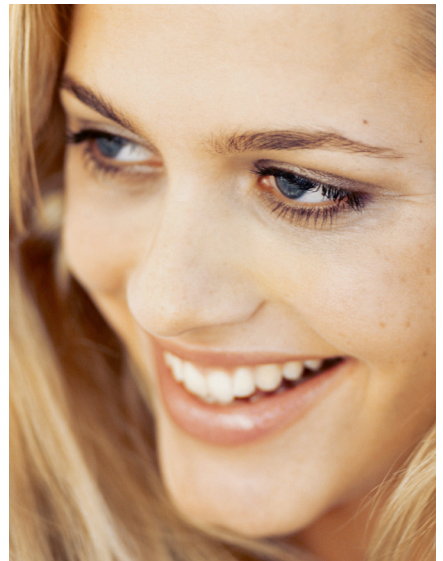
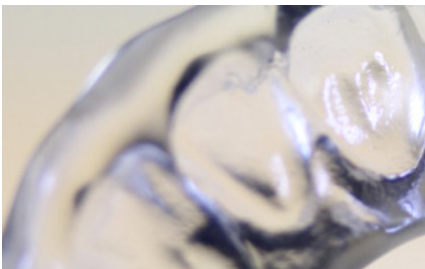
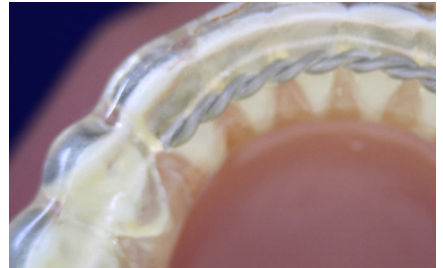
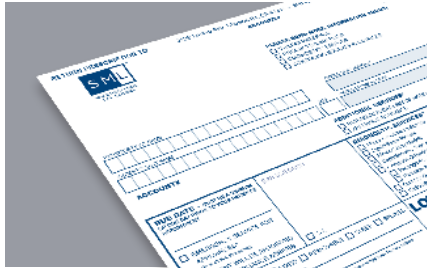




®

SPLINT THERAPY





SPLINT THERAPY

SPLINTS ARE SOMETHING THAT **EVERY** DENTIST IN **EVERY** PRACTICE SHOULD BE USING **EVERY** SINGLE DAY.

Chronic bruxism may lead to sensitive, worn-out, decayed, fractured, loose, or missing teeth*.

As long as bruxism continues, the situation keeps getting worse. Successful management of bruxism depends on minimizing the abrasion of tooth surfaces by the wearing of a dental splint created from a bite mold and fitted to the shape of an individual's upper or lower teeth

Protect newly placed veneers or crowns -- thermoplastic lining of the internal splint protects without exerting undue pressure.

As a practicing dentist, there's a tendency to be at least initially preoccupied with examining for caries and periodontal disease. It's not easy to pinpoint abnormal wear problems in a wet field. You may see them, but often diagnostic tests are required -- tests involving models and jaw joint palpation.

OPPORTUNITY

1 Splint (average collection: \$500-800)

Daily Revenue: 4 patients, 4 splints per day = \$2000.

Annual Revenue: more than \$100,000 into your practice.

When you consider the need for interceptive care – not just for children, but adults as well – the message is clear. The essence of Splint Therapy is that potentially

EVERYBODY needs it.

The purpose of Splint Therapy is to control abnormal mobility and prevent excessive tooth wear in a patient. Splints change the bite relationship – especially at night when habitual clenching and bruxing take over.

Prevent the loss of tissue attachment around a tooth -- caused by bacteria, and the exertion of abnormal forces.

Provide periodontal therapy -- distribute forces, decrease trauma and aid in healing after periodontal surgery.

Control vertical dimension (or establish it) in a patient that's bruxing or already has TMJ issues.

Break the clench/brux pattern that can trigger a migraine response.

Act as a final retainer in stabilization after orthodontics.

SCREEN

YOUR PATIENTS

PERFORM

A TMJ EXAM/TAKE STUDY CASTS

EVALUATE

VERTICAL DIMENSION/
OCCLUSAL BITE

EXAMINE

EXISTING DENTAL WORK

PROTECT

WORK YOU'VE DONE

DISCUSS

THE SITUATION WITH YOUR PATIENT.



For more information, call us at: 1-800-423-3270
or visit us at www.SMLglobal.com



The biggest problem observed in adults? Abnormal wear patterns. They end up causing a decrease in the vertical dimension of the patient -- wearing down teeth to the point where full mouth reconstruction is inevitable.

The SML solution: deliver an orthotic or splint earlier in their care to prevent the problems from occurring in the first place.

ROB VEIS, D.D.S.
CEO, Space Maintainers Laboratories (SML)
Co-author, Principles of Appliance Therapy for Adults and Children

A practicing dentist since 1984, Dr. Veis is graduate of USC Dental School, where he also taught for 12 years as a Clinical Professor in Restorative Dentistry. He is an internationally renowned lecturer on the topics of Dental Sleep Medicine, Orthodontics for the General Practice and Appliance Therapy; and has served on the faculty of the Las Vegas Institute of Advanced Dental Studies.



BRUXISM - DUAL LAMINATE SPLINTS

Extremely Comfortable, Patient Friendly

*Item #s: 61340 (U)
Item #s: 61340 (L)*



Although no hard and fast figures on the frequency of bruxism are available currently, it is known that 80% of all bruxers may be unaware of the habit (Thompson, Blount, and Krumholtz, 1994) or ashamed of it... and that evidence of the self-destructive behavior (worn teeth) may take years to actually appear.

*Prevalence evidence ranges from 5% to 100% ...but it can safely be said that at the very least, one out of twenty Americans brux. Most likely, **one in four**.*

The Dual Laminate Splint acts to absorb shock, stabilizing the occlusion while helping prevent further damage to teeth and the temporomandibular joint. It also enables the dentist to gauge the extent and pattern of bruxism, based upon examination of indentations on the surface of the splint.

Available in Night or Day Guard Design

TMJ/TMD TRAUMA - THE HORSESHOE SPLINT

Greater Patient Comfort, Greater Patient Compliance

Item #: 61930



The occlusal surface can be finished in whatever manner desired, e.g. smooth with point contact, positive facets for opposing dentition, cuspid rise, and/or anterior guidance to disarticulate the teeth in protrusive movements.

Bruxism is believed by most researchers to be one of the leading causes of temporomandibular disorders (TMD) (Blaros, Tabacchii & Glass, 1998; Israel et. al., 1999; Yustin et. al., 1993).

THE FIRST WARNING SIGNS OF TMD

- TMJ discomfort or pain
- Soreness of jaws and muscles
- Clicking or popping sounds when opening jaws or chewing
- Difficulty in fully opening mouth

As bruxism continues, these symptoms become more severe. Eventually a difficult surgery – of uncertain efficacy – may be required.

Ideal for treatment of TMJ dysfunction-related conditions **the palate-free Horseshoe Splint** presents a flat occlusal surface composed of high-impact clear acrylic resin. For added strength, a twisted stainless steel reinforcement wire is carefully placed across the lingual anterior position of the appliance.

PROTECTION - THE TALON® SPLINT

Superior Fit and Retention, Speech-Friendly Comfort

Item #: 61960 (U)

Item #: 61960 (L)

For patients with crowns or bridges, bruxism may cause porcelain fracture and failure of the restoration. Implant complications are more likely in people who habitually clench or grind their teeth (Perl, 1994, Nishimura et al., 1997)

“Talon” refers to the soft thermoplastic resilient polymer used for the retentive portion of the splint. It maintains its original flexibility for years, thus eliminating the need for any other form of mechanical retention. Hard acrylic is chemically bonded to the talon material, comprising the splint’s occlusal surface.

Combining the comfortable fit (excursive, friction free movement) and positive retention (no pressure points, no metal clasps) of a soft splint with the adjustable occlusal surface and superior protection of a hard splint, Talon makes it easy to adjust precisely and maintain a proper proprioceptive response with the opposing dentition. No speech-inhibiting lingual extensions, either.



For more information, call us at: 1-800-423-3270
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