

Occlusion-what or why or how

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There is nothing more important for the practicing dentist than the abilities to both recognize occlusal instability and achieve occlusal stability. The fundamental goal of every treatment planning is to achieve a result that will not cause breakdown in the masicatory system and to provide long-term stability. Working with all system components is the only way to achieve predictability and long term success in our daily work. Occlusion is the basis for everything a dentist does that involves teeth. A thorough understanding of occlusion is the corner stone for realising why teeth wear excessively, break cusps, fracture restorations, or shift position. Occlusal disharmony is a primary consideration when dealing with sore teeth, sore muscles, and orofacial pain, including a percentage of chronic tension headaches. Understanding meniscus misalignements and correct them using Splint therapy may be the only way to avoid surgery for many of our patients. Following a protocol of using different Splint designs combined with equillibration can be a safe and simple treatment, based on well known basic principles, Anatomy of the Joint Jaw, Meniscus and Masticatory Muscles activity. The real role of the Anterior dentition as protector of the whole posterior dentition should be used in every Splint therapy to avoid continuous damage on every component of the system.

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