

Sample case documentation of functional therapy including rehabilitation of the entire stomatognathic system in accordance with the EDA accreditation guidelines for *Specialists in Reconstructive Dentistry, Esthetics, and Function*

A case by Dr. Salvador Congost

(Guidelines, Article 4.1)

General medical history:

56-year-old female patient, good general health condition

- no known pathology (cardiovascular, renal, hepatic, diabetes mellitus, infections)
- no known allergies
- current medication: Ibuprofen 400mg, about twice weekly for headache, for several years.


Special medical history:

- Extensive dental treatment since childhood; currently no dental subjective symptoms.
- Patient has had radiating pain in the left TMJ region for years, particularly when chewing.
- Frequently she experiences head and neck pain and finds herself clenching/grinding her teeth
- She feels that her extensively restored teeth do not „fit together properly“.
- Previous physiotherapy resulted in only temporary and partial improvement.
- The patient is not satisfied with the present level of her dental esthetics, and
- wants a second opinion, since treatment with a „bite guard“ provided by another dentist failed to improve her symptoms, and new restorative treatment has been planned.

The patient is willing to undergo comprehensive diagnostic and therapeutic procedures and wishes a stable long-term result.

(Guidelines, Articles 4.2.1, 4.2.2)

Preliminary dental examination:

Basisbefund														EDA																																																																																																																																																																																																																																																																																																			
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(Guidelines, article 4.2.3)

Preliminary dental examination (continued):

Mundhygiene	<input type="checkbox"/> Foetor	<input checked="" type="checkbox"/> Zahnstein	<input checked="" type="checkbox"/> Konkremete	40 SBI (%)	70 API (%)
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Parodontalbefund	1.Sextant	2.Sextant	3.Sextant	PSR 0 Taschentiefe < 3,5 kein Blut, kein ZST 1 Taschentiefe < 3,5 Blut bei Sondierung, o.ZST 2 Taschentiefe < 3,5 Blut bei Sondierung + ZST 3 Taschentiefe 3,5 - 5,5 4 Taschentiefe > 5,5
	1	3	3	
6.Sextant	5.Sextant	4.Sextant		
1	3	2		

Funktionsbefund	Muskulatur + Kiefergelenk			Klinische Beurteilung funktioneller Parameter		
	Schmerzen im Kopfbereich	<input type="checkbox"/> nein	<input checked="" type="checkbox"/> ja	<input type="checkbox"/> ja	<input checked="" type="checkbox"/> nein	CO = CR? / IKP = RKP?
	Schmerzen i. d. Muskulatur	<input type="checkbox"/> nein	<input checked="" type="checkbox"/> ja	<input type="checkbox"/> ja	<input checked="" type="checkbox"/> nein	Overlap ausreichend (Overjet/Overbite)
	Beweglichkeit ohne Befund	<input type="checkbox"/> ja	<input checked="" type="checkbox"/> nein	<input type="checkbox"/> unverl.	<input checked="" type="checkbox"/> verletzt	Zahnmorphologie
	Belastbarkeit ohne Befund	<input checked="" type="checkbox"/> ja	<input type="checkbox"/> nein	<input type="checkbox"/> nein	<input checked="" type="checkbox"/> ja	Abfraktionen
	Geräusche	<input checked="" type="checkbox"/> nein	<input type="checkbox"/> ja	<input type="checkbox"/> nein	<input checked="" type="checkbox"/> ja	Rezessionen

Weitergehende Befundung	<input type="checkbox"/> PA	<input checked="" type="checkbox"/> Funktionsanalyse	<input checked="" type="checkbox"/> Ästhetik	<input checked="" type="checkbox"/> Prothetikplan	<input checked="" type="checkbox"/> Mundhygiene
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- Vorläufiges Behandlungsziel
1. Manual functional diagnosis
 2. Preliminary functional diagnosis using open-bite mounted casts
 3. Infection control: individualized preventive care program and conservative periodontal treatment
 4. Reevaluation of the periodontal tissues

Klinischer Funktionsstatus

Lizenz Nr.: 5 001 38-1 / LINDAUER GMBH

EUROPEAN DENTAL ASSOCIATION

In Zusammenarbeit mit Prof. Dr. Johann Müller



Name **Muster, Gertrud**; Geb. Datum **09.05.48**

1. Untersuchungszeitpunkt **24.02.04**

2. Untersuchungszeitpunkt

Angaben zur Anamnese

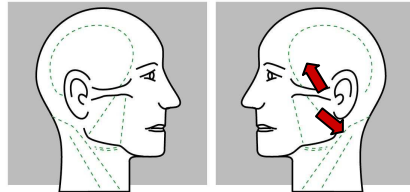
Praxis **Dr. S. Congost**

Extensive dental treatment since childhood; currently no dental subjective symptoms. Patient has had radiating pain in the left TMJ region for years, particularly when chewing. Finds herself clenching and grinding her teeth, particularly at night. Frequent head and neck pain. Patient feels that her extensively restored teeth do not "fit together properly". Physiotherapy resulted in only temporary and partial improvement.

Spezielle anamnestische Fragen

Liegt eine Allgemeinerkrankung vor?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	Beeinflussen Ihre Beschwerden Ihr Wohlbefinden oder Ihre Leistungsfähigkeit?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Nehmen Sie Medikamente?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	Knirschen Sie mit den Zähnen?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Erlitten Sie einen Unfall oder Schlag?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	Sind ein oder mehrere Zähne schmerzhaft und/oder empfindlich?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Haben Sie Schmerzen oder Beschwerden im/am Kopf (allgemein)?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	Kiefergelenksgeräusche seit	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Nacken / Hals / Schulter?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	nicht mehr seit	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Ohrenbereich / Kiefergelenke?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	Kauen od. Mundöffnung behindert seit 6-7 J.	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Schlafen?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	nicht mehr seit	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Andere wo?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>		

Schmerzlokalisierung (nach Angaben des Patienten)



ausstrahlend = ↗

Schmerzintensität 1 2 3 4 5 6 7 8 9 10

DEFINITIVE DIAGNOSE

Myopathy (myofascial pain) of the masticatory and throat and neck muscles

Schmerzintensität 1 2 3 4 5 6 7 8 9 10

Palpation

1 = Missempfindung, 2 = Schmerz

1. Untersuchung	O. B. = ohne Besonderheit	O. B.	2. Untersuchung	O. B. = ohne Besonderheit	O. B.
M. masseter	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	M. masseter	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
M. temporalis ant./post.	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	M. temporalis ant./post.	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
Suboccip./Nacken-/ Halsmuskulatur	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	Suboccip./Nacken-/ Halsmuskulatur	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
M. trapezius	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	M. trapezius	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
M. sternocleidomastoideus	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	M. sternocleidomastoideus	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
M. digastr. venter post./ stylohyoideus	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	M. digastr. venter post./ stylohyoideus	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
Mundboden	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	Mundboden	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
Temporalissehne	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	Temporalissehne	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
Zunge	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	Zunge	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
M. pterygoideus medialis	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	M. pterygoideus medialis	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
Fossa pterygopalatina	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	Fossa pterygopalatina	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>
Sonstige:	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>	Sonstige:	re <input type="checkbox"/> li <input type="checkbox"/>	<input type="checkbox"/>

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Klinischer Funktionsstatus

Mobilität des Unterkiefers

Mundöffnung	1. Untersuchung	2. Untersuchung	Seitenabweichung:	1. Untersuchung	2. Untersuchung
aktiv	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Deviation nach	re <input type="checkbox"/> li <input type="checkbox"/>	re <input type="checkbox"/> li <input type="checkbox"/>
passiv	mm <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Deflexion nach	re <input type="checkbox"/> li <input checked="" type="checkbox"/>	re <input type="checkbox"/> li <input type="checkbox"/>
rechtslateral (RL)	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Sprechabstand (Schneidezahnbereich) mm <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
linkslateral (LL)	mm <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Sprechmuster O. B. <input checked="" type="checkbox"/> ant. <input type="checkbox"/> / <input type="checkbox"/> ant. <input type="checkbox"/> / <input type="checkbox"/>		
Protrusion (P) re	mm <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10			
Protrusion (P) li	mm <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10			

Klin. Okklusionsprüfung

IP = Interkuspidations Position, ZOP = Zentrische Okklusionsposition

Statische Okklusion	1. Untersuchung	2. Untersuchung	Dynamische Okklusion	R L	NWS interferences
IP - stabil	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	ja <input type="checkbox"/> nein <input type="checkbox"/>	R L LL P	LL	NWS interferences
IP ≙ ZOP	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	ja <input type="checkbox"/> nein <input type="checkbox"/>		P	Interferences, left side
abgleiten (ZOP-IP)	mm <input type="checkbox"/> ca. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		horizontal	0 mm
Vorkontakte	RL	P LL	vertikal	4 mm	
	teeth 27/37		Führung schwierig	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

Zahnstatus und Parodontalstatus

Vitalität	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																												
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Lockerung	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	31	32	33	34	35	36	37	38			
Lockerung	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20
Hartsubstanz Läsion / Abrasion	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																												
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Parodontalbefund	O. B. <input type="checkbox"/> Lockerung ja <input checked="" type="checkbox"/> nein <input type="checkbox"/> Entzündung ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>																												

Gelenkgeräusche

R = Reiben, K = Knacken

Öffnung u. Exkursionen	Schließen u. Inkursionen	Öffnung u. Exkursionen	Schließen u. Inkursionen
initial	terminal	initial	terminal
intermediär	intermediär	intermediär	intermediär
terminal	initial	terminal	initial
Intensität: <input type="checkbox"/> niedrig <input type="checkbox"/> mittel <input type="checkbox"/> hoch		Intensität: <input type="checkbox"/> niedrig <input type="checkbox"/> mittel <input type="checkbox"/> hoch	

Weitere Befunde

Tendency towards anterior Angle class II/2

Verdachtsdiagnose

Myopathie Arthropathie: rechts links

Weitergehende diagnostische Maßnahmen

Instrumentelle Okklusions-/Funktionsanalyse	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
MRT	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
HWS-Untersuchung	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Sonstige	MAGO-therapy ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>

(Guidelines, article 4.2.3)

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Name Muster, Gertrud

Geb. Datum 09.05.48

Praxis:

Dr. S. Congost

Parameter

1. Untersuchungszeitpunkt 24.02.04

2. Untersuchungszeitpunkt

		rechtes Gelenk	linkes Gelenk	rechtes Gelenk	linkes Gelenk
Beweglichkeit	Rotation	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt
		<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft
	Translation	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt
		<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft
	bei Distraction	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt
		<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft
	bei Kompression	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt	<input type="checkbox"/> eingeschränkt
		<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft
Vertikale Resilienz (in Dorsalposition)	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.	
	<input type="checkbox"/> vermindert	<input type="checkbox"/> vermindert	<input type="checkbox"/> vermindert	<input type="checkbox"/> vermindert	
	<input type="checkbox"/> erhöht	<input type="checkbox"/> erhöht	<input type="checkbox"/> erhöht	<input type="checkbox"/> erhöht	
Besonderes					

Belastbarkeit	Distraction (in Dorsalposition)	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> schmerzlindernd	<input type="checkbox"/> schmerzlindernd	<input type="checkbox"/> schmerzlindernd	<input type="checkbox"/> schmerzlindernd
		<input type="checkbox"/> schmerzverstärkend	<input type="checkbox"/> schmerzverstärkend	<input type="checkbox"/> schmerzverstärkend	<input type="checkbox"/> schmerzverstärkend
	Kompression	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> schmerzverstärkend	<input type="checkbox"/> schmerzverstärkend	<input type="checkbox"/> schmerzverstärkend	<input type="checkbox"/> schmerzverstärkend
		<input type="checkbox"/> kranial	<input type="checkbox"/> kranial	<input type="checkbox"/> kranial	<input type="checkbox"/> kranial
	<input type="checkbox"/> kranial-ant.	<input type="checkbox"/> kranial-ant.	<input type="checkbox"/> kranial-ant.	<input type="checkbox"/> kranial-ant.	
	<input type="checkbox"/> kranial-post.	<input type="checkbox"/> kranial-post.	<input type="checkbox"/> kranial-post.	<input type="checkbox"/> kranial-post.	
	<input type="checkbox"/> posterior	<input type="checkbox"/> posterior	<input type="checkbox"/> posterior	<input type="checkbox"/> posterior	
Besonderes					

Gelenkkapsel	(Mediotrusion)	<input checked="" type="checkbox"/> O.B.	<input checked="" type="checkbox"/> D.B.	<input type="checkbox"/> O.B.	<input type="checkbox"/> D.B.
		<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft	<input type="checkbox"/> schmerzhaft

Geräusche (bei Kranialmanipulation)	Lautstärke / Intensität	<input type="checkbox"/> unverändert	<input type="checkbox"/> unverändert	<input type="checkbox"/> unverändert	<input type="checkbox"/> unverändert
		<input type="checkbox"/> ▲ Intensität	<input type="checkbox"/> ▲ Intensität	<input type="checkbox"/> ▲ Intensität	<input type="checkbox"/> ▲ Intensität
		andere		andere	
Besonderes					

Diagnose	Arthropathie kompensiert	<input type="checkbox"/> ja <input checked="" type="checkbox"/> nein	<input type="checkbox"/> ja <input checked="" type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
		<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein

Besonderes /
Therapieversuch:

© E.E. V.M. DENTUR-PROFAN (PVT) WISSEN

(Guidelines, article 4.2.3)

Radiographic evaluation: OPG

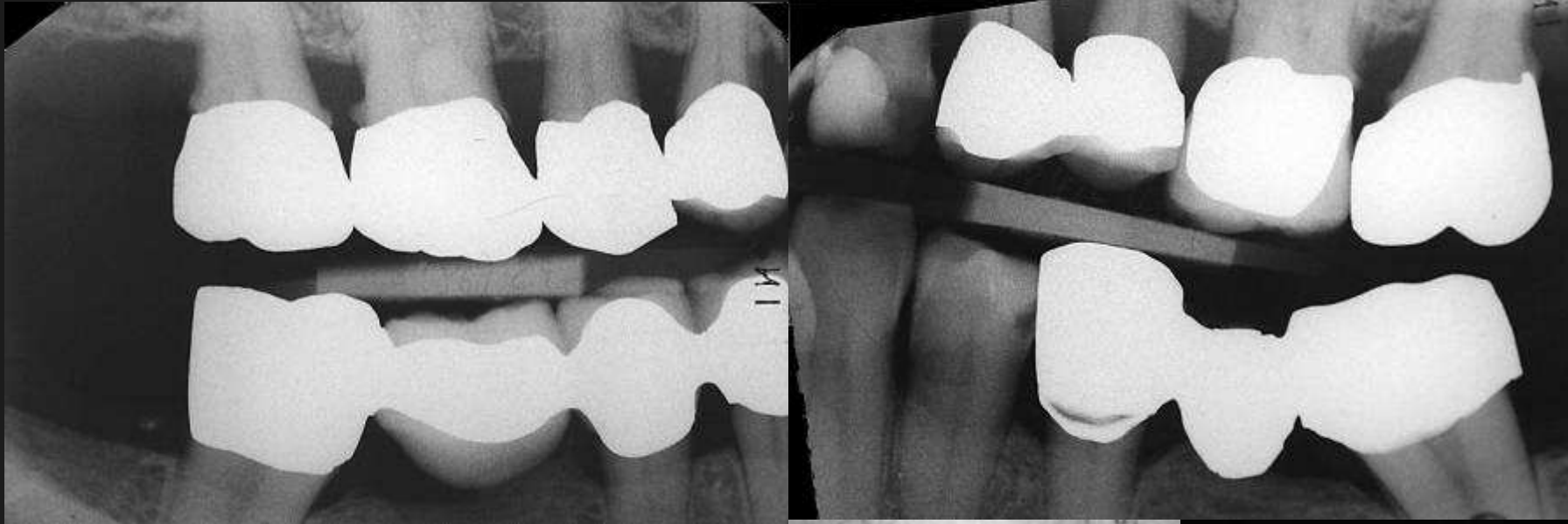


Radiographic findings:

- Hardly any degenerative alteration of the condylar structures, as far as assessable.
- Localized horizontal and vertical periodontal bone defects indicative of chronic adult periodontitis,
- No other osteolytic conditions.
- No signs of space-occupying lesions or inflammatory processes.
- No displaced/impacted teeth.
- Incomplete endodontic treatment of teeth 11, 21, 31(?).
- Discrete carious lesions and insufficient restorations.

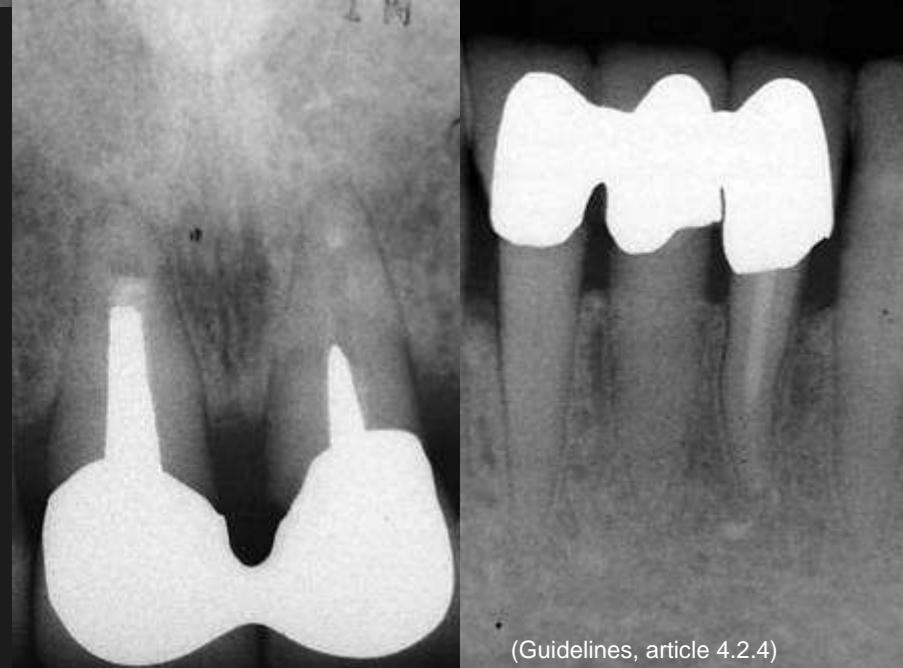
(Guidelines; Article 4.2.4)

Radiographic evaluation: Bitewings and periapical films of the nonvital teeth



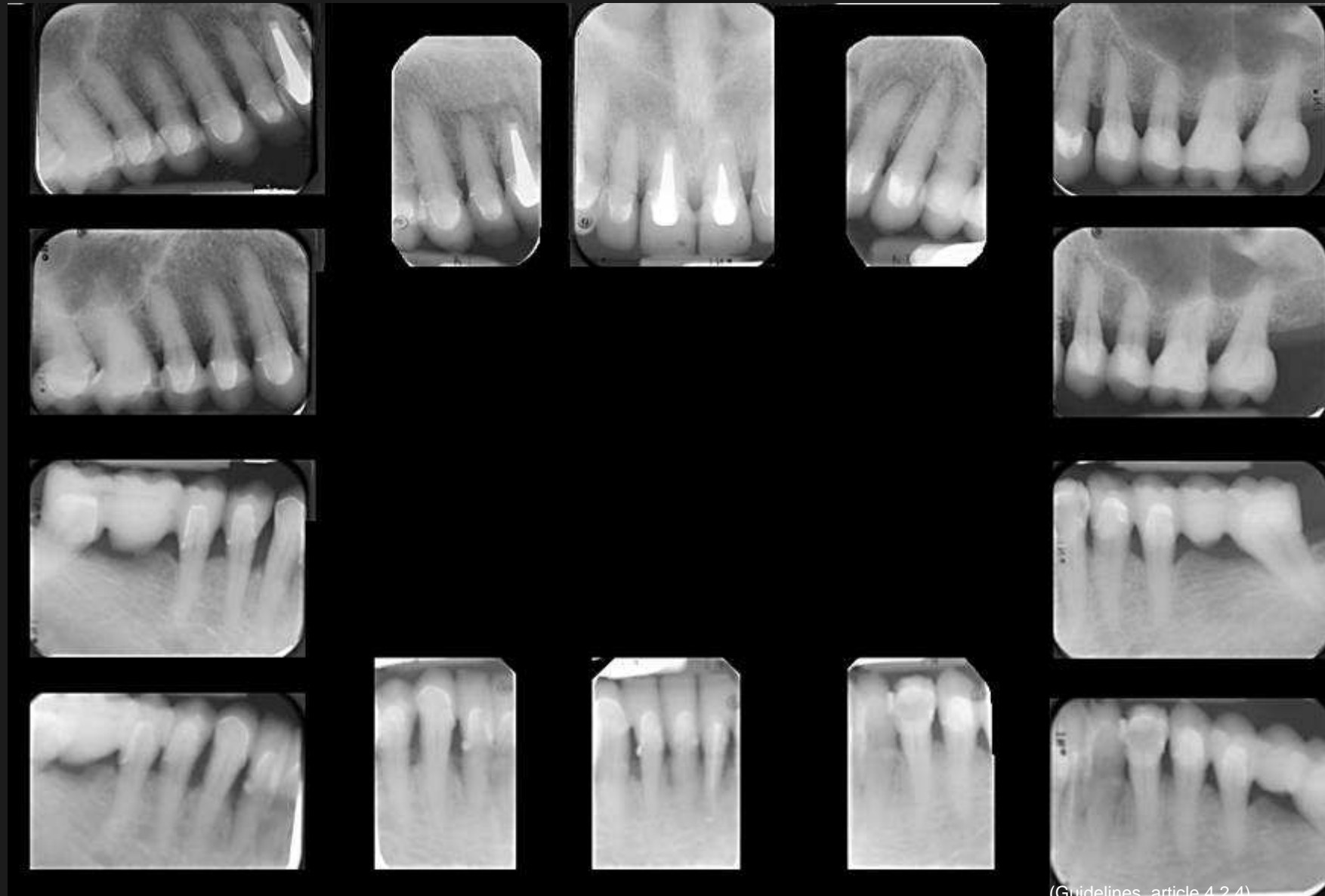
Additional findings:

- Subgingival concretions.
- Marginal leakage/overhanging crown margins on teeth 17, 16, 14, 11, 21, 25, 26, 27, 37, 35, 32.
- Carious lesion in tooth 34.
- Incomplete endodontic treatment of teeth 11, 21, 31.



(Guidelines, article 4.2.4)

Radiographic evaluation: Full mouth radiographs after temporarization and prior to endodontic retreatment of 11, 21, 31



(Guidelines, article 4.2.4)

Clinical photographs: frontal view smiling; lips



(Guidelines, article 4.2.5)

Clinical photographs: frontal view – maximum intercuspation and incisal position



(Guidelines, article 4.2.5)

Clinical photographs: lateral right/left view – maximum intercuspation



(Guidelines, article 4.2.5)

Clinical photographs: upper and lower arches

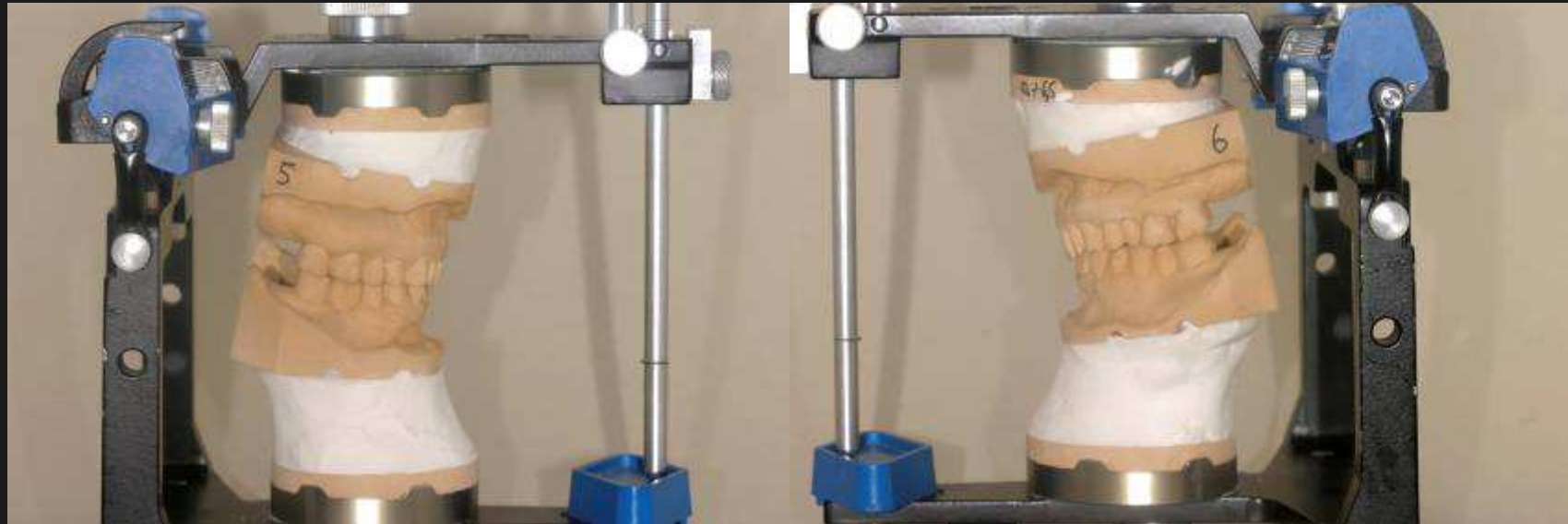


Clinical photographs: emergence profile and sagittal tooth shape of the upper/lower incisors; vertical dimension



(Guidelines, article 4.2.5)

Diagnostic casts: Pre-treatment study casts;
arbitrary mounting in preliminary centric relation.



No visible discrepancy between CO (or ICP, intercusp contact position) and CR (or COP, centric occlusion position) in preliminary centric relation.

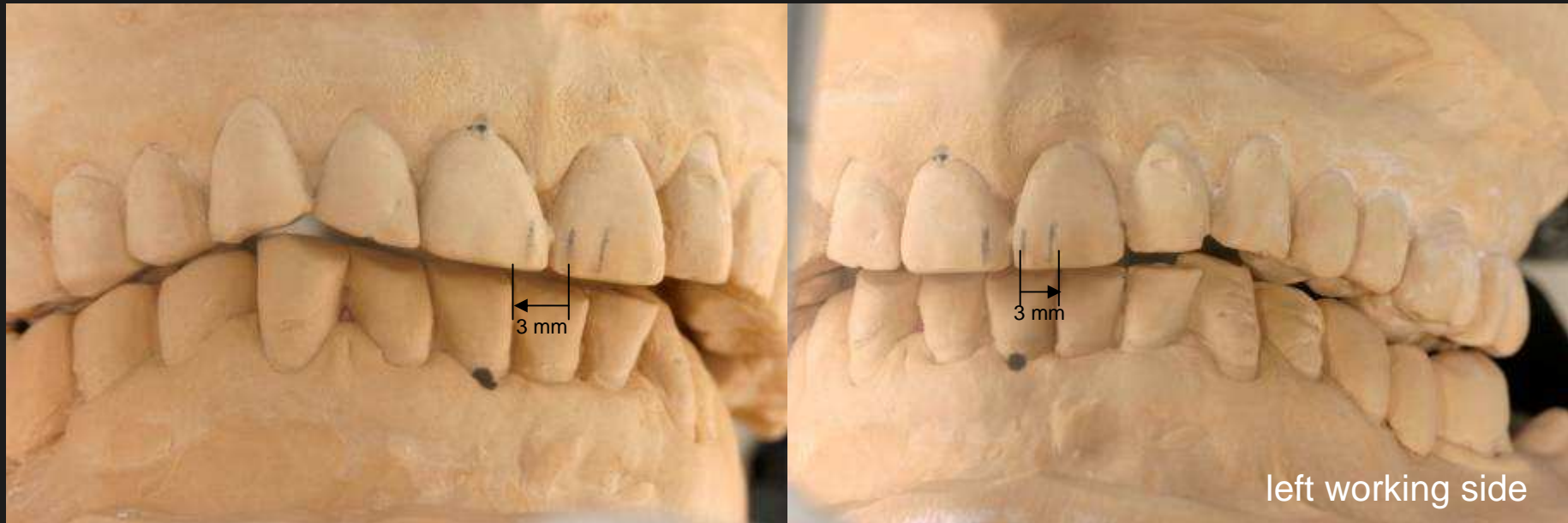
(Guidelines, article 4.2.6)

Diagnostic casts: Upper/lower arches;
Trauma to dental hard tissues, dysmorphic restorations



(Guidelines, article 4.2.6)

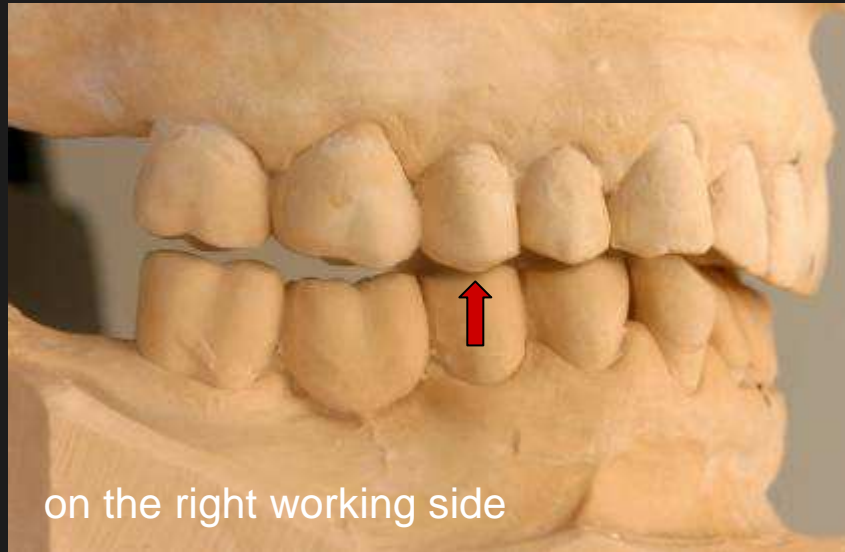
Diagnostic casts: Articulator simulation of right and left working sides:
no cuspid relations; obvious transverse problem on the left



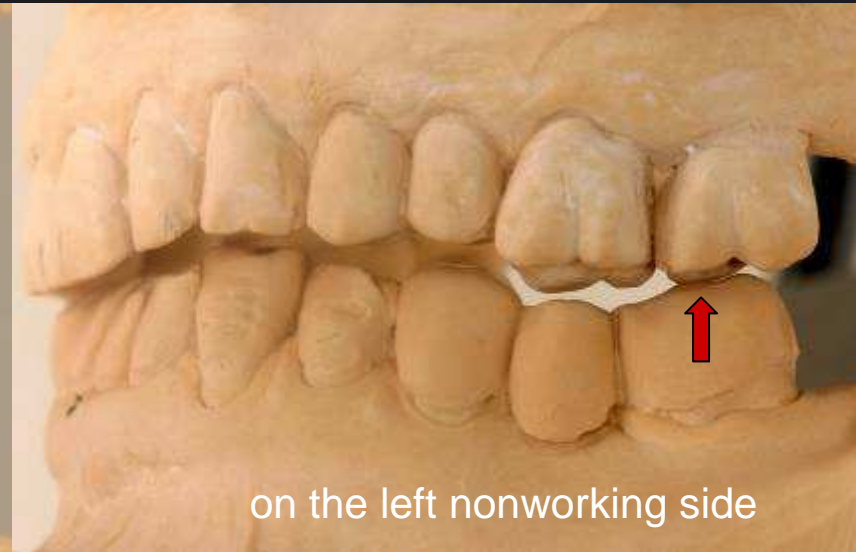
resulting in....

(Guidelines, article 4.2.6)

Diagnostic casts: ...interferences in dynamic occlusion



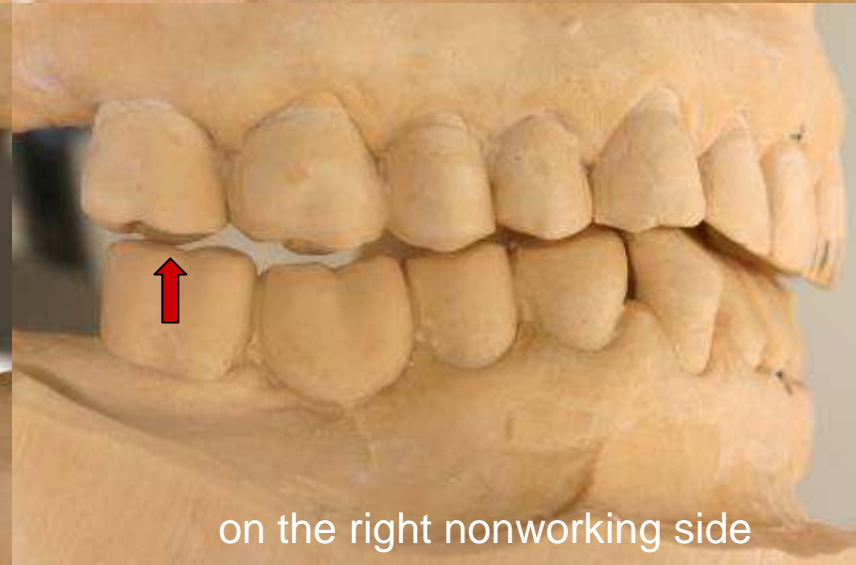
on the right working side



on the left nonworking side



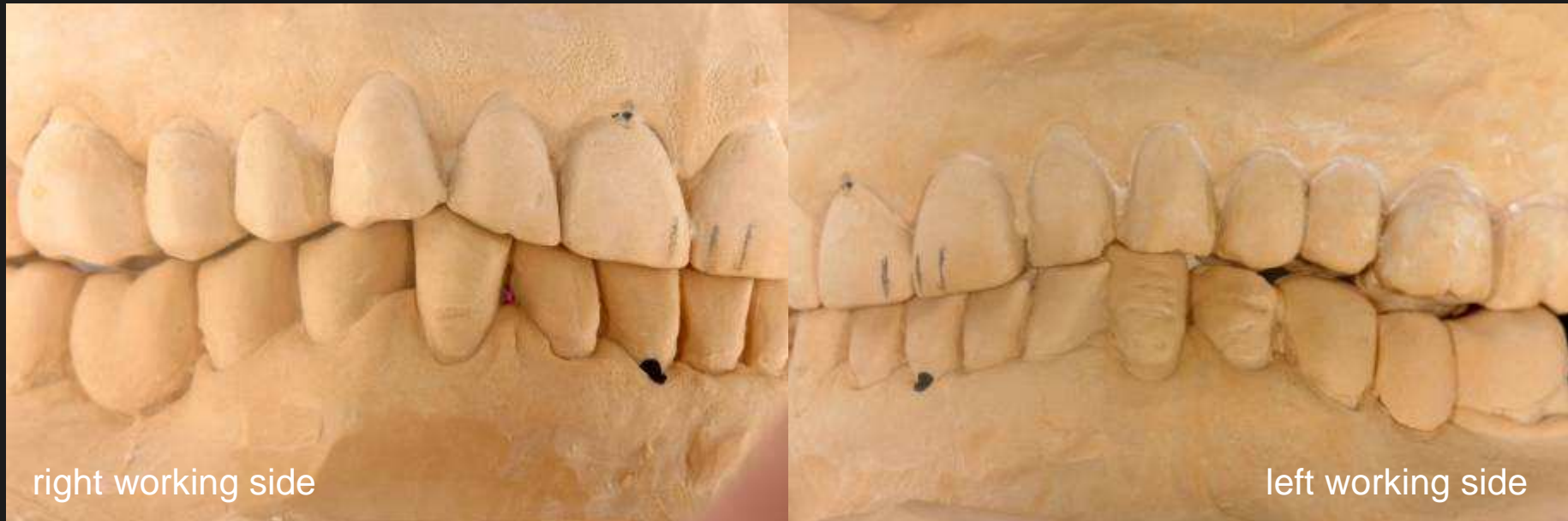
on the left working side



on the right nonworking side

(Guidelines, article 4.2.6)

Diagnostic casts: These dynamic interferences inevitably result in a „guidance“ by both cuspids and incisors in terms of a protrusive contact guidance on the right and left working side which may explain for the tooth abrasion seen in this patient.



(Guidelines, article 4.2.6)

Diagnosis and etiology:

- Myopathy of the masticatory and neck muscles
caused by antagonistic muscle imbalance during mastication.
- Abrasion and abfractions of dental hard tissues
caused by avoidance pattern of the mandible and resulting contact guidance.
- Localized chronic periodontitis
caused by inadequate plaque control, absence of preventive care, genetic predisposition (?), and functional overloads of the tissues.

Treatment plan:

1.: Periodontal infection control:

- Oral hygiene instruction and motivation (Phase I)
- Conservative periodontal therapy (Phase II)
- Reevaluation of the periodontal situation

2.: Splint therapy:

- Maxillary anterior-cuspid guided splint in centric relation (MAGO)
- Achieve and verify stable centric relation of the TMJ complexes
- Reevaluation of the functional problems

3.: Assessment of treatability of the case

- by creating a wax-up in a new vertical dimension on hinge axis-mounted models in centric relation

4.: Dental infection control:

- Removal of all existing restorations and placement of long-term temporary restorations according to wax-up in CO; retreatment of root-filled teeth.

5.: Definitive restoration of all teeth: bonded all-ceramic restorations; lower PFM fixed partial dentures

- considering all aspects of natural tooth shape as well as pronounced overbite and overjet of the incisors and cuspids, and
- maintaining a stable centric relation

(Guidelines, article 4.2.9)

Prognosis:

Periodontal: No aggressive periodontitis; prognosis is favorable, if professional care and good patient compliance are provided.

Functional: Functional prognosis is good, provided that

- symptoms respond to splint therapy, and
- a centric occlusion can be realized in the given dentoalveolar situation.

Orthodontic pretreatment may be an option.

Dental: Unclear prognosis regarding preservation of teeth 11 and 21 in view of the inter-radicular osteolytic process. The patient was informed that she might require implants for her upper centrals.

Treatment sequence:

Sept. 04: Start of periodontal management

Oct. 04 - March 05: MAGO therapy; since Dec. 04: resolution of symptoms



MAGO in place

(Guidelines, article 4.2.11)

Treatment sequence: hinge axis mounted casts in centric relation;
vertical dimension of centric premature contact.



No visible discrepancy between CO (or ICP, intercuspal contact position) and CR (or COP, centric occlusion position) in preliminary centric relation prior to initiation of treatment.



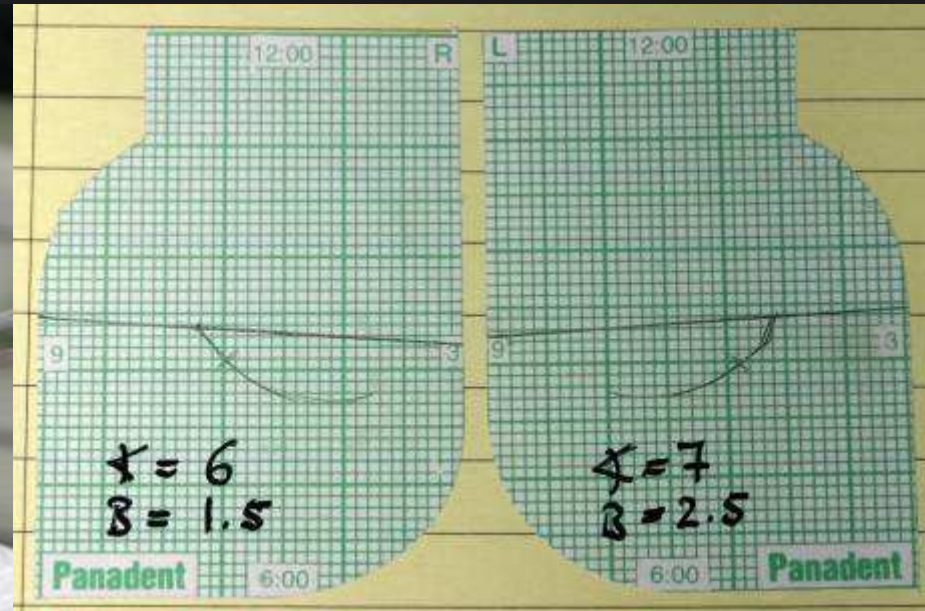
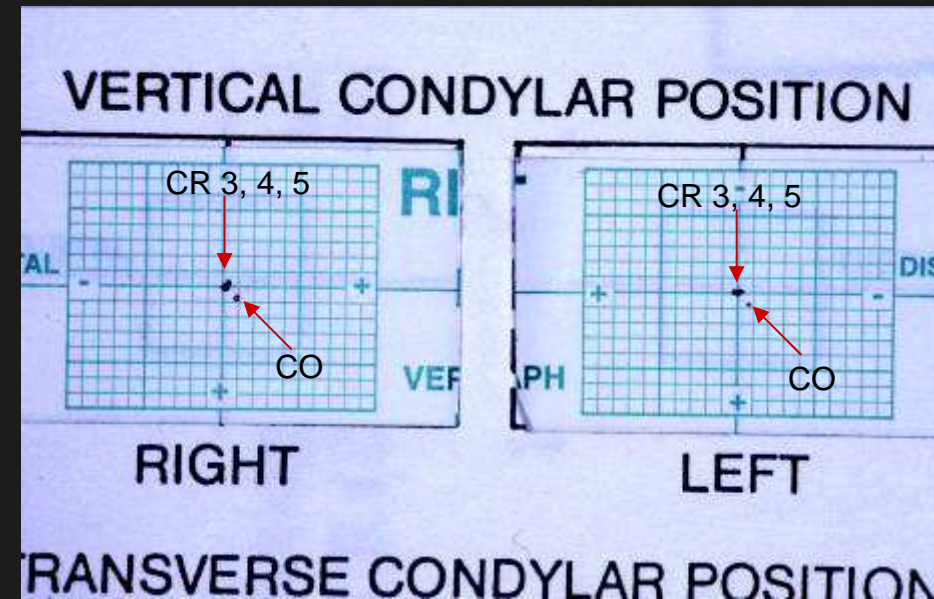
March 05: clearly visible CO-CR discrepancy after MAGO therapy for stabilization of the TMJ complexes.

(Guidelines, article 4.2.11)

Treatment sequence:

March 05: Verification of stable condylar position using three independent centric bite registrations (CR 3, 4, and 5, obtained at separate appointments).

Establish joint axis, horizontal path inclination, Bennet shift.



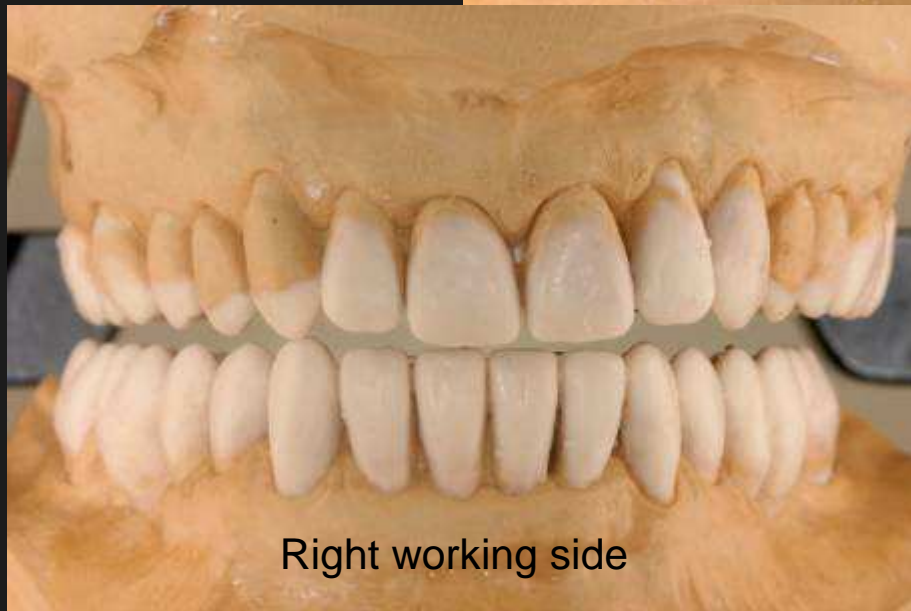
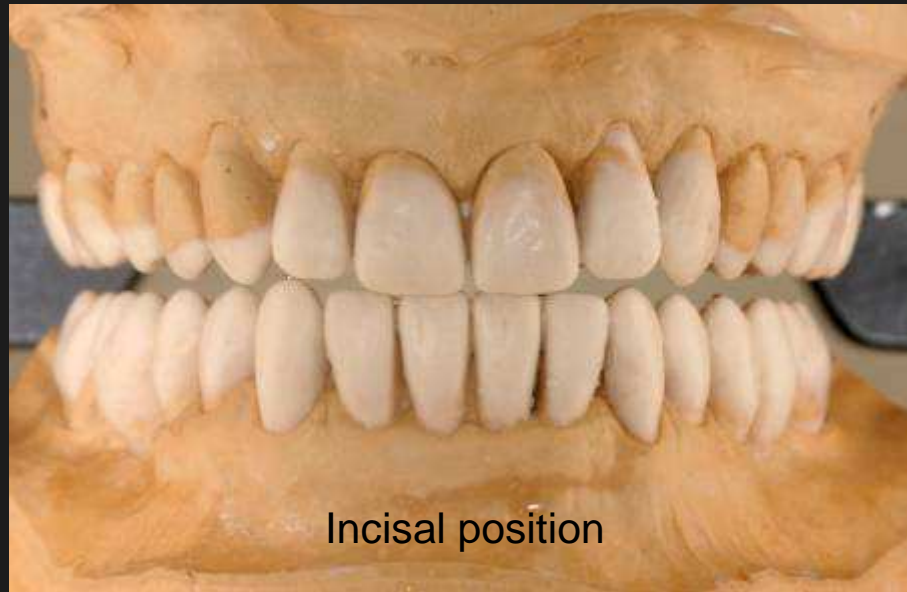
(Guidelines, article 4.2.11)

Treatment sequence: April 05: Wax-up; new tooth shapes on hinge-axis mounted casts in centric relation



(Guidelines, article 4.2.11)

Treatment sequence: April 05: Wax-up; test positions



(Guidelines, article 4.2.11)

Treatment sequence: April 05: Wax-up; try-in of the mock-up; teeth 4 - 4



(Guidelines, article 4.2.11)

Treatment sequence: June 05: Use of wax-up for fabrication of long-term temporaries from acrylic veneering material.



Core build-ups



Silicone index for tooth preparation

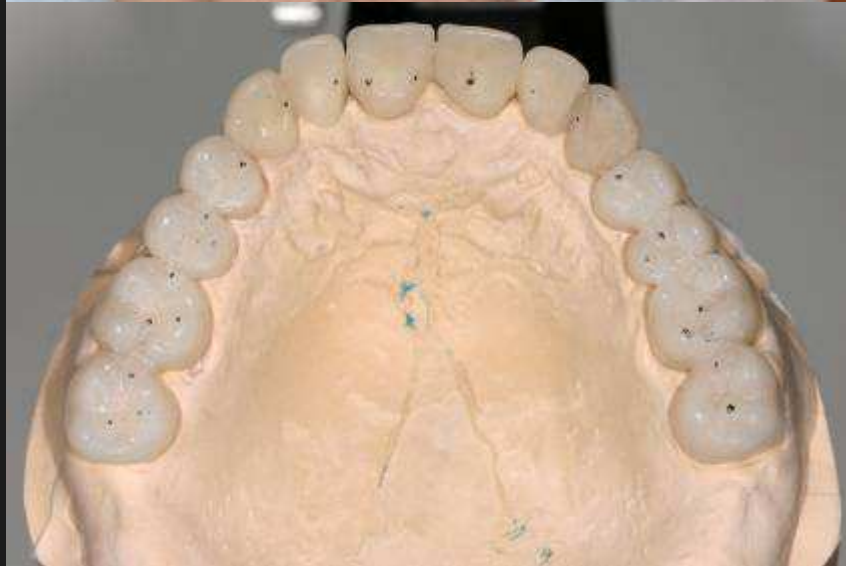
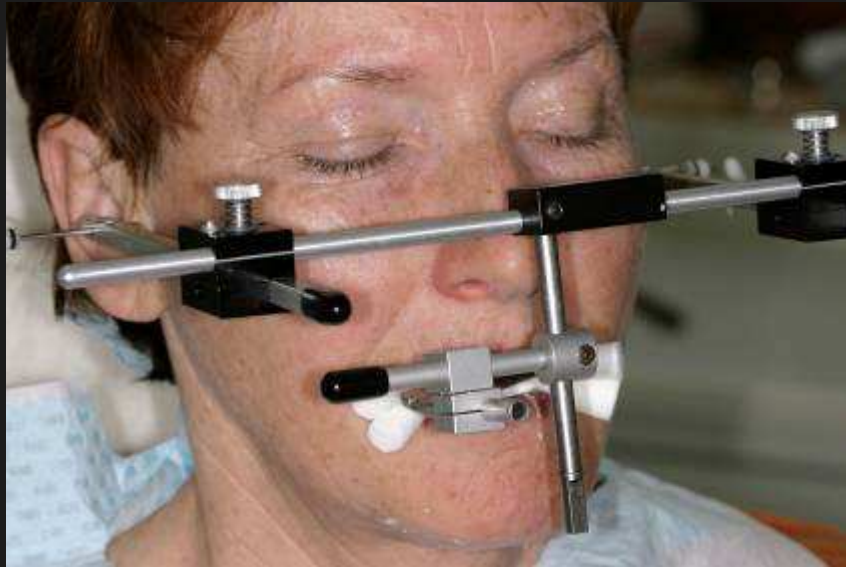
(Guidelines, article 4.2.11)

Treatment sequence: June 05: Use of wax-up for fabrication of long-term temporaries from acrylic veneering material: Pick-ups for remounting the provisionals.



(Guidelines, article 4.2.11)

Treatment sequence: June 05: Use of wax-up for fabrication of long-term temporaries from acrylic veneering material: hinge axis and centric relation remount



(Guidelines, article 4.2.11)

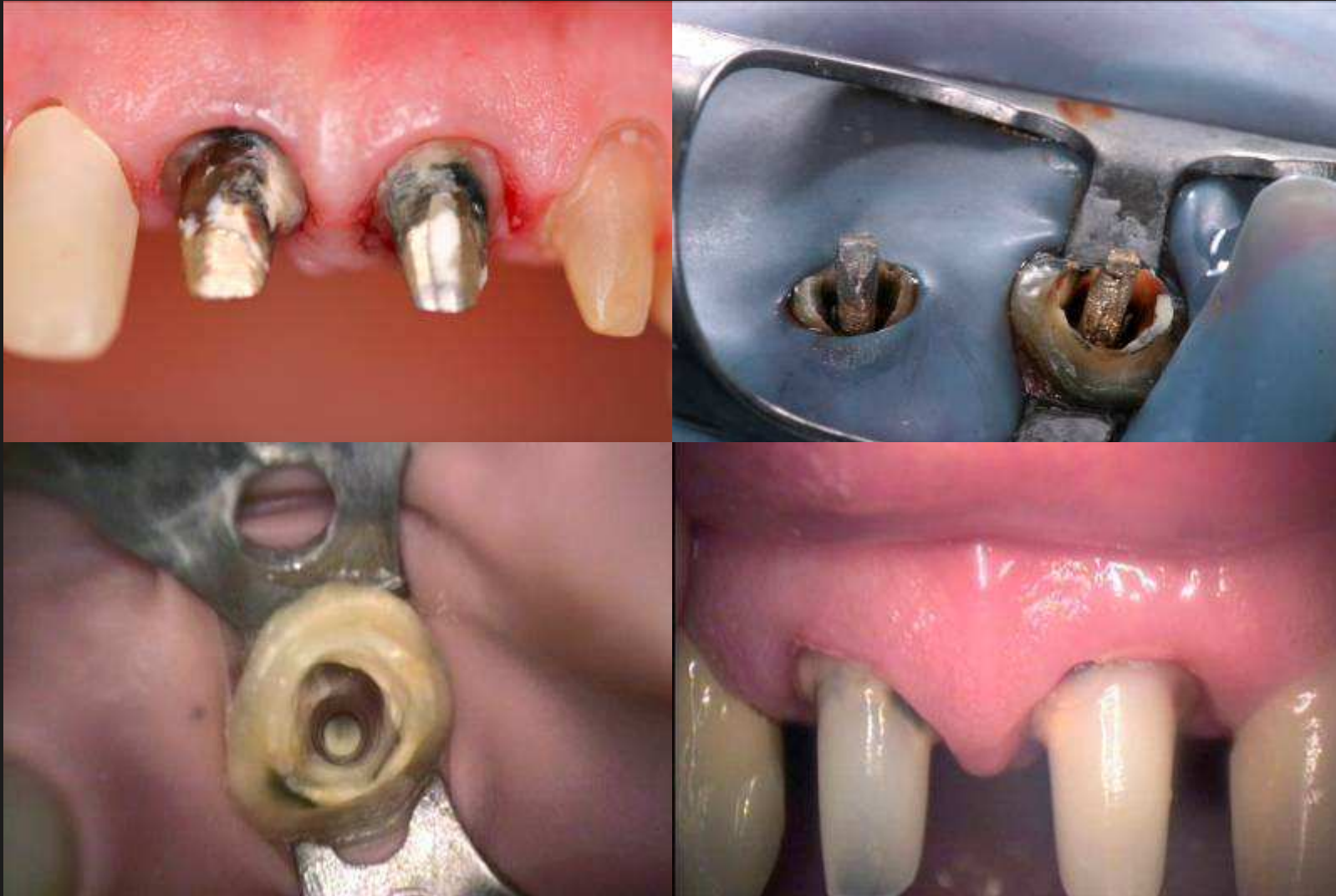
Treatment sequence: June 05: Use of wax-up for fabrication of long-term temporaries from acrylic veneering material : clinical result



Frontal view; smiling.

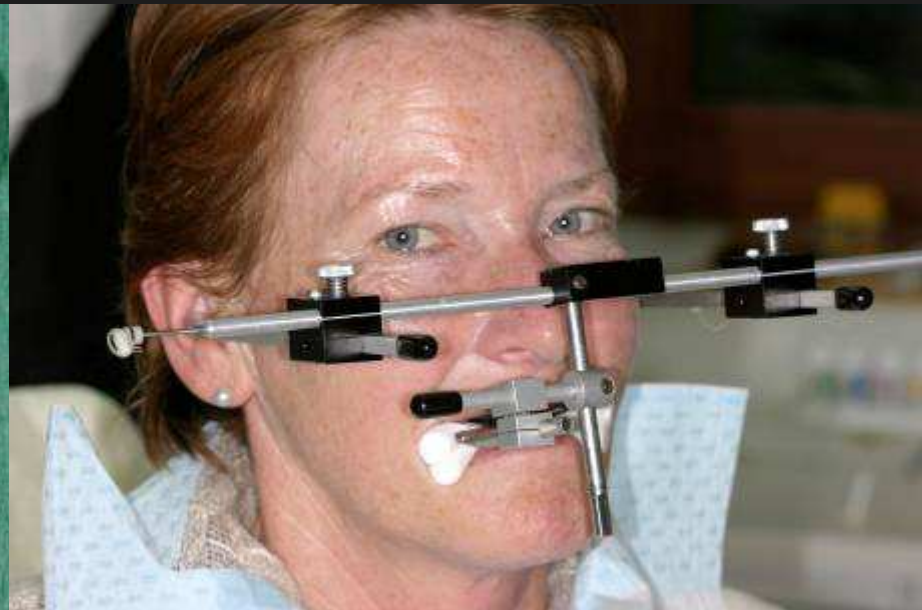
(Guidelines, article 4.2.11)

Treatment sequence: July 05: Retreatment of root-filled teeth 21 and 11
(Dental office Dr. Marquart)



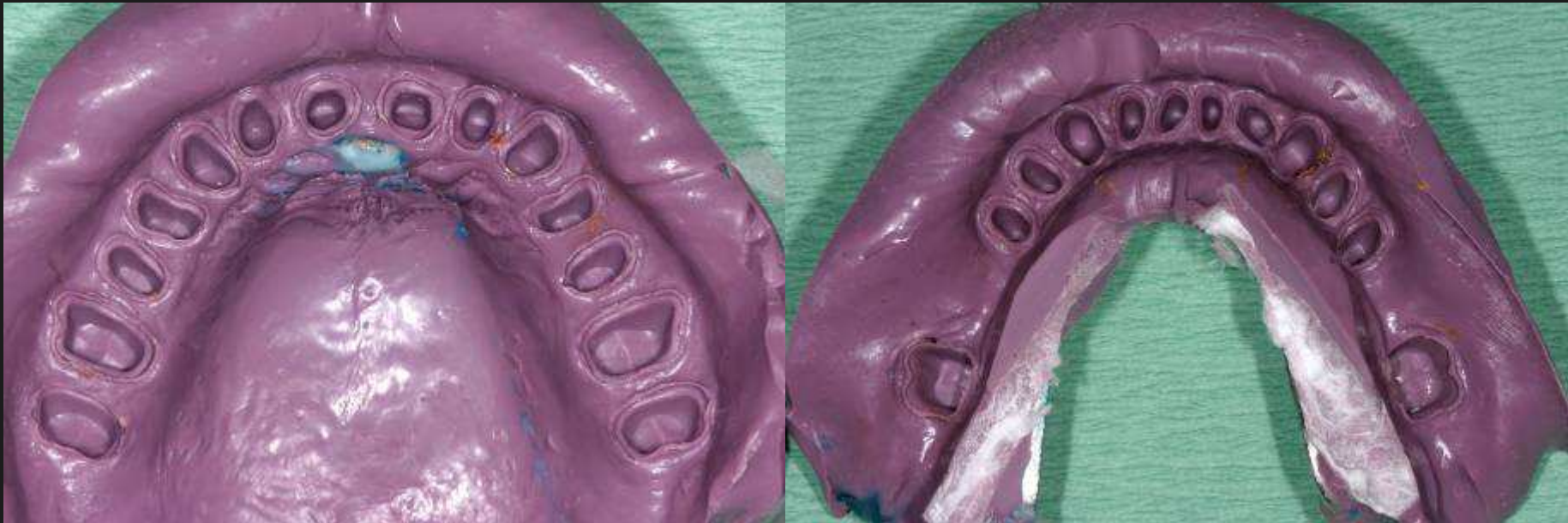
(Guidelines, article 4.2.11)

Treatment sequence: Sept.-Nov.05: Fabrication of the final restorations:
Centric record and hinge axis mounting of
the upper jaw



(Guidelines, article 4.2.11)

Treatment sequence: Sept.-Nov.05: Fabrication of the final restorations:
Impression taking of the prepared teeth



(Guidelines, article 4.2.11)

Treatment sequence: Sept.-Nov.05: Fabrication of the final restorations:
(pressable glass ceramics): The finished dental lab work
(MDT Th. Rethwisch)



(Guidelines, article 4.2.11)

Treatment sequence: Sept.-Nov.05: Fabrication of the final restorations:
Part of the all-ceramic restorations are in place
(bonded pressable glass ceramics; lower fixed
partial denture PFM)



(Guidelines, article 4.2.11)

Treatment sequence: Sept.-Nov.05: Fabrication of the final restorations:
Most of the restorations are in place



Static first premolar occlusion



Right working side

Left working side

Dynamic first premolar occlusion

(Guidelines, article 4.2.11)

Final assessment: Dental examination

Basisbefund

EUROPEAN DENTAL ASSOCIATION



Name Patient Muster, Gertrud; *09.05.48

Datum 10.12.05

Konsultationsgrund

- | | | | |
|------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Kontrolle | <input type="checkbox"/> Prophylaxe | <input type="checkbox"/> Ästhetik | <input type="checkbox"/> Prothetik |
| <input type="checkbox"/> Schmerzen | <input type="checkbox"/> PAK | <input type="checkbox"/> Funktion | <input type="checkbox"/> Implantat |

Zahnstatus

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vitalität
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<input type="checkbox"/>	k	k	k	k	k	k	k	k	k	k	k	k	k	k	<input type="checkbox"/>	Vorh. Versorg.
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
			55	54	53	52	51	61	62	63	64	65				
48	47	46	85	84	83	82	81	71	72	73	74	75	36	37	38	
			45	44	43	42	41	31	32	33	34	35				
<input type="checkbox"/>	k	b	k	k	k	k	k	k	k	k	k	k	b	k	<input type="checkbox"/>	Vorh. Versorg.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hartsubstanz Läsionen
<input type="checkbox"/>	+	<input type="checkbox"/>	+	+	+	+	+	-	+	+	+	+	<input type="checkbox"/>	+	<input type="checkbox"/>	Vitalität
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Röntgenbefund
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(Guidelines, article 4.2.12)

Final evaluation: Dental examination (continued)

Mundhygiene

Foetor
 Zahnstein
 Konkremente
 0 SBI (%)
 10 API (%)

Parodontalbefund

1.Sextant	2.Sextant	3.Sextant	PSR 0 Taschentiefe < 3,5 kein Blut, kein ZST 1 Taschentiefe < 3,5 Blut bei Sondierung, o.ZST 2 Taschentiefe < 3,5 Blut bei Sondierung + ZST 3 Taschentiefe 3,5 - 5,5 4 Taschentiefe > 5,5
0	0	0	
6.Sextant	5.Sextant	4.Sextant	
0	0	0	

Funktionsbefund

Muskulatur + Kiefergelenk

Schmerzen im Kopfbereich	+ nein	<input type="checkbox"/> ja
Schmerzen i. d. Muskulatur	+ nein	<input type="checkbox"/> ja
Beweglichkeit ohne Befund	+ ja	<input type="checkbox"/> nein
Belastbarkeit ohne Befund	+ ja	<input type="checkbox"/> nein
Geräusche	+ nein	<input type="checkbox"/> ja

Klinische Beurteilung funktioneller Parameter

+ ja	<input type="checkbox"/> nein	CO = CR? / IKP = RKP?
+ ja	<input type="checkbox"/> nein	Overlap ausreichend (Overjet/Overbite)
+ unverl.	<input type="checkbox"/> verletzt	Zahnmorphologie
+ nein	<input type="checkbox"/> ja	Abfraktionen
+ nein	<input type="checkbox"/> ja	Rezessionen

Weitergehende Befundung

PA
 Funktionsanalyse
 Ästhetik
 Prothetikplan
 Mundhygiene

Vorläufiges
Behandlungsziel _____

Final evaluation: clinical assessment of function

Lizenz Nr.: 5 001 38-1 / LINDAUER GMBH

EUROPEAN DENTAL ASSOCIATION

In Zusammenarbeit mit Prof. Dr. Johann Müller



Name **Muster, Gertrud**; Geb. Datum **09.05.48**

1. Untersuchungszeitpunkt **24.02.04**
2. Untersuchungszeitpunkt **10.12.05**

Angaben zur Anamnese

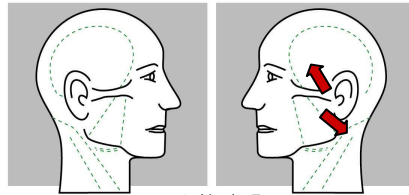
Praxis **Dr. S. Congost**

Extensive dental treatment since childhood; currently no dental subjective symptoms. Patient has had radiating pain in the left TMJ region for years, particularly when chewing. Finds herself clenching and grinding her teeth, particularly at night. Frequent head and neck pain. Patient feels that her extensively restored teeth do not "fit together properly". Physiotherapy resulted in only temporary and partial improvement.

Spezielle anamnestische Fragen

Liegt eine Allgemeinerkrankung vor?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	Beeinflussen Ihre Beschwerden Ihr Wohlbefinden oder Ihre Leistungsfähigkeit?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Nehmen Sie Medikamente?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	Knirschen Sie mit den Zähnen?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Erlitten Sie einen Unfall oder Schlag?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	Sind ein oder mehrere Zähne schmerzhaft und/oder empfindlich?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Haben Sie Schmerzen oder Beschwerden im/ am Kopf (allgemein)?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	Kiefergelenksgeräusche seit	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Nacken / Hals / Schulter?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	nicht mehr seit	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Ohrenbereich / Kiefergelenke?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	Kauen od. Mundöffnung behindert seit 6-7 J.	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Schlafen?	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	nicht mehr seit	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
Andere wo?	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>		

Schmerzlokalisierung (nach Angaben des Patienten)



Schmerzintensität: 1 2 3 4 **X** 6 7 8 9 10

DEFINITIVE DIAGNOSE

Myopathy (myofascial pain) of the masticatory and throat and neck muscles

Schmerzintensität: 1 2 3 4 5 6 7 8 9 10

Palpation

1 = Missempfindung, 2 = Schmerz

1. Untersuchung	O.B. = ohne Besonderheit	O.B.	2. Untersuchung	O.B. = ohne Besonderheit	O.B.	O.B.
M. masseter	re <input type="checkbox"/> li <input type="checkbox"/>		M. masseter	re <input type="checkbox"/> li <input type="checkbox"/>		
M. temporalis ant./post.	re <input type="checkbox"/> li <input type="checkbox"/>		M. temporalis ant./post.	re <input type="checkbox"/> li <input type="checkbox"/>		
Suboccip.-/Nacken- / Halsmuskulatur	re <input type="checkbox"/> li <input type="checkbox"/>		Suboccip.-/Nacken- / Halsmuskulatur	re <input type="checkbox"/> li <input type="checkbox"/>		
M. trapezius	re <input type="checkbox"/> li <input type="checkbox"/>		M. trapezius	re <input type="checkbox"/> li <input type="checkbox"/>		
M. sternocleidomastoideus	re <input type="checkbox"/> li <input type="checkbox"/>		M. sternocleidomastoideus	re <input type="checkbox"/> li <input type="checkbox"/>		
M. digastr. venter post./ stylohyoideus	re <input type="checkbox"/> li <input type="checkbox"/>		M. digastr. venter post./ stylohyoideus	re <input type="checkbox"/> li <input type="checkbox"/>		
Mundboden	re <input type="checkbox"/> li <input type="checkbox"/>		Mundboden	re <input type="checkbox"/> li <input type="checkbox"/>		
Temporalissehne	re <input type="checkbox"/> li <input type="checkbox"/>		Temporalissehne	re <input type="checkbox"/> li <input type="checkbox"/>		
Zunge	re <input type="checkbox"/> li <input type="checkbox"/>		Zunge	re <input type="checkbox"/> li <input type="checkbox"/>		
M. pterygoideus medialis	re <input type="checkbox"/> li <input type="checkbox"/>		M. pterygoideus medialis	re <input type="checkbox"/> li <input type="checkbox"/>		
Fossa pterygopalatina	re <input type="checkbox"/> li <input type="checkbox"/>		Fossa pterygopalatina	re <input type="checkbox"/> li <input type="checkbox"/>		
Sonstige:	re <input type="checkbox"/> li <input type="checkbox"/>		Sonstige:	re <input type="checkbox"/> li <input type="checkbox"/>		

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Klinischer Funktionsstatus

Mobilität des Unterkiefers

Mundöffnung	1. Untersuchung	2. Untersuchung	Seitenabweichung:	1. Untersuchung	2. Untersuchung
aktiv	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 50	mm <input type="checkbox"/> 55 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Deviation nach	re <input type="checkbox"/> li <input type="checkbox"/>	re <input type="checkbox"/> li <input type="checkbox"/>
passiv	mm <input type="checkbox"/> 58 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	mm <input type="checkbox"/> 60 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Deflexion nach	re <input type="checkbox"/> li <input checked="" type="checkbox"/>	re <input type="checkbox"/> li <input type="checkbox"/>
rechtslateral (RL)	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 10	mm <input type="checkbox"/> 13 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Sprechabstand (Schneidezahnbereich) mm <input type="checkbox"/> 5 <input type="checkbox"/> mm <input type="checkbox"/> 5		
linkslateral (LL)	mm <input type="checkbox"/> 14 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	mm <input type="checkbox"/> 15 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Sprechmuster O.B. <input checked="" type="checkbox"/> ant. <input type="checkbox"/> / <input type="checkbox"/> ant. <input type="checkbox"/> / <input type="checkbox"/>		
Protrusion (P) re	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 10	mm <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
Protrusion (P) li	mm <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 8	mm <input type="checkbox"/> 13 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			

Klin. Okklusionsprüfung

IP = Interkuspidations Position, ZOP = Zentrische Okklusionsposition

Statische Okklusion	1. Untersuchung	2. Untersuchung	Dynamische Okklusion	RL	NWS interferences
IP - stabil	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>	p	LL	NWS interferences
IP \neq ZOP	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>			Interferences, left side
abgleiten (ZOP-IP)	mm <input type="checkbox"/> ca. 1 <input type="checkbox"/>	mm <input type="checkbox"/> 0 <input type="checkbox"/>		horizontal	<input type="checkbox"/> 0 <input type="checkbox"/> mm
Vorkontakte	teeth 27/37		vertikal	<input type="checkbox"/> 4 <input type="checkbox"/> mm	
			Führung schwierig	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

Zahnstatus und Parodontalstatus

Vitalität	+										-									
Hartschubstanz Läsion / Abrasion	+										+									
Lockerung	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	38	
Lockerung	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	
Hartschubstanz Läsion / Abrasion	+										+									
Vitalität	+										+									
Parodontalbefund	O.B.										ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>									
	Lockerng										Entzündung									
	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>										ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>									

Gelenkgeräusche

R = Reiben, K = Knacken

Öffnung u. Exkursionen	Schließen u. Inkursionen	Öffnung u. Exkursionen	Schließen u. Inkursionen
initial	terminal	initial	terminal
intermediär	intermediär	intermediär	intermediär
terminal	initial	terminal	initial
Intensität: <input type="checkbox"/> niedrig <input type="checkbox"/> mittel <input type="checkbox"/> hoch		Intensität: <input type="checkbox"/> niedrig <input type="checkbox"/> mittel <input type="checkbox"/> hoch	

Weitere Befunde

Tendency towards anterior Angle class II/2

Verdachtsdiagnose

Myopathie Arthropathie: rechts links

Weitergehende diagnostische Maßnahmen

Instrumentelle Okklusions-/Funktionsanalyse	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
MRT	ja <input type="checkbox"/> nein <input checked="" type="checkbox"/>
HWS-Untersuchung	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>
Sonstige MAGO therapy	ja <input checked="" type="checkbox"/> nein <input type="checkbox"/>

(Guidelines, article 4.2.3)

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Final evaluation: Radiographs



(Guidelines, article 4.2.12)

Final evaluation: casts; upper arch, before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: casts; lower arch, before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: casts; articulator test positions; after restorative treatment:
working and non-working side clearance



(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; frontal view, maximum intercuspation;
before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; right lateral view, maximum intercuspation;
before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; left lateral view, maximum intercuspation;
before/after restorative treatment



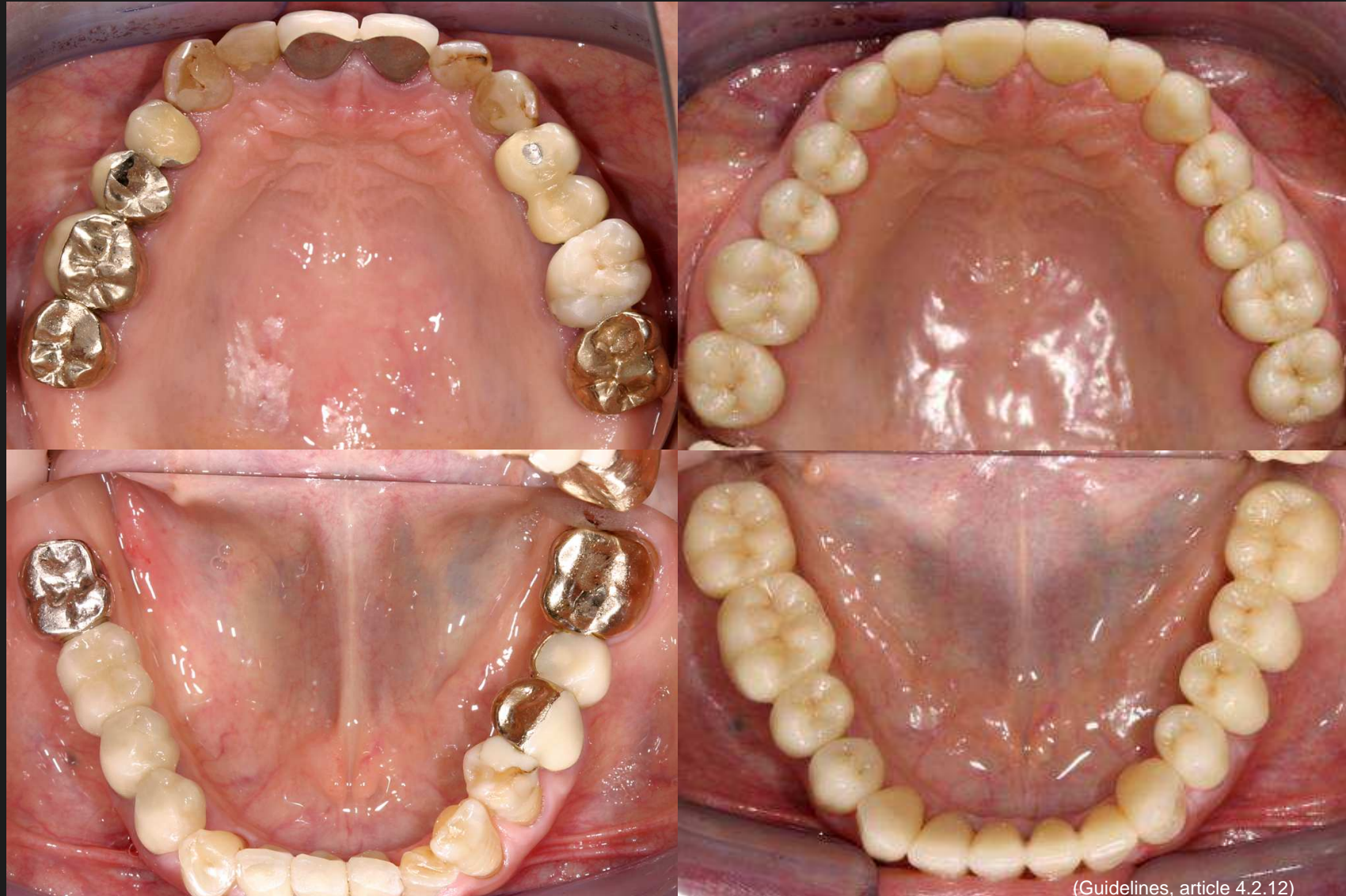
(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; upper/lower arches
before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; upper/lower arches
before/after restorative treatment



Final evaluation: clinical photographs; emergence profile upper/lower incisors, before/after restorative treatment



Final evaluation: clinical photographs; vertical dimension before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; view of lips, smiling;
before/after restorative treatment



(Guidelines, article 4.2.12)

Final evaluation: clinical photographs; frontal view, smiling;
before/after restorative treatment



(Guidelines, article 4.2.12)

Discharge Summary; Treatment and Aftercare:

Periodontal: The treatment procedures resulted in inflammation-free periodontal tissues.
-Recall maintenance system for individualized preventive care.

Function: Resolution of symptoms. Given the baseline situation, the comprehensive management provided seems reasonable.
- Next control visit in about 5 years' time for reevaluation based on hinge axis-mounted study casts in centric relation

Esthetics: Mucogingival procedures (crown lengthening of teeth 11 and 21, forced eruption of tooth 22) would have enhanced the soft-tissue esthetics of the upper anterior region (gingival line). However, the interradicular condition between teeth 11 and 21 would have been a limitation. The patient did not wish to have any such procedures done.

Dental: Dental implant replacements for missing teeth 36 and 46 would have been an option and possibly preferable in terms of proprioception, as this would have avoided splinted pontics. However, the patient did not accept implants, nor did she agree to any augmentation procedures for pontic site enhancement. In view of the severe destruction and high degree of treatment of all teeth the placement of crowns was indicated.
- Regular X-ray controls to monitor teeth 11, 21, and 31 in particular.

(Guidelines, article 4.2.12)

