



Bite Splint Therapy

I hereby consent to bite splint therapy by Dr. Tuan Nhu. I understand that Dr. Nhu is not a “TMJ specialist” and understand that there is no official specialist for “TMD therapy” acknowledged by the American Dental Association at his time.

Symptoms of temporomandibular joint (TMJ) problems vary greatly from person to person and may include but are not limited to: clicking, locking jaw (closed or open), headache, neck pain, nausea, ringing in the ears, dizziness, muscle pain, irregular bite, or joint pain. Multiple imaging technologies are available to me to evaluate the physical condition of the TMJs including, but not limited to, panoramic radiographs, tomographs, conebeam CT scans, CT scans, MRI, etc. I further understand that TMJ disorders can mimic other dental and medical problems, and underlying medical conditions can cause TMD and degenerative joint disease. Headaches and neckaches may be associated with serious medical problems. A detailed medical history is essential to obtaining an appropriate working diagnosis, and **it is my responsibility to discuss my condition with my physician.**

The diagnosis and treatment for TMJ disorders can be long term, spanning from weeks to years. Typically TMD and occlusal-muscle disorders are treated in phases. In Phase I, a removable bite splint is used to diagnose an appropriate stable and reproducible treatment position of the TMJs and to minimize muscle discomfort. Sometimes, plastic temporary crowns may be used as a fixed bite splint. Measures are taken to enable the bite on the teeth to meet evenly with the joints in the reproducible treatment position determined previously by Phase I therapy, which may include reshaping, repositioning, or restoring the teeth.

I acknowledge that I understand the following:

- Bite splint therapy may be unpredictable, and some studies have shown that bite splint therapy has little effect on the progression of TMD.
- In some cases, surgery may be indicated to manage my TMD.
- Once a joint has been injured, it will never be “normal” again, and signs or symptoms may get worse with therapy.
- Treatment of bite-related muscular spasms and headaches are typically treated with bite splint therapy, which may take weeks or months.
- When the muscle symptoms are reduced, and a stable position of the joints can be determined, a bite analysis on mounted study models of my teeth may be recommended. I understand that definitive treatment may involve moving teeth with braces, restoring teeth with crowns or onlays, or reshaping of my teeth by controlled grinding.
- Bite and TMJ therapy carries risks, which include, but are not limited to allergic reactions, swallowing of a removable appliance, or worsening of the symptoms.
- Arthritis, a history of traumatic injury, or other unknown pre-disposing conditions may have more severe symptoms during the initial stages of treatment and may require repeated bite adjustments and restoration throughout life.
- Additional problems that can occur during bite or TMD therapy include, but are not limited to: breakage or loosening of teeth and/or fillings, mouth sores, gum and bone problems, root length loss, pulpal death, muscle spasms; ear, face, neck, head, or back symptoms; numbness; or normal side effects of prescribed or recommended medications.

I understand the recommended treatment for my condition, the risks of such treatment, any alternatives and risks, as well as the consequences of doing nothing. I understand that, due to the complex nature of bite splint and bite therapy, additional fees may be necessary above the estimates that I have been given that Dr. Nhu is not able to predict at this time. All of my questions have been answered, and I have not been offered any guarantees as to the outcome of treatment. I further understand that Dr. Nhu is not treating my joint noises with bite splint therapy.

Patient Signature: _____

Date: _____

Doctor Signature: _____

Date: _____

Witness: _____

Date: _____