



Occlusal Position Correcting Therapy for Temporomandibular Disorders

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Editorial

Although the effect of occlusal adjustment for Temporomandibular Disorders (TMDs) remains controversial, we reported that the occlusal adjustment using bite plate-induced occlusal position as a reference position was very effective for TMDs [1]. We call this occlusal adjustment as the occlusal position correcting therapy. The Bite Plate-Induced Occlusal Position (BPOP) is the Muscular Contact Position (MCP). Brill et al. [2] postulated that the coincidence of the muscular and the tooth position (intercuspal position) constitutes a physiological condition: where these two positions do not coincide pathological or potentially pathological, condition results. We reported that these two positions did not coincide in subjects with the Temporomandibular Joint (TMJ) clicking [3]. We also reported improved various symptoms including TMJ pain, myofascial pain, headache, tinnitus, otalgia, coxalgia and vertigo, with the coincidence of the MCP and the tooth position [4-8].

Occlusal equilibration in the MCP is very difficult to obtain in the mouth, because the MCP is very unstable. This is because the mandible to avoid premature contact tends to shift from the MCP to the more stable Intercuspal Position (ICP). Therefore, occlusal analysis and equilibration in the MCP should be performed on dental models mounted on an articulator with BPOP wax record. The occlusal adjustment then is performed with referring to ground spots on the models [9]. We would like to show you the procedure of the occlusal adjustment by a video.

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Received Date: 06 Nov 2017

Accepted Date: 30 Dec 2017

Published Date: 03 Jan 2018

Citation:

Torii K. Occlusal Position Correcting Therapy for Temporomandibular Disorders. *J Dent Oral Biol.* 2018; 3(1): 1121.

ISSN: 2475-5680

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