



PRI RECOMMENDED TMJ PROPRIOCEPTIVE OCCLUSAL SPLINTS

Non repositional flat plane total occlusal nocturnal maxillary acrylic splint

Non repositional flat plane diurnal mandibular acrylic splint

Both of the above are permissive splints designed to unlock the occlusion to remove deviating tooth inclines from contact. When this is accomplished, the neuromuscular reflex that controls closure into maximal intercuspation is lost. The condyles are then allowed to return to their correct seated position in centric relation if the condition of the articular components permits.

FLAT PLANE SPLINTS

MANDIBULAR SPLINT: This is a mandibular splint with acrylic coverage over the posteriors. A metal lingual bar is usually the major connector, which allows for plenty of tongue room. Occlusion on the Gelb splint is upper lingual cusps touching a lower flat or indented occlusal pad. This splint is usually made to a repositioned bite, bringing the mandible slightly forward.



MAXILLARY SPLINT: This is an excellent upper splint for Class II, Division 2 and Class I Crowded cases. The advantage of a Sagittal is having posterior contact with the lower buccal cusp along with the ability to move the upper anterior teeth slightly forward if they are a contributing factor holding the mandible back.



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Directive Splints are designed to position the mandible in a specific relationship to the maxilla. Contact inclines against anterior teeth direct the mandible to a particular position of closure. No consideration of fossa repositioning through gnathic orthopedic appliances, such as alternative lightwire fixation (ALF) is given.

Nocioceptive Trigeminal Inhibition (NTI) reflex splints do suppress the temporalis muscle, but clinically facilitates the cranio-cervical stabilizers and therefore is not recommended.