

Clinical Techniques for Prescribing Comfort H/S Bite Splints

What's Needed?



Upper and lower alginate impressions



Open construction bite



Upper and lower models with open construction bite

Providing bruxing splints can be one of the most rewarding treatments in dentistry today. You'll get your patients out of pain quickly and reduce further tooth destruction. Comfort Bite Splints are available in two versions: hard or hard with a soft inner surface for extra comfort. Both are designed to be the first step in the treatment of bruxism.

Comfort Bite Splints are manufactured on stone models using a 4 mm co-polyester disc and a precise vacuum thermoforming unit with occlusal imprinting device. The ISO-certified co-polyester disc is BPA-free and is approved for dental use. The occlusal imprinting device, Occluform®, allows a splint to be produced with either a flat occlusal plane and slight opposing cusp indentation, or anterior guidance with posterior discusion using an open construction bite. Once thermoformed, the splint is carefully contoured using carbide burs. It is then polished with felt wheels and acrylic polish for a smooth and comfortable fit. Cold-cure acrylics can be used to increase vertical dimension and chemically bond with the co-polyester bite splint.

Clinical Technique

First appointment



1. Using the manufacturer's instructions for proper water-to-powder ratio, take impressions of each arch.



2. After diagnosis of bruxism, instruct the patient to close in centric relation to verify midline position and bite.



3. Place two cotton rolls behind the cusps and instruct the patient to close until resistance is felt.



4. With the patient closed in this open centric relation, inject bite registration into the posterior opening of both quadrants.



5. Another technique for the open bite uses softened base plate wax to achieve a desired opening of 3 mm in the posterior area.



6. Next, inject bite registration material into the anterior opening to capture a complete open construction bite at centric relation.

Second appointment



10. Seat the splint and evaluate fit, retention and occlusion. Adjust with a carbide bur or Uniko-S disc. Polish if necessary.



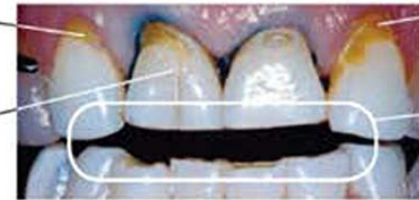
11. After completely seating splint, check bite using marking wax to identify premature occlusion.



12. Instruct the patient to care for their splint by rinsing with water after every use and storing dry.

Identifying the Signs of Bruxing

Abfraction lesions due to grinding



Abfraction lesions due to grinding

Vertical fracture caused by clenching

Advanced wear on biting surfaces of teeth after years of clenching and grinding

