PREPARE FOR DELIVERY

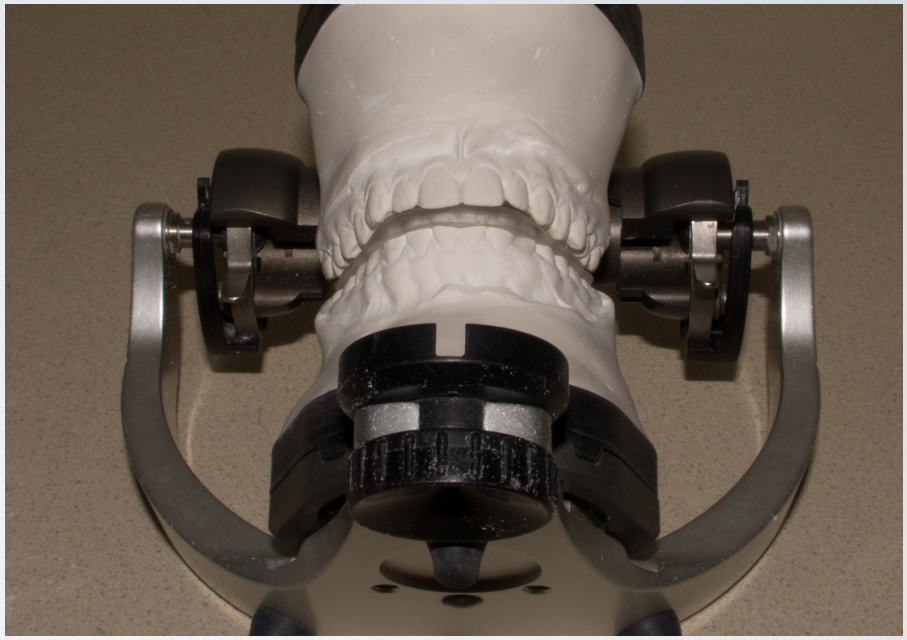
reline every splint!
use cold-cure acrylic for this stage

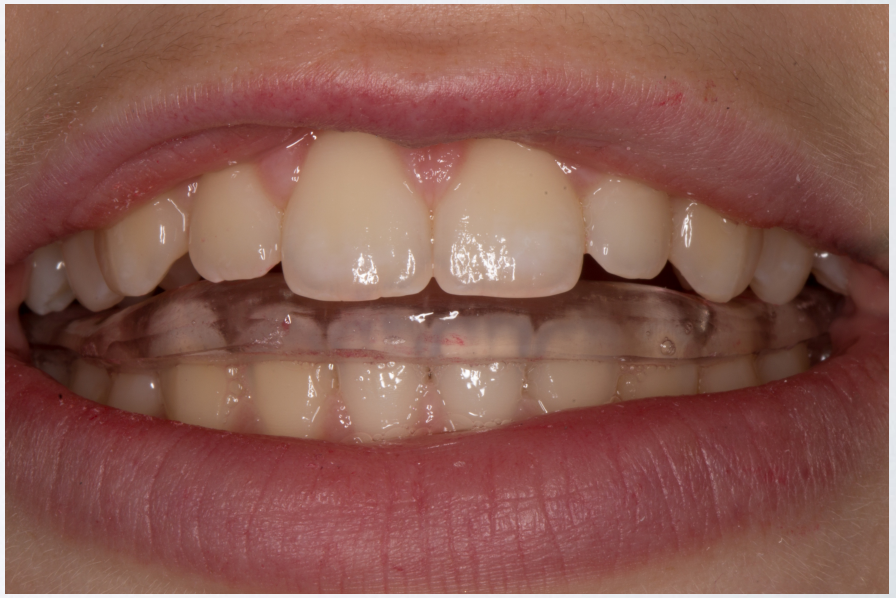
RECLINE + SUPPORT PATIENT

- Position the patient to take strain off as many joints as possible, using bolsters
- Very "posturally sensitive" patients relax better with support under wrists and shoulders as well
- position head within cradle so that SCM tone is visually as relaxed as possible. Confirm patient can feel headrest support at base of skull/occiptal ridge
- use hand towel under curvature of neck; check lordosis and rotation
- encourage relaxation breathing while giving gentle cervical distraction with towel under base of skull

CHECK SPLINT IN THE MOUTH

- Remember how splint fit models; then hold splint loosely against inside of upper teeth; confirm that it meets just under anterior teeth
- Gently try splint over lower teeth, noticing whether it is passive or binds as it goes on; relieve any too-tight areas
- Once seated, alternately lift from right and from left, to determine which side should develop the path of insertion
- Evaluate proximity of upper anteriors to splint; if splint was made using a neutral bite record, do what is necessary to seat to a neutral cranial relationship (patients who have already received PRI instruction may know an exercise for this; dentists preparing a patient for PRI referral may use whatever technique they used to get the bite record made)



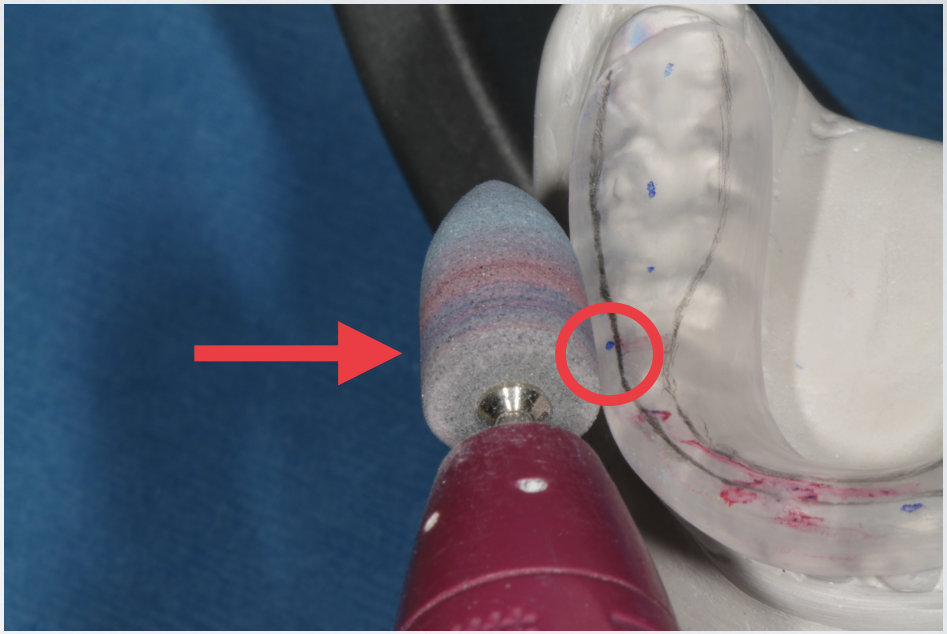


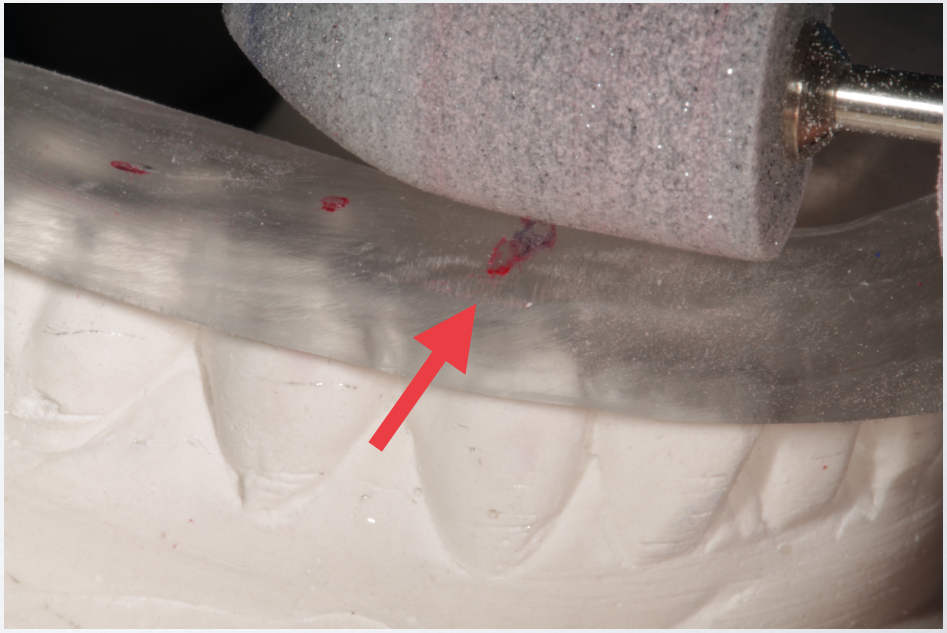
PREPARE FOR RELINING

- Lubricate patient's lips and teeth.
- Mix Cold-Pac cold curing acrylic in 1:1 ratio - add liquid to dapper dish then sprinkle powder. Allow weight of powder to wet the powder until it is all incorporated.
- Run a thin stream of liquid through intaglio surface of splint, allow excess to drain away.
- Once acrylic has lost its gloss, load into the splint evenly.
- Quickly seat with firm pressure on the teeth. Remove excess. Lift on the side of the designated path of insertion to create correct degree of retention, as the material sets (approximately 8 minutes).

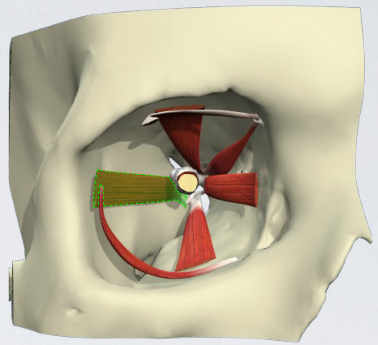
ROUGH-IN OCCLUSION

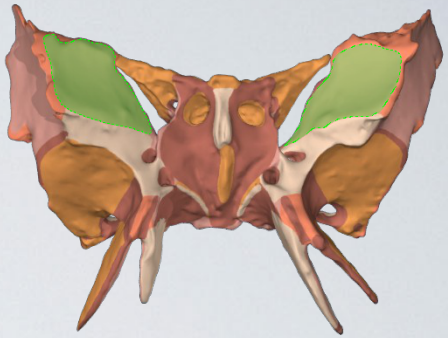
- Ask patient to bite on Kleenex blotters to dry upper teeth and splint. Use a double thickness of red articulating paper to mark excursions, and a single thickness of blue or green to mark the arc of closure contacts.
- Use fine E-cutter to rough in the bite, then a trued up polishing point
- Working out anterior guidance first allows patient engagement early in the process - as the patient moves over too-steep or too-bumpy inclines, help patient relate teeth to muscles
- Use caution when removing any heavy canine contact marks made in arc of closure - this is a necessary starting point for lateral excursion and should touch definitively on a clench, but not on a light tap-tap. Hold the polisher at an angle that allows a vertical relief of a heavy canine contact, to prevent wiping away the lateral portion needed for starting the excursion (upper picture)
- In adjusting excursive contacts, always adjust splints "with the grain" - the polisher moves across the splint in the direction that the the tooth would (bottom picture)

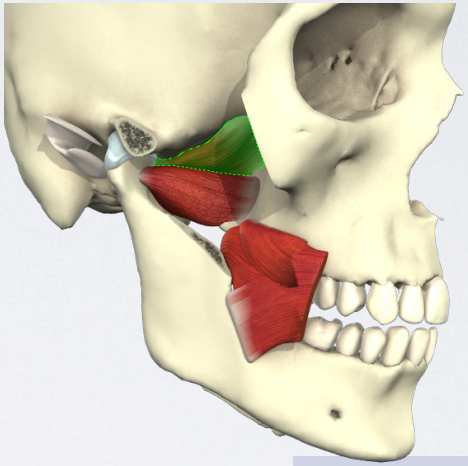


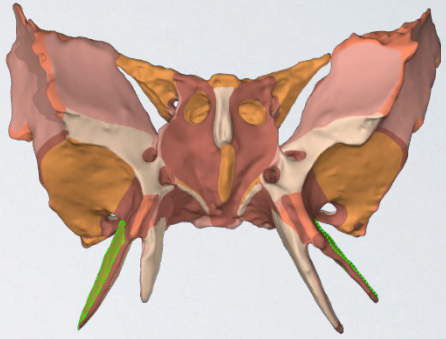


RELEASE ANTERIOR GUIDANCE



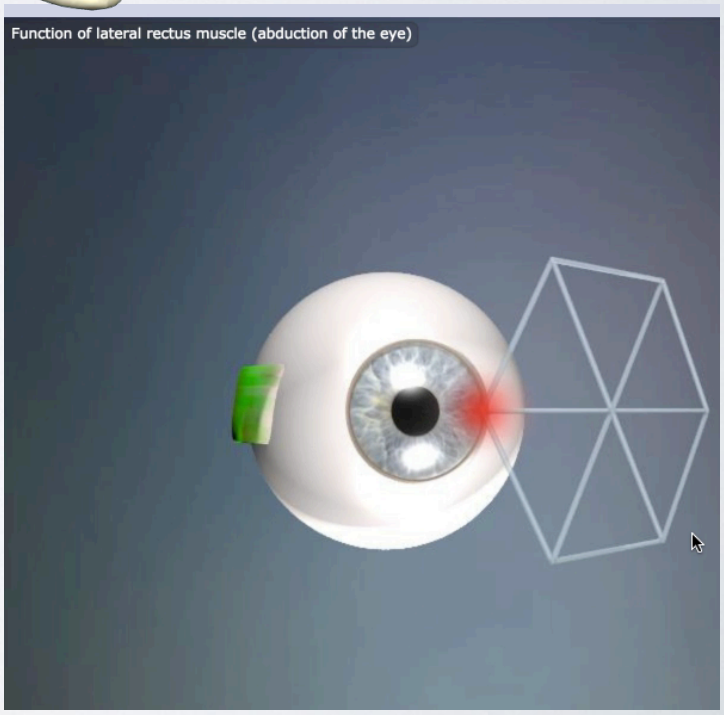






- Anterior guidance must be totally smooth and in harmony with the neck.

- In cases of extreme difficulty to have patient move jaw to the side, coordinate motion of jaw with motion of the eyes. (Use lateral rectus to engage and stabilize the sphenoid while mandible challenges activity on that same side of sphenoid.)



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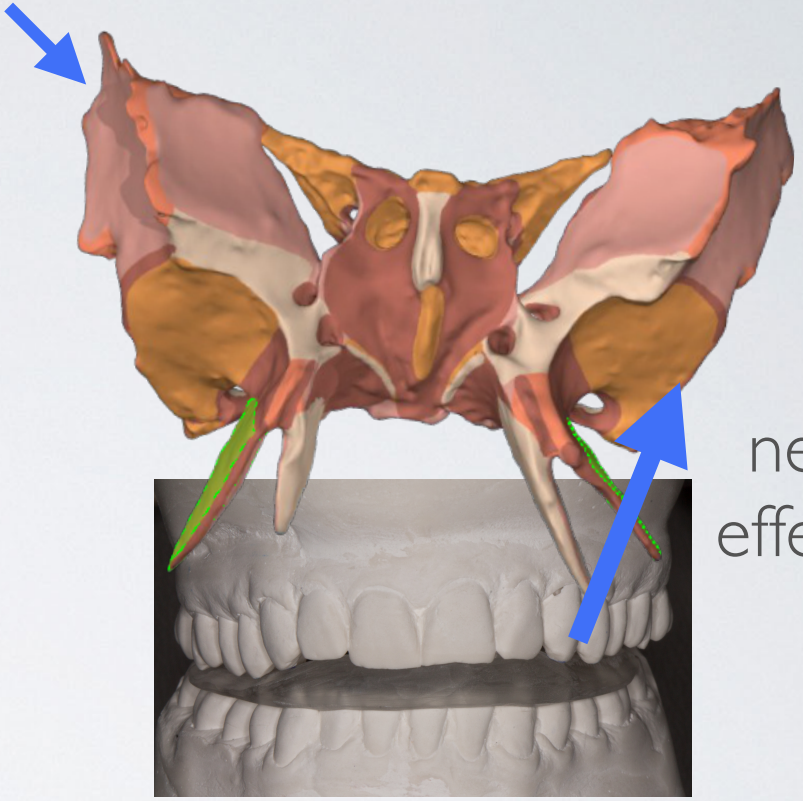
BALANCE SPHENOID-OCCLUSION

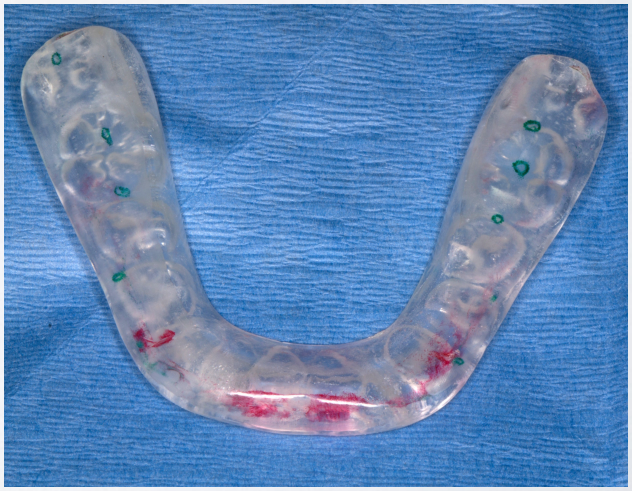
- Check splint again. Patients with an active R TMCC pattern will require an occlusal scheme with bilateral posterior contact but slightly earlier contact on all L posterior teeth. (Guide the L upper wing of the sphenoid upward relative to R).

- For a patient with fully neutral joints (can rotate each side to full ROM), create balanced posterior contacts and well distributed occlusal transitions during excursions.

R TMCC feature: elevation of R superior wing of sphenoid



net effect



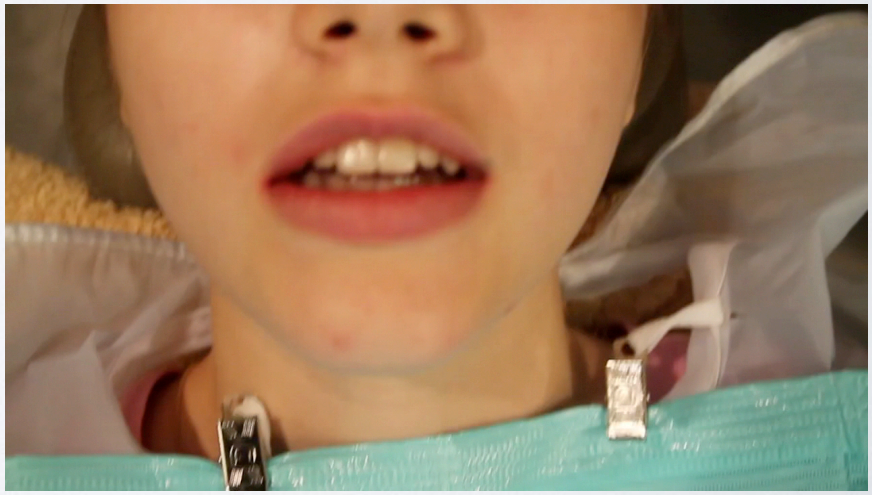
CHECK CERVICAL-OCCLUSION

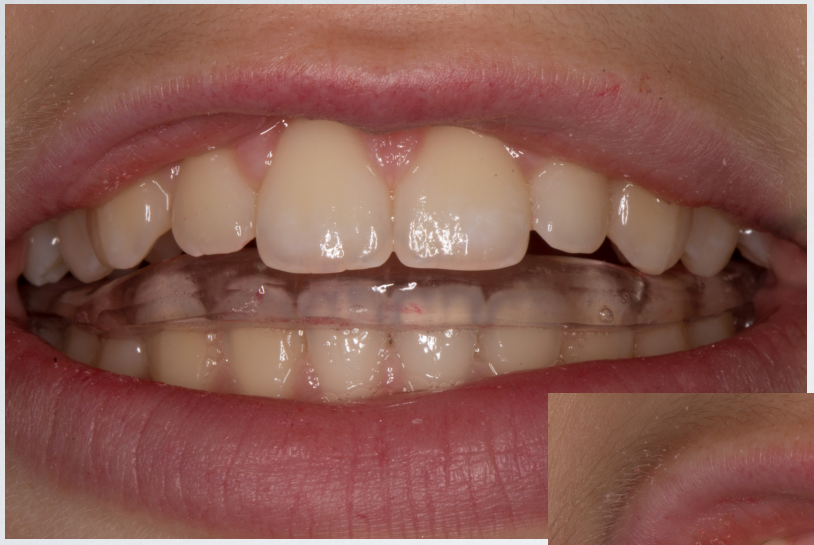
- Lift the head using the towel under the neck, gently rotate the head within the support of the towel - guide patient to tap-tap and both hear and feel the solid bite and notice the freedom of the neck.

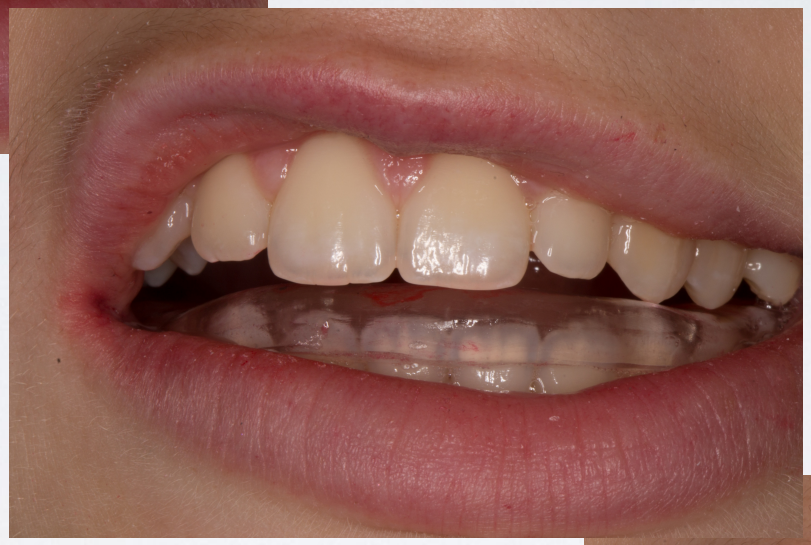
- Continue alternating efforts of adjusting occlusion to favor L side contacts versus using the neck towel until bite resonates and sounds solid and you improve cervical lordosis and OA-lateral flexion scores.

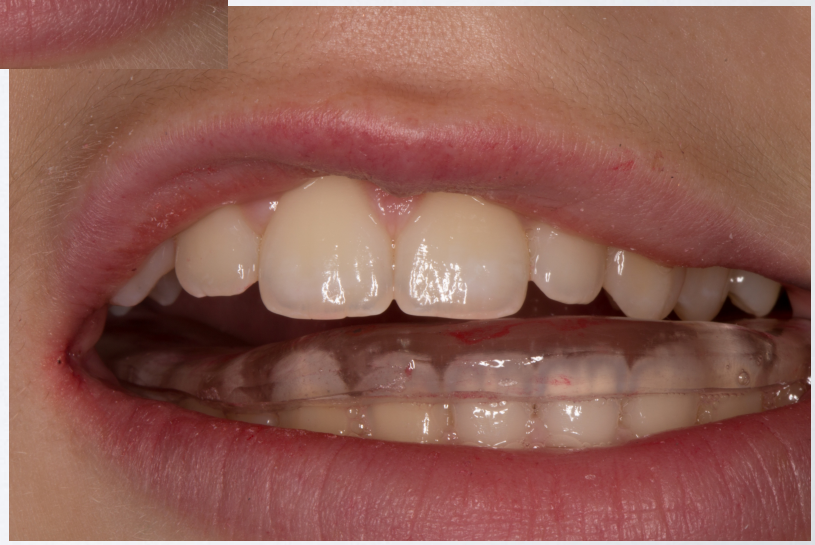
FINALIZE SPLINT OCCLUSION

- Send patient for a walk, and for patients with PRI exercises, to do those. Use cotton rolls to prevent errant occlusal contacts from limiting the benefit of the exercise.
- For a patient with fully neutral joints (can rotate each side to full ROM), create balanced posterior contacts and well distributed occlusal transitions during excursions.









Left lateral excursion:
start with close canine approximation;
slide smoothly and shallowly across;
crossover smoothly onto incisors

Right lateral excursion: start with close canine approximation; slide smoothly and shallowly across; crossover smoothly onto incisors