



Which occlusal splint should I choose?

Authors :

François UNGER



Institutions :

Exercice libéral, Tours, France

Ex MCU-PH, Faculté d'Odontologie, Nantes, France

Abstract :

The occlusal splints can take several forms according to the authors, privileging such or such design, or maxillary, or devices of fixation on the arches, or global volume... These criteria if they are respectable have only little importance compared to the 3 distinct objectives which can lead to the prescription of a splint.

1- **Objective of relaxation of the masticatory muscles.** If it is proven that the dento-dental engagement is involved, either in a disorganization of the intra-articular relationships, or in an hyperactivity of the masticatory muscles, a relaxation orthosis can be indicated. Relaxation must be rapid (a few days) and lead to tangible results.

2- **Orthopedic objective of repositioning** the mandible in relation to the facial mass. These devices are indicated when the mandibular position in dental occlusion must be precisely fixed without putting in place an intermaxillary blocking: this is the case for certain mandibular fractures with disturbance of dental occlusion, but also for facial or mandibular asymmetries. This is especially the case for the recovery of a

recently dislocated articular disc, especially in young people. These repositioning splints can also be used to relieve old dislocations in adults. Here again, the clinical result must be validated rapidly.

3- **Diagnostic objective** in the case of clinical interview and inconclusive clinical examination. Very often the diagnostic proposal does not allow to say categorically if the dental occlusion is involved in the studied disorders. The simplest solution is to temporarily remove the occlusal factor by putting a diagnostic orthosis in place for a few days.