

Most journals that concentrate on esthetic dentistry rarely publish articles dealing with bruxism, and that is just one of the reasons why Dr. Small's article is such a welcome addition. Of course, to ignore occlusion and parafunctional habits while providing esthetic treatment is a recipe for disaster, and this article demonstrates how Dr. Small incorporated esthetic dentistry into an overall treatment plan aimed at preserving this patient's dentition over the long haul.

BRUXISM SPLINTS

Regardless of whether you are a general practitioner or specialist or limit your practice to cosmetic procedures, bruxism exists in every dentist's practice. I have heard Dr. Gordon Christensen remark that approximately 60% of all patients either clench or demonstrate bruxism. Based on that rough estimate, it would stand to reason that, in every US dental practice, there are 500 to 600 undone bruxism splints that would prevent destruction of both natural and restored teeth over a length of time. Why, then, aren't more bruxism splints being made in US dental offices?

Most likely, the answer stems from the way we were trained to look for dental disease in a tooth-by-tooth fashion rather than by an overall, entire stomatognathic system. In short, most dentists look for the crowns, bridges, and other restorative needs, often ignoring the potential esthetic and preventive (sealants, bruxism splints) needs. I believe that the lack of insurance coverage for most patients keeps a fair amount of dentists from ever mentioning splints.

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INSURANCE COVERAGE

When I explain the need for a splint and the patient asks if there is insurance coverage for this procedure, I have a fairly standard answer: "Most insurance plans do not cover the splint because they only provide benefits for problems you're having right this second. If you have a hole in a tooth today, they'll pay something towards that. If you have an abscessed tooth, they'll pay something towards that today. However, when it comes to caring about how your teeth are going to look 10 or 20 years from now, they could really care less. On the other hand, I'm your dentist, and you better believe I care what your teeth look like 10 or 20 years from now, and I'd like them to still be there!" After these words, people almost always go ahead with the splint.

ENJOYMENT & PROFITABILITY

Another reason most dentists don't suggest splints to their patients may be that it is not viewed as an enjoyable or profitable procedure. That changed for me when I started using a splint called Crystal Clear™ from Keller Laboratory (800.325.3056). The Crystal Clear™ splint is made of a thermoplastic material in an injection-molded technique. The splint is waxed up on a model, invested, burned out, and then injection molded, just like a casting. Because of this precision technique and the zero shrinkage of this material,

we have yet to need a remake. Occlusal adjustments take 5 minutes or less, making this an enjoyable procedure and one that provides a fantastic service for our patients.

Our fee for an occlusal splint is \$345. This takes into account our lab fee, my chairtime, and the cost of the impressions. We use vinyl polysiloxane for our impression material to ensure accurate seating of our splints, and multiple pours if necessary. We prefer using materials that have a quick set time of 2 minutes.

COMPREHENSIVE DENTISTRY

Dr. Small's article demonstrates the rewards of comprehensive dentistry for patient and dentist alike. Rather than just concentrating on the porcelain veneers, Dr. Small's referrals to appropriate specialists were definitely in the patient's best interests.

The treatment on this patient began when the patient was 14 years of age, and lasted for 2 years. Direct composites were placed on the anterior teeth as a temporary solution. A splint was then made to protect the dentition from bruxism and act as an orthodontic retainer. Occlusal equilibration was done, and, finally, periodontal surgery was performed to ensure an optimum result when the final veneers were placed.

CONCLUSION

It takes patience, vision, and an ability to sell patients on ideal treatment to perform cases like that shown in this case study. If, like Dr. Small, you are able to merge these qualities, you will be well remunerated in both practice income and professional satisfaction. ■



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Dr. Michael DiTolla practices in two locations, both of which emphasize esthetic dentistry and orthodontics, an essential component of esthetic dentistry. He is a nationally recognized lecturer on practice management for esthetic practices, and he serves on the editorial board of Contemporary Esthetics and Restorative Practice. He also lectures regularly for P.A.C.-live, a hands-on esthetic program allowing dentists to treat live patients.