

## **PRACTICAL CLINICAL COURSES**

*A Service of the Gordon J. Christensen  
Career Development Program*

**S3163**

### **Occlusal Splints Are Essential**

Gordon J. Christensen, DDS, MSD, PhD &  
Karen Preston, MAEd, RDH, FHEA &  
Ric Schwarting, BS  
Valinda Johnston, CDA, BS

**Materials Included:**

C.E. Instruction Sheet  
Products List  
Clinician Responsible  
Goals & Objectives  
Overview  
Supplemental Materials  
AGD Post-Test

**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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**PRACTICAL CLINICAL COURSES**  
*Sources of Products Discussed in*  
**S3163 Occlusal Splints Are Essential**

Presented by Gordon J. Christensen, DDS, MSD, PhD & Karen Preston, MAEd, RDH, FHEA &  
Ric Schwarting, BS & Valinda Johnston, CDA, BS

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5. **Fit Checker**  
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8. **Laboratory:**  
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Newport Beach, CA 92660  
(800)854-7256  
[www.glidewelldental.com](http://www.glidewelldental.com)
9. **Laboratory:**  
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Technologies  
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(716)871-1161  
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10. **Laboratory:**  
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13. **NTI-TSS by Boyd Research**  
Made by Various Laboratories
14. **Snap-Stone**  
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Louisville, KY 40209

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***Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.***

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## **PROGRAM**

### **S3163 Occlusal Splints Are Essential**

#### **CLINICIANS RESPONSIBLE:**

**Karen Preston, MAEd, RDH, FHEA**

*Associate Professor – Dental Hygiene, Utah Valley University  
Board of Directors, CR Foundation*

**Gordon J. Christensen, DDS, MSD, PhD**

*Founder and CEO, Practical Clinical Courses  
Senior Consultant & Previous CEO, CR Foundation  
Practicing Prosthodontist, Provo, Utah*

#### **GOALS & OBJECTIVES**

At the completion of this video presentation, viewers should be able to:

1. Describe recent changes in occlusion related to changes in restorative procedures.
2. List clinical conditions needing occlusal splints.
3. List types of occlusal splints.
4. Describe clinical characteristics of the splint types.
5. Compare different types of impressions for occlusal splints.
6. Discuss the importance of an adequate interocclusal record.
7. Describe laboratory procedures for occlusal splints.
8. Describe an optimum design for a full-occlusal maxillary splint.
9. Describe an optimum design for a full-occlusal mandibular splint.
10. List steps for seating full-occlusal splints.
11. Describe gross initial fitting of the splint into the mouth.
12. Describe initial adjustment of the splint for centric relation.
13. Describe refined adjustment of the splint for centric relation.
14. Describe adjustment of right and left lateral positions for the splint.
15. Describe adjustment of protrusive for the splint.
16. Discuss the necessity for allowing muscle relaxation before final adjustment of the splint.
17. Describe the technique for final adjustment of the splint.
18. Discuss the reason for a “touch-up” appointment ten days to 2 weeks after seating.
19. Discuss the reason for a second “touch-up” appointment.
20. List ADA codes for occlusal splints.

## OVERVIEW

### **S3163 Occlusal Splints Are Essential**

Most mature dentists have placed many occlusal splints, but many do not know there are many types of splints providing different services for their patients. There have been significant changes in restorative materials in the last few years. The new materials are wear-resistant and do not have the ability to wear into place as was present previously. As a result, occlusal splints have become mandatory for some clinical situations.

The following and other topics are included in this video:

- Recent changes in occlusion related to changes in restorative procedures
- Clinical conditions needing occlusal splints
- Types of occlusal splints
- Clinical characteristics of the splint types
- Different types of impressions for occlusal splints
- The importance of an adequate interocclusal record
- Laboratory procedures for occlusal splints
- Optimum design for a full-occlusal maxillary splint
- Optimum design for a full-occlusal mandibular splint
- Steps for seating full-occlusal splints
- Gross initial fitting of the splint into the mouth
- Initial adjustment of the splint for centric relation
- Refined adjustment of the splint for centric relation
- Adjustment of right and left lateral positions for the splint
- Adjustment of protrusive for the splint
- Necessity for allowing muscle relaxation before final adjustment of the splint
- Technique for final adjustment of the splint
- The reason for a “touch-up” appointment ten days to 2 weeks after seating
- The reason for a second “touch-up” appointment
- ADA codes for occlusal splints

## SUPPLEMENTAL MATERIALS

### **S3163 Occlusal Splints Are Essential**

1. Christensen GJ. Ask Dr. Christensen: Solving zirconia occlusion challenges. *Dental Economics*. 2023 Dec;113(12):40-4.
2. Nassif M, Haddad C, Habli L, Zoghby A. Materials and manufacturing techniques for occlusal splints: A literature review. *J Oral Rehabil*. 2023 Nov;50(11):1348-1354. doi: 10.1111/joor.13550. Epub 2023 Jul 17.
3. Christensen GJ. Ask Dr. Christensen: Solving challenges with zirconia and lithium disilicate crowns. *Dental Economics*. 2023 Oct;113(10):35-8.
4. Christensen GJ. Ask Dr. Christensen: Occlusion and caries: Continuing zirconia challenges. *Dental Economics*. 2023 Feb;113(2):52-4.
5. Albagieh H, Alomran I, Binakresh A, Alhatarisha N, Almeteb M, Khalaf Y, Alqublan A, Alqahatany M. Occlusal splints – types and effectiveness in temporomandibular disorder management. *Saudi Dent J*. 2023 Jan;35(1):70-79. doi: 10.1016/j.sdentj.2022.12.013. Epub 2022 Dec 28.
6. Minakuchi H, Fujisawa M, Abe Y, Iida T, Oki K, Okura K, Tanabe N, Nishiyama A. Managements of sleep bruxism in adult: A systematic review. *Jpn Dent Sci Rev*. 2022 Nov;58:124-136. doi: 10.1016/j.jdsr.2022.02.004. Epub 2022 Mar 25.
7. Christensen GJ. Ask Dr. Christensen: Occlusion in 2022: The forgotten area in dentistry. *Dental Economics*. 2022 Mar;112(3):68-70.
8. Zhang SH, He KX, Lin CJ, Liu XD, Wu L, Chen J, Rausch-Fan X. Efficacy of occlusal splints in the treatment of temporomandibular disorders: a systematic review of randomized controlled trials. *Acta Odontol Scand*. 2020 Nov;78(8):580-589. doi: 10.1080/00016357.2020.1759818. Epub 2020 May 18.
9. Al-Moraissi EA, Farea R, Qasem KA, Al-Wadeai MS, Al-Sabahi ME, Al-Iryani GM. Effectiveness of occlusal splint therapy in the management of temporomandibular disorders: network meta-analysis of randomized controlled trials. *Int J Oral Maxillofac Surg*. 2020 Aug;49(8):1042-1056. doi: 10.1016/j.ijom.2020.01.004. Epub 2020 Jan 22.
10. Christensen GJ. Ask Dr. Christensen: What is the best type of material for posterior crowns? *Dental Economics*. 2018 Oct;108(10):79-81.

## POST-TEST

### **S3163 Occlusal Splints Are Essential**

1. Occlusal splints are used primarily for temporomandibular dysfunction.
  - a. True
  - b. False
  
2. The major long-term challenge for partial-arch splints is tooth extrusion.
  - a. True
  - b. False
  
3. Occlusal splints should always have more canine rise and incisal guidance than the natural dentition.
  - a. True
  - b. False
  
4. Scanned impressions are more accurate than analog impressions for splints.
  - a. True
  - b. False
  
5. An interocclusal record should be used when making an occlusal splint.
  - a. True
  - b. False
  
6. All splint adjustments are done in a supine position.
  - a. True
  - b. False
  
7. The reason for “touch-up” appointments is the TMJ remodels when a splint is properly made.
  - a. True
  - b. False



**POST-TEST (CONT'D)**

**S3163 Occlusal Splints Are Essential**

- 8. One of the main reasons for an occlusal splint is to reduce tooth wear for patients with bruxism.
  - a. True
  - b. False
  
- 9. If treating grinding bruxism, a splint is worn only at night.
  - a. True
  - b. False
  
- 10. An adequate splint should be at least \_\_\_\_\_ thick in the second molar area.
  - a. 0.5 mm
  - b. 1.0 mm
  - c. 1.5 mm
  - d. 2.0 mm

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