Truth
Balance Health
South Lakewood Dental

2525 S. Wadsworth Blvd. Ste 11, Lakewood, Colorado, 80227, CO 80227, United States
Phone: 855.233.0023| www.lakewoodlaserdentist.com

Headache/Migraine, TMJ pain relief

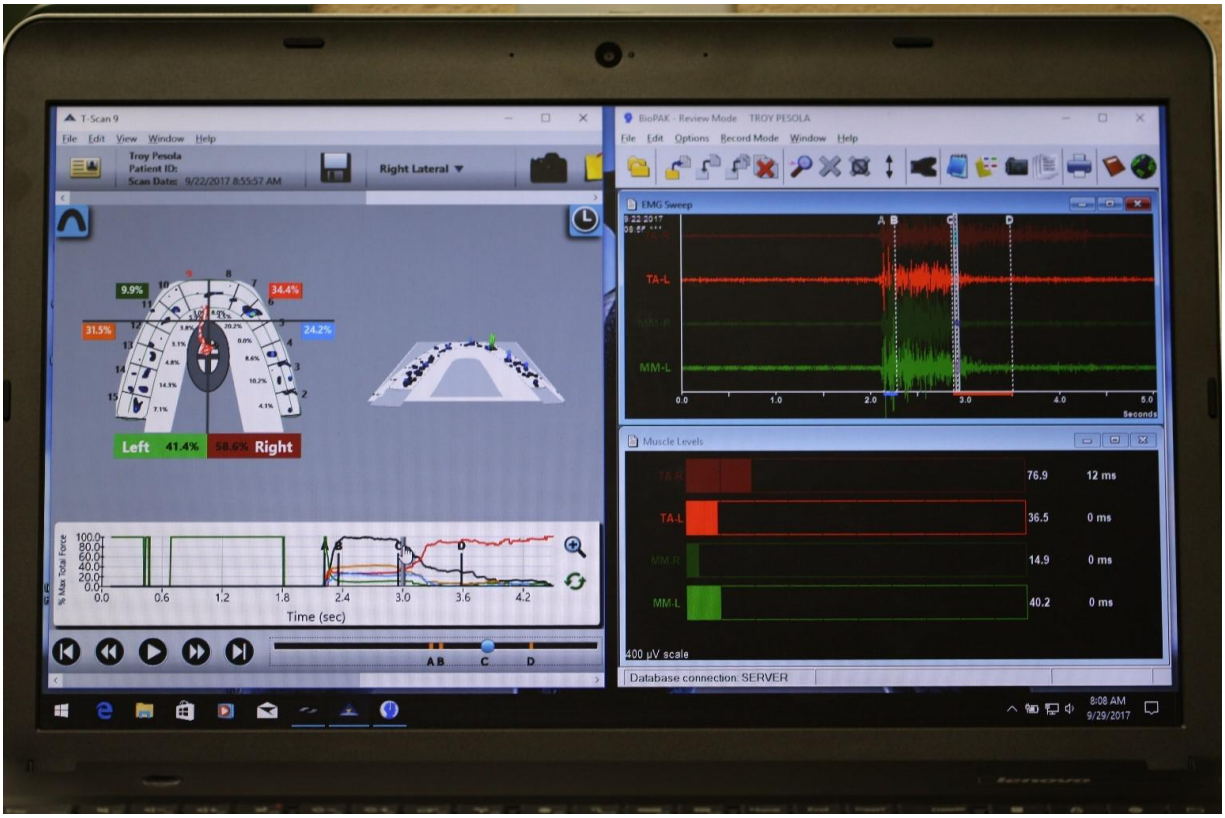
TMJ Pain find relief without using a mouthguard appliance

There is a revolutionary new computer-guided TMD (TMJ disorder) pain treatment that has been proven to be much faster, and a more permanent solution to TMJ symptoms than any mouthguard or appliance-based treatments.

Our computer-guided TMD treatment offers patients such effective pain relief, that they rarely need deprogramming appliances, mouthguards, oral appliances, or nightguards, even if they grind their teeth! In fact, no 'Niteguards,' mouthguards, or other mouthpieces are used in the treatment at all.

You see, until the time of the development of computer-guided TMD treatment (**TScan™**), mouthguards were necessary because the true cause of TMD pain was not understood by dentists. A mouthguard essentially keeps the upper teeth from touching the lower teeth, which would often help TMD pain…as long as the patient wore their mouthpiece appliance. Once removed, the TMD pain symptoms reappeared.

With the **T-Scan** System, a TMJ dentist can see the tiniest but extremely destructive and nerve frazzling tooth contacts in a time and force format that can't be discovered without using **T-Scan**. This computer information analyzes the details of what is causing the symptoms of TMD (and where the pain is coming from when the mouth appliance is removed).



T-Scan *EMG*

Research has repeatedly proven that these minute time and force bite problems "fire" a patient's nervous system and jaw muscles as molar teeth touch each other while chewing, swallowing, and grinding. These bite 'mal-occlusions' happen without the patient being aware of them and occur thousands of times each day, excessively firing the jaw muscles of a TMD patient into a state of chronic TMD pain.

Computer recorded **T-Scan** (and currently we've added EMG; electromyographic muscle scans to actually watch the muscles react to the bite forces) allows the dentist to know exactly what is wrong with the time and force issues, the bite balance and tooth contact forces within a patient's entire mouth. By using this information and making computer guided corrections, the muscles can relax and heal. In most patients, many of the TMD symptoms and pain disappear within the first week after treatment has begun.

Surprisingly, or maybe not if you've followed along, this treatment is also very effective with **Headaches** and **Migraines**!! (Please understand that not all headaches/migraines are caused by this sort of bite/occlusal problem. There are other potential causes of headache pain, including vascular, hormonal, and barometer change issues.) There are ways to screen patients as to their applicability for this kind of treatment (DTR). This screening protocol is called Neural Occlusion, which helps us determine if a patient's headaches are likely to respond favorably to an occlusal (bite) adjustment (DTR). We've found many times that when the bite force trauma is reduced, the overall impetus for the headache to occur is also reduced. It is common for patients who find us to have been told there is nothing that can be done for them, other than medications needed to reduce their headache/migraine pain. Many times, we resolve their headaches anyway.

Common Questions about our DTR treatments:

What does DTR do? Stops the teeth from making extra muscle activity (that goes on uncontrolled, tiring out the muscles, building up lactic acid, thus production of stiffness and pain). By adjusting teeth, DTR unloads the back teeth, making the bite more efficient with less friction between the teeth, and reduces muscle activity so the muscles don't have to work so hard – resulting in pain reduction and improved joint health.

What to expect? DTR treats muscular TMD issues (with a set of stable and adapted jaw joints). **85%** of people with TMJ problems are muscle issues and treatable with DTR.

Illustration: Have old car that gets 20 mi/gallon. Make improvements (alignment, tune-up, bearings, inflated new tires, etc.) All of the sudden it gets 40 mi/gallon. It will last longer, run smoother, and use less energy. When DTR makes the bite more efficient in grinding, chewing, and swallowing food, the whole neuro-muscular system, including the brain, doesn't have to work so hard…happier, efficient system and body.

How is DTR done? DTR (ICAGD) treatment can be done by subtractive or additive treatments. This means that we can solve problems by adjusting the teeth in miniscule amounts (subtractive), or we can place near invisible filling material on teeth in strategic places (additive) to balance the bite and harmonize the forces. All computer guided.

Does DTR hurt? NO. Enamel has no nerves. If the patient has very little enamel or exposed dentin, an additive treatment may be used to achieve success. Typically, we are making adjustments on dental restorations, fillings, and crowns, etc. (not sensitive)

Can DTR stop clenching and grinding? Yes, the majority will stop or minimize grinding. 90% don't need an appliance and sleep better too. Some appliances actually make grinding worse.

Can DTR stop headaches/migraines? Yes. Depends on the type of headache/migraine. Stops them completely – 30%. Many make them much less frequent and less intense. If it's muscular related, DTR works well. If its hormonal/vascular, to a lesser degree. Trudenta™ therapy can be used to help even more in these cases. (Trudenta™ is another effective pain management therapy we utilize.)

Neck and shoulder pain? Typically, yes, DTR helps, but might have other problems involved. It's hard to know, no way to say DTR's effectiveness for sure. Good TruDenta candidate!

Will bite adjustments hurt my teeth? Most adjustment are less than 50 microns (less than width of a human hair). Vary rarely a problem.

Will this help my sensitive teeth? Most of the time, sensitivity will be dramatically reduced. Especially to cold. Most often, immediately after treatment…while still in the chair!!

Orthodontics in the past? Yes, often, great candidates for DTR to "complete the case" for better efficient bite and tooth preservation. Especially if there is TMJ/facial pain post orthodontic treatment.

Splints, appliances needed? Rarely. We usually ask people to <u>not</u> wear their appliances so that the new bite can do its work on the muscle rehab. Immediately after treatment (same day), many patients will often get positive results. 30% take more time for the muscles to heal (60-90 days) …but most feel that things are healing shortly after treatment. TMJ pain is addressed 85% of the time

Is this "Equilibration"? <u>NO</u>, Equilibration does not eliminate the friction in the bite. Equilibration does not utilize the T- Scan so there is mostly guessing where adjustments are made (15-20 % ACCURACY = EQUILIBRATION). DTR allows the muscles to move the jaw where it wants to go naturally. Equilibration does not. Two completely different treatments.

I was told that I just had to live with my TMJ pain. "Just wear my splint," they said. Why is DTR different? *Lateral Pterygoid muscles* attach to the discs in the joints and are directly affected by grinding/clenching. So, DTR can help TMJ problems. 85-95% of TMD is *muscle related*. We can't tell before treatment who will respond (must treat to find out). 80% will respond the day of treatment. *Most* muscular TMD Patients will respond in a positive manner. Splints and appliances? You're not getting rid of the problem with these devices that can cost several thousand dollars over a lifetime of <u>dependency</u> on them.

Is DTR covered by insurance? No, this treatment, as most others, don't exist in the eyes of the insurance company. If you are in pain, it's worth the cash out of pocket to get well. We support our patient's by offering *Care Credit*™ financing.

<u>T-Scan/EMG therapy (DTR) is minimally invasive and maximally therapeutic</u>.

DTR BENEFITS:

1. **Reduced occlusal-muscle disorders symptomology.** (Getting *normal life* back)
2. **Reduced splint/appliance dependency.**
3. **Reduced need for physical therapy or other pain-focused care.**

4. **Reduced medication usage and dependency.**
5. **Reduced/eliminated headache/migraines**
6. **Improved chewing strength, speed.**
7. **Reduced pain during chewing, and improved chewing endurance.**
8. **Reduced frequency and intensity of chewing muscle spasm and pain.**
9. **Reduced frequency and intensity of '*sensitive teeth.*'**
10. **Reduced frequency and intensity of clicking and popping of the TMJ**