

Temporomandibular Joint Planning – OUTLINE

I. introduction

- A. section goals
- B. TMJ planning purpose
- C. core literature

II. joint remodeling

- A. functional remodeling – CI bite maintained
- B. dysfunctional remodeling – CII bite results
- C. What variables determine if condylar displacement goes to functional or dysfunctional remodeling?

III. etiology of condylar remodeling

- A. joint compression
 - 1. bite treatment condylar displacement
 - a. doctor displacement
 - b. hardware displacement
 - c. PMCT displacement
 - d. unstable occlusion displacement
 - i. stable occlusion definition
 - ii. unstable occlusion definition
 - iii. unstable occlusion – Class I surgery
 - iiii. unstable occlusion – Class I orthodontic
 - iiiii. unstable occlusion [joint compression] initiates remodeling - literature
 - e. macrotrauma
 - 2. factors altering condylar displacement
 - a. condyle size (from CII vs. CIII joint types)
 - b. fossa shape
 - c. IMF
 - d. general anesthesia
 - e. clenching
 - f. internal derangement
 - g. summary by specialty
 - 3. condylar displacement literature (from II., A., 4. in original outline)
- B. adaptive capacity factors
 - 1. age

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2. gender – female
 3. parathyroid levels
 4. corticosteroid levels
 5. autoimmune diseases
- III. condylar anatomy (from etiology of condylar resorption above)**
1. stable
 2. unstable
 3. immature
 4. condylar size
 - a. large condyle
 - b. small condyle
 - c. significance
- IV. diagnosis of TMJ remodeling**
- A. general TMJ history
 - B. compression history
 - C. host adaptive capacity history
 - D. clinical TMJ examination
 - E. tomography examination
 - F. lateral head film
 - G. facial exam
- V. treatment - total condylar remodeling**
- A. prognosis
 - B. splint treatment
 1. TMJ glossary
 2. purpose
 3. joint seating splint
 4. joint healing/unloading splint
 5. joint changing/loading splint
 6. physiology of joint loading splints
 7. post surgical splint
 8. ideal splint
 9. summary
 - C. joint placement
 1. orthodontics and reconstructive dentistry

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2. orthognathic surgery
 - a. BSSO
 - b. LFI
 - c. remodeling and relapse
- D. medications to stabilize the joints
- E. pretreatment requirements (benchmarks) – total condylar resorption
- F. treatment steps
 1. dental reconstruction
 2. orthodontics
 3. surgery
 4. long term care
- G. treatment success rate when progressive condylar resorption proceeds treatment