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“How can a dentist prepare to meet the demands of tomorrow’s patient?”

Occlusal Trends and Neuromuscular Training

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There is an upward trend of patients seeking dentists who are highly skilled, clinically trained and knowledgeable as to how best to treat complex TMD, orthodontic and combination restorative problems. Problems such as: Hurting jaws, fullness in the ear feelings (tinnitus), headaches, shoulder pain, stiff neck, tightness and choking feeling in the throat, locking jaws, clicking and popping joints, and numerous other musculoskeletal occlusal signs and symptoms are problems that patients are seeking answers to throughout North America. These patients realize that the insurance companies do not have the answers, neither the medical arena, but are realizing that the educated and skilled dentist who have advanced occlusal training and use Myotronic K7 instrumentation are better qualified and trained to meet these more sophisticated problems that bewilder the dental and medical profession. These types of patients are very well educated and have seen numerous doctors, specialists in the health care arena with unresolved problems that only the trained dental professional can provide.

I see a continued upward trend and demand for more education in learning the Myotronics K7 technology as well as dentist further educating themselves in refining their occlusal and aesthetic management skills to deal with the demands that are often required to treat the high proprioceptive, clencher/bruxer patient profiles. The stabilization phase with removable and fixed appliance therapy of these TMJ type patients are absolutely required before proceeding to a final restorative phase to prove the bite and reduce the risks of unhappy patients and dental liabilities. Dentist will need to know and understand how to transition these type chronic paining patients into non-paining posturally stable patients using proper orthodontic/orthopedic verticalization techniques. Comprehensive restorative techniques and training in understanding the trigeminal system (the dentist nerve) will continue within our profession. These types of patient profiles will be on the rise as the profession recognizes these problems commonly exist and goes beyond a psychosocial band aid remedy.

Dentist who are clinically trained and have refined their skills in occlusal bite finding and bite finishing management abilities will be able to meet the higher demanding patient’s needs in this arena of TMJ and restorative-orthopedic problems for the short term and the long term. A further demand for proper education and hands on mentoring by experts who have clinical skills and experience will be required to further train dentist and their profession to understand how to relate properly the mandible to the maxillary arch physiologically, establish the occlusal plane for restorative smile designing using the facial plane and occlusal plane indexing (Fox plane) techniques. These concepts and teachings go above and beyond what third party insurance companies and present educational centers are willing to provide their clients.

Year 2006 is an exciting year of refining and re-tooling the past clinical skills and educational system, implementing the neuromuscular occlusal principles that have proven to be effective over the past 40 years with objective measured science. Emphasis towards neuromuscular training and quality patient care is on the rise!

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