

Explaining what a bite splint is

Dentists are challenged with identifying and treating the signs and symptoms of several diseases and disorders, like gum disease and tooth decay, that are specific to the components of the masticatory system. Three that are often “dismissed” until significant pain occurs are myofascial pain, temporomandibular joint dysfunction, and occlusal disease. The signs of these disorders may be as subtle as a minor kink in the neck, a small click once in a while in a joint, or a very small wear facet on a single tooth.

However, when these signs are overlooked because they “don’t hurt” potentially significant damage is allowed to occur from whatever condition caused the signs to appear in the first place. “Bite splints” are often used by dentists to either prevent further injury from occurring, to diagnose the actual cause of the signs, to manage chronic pain, or to treat injury that has occurred to the jaw joints.

Probably best called “occlusal orthotic appliances,” bite splints made by different dentists for very different purposes often look very much alike. They are plastic platforms that cover the chewing surfaces of all the teeth in one or some of the teeth in an arch and are almost always made out of a type of plastic called acrylic, which is very similar to the material used to make the pink portion of dentures.

Typically, they are clear or tooth colored, depending on the preference of the dentist. Except in specific situations, impressions and bite records are made at one



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appointment so that the appliances can be fabricated in a dental lab. Typically, another appointment is scheduled to seat the appliance 2-4 weeks later, at which time a direct chair-side relin of the appliance may be completed to refine the fit. Depending on the intended function of the appliance, a series of follow-up adjustment appointments is usually scheduled.

Since bite splints are used to treat many different conditions and for many different reasons, the fees typically vary drastically dentist to dentist and even within the same practice. This is because the fee for a bite splint is actually a fee for the therapy and not for the product, and the dentist needs to be compensated for his or her knowledge and experience regarding the proper application of the appliance to each condition and for the anticipated chairtime necessary to treat it.

For example, an appliance made simply for the purpose of protecting the teeth from damage due to grinding at night may only need one adjustment appointment that can easily be scheduled at an upcoming hygiene recare appointment.

A reasonable assumption would be that this type of bite splint would be much less costly than an orthotic used to stabilize a damaged joint, which may require weekly evaluation and

adjustment for 12 weeks or more and where the therapy would involve management with medication and referrals and communication with other healthcare professionals.

Although the “bite splints” used in both of these scenarios may look virtually identical, the purpose and skill level required to provide therapy of each are drastically different.

Consequently, fees of well over \$1000 would not be unusual or unreasonable for advanced bite splint therapy.

Often, more than one type of bite splint may be necessary for treatment, each with an independent fee.

Therapy for occlusal disease, myofascial pain, and TMJ disorders is dynamic, ongoing, and tedious. Often the diagnosis is unclear, even for “experts.” Bite splint therapy is as much diagnostic as it is therapeutic.

Therefore, depending on the situation, one type of bite splint may fail to produce the desired results and different appliances may be necessary at additional fees.

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