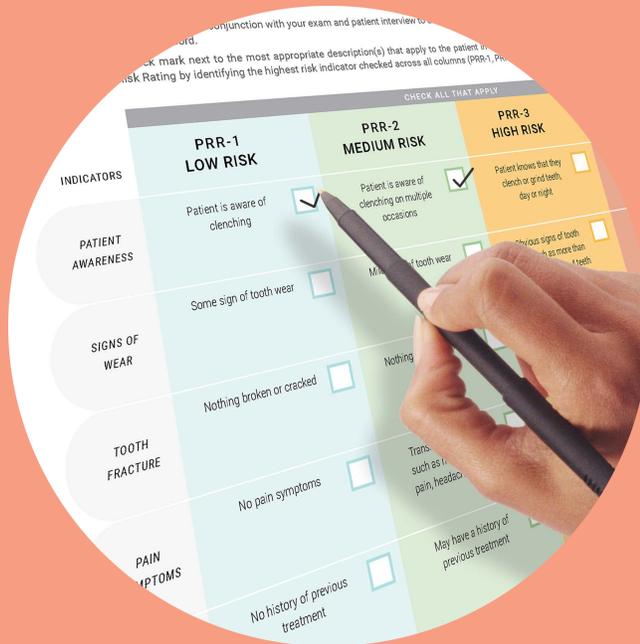


Parafunction Risk-Rating Protocol

New Diagnostic Tools to Identify and Assess Parafunction



This 4-week protocol, utilizing QuickSplint®, helps you determine a parafunctional risk rating for your patient

Up to 30% of the population experience symptoms of bruxism.

Dentists know this parafunctional disorder can wreak havoc on oral health. It can lead to tooth wear, cracked and broken teeth, displaced restorations, and if allowed to progress the temporomandibular joint may become involved in the process.

Until now, there has been no defined way to rate the severity of parafunction.

The Parafunction Risk Ratings (PRR-1, PRR-2, PRR-3, PRR-4) are a simple, clear-cut protocol to assess and monitor active parafunction. You are afforded an ideal solution to communicate with your patients and raise awareness about the seriousness of the condition. This is ideal for case planning for cosmetic and restorative patients.

Charting a Parafunction Risk Rating allows you determine the severity of active parafunction and monitor risk factors over time.

The Parafunction Risk Ratings and the Risk Rating Table work together as a universal grading system that is applied to dental patients on initial diagnostic dental visits and annual recall.

PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH
A patient who upon examination and interview is aware of episodes of clenching and/or grinding behavior. Some sign of tooth wear is noted on the intra oral structures. Nothing is broken or cracked. No history of painful symptoms associated with the behavior.	UNAWARE PATIENT: A patient who is not aware of clenching and/or grinding, but who has mild signs of tooth wear. AWARE PATIENT: A patient who upon examination and interview is aware of clenching and/or grinding on multiple occasions. They have some mild signs of tooth wear, and may have history of treatment. There can be a history of transient painful associated events such as muscle pain, jaw pain, headache, ear ache etc.	A patient who upon examination and interview is aware of episodes of clenching and/or grinding behavior. They have been previously treated with some type of device and have obvious signs of tooth wear (more than 10% on more than 4 teeth, lock and key facets, etc.) History of painful associated events including headache, jaw, face, TM joint region.	A patient who upon examination and interview is aware of episodes of clenching and/or grinding behaviors that have resulted in direct painful events, presence of significant tooth wear on teeth, history of fracture of dental materials or natural tooth structure and have a history of treatment.

Instructions

Protocol with New Patients and Recall Patients at Annual Exam

1. Ask the patient whether they clench or grind, have jaw pain or headache. Perform a muscle and joint exam and assess the patient's dentition for signs of bruxism.
2. Encourage the patient to read the **PRR Patient Handout*** and self-assess their clenching behavior. The handout emphasizes that your practice cares about long term dental health and takes the extra time to monitor conditions that could result in problematic tooth wear, gum recession, jaw injury, etc. The PRR Patient Handout also explains that use of a QuickSplint trial oral appliance can better determine whether the patient is actively clenching or grinding. The patient survey portion of the PRR Patient Handout is optional for use if you want to gauge patient awareness.
3. Use the results from your exam together with the patient's input to complete the **Parafunction Risk-Rating Table*** and assign a risk rating for your patient.
4. If the patient is graded as low risk (PRR-1) ask them if they would like to try a QuickSplint. If the patient is graded as Medium to Very High Risk (PRR-2, PRR-3, PRR-4) recommend that they wear QuickSplint overnight for a 4-week diagnostic trial.
 - a. PRR-1 patient: Would they like to try a QuickSplint? (optional)
 - b. PRR-2, 3 or 4: Recommend they try a QuickSplint, unless they have a device
5. QuickSplint is fabricated by you or auxiliary staff for overnight use.
6. The patient returns for a follow up visit in three to four weeks to encourage discussion of their condition and review appropriate treatment options.
7. At the follow-up visit, if grind marks are present or the patient experienced reduced jaw and neck tension and other benefits, begin the discussion about their condition and plan for appropriate treatment. (Use the **Follow-up Evaluation Form*** for patient acknowledgment and informed consent.) Document the Parafunction Risk Rating for patient records and monitor annually.



Wear marks from clenching and bruxing are recorded on the QuickSplint.

Rationale for a four-week follow up: The surface of the QuickSplint can begin to show wear facets even at this brief interval. When the patient returns four weeks after their initial visit, review the objectives of this assessment plan and invite them to bring up any questions or ideas

that they may have. *Esthetics and other optional care are best presented under an initial introduction followed by a reinforcement visit.*

Results after four weeks: Assigning a rating

If grind marks are present on the QuickSplint and/or if the patient experienced reduced muscle tension and other benefits, you should consider that your patient's rating is PRR-2, PRR-3, or PRR-4. If you or your patient identify any other event that falls into a higher risk category (such as tooth fracture) you should consider using that higher risk rating result. Once you have assigned a risk rating, discuss an appropriate treatment plan with your patient.

Monitoring Results: Here are some possible patient outcomes

- Patients with low risk (PRR-1 rating) who have tried the QuickSplint may have peace of mind that veneers are suitable.
- Patients may not tolerate an oral appliance; in which case you have saved them the expense of a custom appliance.
- Patients with higher risk may still postpone treatment but they have been informed of the risk of cracked or worn teeth, periodontal conditions.
- Patients with higher risk may understand and be motivated to protect their teeth and address issues immediately. Patients can integrate information about your treatment recommendations, helping them to have realistic expectations about outcomes or need for referral. Documentation can be included in your informed consent.
- Patients with higher risk ratings may better appreciate the need for carefully selected custom oral appliances to treat parafunction or TMD. Depending on your level of training in splint therapy, you might want to refer to a specialist.

The Parafunction Risk Ratings and Risk-Rating Table were developed by orofacial pain expert, Bradley Eli, DMD, MS with input from private practice and academic dentists across all dental specialties. The Parafunction Risk-Rating Table and associated documents are made available free of charge to all dental professionals. Contact info@quicksplint.com for the word files of the documents you use with your patients, or to have us send you the laminated PRR Table for chairside use with patients.

Parafunction Risk-Rating Table

Use this Parafunction Risk-Rating Table in conjunction with your exam and patient interview to assess and monitor parafunction risk on initial diagnostic dental visits and annual recall. Add to the patient record.

Instructions: Place a check mark next to the most appropriate description(s) that apply to the patient in each row. If no risk factors are present, leave unchecked. Assign a Parafunction Risk Rating by identifying the highest risk indicator checked across all columns (PRR-1, PRR-2, PRR-3, PRR-4). See example on reverse side.

CHECK ALL THAT APPLY				
INDICATORS	PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH RISK
PATIENT AWARENESS	Patient is aware of clenching <input type="checkbox"/>	Patient is aware of clenching on multiple occasions <input type="checkbox"/>	Patient knows that they clench or grind teeth, day or night <input type="checkbox"/>	Patient is aware of clenching and grinding behaviors resulting in direct painful events <input type="checkbox"/>
SIGNS OF WEAR	Some sign of tooth wear <input type="checkbox"/>	Mild signs of tooth wear <input type="checkbox"/>	Obvious signs of tooth wear such as more than 10% on more than 4 teeth and lock and key facets. <input type="checkbox"/>	Significant tooth wear <input type="checkbox"/>
TOOTH FRACTURE	Nothing broken or cracked <input type="checkbox"/>	Nothing broken or cracked <input type="checkbox"/>	Broken or fractured dental materials or natural tooth structure <input type="checkbox"/>	History of fracture <input type="checkbox"/>
PAIN SYMPTOMS	No pain symptoms <input type="checkbox"/>	Transient painful events such as muscle pain, jaw pain, headache, ear ache <input type="checkbox"/>	History of painful associated events including headache, jaw, face, TM joint region <input type="checkbox"/>	Direct painful events <input type="checkbox"/>
TREATMENT HISTORY	No history of previous treatment <input type="checkbox"/>	May have a history of previous treatment <input type="checkbox"/>	History of previous treatment <input type="checkbox"/>	More than one previous treatment <input type="checkbox"/>

Enter the Parafunction Risk Rating associated with the highest risk indicator checked across all the columns (PRR-1, PRR-2, PRR-3, PRR-4)



PRR -

Patient Information - Parafunction

Why It's Important to Be Aware of Parafunctional Behavior

Studies have shown that up to 80% of the population that grind their teeth are not aware of their condition. Bruxism (clenching or grinding) can occur during the daytime or night, and for some patients it comes and goes (during periods of stress or use of certain medications) whereas other sleep bruxism patients will brux at nighttime without any awareness of a condition referred to as parafunction. Parafunction does not always result in jaw pain or a problem with the temporomandibular joint (TMJ). Even without pain, it does create stress on the teeth and can negatively affect the gums as well. We want to identify if this is present so we can respond to the possible risk of damage such as worn dentition, a cracked tooth, gum recession, or jaw muscle strain and associated headaches.

We will examine the condition of your teeth, jaw function and related muscles, and we will also use QuickSplint to learn whether you clench or grind your teeth at night. We can identify any risks of future damage and this also helps with treatment planning such as filling materials, crowns or veneers. Cosmetic dentistry has introduced advanced techniques and new materials that rely heavily on adhesive bonds that are at greater risk for failure due to excessive strain and pressure as well as shearing forces that are placed on teeth with clenching and grinding movements. When it is known, we can plan for this and design protective measures for your benefit.

We would like you to wear QuickSplint at night for 3 to 4 weeks and return for a follow up visit. When you return for a follow-up, you will be asked what you noticed about wearing the QuickSplint. Did you experience more or less jaw tension or headache? There might be evidence that we both can see, such as grind marks. If this simple test device shows wear, our office can make a more appropriate night guard for your protection. We can also discuss your objectives for restorations or cosmetic dentistry with this valuable new information provided by this trial. This is a new program in our practice, designed to continue our commitment to your dental health and well-being.

IMPORTANT: If at any time you experience pain, stop wearing the QuickSplint and call us. Some patients may not tolerate an appliance, and this is helpful information for us to know and will save you the expense of a custom night guard.

Bruxism
Clenching
Tooth wear
Cracked teeth
Gum recession
Headaches
Orofacial pain
TMJ dysfunction

Patient Questionnaire - Parafunction

Please answer these questions regarding clenching or grinding of your teeth. Check the answer that best applies to you for each question.

	<i>Not at all</i>	<i>Maybe or Some</i>	<i>Yes or Often</i>
1. Do you clench or grind?	_____	_____	_____
<i>During the day?</i>	_____	_____	_____
<i>When you are sleeping?</i>	_____	_____	_____
<i>Other</i> _____	_____	_____	_____
2. Have you been treated for this?	_____	_____	_____
<i>With a night guard?</i>	_____	_____	_____
<i>With an adjustment to your bite?</i>	_____	_____	_____
<i>Other</i> _____	_____	_____	_____
3. Do you have any jaw pain?	_____	_____	_____
<i>Periodic jaw pain and/or headache</i>	_____	_____	_____
<i>Frequent jaw pain and/or headache</i>	_____	_____	_____
<i>Constant</i>	_____	_____	_____
4. Have you cracked or broken a tooth, crown or veneer?	_____	_____	_____

TOTAL YOUR SCORE

Number of "Not at all" answers _____ X 0 points = _____ points
 Number of "Maybe or some" answers _____ X 1 points = _____ points
 Number of "Yes or Often" answers _____ X 2 points = _____ points

ADD UP POINTS TO DETERMINE TOTAL SCORE = _____

Follow-up Evaluation

Addressing Parafunction Using the Parafunction Risk Rating (PRR) Protocol

4-week QuickSplint Trial – Patient Acknowledgment

Patient Name _____

Birth Date _____

We provided you with a QuickSplint to wear overnight for a period of _____ days.

Before trying the QuickSplint, you initially assigned yourself a risk rating of _____

Based on my evaluation and your discussion, we are assigning a risk rating of _____

PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH
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My treatment and/or monitoring recommendations are the following:

PATIENT ACKNOWLEDGEMENT & INFORMED CONSENT

I understand my risk for parafunction based on this assessment and understand the recommendations for treatment explained to me by my doctor.

Patient signature _____ Date _____

Patient Education PRR Laminated Card

Contact info@quicksplint.com for copies of these documents in a print and customizable form. If you would like our laminated card (shown here) for chairside patient education, please contact us.



Are You at Risk for Injury or Damage Due to Parafunction?

Did you know an estimated 85% of the general population grind their teeth to a degree at some point during their life?

Bruxism (clenching or grinding) can result in:

- **tooth wear**
- **tooth fracture**
- **TMJ injury or disorder**
- **associated tension headaches, ear aches, & neck pain**

We have identified that you may be at risk.

To assess the severity of your risk, we would like you to wear QuickSplint at night for 3 – 4 weeks and return for a follow-up visit. The use of QuickSplint, combined with our examination of your teeth, jaw function and related muscles is part of our commitment to your dental health and well-being.



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Parafunction Risk-Rating Table Your clinician will ask you about the parafunction risk indicators in the chart below – level of awareness, signs of wear, tooth fracture, pain and treatment history.

INDICATORS	PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH RISK
PATIENT AWARENESS	Patient is aware of clenching	Patient is aware of clenching on multiple occasions	Patient knows that they clench or grind teeth, day or night	Patient is aware of clenching and grinding behaviors resulting in direct painful events
SIGNS OF WEAR	Some sign of tooth wear	Mild signs of tooth wear	Obvious signs of tooth wear such as more than 10% on more than 4 teeth and lock and key facets.	Significant tooth wear and history of fracture
TOOTH FRACTURE	Nothing broken or cracked	Nothing broken or cracked	Yes, some	Broken or fractured dental materials or natural tooth structure
PAIN SYMPTOMS	No pain symptoms	Transient painful events such as muscle pain, jaw pain, headache, ear ache	History of painful associated events including headache, jaw, face, TMJ joint region	Direct painful events
TREATMENT HISTORY	No history of previous treatment	May have a history of previous treatment	History of previous treatment	More than one previous treatment

Your clinician will determine your level of risk (PRR-1, PRR-2, PRR-3, PRR-4) →

PRR -