

## TMJ Information questionnaire

How long have you been experiencing discomfort?

What are your symptoms or type of discomfort?

What have you tried to treat the problem?

Have you seen other dentist regarding this problem?

Was there an event that brought on symptoms?

Are you wearing a dental appliance?

Patient .....

Doctor .....

Signature .....

Signature .....

DATE.....

Witness .....

## DENTAL COMPRESSION SYNDROME

The restorative dental practice of Gene McCoy, D.D.S. is focused on the recognition, management, and prevention of Dental Compression Syndrome (DCS). DCS is a contemporary name for the age-old destructive condition of grinding and clenching of one's teeth. Information on DCS can be found at [www.toothcrunch.com](http://www.toothcrunch.com).

Capable of forces in excess of 600 pounds per square inch, DCS can easily damage the dentition, create excessive force on the alveolar bone, and Dr. McCoy believes, is responsible for the majority of TMJ Disorders (TMJD). Problems of the TMJ are of epidemic proportions affecting over 10 million Americans. There is no consensus as to the cause, but Dr. McCoy believes the majority of TMJD is caused by repetitive motion trauma from DCS. During his forty years as a general dentist, he has not seen a single case of TMJD that did not have signs of DCS. He therefore treats disorders of the TMJ indirectly by focusing on the management of DCS.

DCS manifests itself by clenching during waking hours, but clenching and/or grinding while sleeping. If it occurs during waking hours, it is the patients responsibility to monitor themselves and focus on relaxing their muscles of mastication and mandible. If DCS occurs while sleeping, it just means that the mind is active due to dreaming or life stress for which an orthotic or guard is indicated to keep the teeth apart.

It is the design of teeth and how they touch each other in closure that is the neglected part of the management. What is the ideal?

Fig #1 illustrates the most ideal way teeth should touch each other in closure.

When we first receive our secondary dentition at age seven or eight, three things are noteworthy:

- 1- They are anatomically sharp to facilitate effortless mastication.
- 2- Ideal contacts are located at the tips of the functional cusps directing forces of mastication vertically down the long axis of the teeth to be distributed by the roots to the alveolar bone.
- 3- The generous space between the slopes of the cusps is termed the intra-incline space.

It is this space that allows the mandible the freedom to move slightly from front to back and laterally during changes in posture and other influences such as the cheek and tongue, resulting in a lowered stress at the gingiva.

The majority of patients can be made comfortable with a thorough explanation and possibly a guard, but sometimes an adjustment of the dentition and/or bulky dental work is required for maximum comfort upon closure which in turn relieves pressure on the TMJ. The adjustment simply is a sharpening of the slopes in order to redirect the contact in closure back to the tips of the cusps where it belongs; the removal of enamel is minimal.

This does not mean that every patient with a flattened dentition should have their teeth sharpened, but there should be a preference for keeping them in their original design. The key is comfort. There are many patients that, in spite of unusual anatomical relationships between their upper and lower teeth, are quite comfortable. My opinion is that these patients should be left alone.

Many other things should be discussed as possible factors in initiating DCS such as sports, exercise, and side effects from certain drugs.

Yours for better Dental Health

Gene McCoy D.D.S

## CONSENT FOR THE ADJUSTMENT OF TEETH

This procedure is known by many names such as occlusal adjustment, equilibration, and coronoplasty. For the sake of simplicity, Dr. McCoy refers to this part of the management as the **sharpening procedure**. The sharpening procedure is just that. It is a gentle reshaping of worn teeth in order to make the bite more comfortable by lowering the stress at the gingiva. Thin strips of green wax are applied to the biting surfaces of the teeth in order to analyze the way they touch each other upon closure. Ideal contacts are those located on the tips of the cusps, whereas harmful contacts are on the slopes. You will be shown these harmful contacts before the procedure. The whole procedure takes ten to fifteen minutes, does not hurt, and removes only a minute amount of enamel. The teeth are never shortened. A short follow up appointment may be required for fine-tuning and polishing.

Why does it make the teeth more comfortable? Redirecting the contact back to the tip of the cusp reduces the physical stress at the necks of the teeth and allows for unrestricted jaw movement.

Is there a down side? After the procedure, a few patients tend to "play" with their bite because it is a new experience. Most patients describe the feeling as "less" because they are not hitting so hard. This is exactly what our objective is—a comfortable light bite. Some patients report a new sensitivity on a tooth that had not bothered them before. This is because the adjustment is first focused on teeth that are hitting the hardest. After these excessive forces are relieved, patients start to feel teeth they have not felt before. The sensitivity is very transient. It is to be noted that reshaping old, bulky porcelain crowns may result in tiny areas of metal showing. The procedure does not weaken the teeth, does not promote decay or sensitivity, and does not change the appearance of the teeth.

Does the sharpening procedure reduce the tendency to clench ones teeth? Yes, but even though the teeth are more comfortable, there is no guarantee that the patient won't clench due to life stress and may also require guard therapy.

There is always a risk of pain or discomfort when doing any dental procedure.

I thoroughly understand the recommended procedure and consent to have it done.

Signed: ..... Date: .....  
Patient or Guardian

Signed: ..... Date: .....  
Treating Dentist

Signed: ..... Date: .....  
Witness