

For Specialty Splints, Talk to the Professionals at Space Maintainers



SPACE MAINTAINERS[®]
LABORATORIES - CANADA

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Your Source for Splint Expertise

Disorders of the jaw joint along with myofascial pain have become subjects of great concern for the general practitioner today. More and more adult patients are being seen with Temporomandibular Joint (TMJ) dysfunction, suffering from local (neck, shoulder or sinus) pain, clicking in the joints, pronounced malocclusion, impaired excursion in opening of the mouth or deviant motions of the jaw. Untreated TMJ problems can even lead to osteoarthritis and generative joint disease.

With the increased attention placed on the function of the jaws and craniomandibular musculature, orthodontic diagnosis and treatment planning have progressed markedly. Almost every day, new results from clinical, anatomical and experimental studies are opening new perspectives in the treatment of patients with occlusal disorders. Orthopedic splint therapy has become an exacting science — a science that requires experienced, professional support personnel.

Space Maintainers Laboratories Canada Ltd. has answered the challenge. Our outstanding Splint Department is staffed with well-trained, experienced and creative technical specialists fully versed in the complete range of today's splint techniques. And, our ongoing staff training program keeps them and Space Maintainers on the leading edge of splint technology.

Your complete source for all the various styles of surgical, TMJ and Bruxism splints available, the Space Maintainers Splint Department offers all of today's popular splint designs. And, our specialists are always ready to take on your special or custom requirements when they arise. Nightguards and Athletic Mouth Guards? They do them too!

For splints that fit and function exactly as you prescribed, talk to the professionals at Space Maintainers. They're the specialists in splint design.



The Full Range of

Clear-Flex Splint

The special Clear-Flex thermo-elastic material provides splints that become flexible under hot tap water. As they cool, the splint returns to its original shape, conforming to the teeth so well that clasping is practically eliminated and chairtime is drastically reduced. When worn, the splints thermo-elastic properties assure optimal patient comfort.

MORA Appliance

The Mandibular Orthopedic Repositioning Appliance (as described by Dr. Gelb) has been designed to reposition the mandible with its condyle (achieves optimal neuromuscular balance as well as balanced condyle-fossae relationships). The appliance consists of clear acrylic bite pads covering the molars and bicuspid connected by a heavy, oval lingual bar.

Protective Splint

A simple, inexpensive, vacuum formed splint designed to protect tooth structure on either the maxillary or mandibular arch. Due to the thin nature of the material, a minimum bite opening of 1 to 2 mm. is possible. Occlusal facets are automatically duplicated in the appliance.

Sports-Flex™ Mouthguards

Individually custom-crafted using heat and pressure. Helps to reduce forces that may cause concussions, cerebral hemorrhage, neck injuries and jaw fractures. Palatal brace of hardened plastic transmits shear forces away from high risk upper anteriors. Choose from: **Sports-Flex "Super"** (three layers of injection-molded vinyl and hardened center layer for added protection), **Sports-Flex "Regular"** (two layers of injection-molded vinyl) or **Sports-Flex "Multi-Purpose"** (one layer of injection-molded vinyl, normally used for child in mixed dentition phase).

Modern Appliances

Horseshoe Splint

A popular bruxism splint, the Horseshoe features minimal occlusal coverage for maximum patient comfort. A twisted brass reinforcement wire carefully placed across the lingual anterior position of the appliance provides added strength. The acrylic occlusal surface can be either smooth or with occlusal facets.



MAY T.M.J. Splint

Similar in concept to the MORA Splint, the MAY T.M.J. Splint utilizes a lingual acrylic reinforced with twisted brass strengthening wire to support the occlusal pads. Proponents have been successfully treating a variety of symptoms throughout the body by using these splints to relieve dental stress. However, advanced study of the technique seems to be a prerequisite to optimum results with this appliance.



Maxillary / Mandibular Bruxism Splints

The basic appliance consists of clear acrylic (for esthetics) covering of the entire maxillary or mandibular arch, heat cured for maximum strength. Careful finishing is required so each opposing tooth bears equally on the acrylic biting surface. For ease of insertion and removal as well as proper retention, the model must be carefully surveyed and the undercuts blocked out by the laboratory before appliance construction. The prescription should indicate whether a smooth bite plane or occlusal facets are required. A wax bite must be taken to the correct vertical opening desired for the entire appliance.



Dual-Flex™ Splint

Combining the comfort and fit of a soft splint with the accuracy and adjustability of a hard occlusal surface. Dual-Flex can be utilized for all splint designs (e.g. Gelb, MORA, May, Sears, etc.) The unique thermo-elastic base becomes flexible when placed under hot tap water. As it cools, the splint returns to its original shape, conforming to the teeth and providing reliable retention without clasping. Hard acrylic is chemically bonded to this base to form the occlusal surface allowing fast precise adjustments and proper proprioceptive response with opposing dentition.



Space Maintainers... Check Us Out, We Have a Lot to Offer!

You can rely on Space Maintainers Laboratories Canada Ltd. for outstanding personal service — everyday, on every case. Consider all we have to offer!

On-Target Technical Support

New techniques. Individual case requirements. Our highly trained, experienced managers have the answers you need. Call toll-free.

Unparalleled Service

Fast turnaround time. Special rush service. Courteous staff. It all adds up to the superb level of service you can expect from Space Maintainers.

Consistent Quality

Every case is constructed using only the finest quality materials, carefully adjusted and exhaustively checked before shipment to you. At Space Maintainers, your case is always right — the first time.

Canada's Most Extensive Free Pick-Up and Delivery

Serving over 10,000 centres across Canada. Reliable door-to-door service that gets your case to us and back to you in record time.

100% Guaranteed

All work is fully guaranteed for 90 days against defective materials and craftsmanship. No fine print. No conditions. No arguments. Just repaired or replaced free of charge.

Whether you need removable appliances, retainers, fixed appliances, functional appliances or splints and mouthguards, Space Maintainers is your Orthodontic Specialist. After all, orthodontics is our only business.

Other Designs

In addition to the designs shown above, the Splint Department at Space Maintainers fabricates a wide range of other appliances used in TMJ treatment or for occlusal adjustments. Give us a call!

Implementing Splint Therapy in Your Practice

Screening for craniomandibular disorders is indicated for patients with head pain, at all initial dental examinations and for patients who are candidates for extensive dental repair. The screening evaluation can be simply accomplished by a nurse or assistant in less than two minutes by utilizing the following process:

1. FEEL jaw movement

Use bimanual technique. From behind the patient, place your hands so the little finger rests against the ascending ramus. The other three fingers should be against the lower border of the mandible. Ask the patient to open wide, then close slowly. Do this passively and then with firm pressure applied coronally. Any pop, click, bump, grind or erratic movement will alert you to TMJ problems.

2. ASK the patient

Specifically ask about the following symptoms:

- Headache
- Grinding noise in TMJ
- Neckache
- History of Jaw Locking
- "Sounds in the ear"
- Pain in the TMJ area
- History of jaw pop / click
- Unable to open mouth

- Arthritis
- Pain in the TMJ / ear area

A positive answer suggests a possible craniomandibular disorder and requires followup.

3. LOOK at the patient

Visually evaluate for the following:

- Facial asymmetry
- Teeth missing
- Deviation on opening
- Teeth worn
- Open Bite
- Teeth clash in movement
- Short lower jaw
- Mandibular dyskinesia

The presence of one or more of these conditions requires followup.

4. LISTEN to the TMJ

With a stethoscope, listen to the TMJ, first on one side, then the other. Use an open bell without a diaphragm to avoid confusion from skin and whisker sounds.

Healthy joints are silent throughout the entire range of function. Any sounds such as clicks, pops or grating indicate the need for followup.

General Rules of Splint Adjustment

Adjustment Interval

1. Adjust the splint at intervals of 1 week or less for the first month. (This may mean 24 hr. intervals on some patients and 7 day intervals on others.)
2. Adjust when / if there is change detectable with the shim stock.
3. Adjust when / if there is change visible as a CR-CO shift on the splint.
4. Adjust if the splint is broken.
5. Adjust if there is wear at the border movement mark in lateral excursions from the cuspids.
6. Adjust when / if the patient reports any of the following:
 - a. Pain returning to the joint or teeth.
 - b. Headaches returning.
 - c. Soreness in front teeth-especially lower incisors.
 - d. "Loose" feeling of the splint.
 - e. Teeth no longer seem to have any place to rest against the splint.

Grinding Rules

1. If you can't get back to ideal occlusion in 3 minutes — relin the splint. (The three-minute rule)
2. Generally, a thinner splint is a better splint. (within bounds of strength of materials)
3. Generally, the more shallow the disclusion, the better.
4. Severe splinting should be disrupted with some kind of central bearing or anterior guidance device which only allows anterior contact for a period of time prior to the splint adjustment.

Stability

1. Stability is never certain.
2. Three months without detectable change is the minimum to accept as evidence that it is reasonable to begin any irreversible modification of tooth position or of the occlusal surfaces of the teeth.

Patient Education and Cooperation

Patient education and cooperation are essential to a successful treatment. Splints are like casts. Although they may be necessary for healing, they are a constant nuisance for most patients. Unless the patient wants the healing, the splint will not be worn continually.

Patients must be educated to understand the entire course of treatment that will be necessary to make the splint therapy worthwhile. In some cases, this will entail orthognathic surgery and full-mouth rehabilitation. Complete treatment planning and careful consultation with visual aids is advised in all cases of splint therapy.

Splints are sometimes visible and conspicuous. They are usually a speech impediment for at least a few days. Eating is difficult with a splint. Diet must be modified. And, wearing a splint often means multiple visits to the dentist when the joint and associated structures are healing. Acceptance of such "hassle" must be based upon needs felt by the patient if the therapy is going to continue for the usual 3 to 6 months required in most cases. When the patient clearly can see that wearing the splint is the best way to avoid a dental problem which is even more undesirable than the splint, the splint will be worn. Objective, accurate education is appropriate in all splint cases.



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