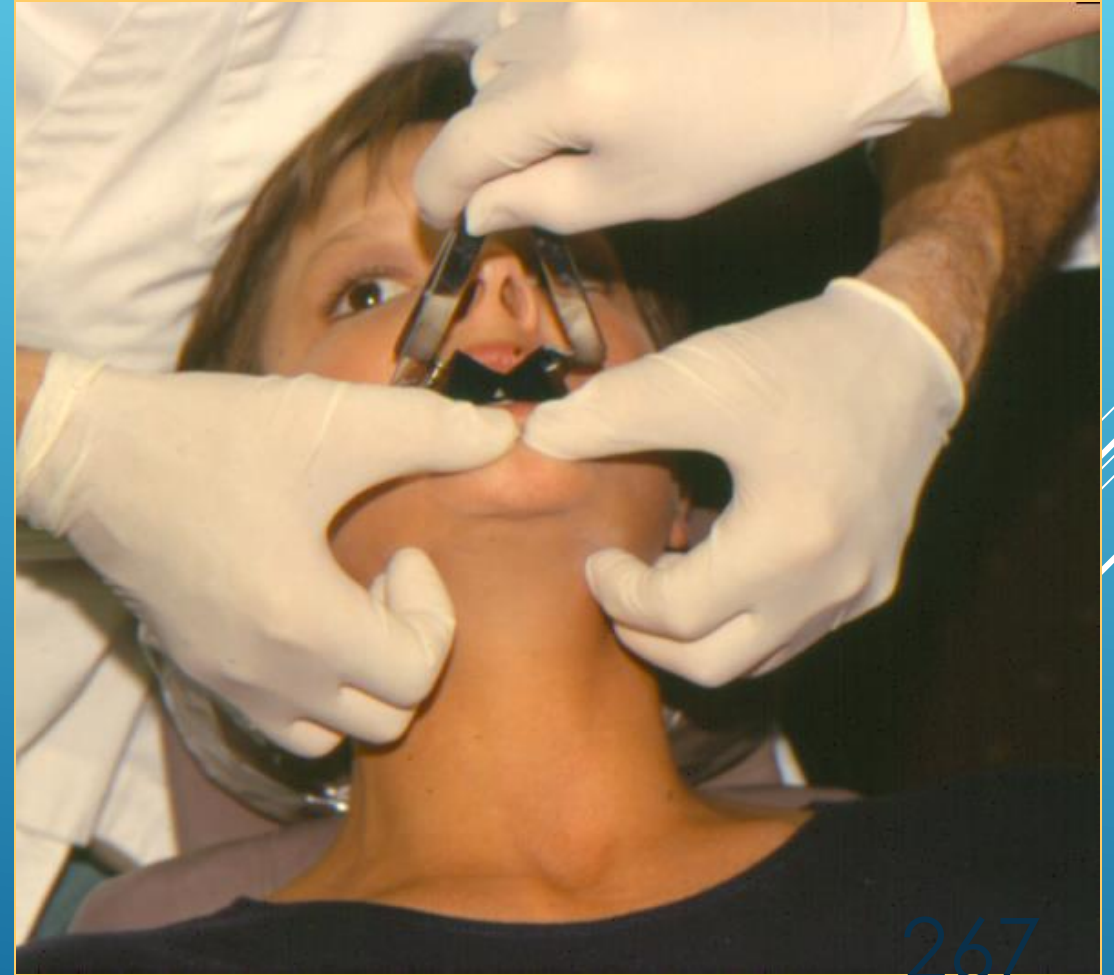
LEAF GAUGE

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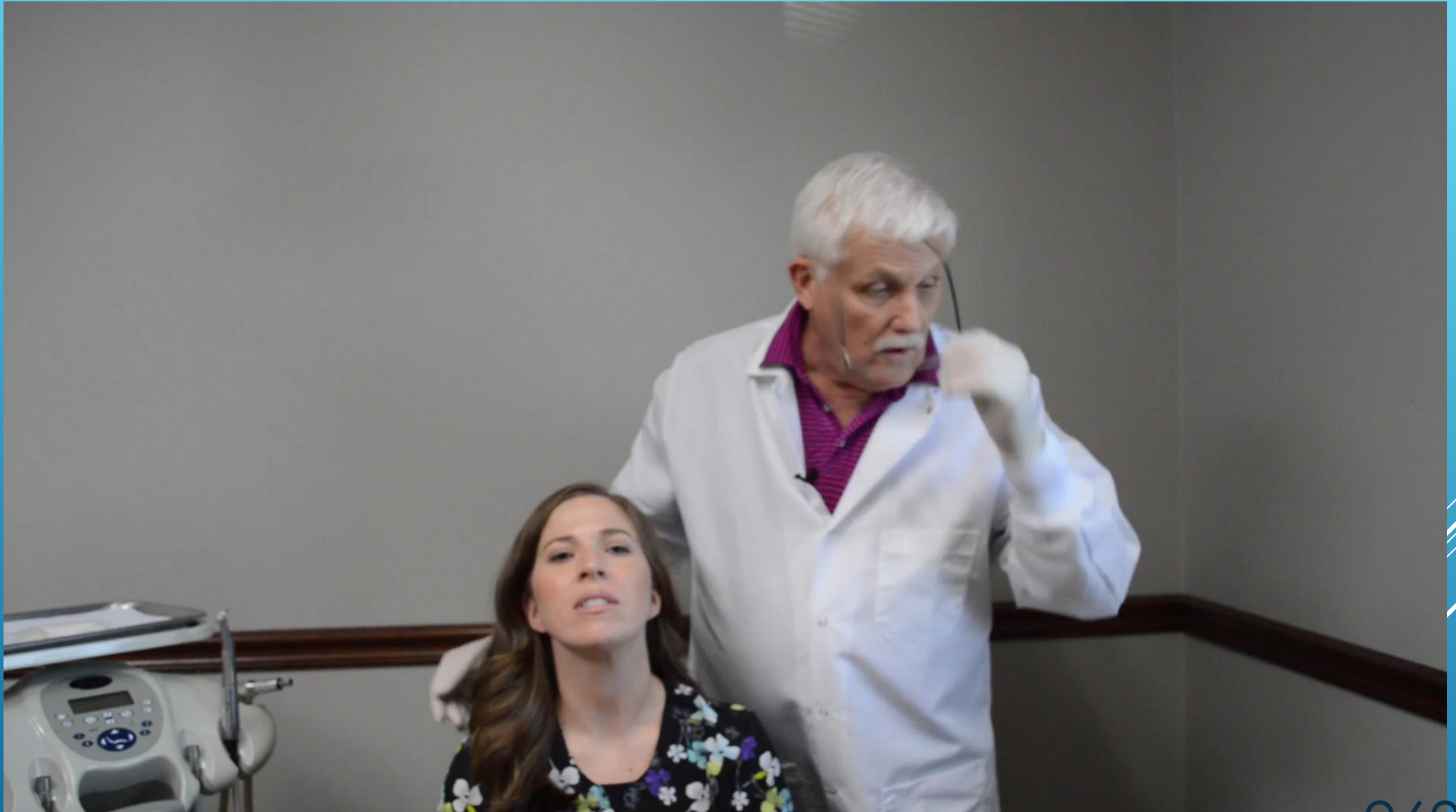


266

ARTICULATING PAPER



- ▶ TM Joint Palpation
- ▶ Joint Auscultation with Doppler and Stethoscope
- ▶ Muscle Palpation





270

Laser Printed Splint using Prime Print



Prime Print



272



APPLICATION GUIDE

3D Printing Splints with Formlabs SLA Printers

Dental LT Clear Resin is a long term biocompatible material formulated for manufacturing dental splints. As a rigid material, Dental LT Clear is most appropriate for printing hard splints. If soft or hard-soft splints are desired, the best method is to print the model and thermoform.

This application guide demonstrates each step for making 3D printed splints on Formlabs SLA 3D printers. Use the following workflow to ensure precise results.



Clinical Indications ▾



3D Printing Products ▾



SprintRay Cloud ▾



Learning Center ▾



Company ▾



ITERO SCANNER

THERE ARE MANY VERY
GOOD SCANNERS OUT
THERE



LEAF GAUGE TO GET A CR BITE WITH AN INTRAORAL SCANNER







OccluSense®
by Bausch



Log In

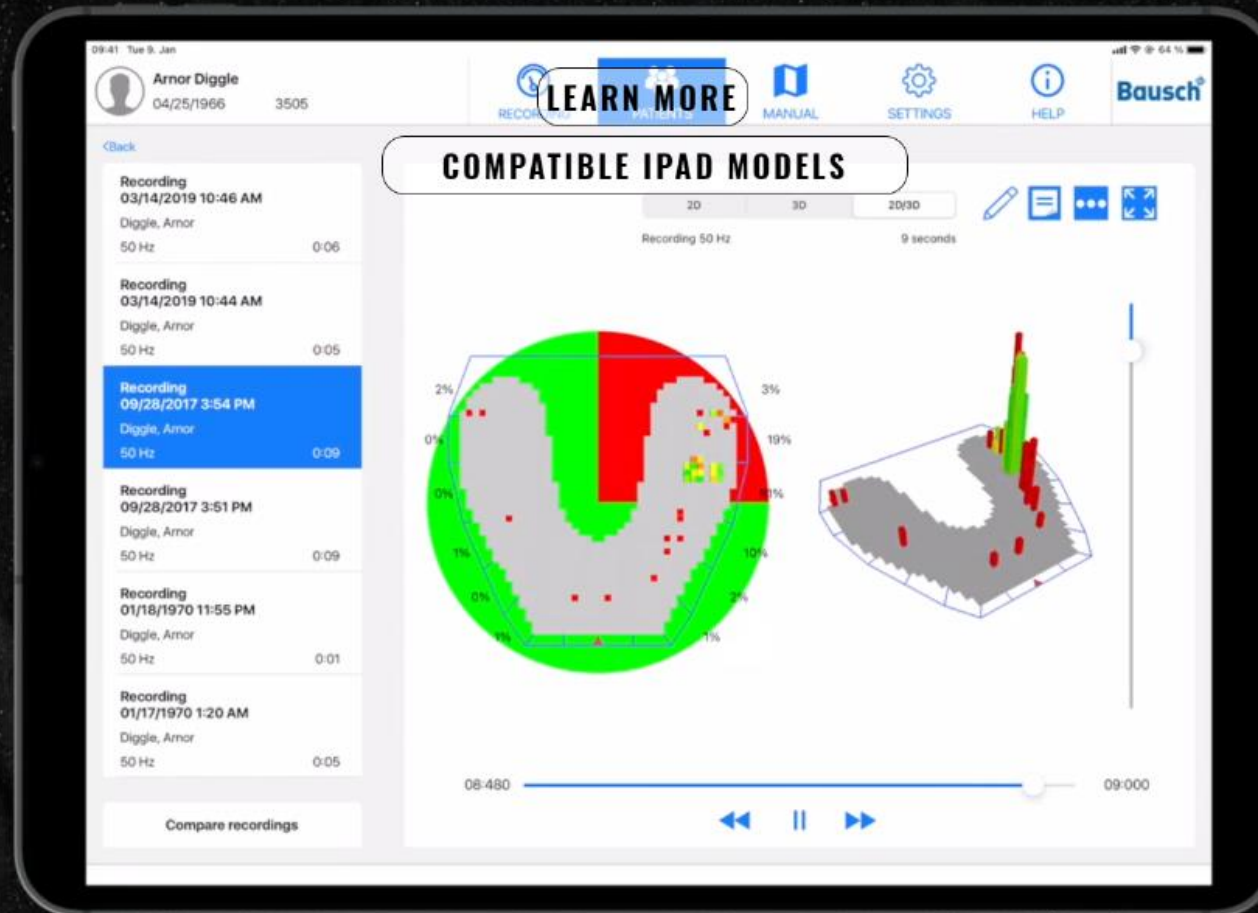


EN



The OccluSense® iPad App

Free download available in the Apple App Store.





T-Scan Novus

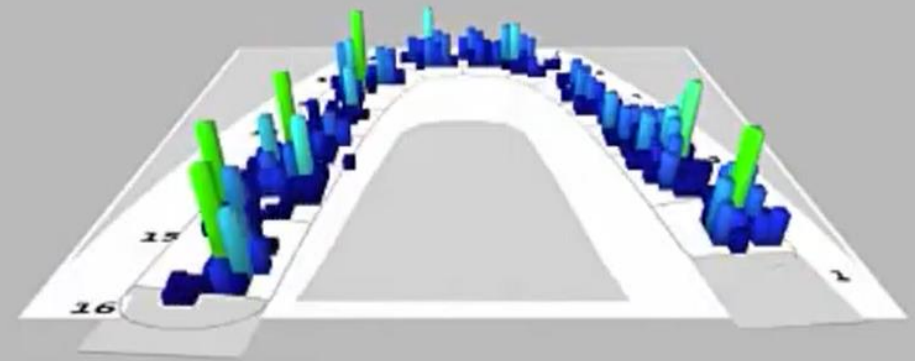
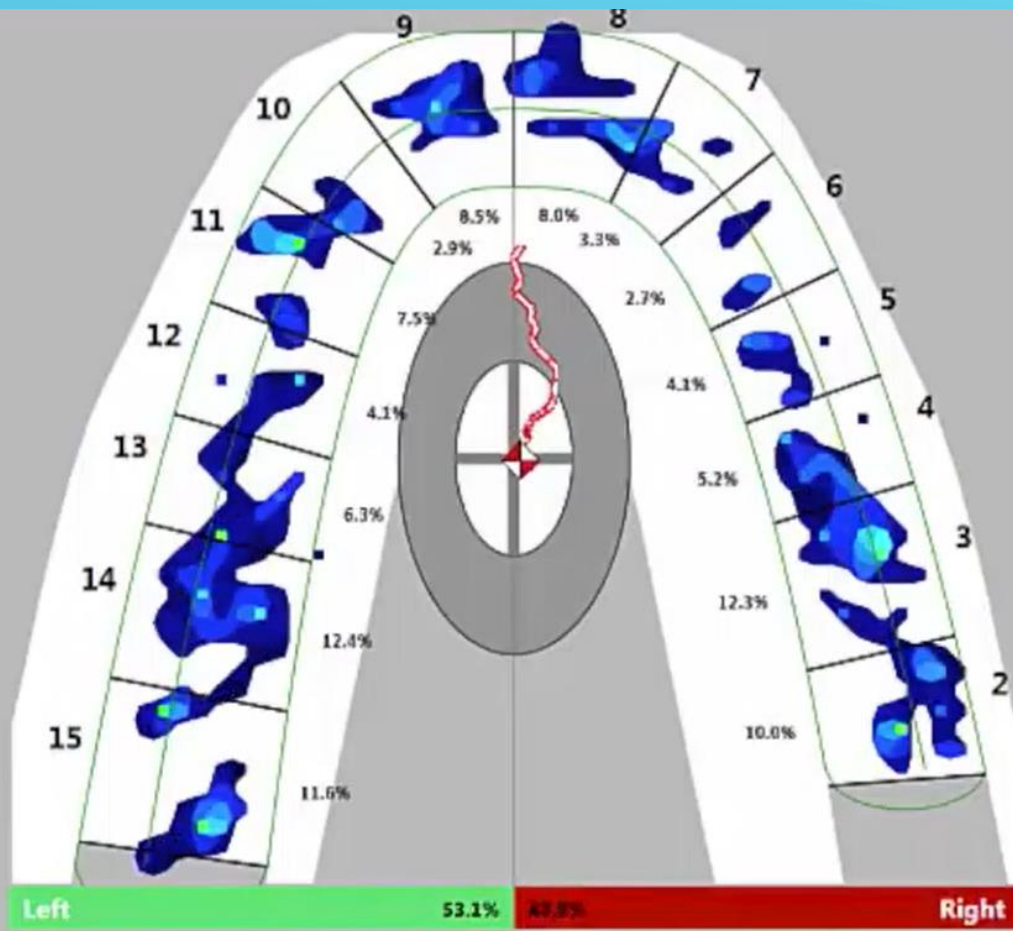
T-Scan Novus is an objective assessment tool used to evaluate the occlusion of a patient. Unlike articulating paper, which can only determine location, T-Scan Novus can identify both force and timing, two of the most fundamental parameters for **measuring occlusion**.

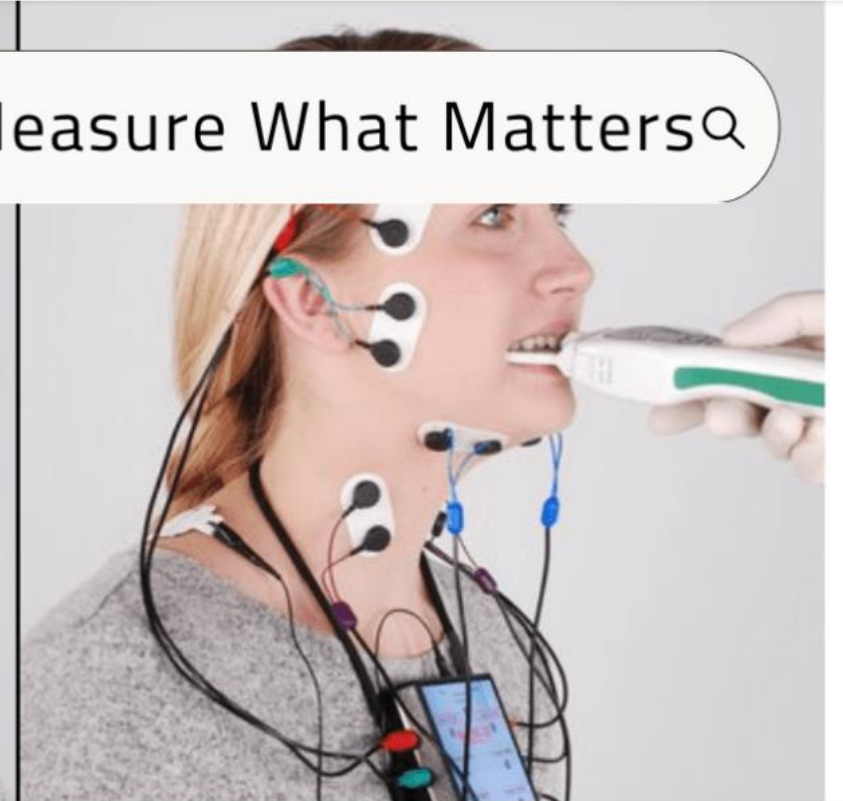
Not available for online purchase.

[Contact us for pricing »](#)



What is Dental Occlusion, and How do Dentists Measure it?





Measure What Matters 🔍

Your hands, eyes, ears and mind are still your most valuable diagnostic tools, so train them.



**Let's not get too lost in the weeds
of technology today**



WHEN I DECIDE TO FABRICATE AND DELIVER A SPLINT, I HAVE ALREADY PLANNED TO ALTER THE PATIENT'S OCCLUSION TO ELIMINATE ARC OF CLOSURE OR LINE OF CLOSURE INTERFERENCES BY EQUILIBRATION, ORTHODONTICS, RESTORATIVE DENTISTRY, ORAL SURGERY OR A COMBINATION OF THE ABOVE.

Pearl

AFTER THE SPLINT IS SEATED, BEGIN BY REMOVING ALL CONTACTS POSTERIOR TO THE CONTACT OF THE MAXILLARY 1ST BICUSPIDS.



Add a footer

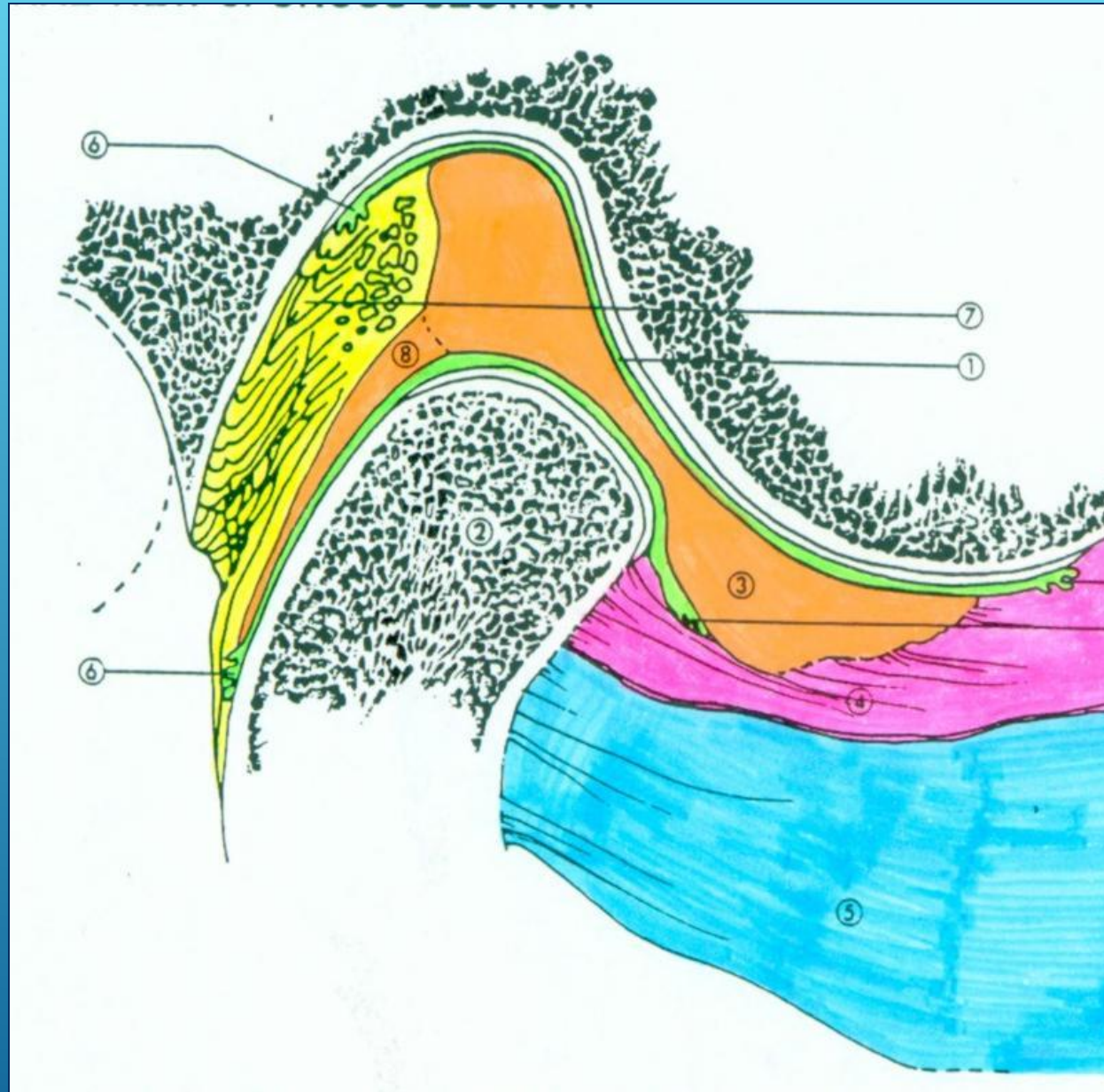
JESEK



SEMINARS







Peter E Dawson



Peter E Dawson

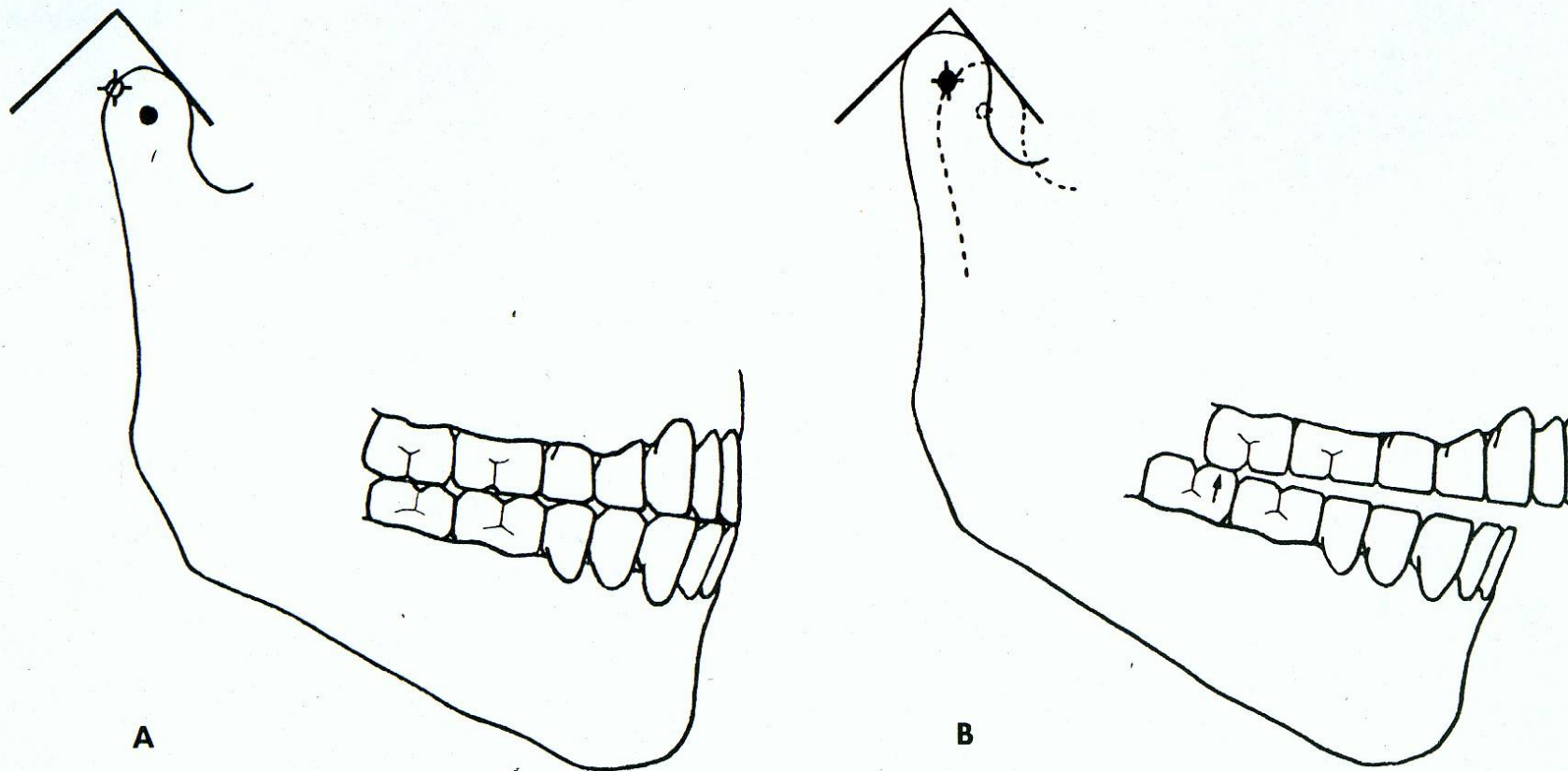
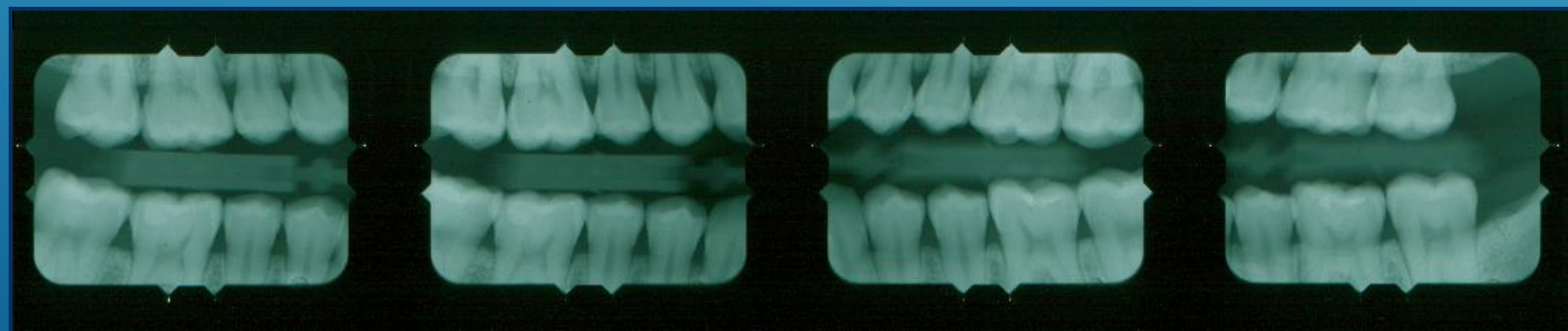
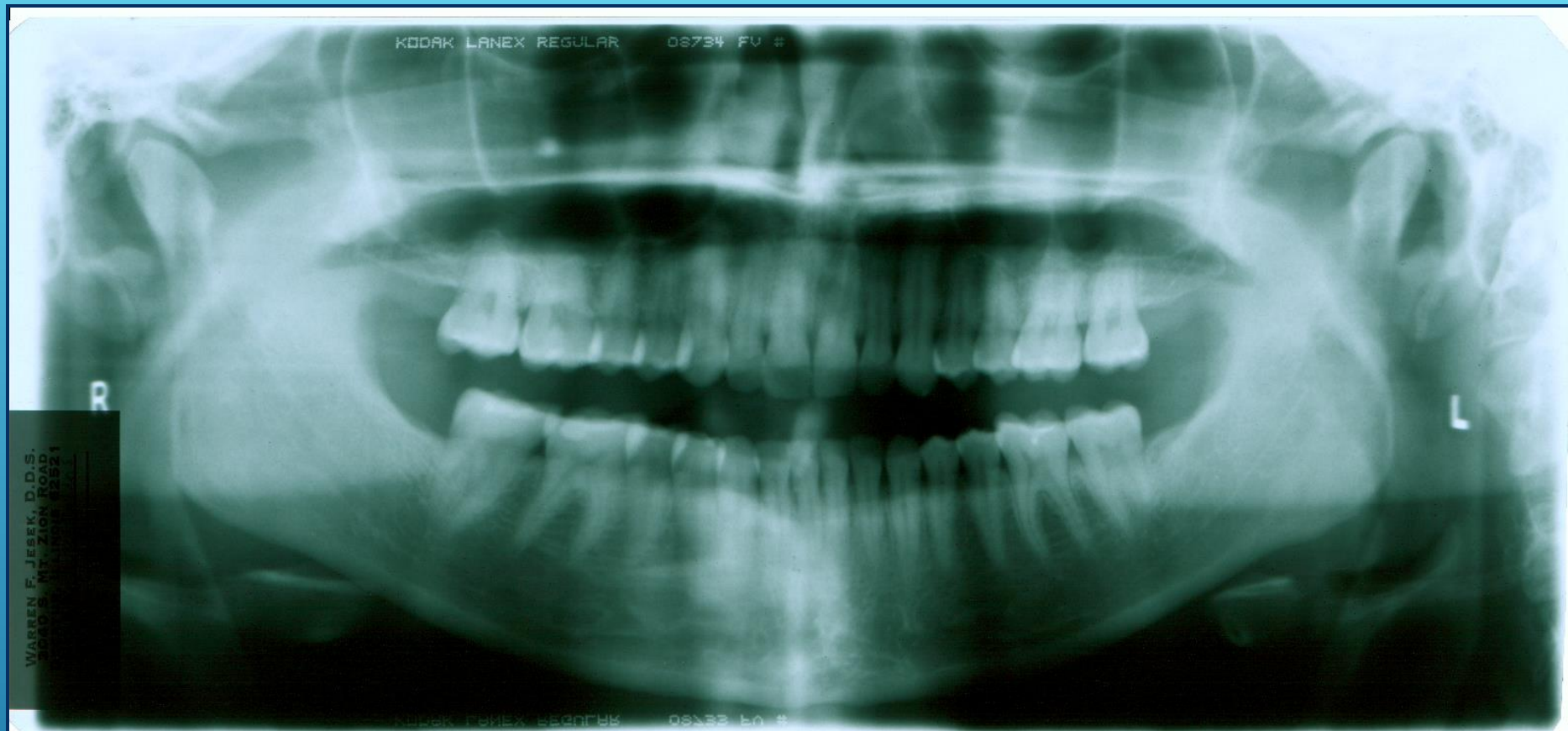


Fig. 4-2. If the occlusion is harmonized at a protruded-jaw relationship, the forward position of the condyle requires downward movement, **A**. When the elevator muscles contract behind the teeth, the condyles are elevated into the more superiorly seated position at centric relation, **B**. This causes the most posterior teeth to become the occlusal pivot and puts the entire load onto these teeth until the jaw shifts forward.

Peter E. Dawson





This dentist was drinking her cold drinks through a straw and wanted me to do a root canal on tooth number 11.

- ▶ Go out to patient power points







JESEK



SEMINARS



JESEK



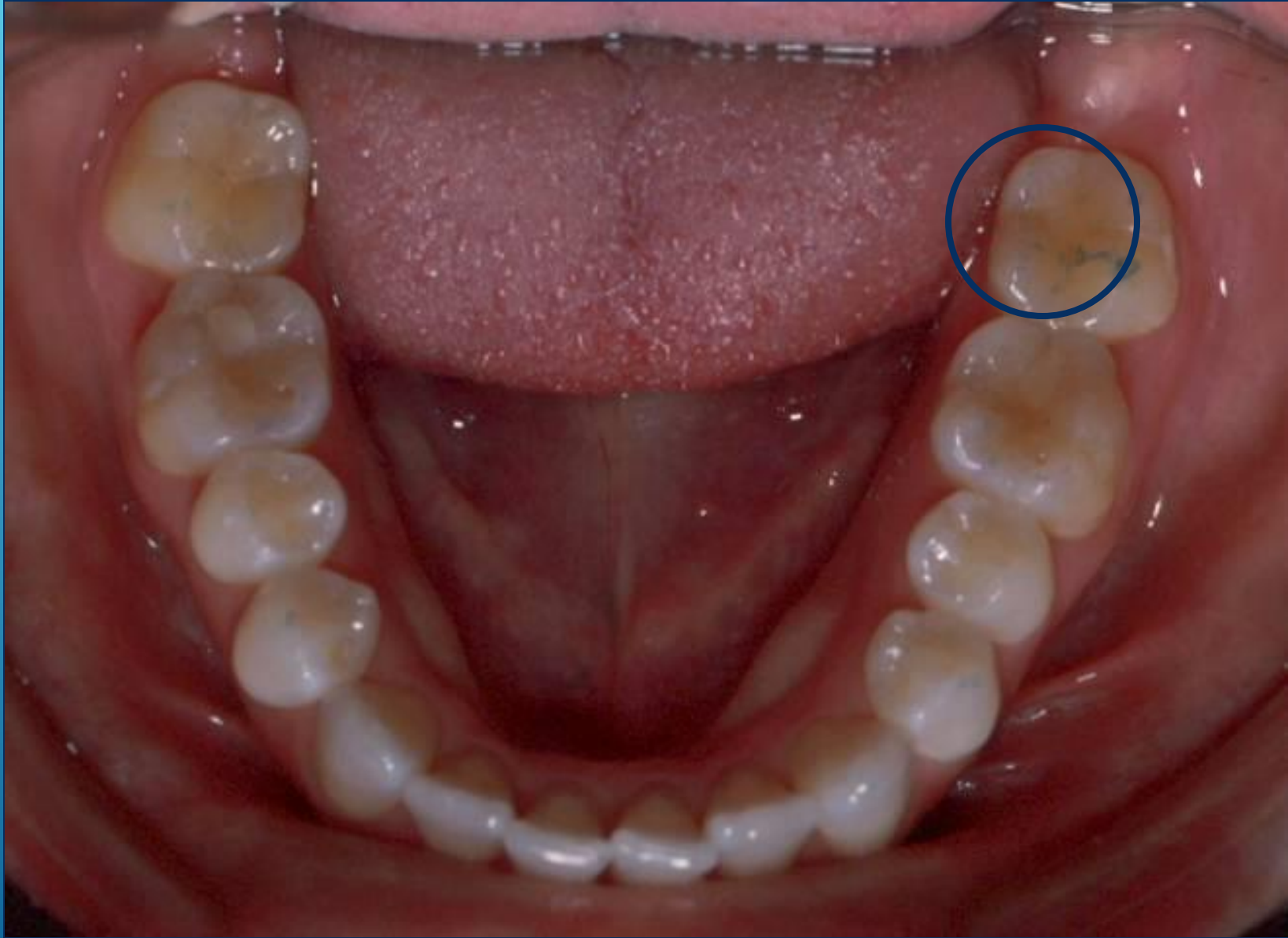
SEMINARS

CONDYLES SEATED USING BIMANUAL GUIDANCE



First point of contact
with condyles seated is between
tooth numbers 15 & 18





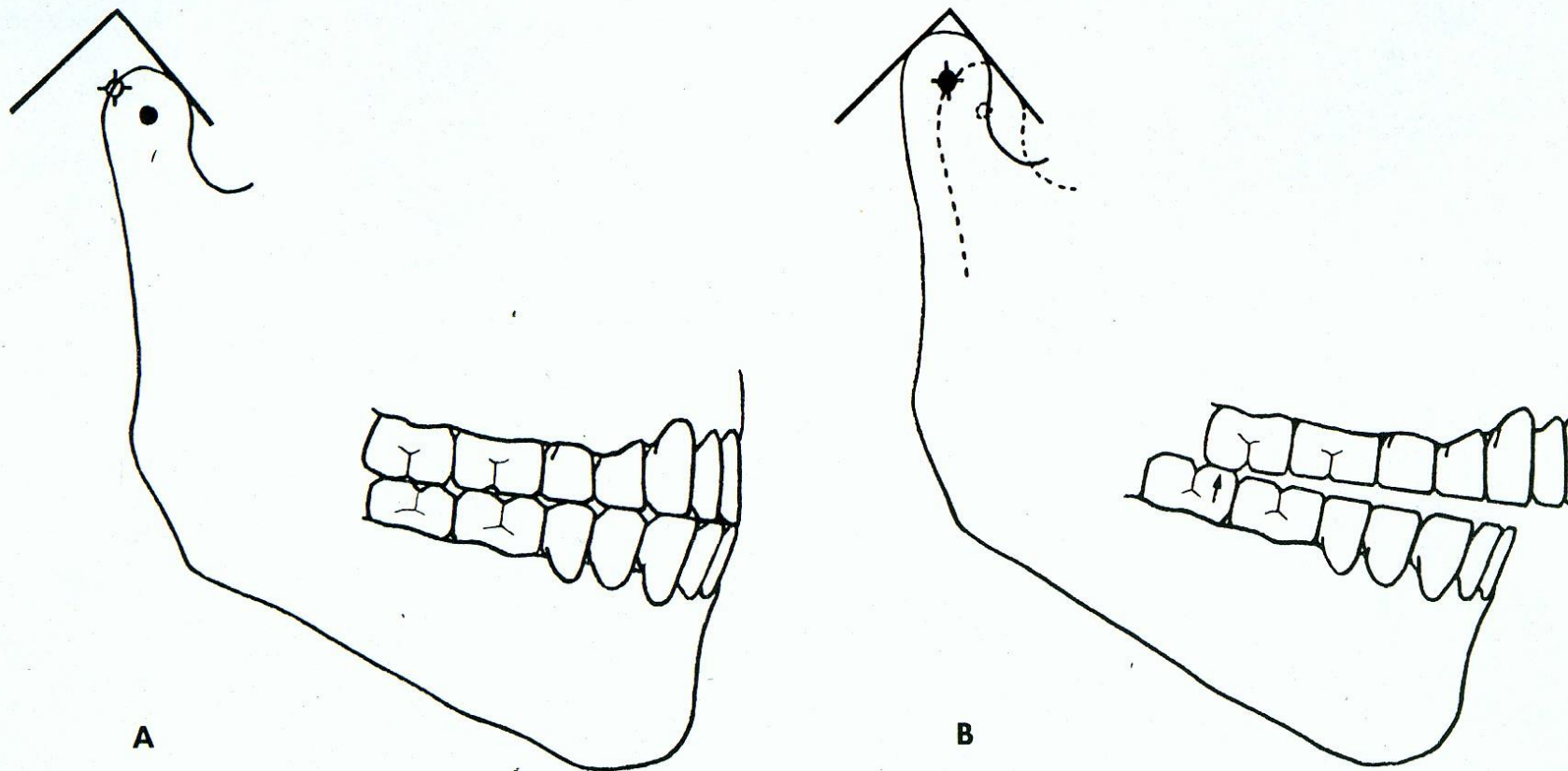


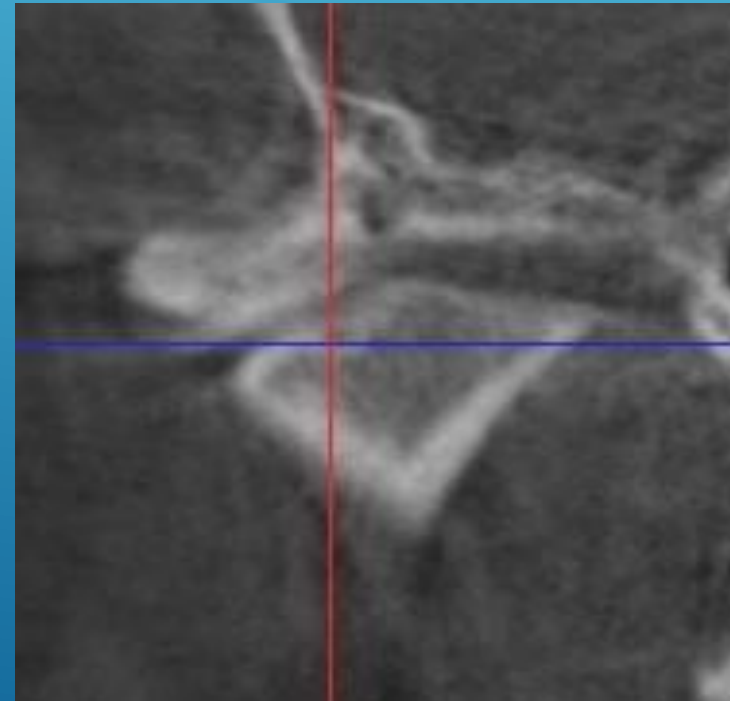
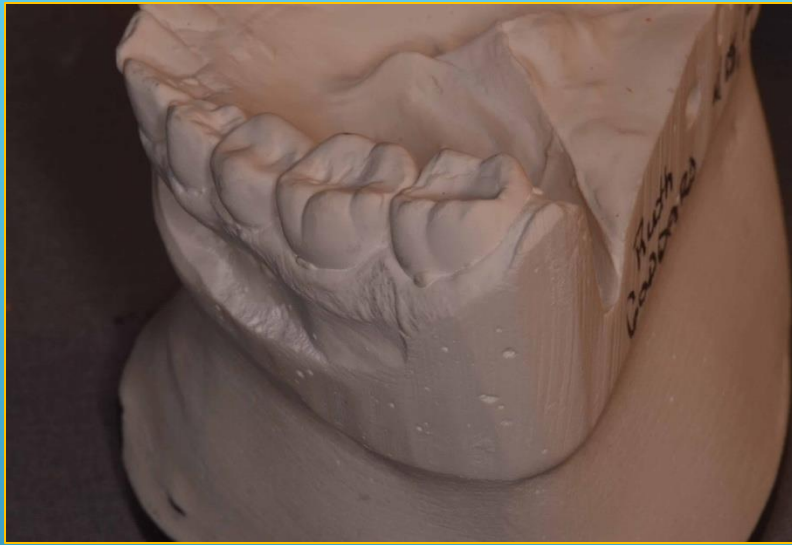
Fig. 4-2. If the occlusion is harmonized at a protruded-jaw relationship, the forward position of the condyle requires downward movement, **A**. When the elevator muscles contract behind the teeth, the condyles are elevated into the more superiorly seated position at centric relation, **B**. This causes the most posterior teeth to become the occlusal pivot and puts the entire load onto these teeth until the jaw shifts forward.

Peter E. Dawson

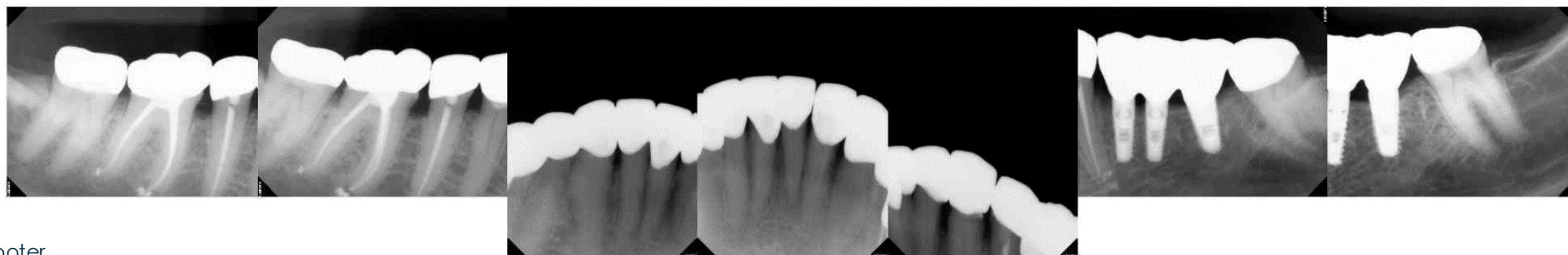
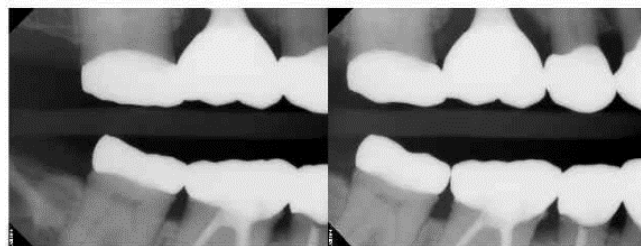


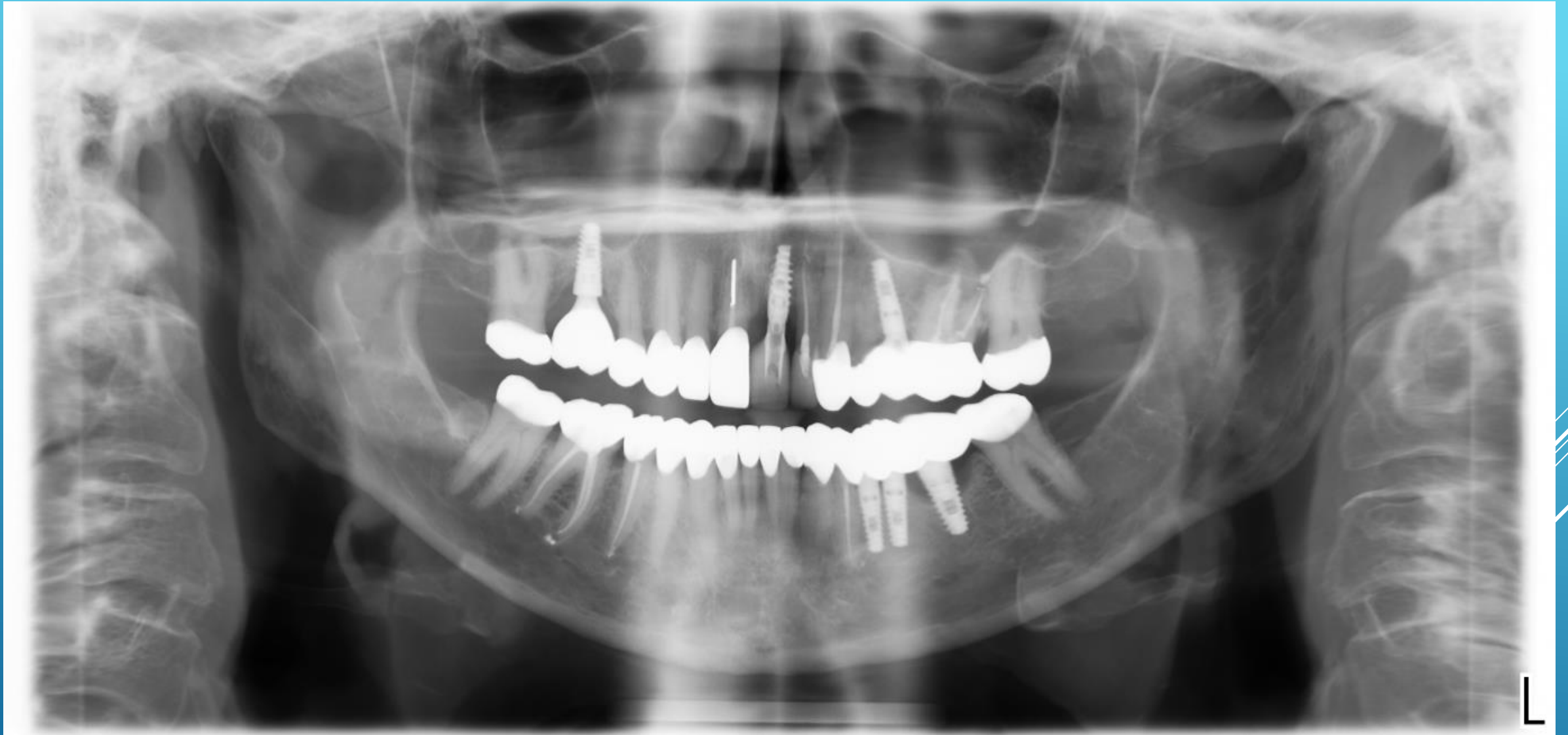
Patient wanted me to crown all her teeth because last dentist made her teeth on the right too short

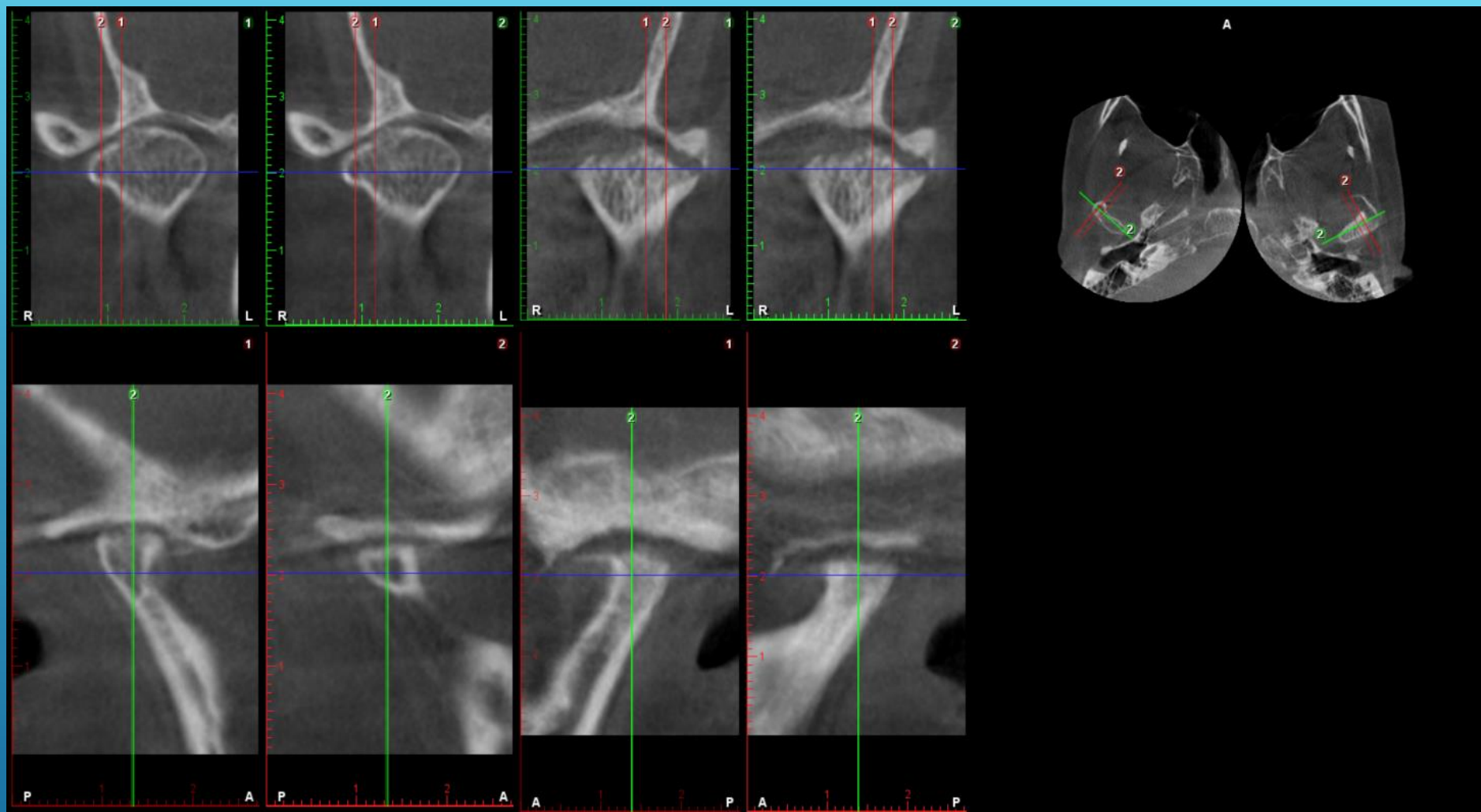




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CO-DISCOVERY WITH PATIENT AND EDUCATION TO RAISE PATIENT'S DENTAL IQ AND UNDERSTANDING

Nightguard

WORKING AT NIGHT
WATCHING -DOING
NOTHING



BOTOX

How does Botox affect the nervous system?

The botulinum toxins **cancel nerve signals to the muscles, creating paralysis that can last for months.** Given its extraordinary toxicity, doses are typically measured in trillionths of a gram, and targets are carefully chosen to silence only the desired motor nerves.

Botulinum Toxins, Dermal Fillers and Frontline TMJ/Orofacial Pain Trigger Point Therapy for Every Dental Practice

Friday, March 24, 8 a.m.–5 p.m.

Saturday, March 25, 8 a.m.–Noon

Chicago, IL

Come to the #1 live-patient training courses covering Botox, dermal fillers, frontline TMJ, headaches and orofacial pain for dental and medical professionals, presented by the American Academy of Facial Esthetics (AAFE) and the American Dental Association.

This one-and-a-half-day course runs March 24–25, 2023, at ADA Headquarters in downtown Chicago.

Upon completing registration for this course, you will receive email confirmation that will give you access to the Prepare On-Demand Module, which includes the lecture, video and didactic portions of this course using the AAFE state-of-the-art online education portal.

The Prepare On-Demand Modules must be completed as a prerequisite to taking the Practice Live Patient Module of this training course. The botulinum toxin live patient training will take place in the morning of March 24. The dermal filler live patient training will be in the afternoon of March 24. The TMJ and orofacial pain live patient training will be in the morning of March 25.

OTHER SIDE EFFECTS OF BOTOX INCLUDE DRY MOUTH; DISCOMFORT OR PAIN AT THE INJECTION SITE; TIREDNESS; HEADACHE; NECK PAIN; EYE PROBLEMS SUCH AS DOUBLE VISION, BLURRED VISION, DECREASED EYESIGHT, DROOPING EYELIDS, SWELLING OF YOUR EYELIDS, AND DRY EYES; DROOPING EYEBROWS; AND UPPER RESPIRATORY TRACT INFECTION.

FOR MORE INFORMATION, REFER TO THE MEDICATION GUIDE OR TALK WITH YOUR DOCTOR.



Why should I try BOTOX®?

BOTOX® is the #1 prescribed branded Chronic Migraine preventive treatment*

[FIND A BOTOX® SPECIALIST >](#)

*Based on IQVIA data from May 2018 to June 2023.

†2023 BOTOX® Chronic Migraine Patient Market Research BOTOX® Current Users (n=78).

In a survey,
99%
of current
BOTOX® users



**plan
to keep
using it!†**



READ THE FINE PRINT, ONLY 78 PEOPLE IN THE STUDY

*Based on IQVIA data from May 2018 to June 2023

†Starts with 2 treatments 12 weeks apart, then 1 treatment every 12 weeks thereafter (or as recommended by your doctor).

‡BOTOX® injections are given by your doctor.

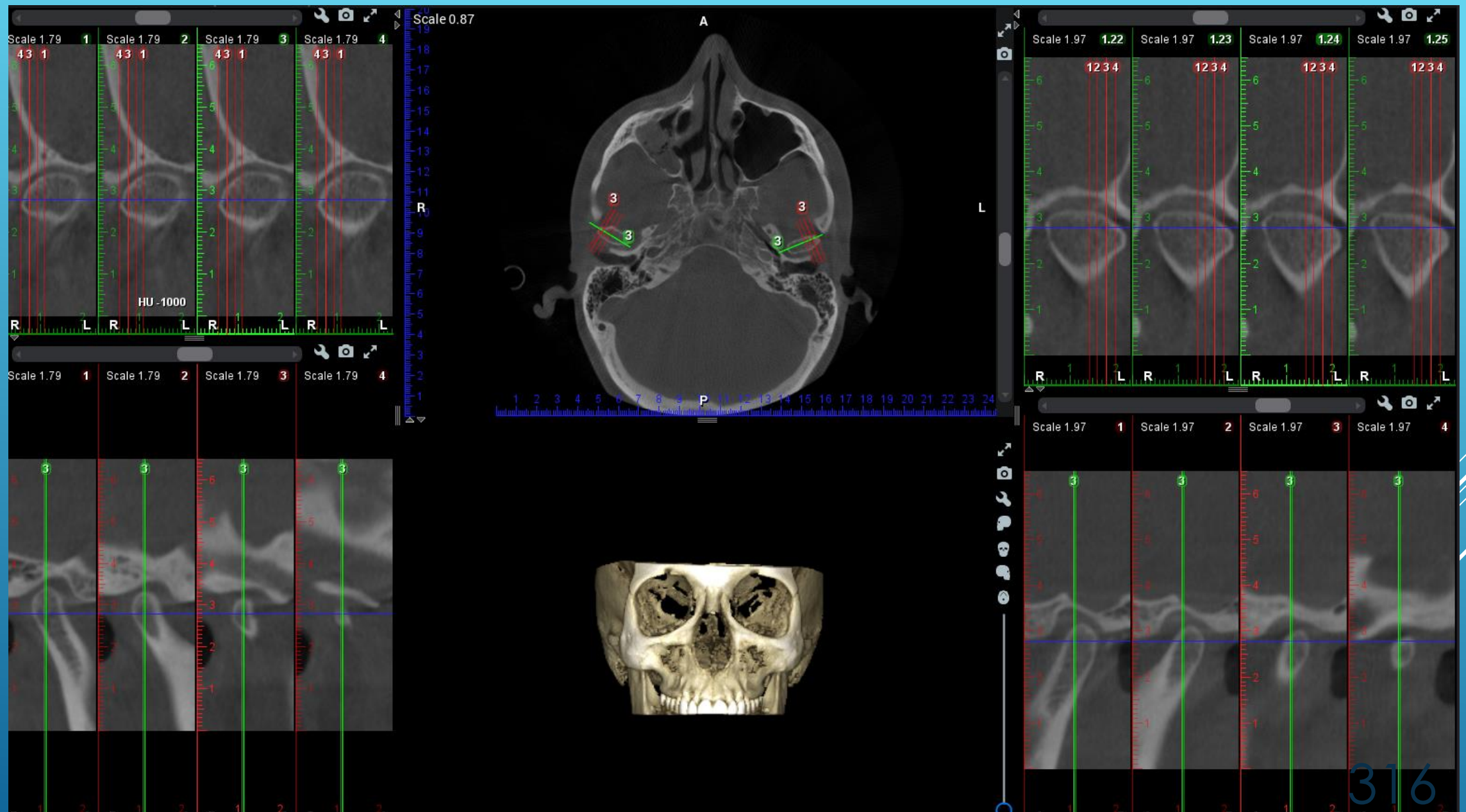
§As of June 2023.

¶2023 BOTOX® Chronic Migraine Patient Market Research BOTOX® Current Users (n=78).





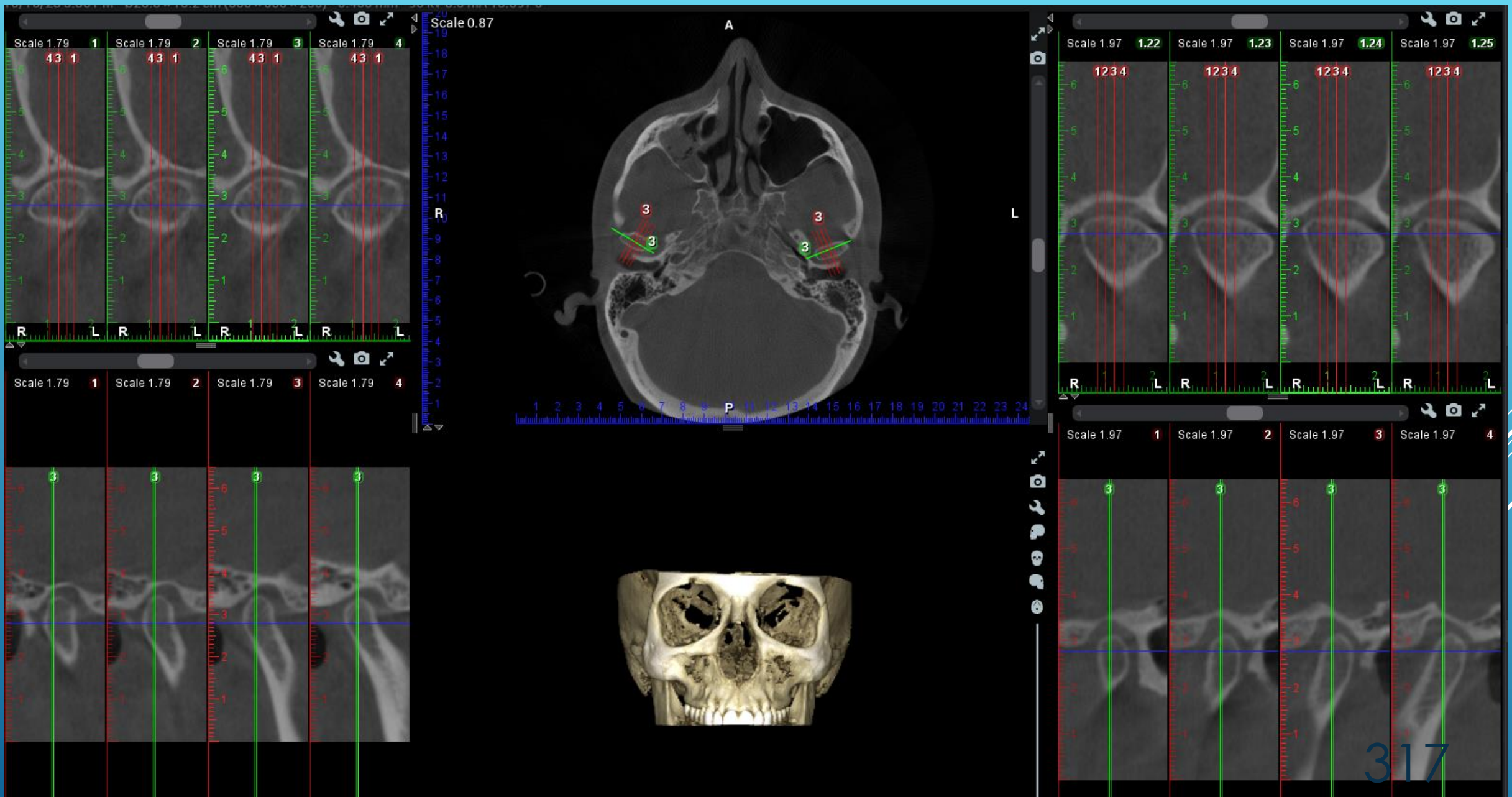
315



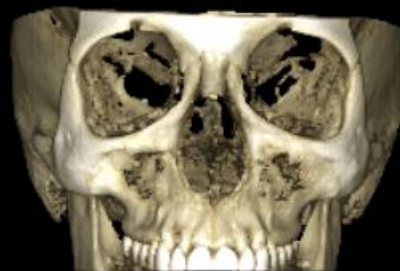
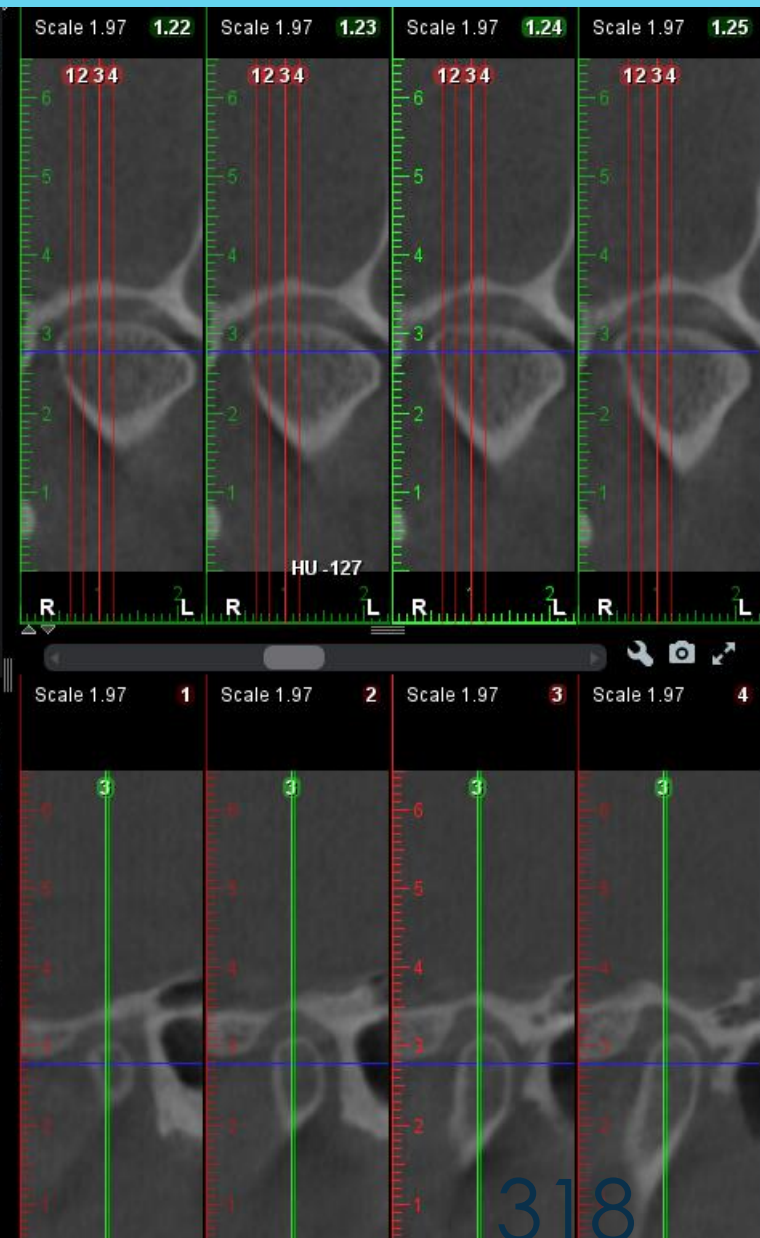
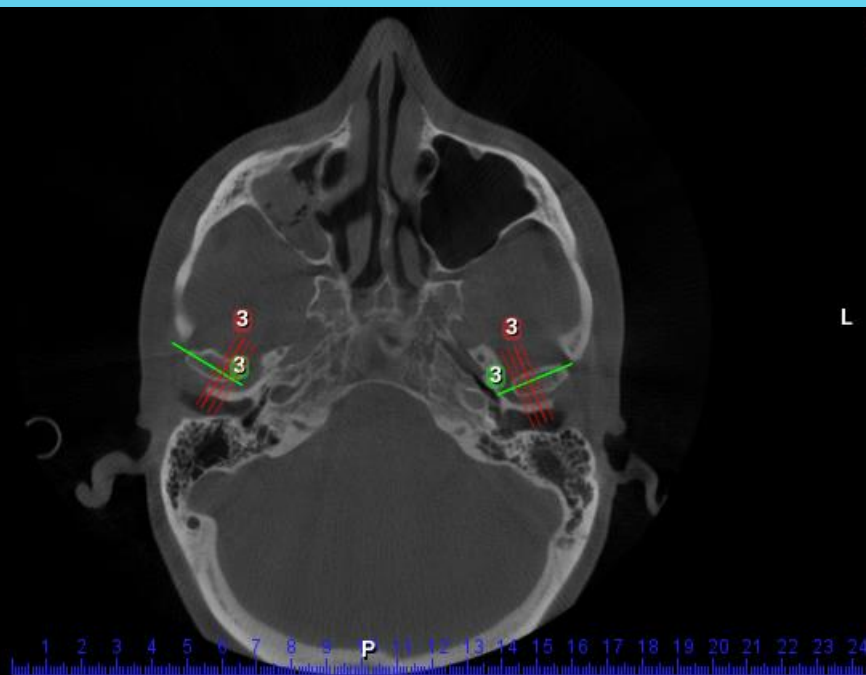
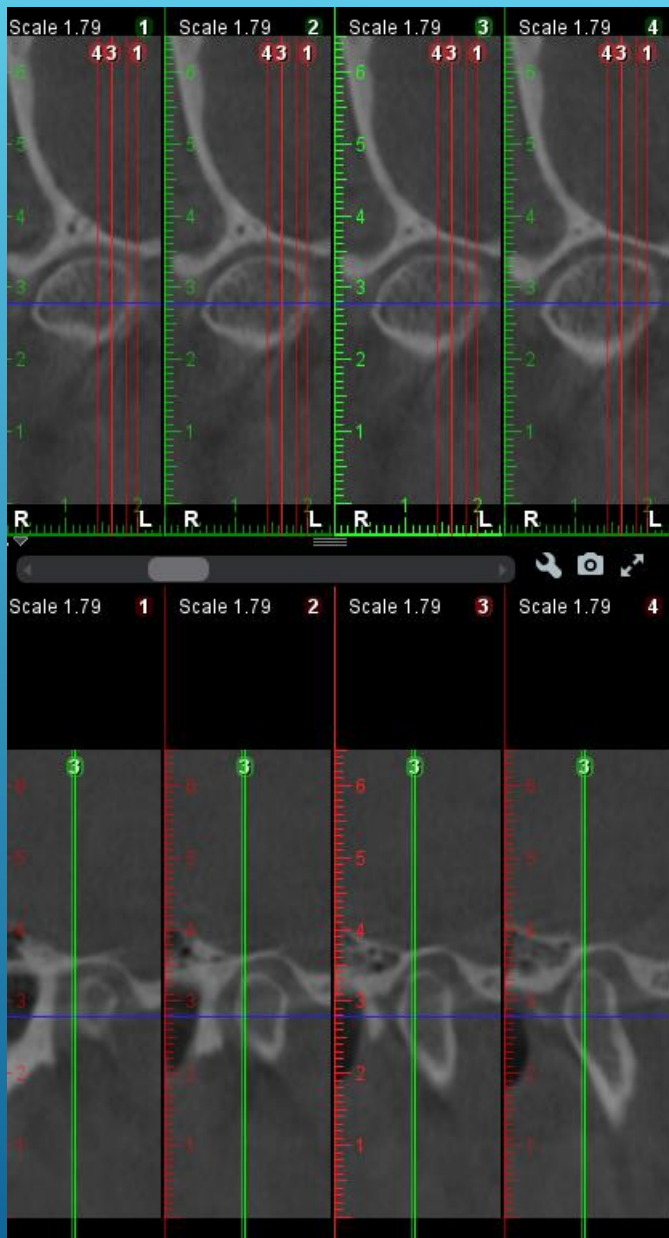
316

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LATERAL POLE



317



ADD A FOOTER
MEDIAL POLE





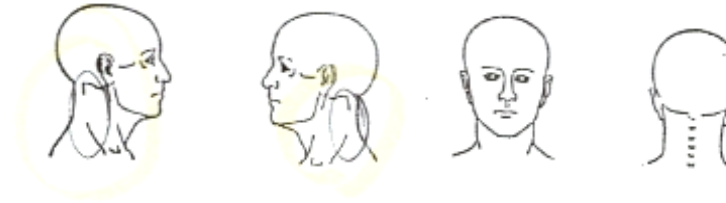
61. Have you seen a physician, dentist, physical therapist, osteopath, chiropractor, or other health care person for your pain? X Yes _____ No

62. Do you snore or been told you snore? _____ Yes X No

63. Have you been told you stop breathing at night? _____ Yes X No

64. Have you been diagnosed with sleep apnea? _____ Yes X No
If yes, have you been treated? _____ Yes _____ No

6. On the diagrams please circle the areas where you have pain:



7. How long have you had this pain?

Number of : X years; _____ months; _____ weeks

8. When do you have pain?

- ☐ Constantly
- ☒ Frequently but not predictable
- ☐ Frequently and predictably
- ☐ Occasionally
- ☐ No real pattern

9. How long does the pain last?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 minute | <input type="checkbox"/> 6-12 hours |
| <input type="checkbox"/> 1-10 minutes | <input type="checkbox"/> 13-24 hours |
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> Several days |
| <input type="checkbox"/> 1-5 hours | <input checked="" type="checkbox"/> Constant |

10. Do you have numbness or unusual feelings or sensations in your face or jaw?

☐ Yes ☒ No

11. Do any of the following cause or aggravate the pain?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Yawning |
| <input checked="" type="checkbox"/> Opening mouth wide | <input type="checkbox"/> Laughing |
| <input type="checkbox"/> Talking | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Playing a musical instrument | Other _____ |

12. What relieves the pain?

<input checked="" type="checkbox"/> Massage of the area	<input type="checkbox"/> Sleep
<input type="checkbox"/> Warm soaks or compresses	<input type="checkbox"/> Time
<input type="checkbox"/> Holding jaw in certain positions	<input type="checkbox"/> Relaxation
<input checked="" type="checkbox"/> Pain medication	<input type="checkbox"/> Heat
<input type="checkbox"/> Moving or manipulating jaw	Other _____

13. Do you have problems with your ears?

☐ Yes ☒ No; Which side? ☐ Right ☐ Left

If yes, which of the following?

☐ pain ☐ buzzing ☐ ringing ☐ stuffiness

14. Are you bothered by dizziness or dizzy spells?

☐ Yes ☒ No

15. Do you have pain in the cheek? ☐ Yes ☒ No

Which side? ☐ Right; ☐ Left; ☐ Both sides

Using the rating scale indicate the severity of the pain you are experiencing by circling the appropriate area:

0 1 2 3 4 5 6 7 8 9 10
no pain extreme pain

16. Do you have pain in the temple or above the ear?

☒ Yes ☐ No

Which side? ☐ Right; ☒ Left; ☐ Both sides

Using the rating scale indicate the severity of the pain you are experiencing by circling the appropriate area:

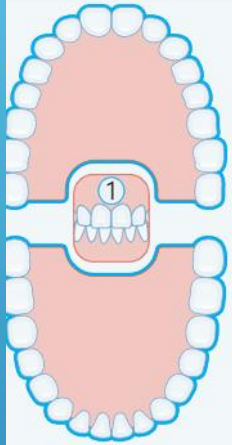
0 1 2 3 4 5 6 7 8 9 10
no pain extreme pain

17. Do you have pain in your neck? ☒ Yes ☐ No

Using the rating scale indicate the severity of the pain you are experiencing by circling the appropriate area:

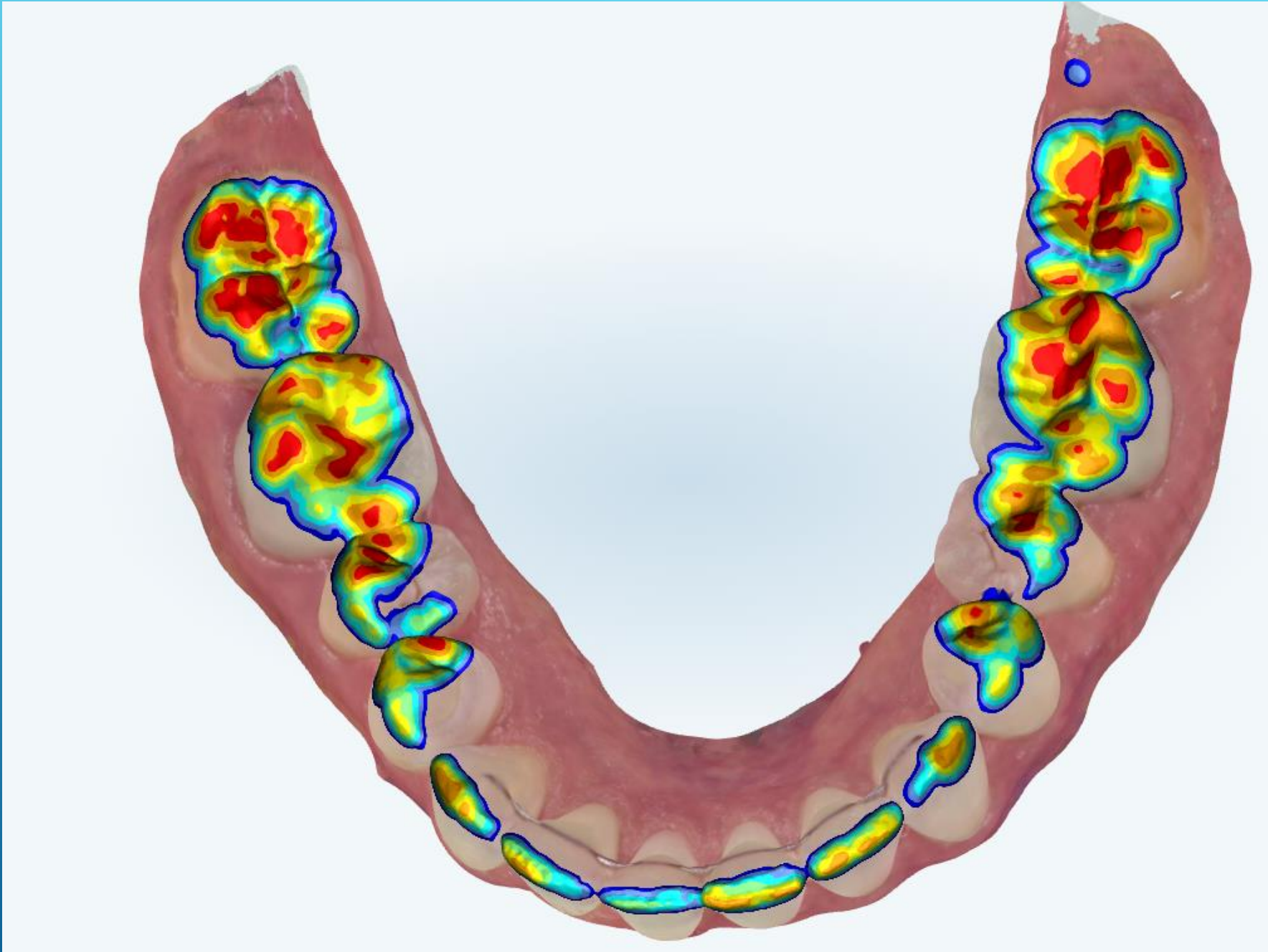
0 1 2 3 4 5 6 7 8 9 10
no pain extreme pain

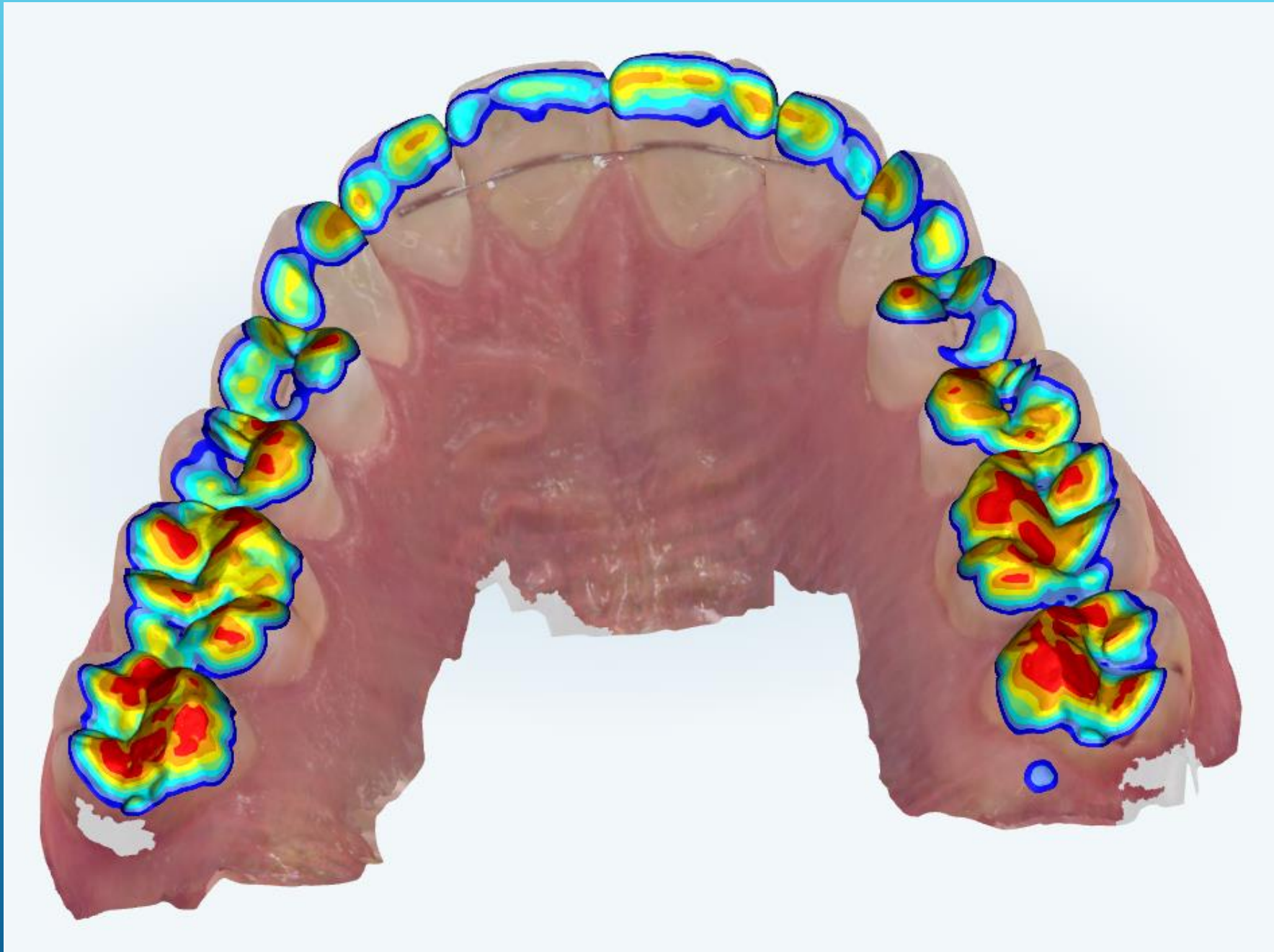
37. Do you feel that clenching or grinding your teeth causes or contributes to your pain?
☒ Yes ☐ No ☐ Sometimes
38. Do you feel that you are under stress much of the time?
☐ Yes ☐ No ☒ Occasionally
39. Does increased stress seem to make the pain problem worse?
☒ Yes ☐ No ☐ Occasionally
40. Do you sleep well? ☒ Yes ☐ No ☐ The pain problem is affecting my sleep.
41. Do you awaken frequently during the night? ☒ Yes ☐ No
42. Do you go to bed more tired than your daily activities justify? ☐ Yes ☒ No
43. Do you feel rested when you get up in the morning? ☒ Yes ☐ No
44. How many pillows do you sleep on? one
45. Are you "stiff" or sore when you wake up in the morning? ☐ Yes ☒ No
46. Do you wake up with a headache? ☒ Yes ☐ No
47. Do you have headaches later in the day? ☒ Yes ☐ No
48. Do you have headaches as often as once per week? ☒ Yes ☐ No
If yes, how many per week?
49. Is there any nausea or vomiting associated with your headaches? ☐ Yes ☒ No;
if yes, how many per week?
50. Are there vision changes associated with your headaches? ☐ Yes ☒ No;
If yes, what kind?
51. Do you take medication for the headache pain? ☒ Yes ☐ No
If yes, what? advil
52. What relieves the headache?
☒ Pain medication ☐ Rest
☐ Sleep ☐ Exercise
Other _____



















Do you think these 2nd molars may crack or get root canal and crowns if we don't do something? What's their future?



Use tissue paper in forceps to dry teeth off before marking interferences





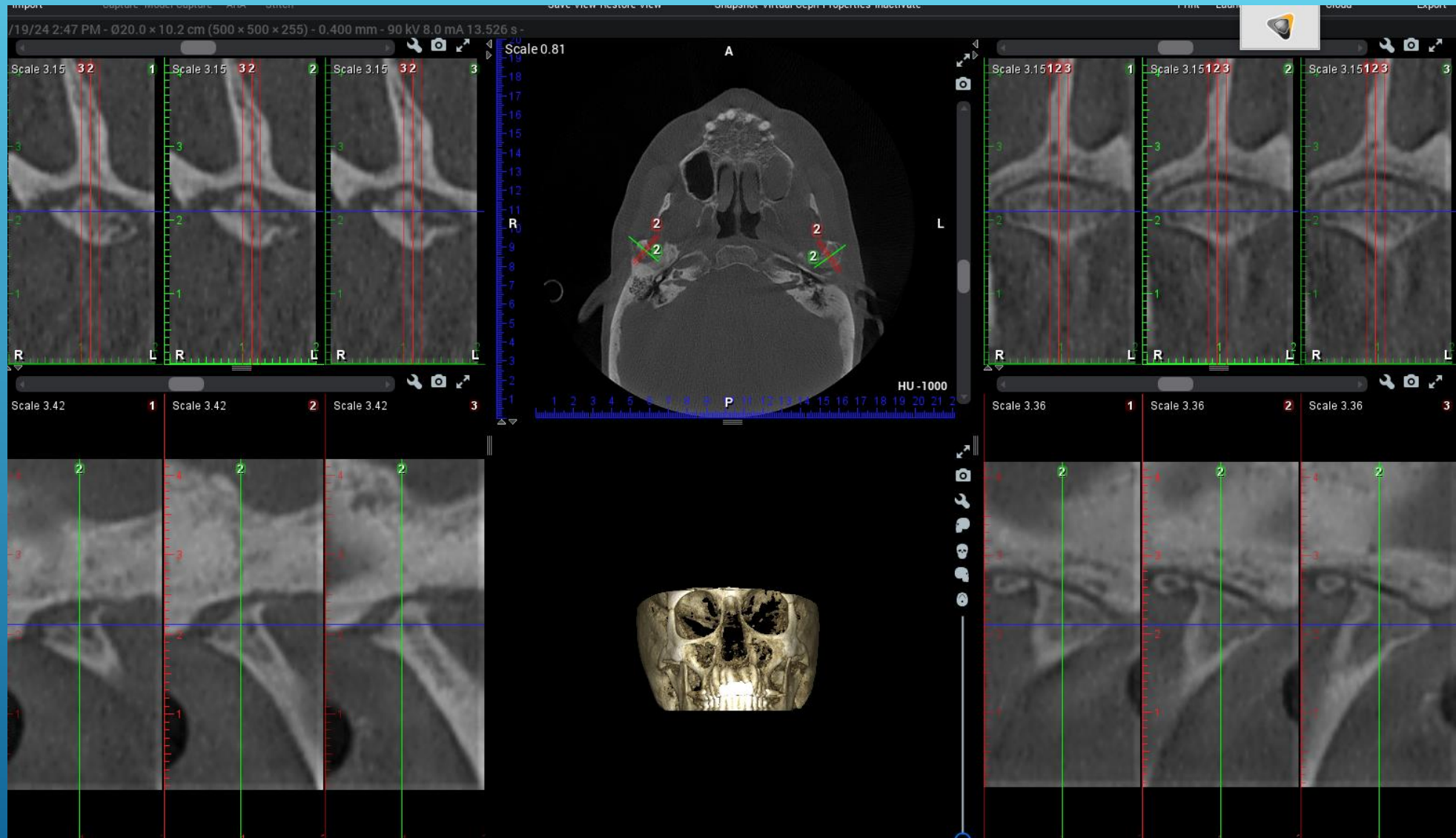
PATIENT COMPLAINS OF
SENSITIVITY IN THE AREA OF
30 AND 31. SHE SAID THEY
FELT BETTER BUT RETURN A
MONTH LATER NEEDING
MORE ADJUSTMENT ON
THE RIGHT



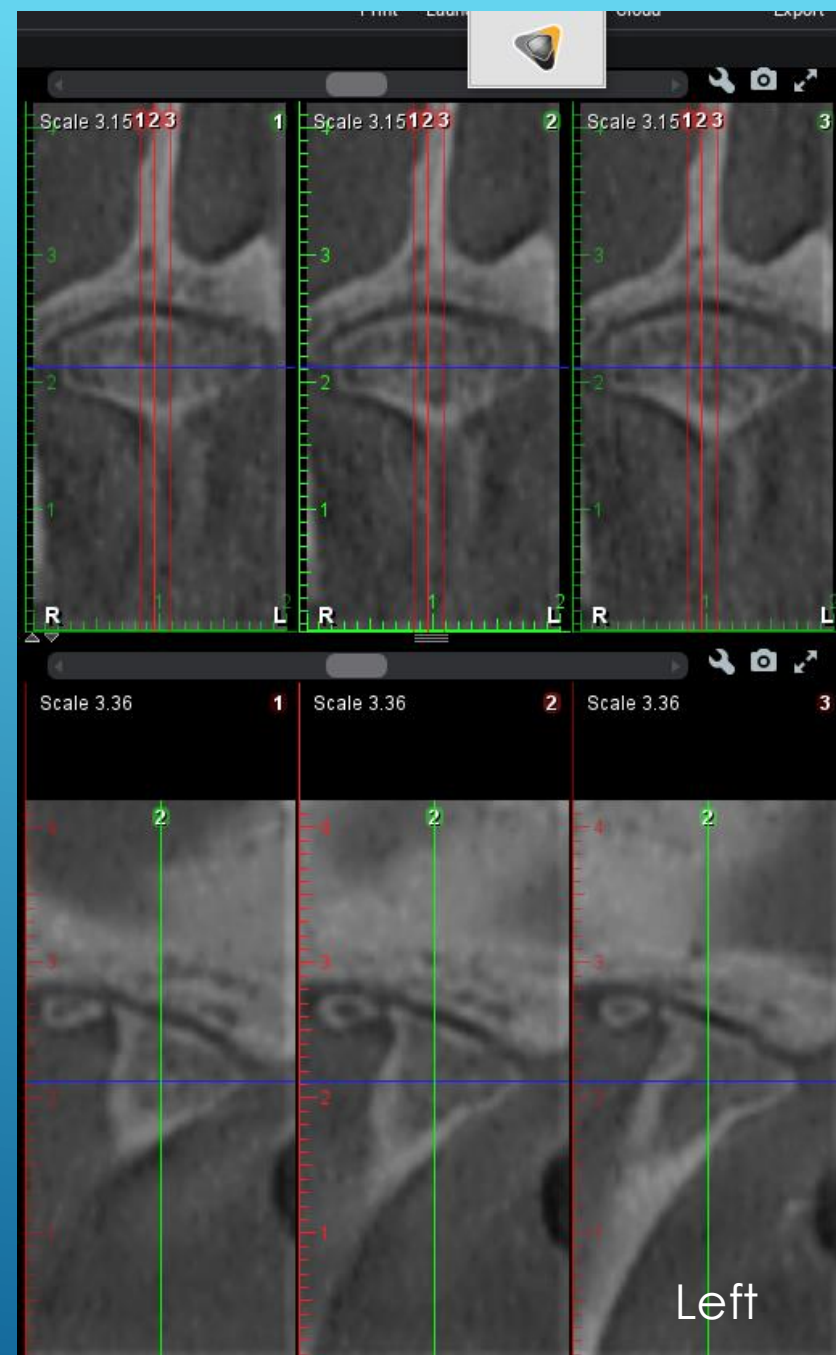
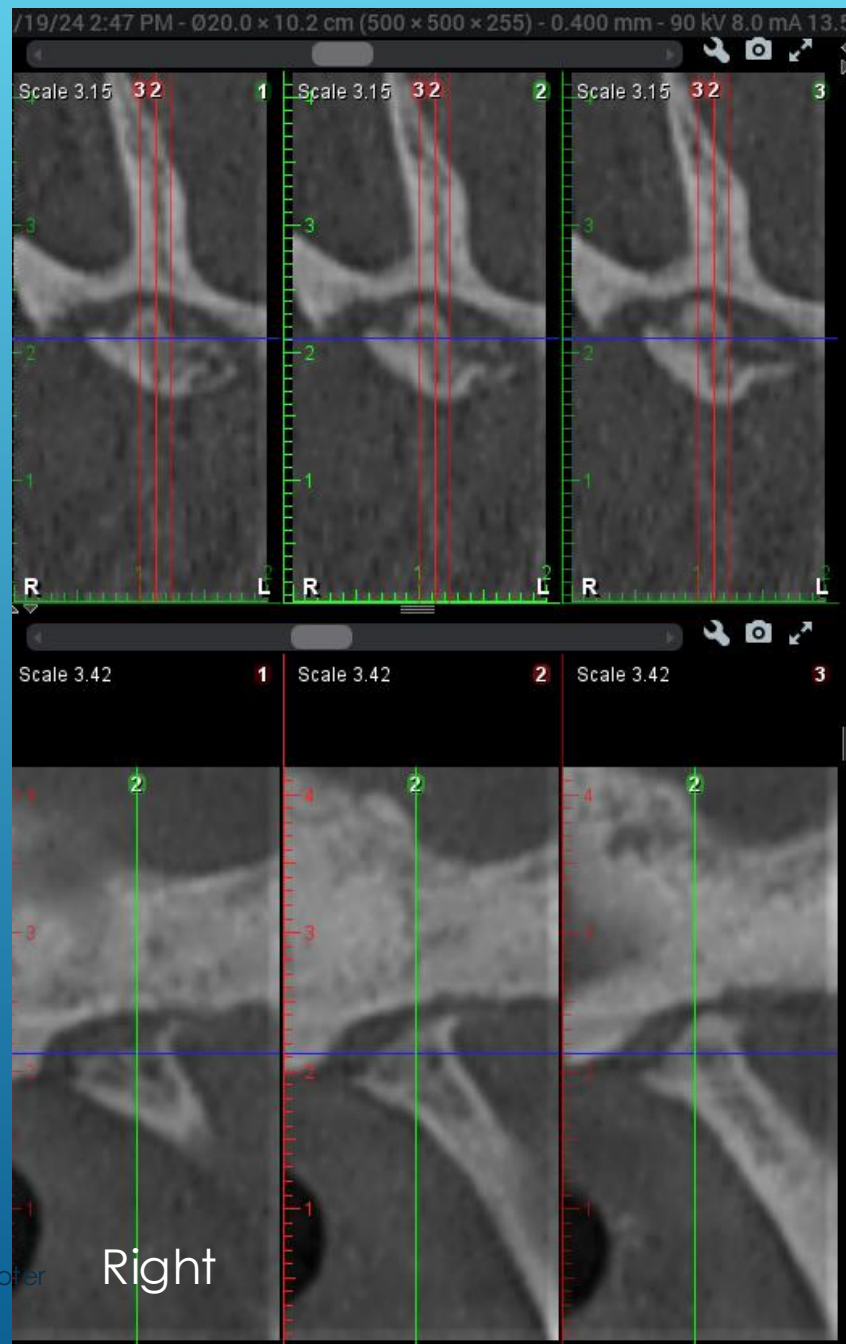
PANORAMIC VIEW OF TMJ'S



CBCT



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340

You can treat TMD as I hope I have shown you.

You can help improve the quality of life for your patients by eliminating headaches related to occlusion and improving sleep quality.

You can help people avoid unnecessary dental treatment.

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MODERN DAY COMPREHENSIVE DENTAL
OFFICE”
GREECE CRUISE JUNE 12-19,2026



Celebrity Xcel

DATE	PORT OF CALL	ARRIVE	DEPART
Fri Jun 12	Barcelona, Spain	-	5:00 pm
Sat Jun 13	At Sea - Cruising	-	-
Sun Jun 14	Valletta, Malta	7:00 am	7:00 pm
Mon Jun 15	At Sea - Cruising	-	-
Tue Jun 16	Kusadasi (Ephesus), Turkey	9:00 am	8:00 pm
Wed Jun 17	Mykonos, Greece	7:00 am	6:00 pm
Thu Jun 18	Santorini, Greece	7:00 am	8:00 pm
Fri Jun 19	Athens (Piraeus), Greece	5:00 am	-

Warren Jesek, DDS, MAGD

Master of the Academy of General Dentistry

**SPEAKER
PACKET**



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Contact me at:
217-972-4494
Jesek.com
wjesek@aol.com