Splints and When to Use — At a Glance

It's about the bite. Prof. Riaz Yar, Specialist in Prosthodontics

The Golden Rule

Never restore into an unhealthy joint or musculature. **Healthy TMJ/muscles** → record the bite (conformative: static/dynamic records; reorganised: CR / increased VDO, mock-up, test 4–8 weeks) → definitive restorations. **Unhealthy TMJ/muscles** → diagnose, treat with a splint or deprogrammer until healthy, then re-enter the pathway.

Splint Selection

PRESENTATION / GOAL	APPLIANCE	WEAR & KEY POINTS
Acute myofascial pain	Lucia jig / anterior deprogrammer	First line. **Day wear, short-term only.** Doubles as a CR registration tool — CR is the tip of the arrow tracing.
Muscle pain management / bruxism	Stabilisation splint (Michigan / Tanner)	**Night wear, ~3 months, review every 2–3 weeks, wean off.** Ideal occlusion in CR: even posterior contacts, canine guidance, flat polished surface.
Protection only	Essix or dual laminate splint	Essix = single layer; dual laminate adds a soft inner lining. Protects — does not treat TMD.
DD with reduction — click goes on protrusive opening	Anterior repositioning splint	Treats the click.
DD with reduction — click persists / DD without reduction	Stabilisation splint	Prevention and advice; treat any myofascial component. If a click reappears, re-enter the DD-with-reduction pathway.
Diagnosed sleep apnoea	MAD device	Mandibular advancement, only after formal diagnosis.

Records for a Stabilisation Splint

Analogue: facebow + CR record with leaf gauge (~35 leaves) + upper/lower impressions. **Digital:** upper/lower scans + CR record with leaf gauge. Minimum 3 mm interocclusal space → 30–35 leaves; IOS captures the CR bite.

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