

# Bite splints can be a pain

Bite splints are touted to solve a multitude of problems ranging from “TMJ” to tooth protection. Most dentists agree that bite splints are therapeutic, but they often disagree on the type of bite splints to be used, the materials they are made of, and the purpose for their use. I have even heard dentists say, “Whenever you put some plastic in there [to treat headaches], they’ll get better.” So-called “nightguards” are even sold inexpensively over-the-counter in retail stores. A word of sincere caution needs to be considered at this point: Bite splints do work and are therapeutic, if and only if they are properly made for the right reasons and at the appropriate time in dental therapy.

Soft thermoplastic materials are commonly used to make bite splints. The rationale is that a soft mouthguard material cushions the teeth and, therefore, is more comfortable. In fact, at one point in my



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career I was an advocate of one type of splint that had a hard outer shell and a soft inner shell. However, I have learned that soft materials actually cause the jaw muscles to overwork and are not therapeutically stable. The result can be joint injury, loosening or fracture of teeth, and an increase in the frequency and intensity of tension-type headaches.

Properly made bite splints, or oral orthotic appliances, are custom-made of hard plastic and intimately fit the teeth. There should be no movement of the bite splint when biting down or under function. The way the teeth fit together on top of the plastic is specific to the purpose of the splint, and usually several adjustments are necessary to achieve the desired therapeutic bite posi-

tion. It really makes no difference whether bite splints are made to fit the upper teeth or the lower teeth, and the clinician usually makes that decision based on his or her own clinical experience. There are, however, multiple diagnoses that are treated with hard bite splints, and fees for splints are often based on the anticipated amount of professional adjustments expected for each condition. Sometimes, variations in the shape of the splint and the amount of teeth that are covered are appropriate as well, depending on the purpose for the splint.

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