## <u>INFORMED CONSENT FOR TMJ TREATMENT - LOCKED</u>

PATENT'S NAME: <sub>.</sub>		
ADDRESS:		

A proper diagnosis regarding head and neck pain is very important because serious medical problems such as vascular disorders, brain tumors, cervical disc disorders, etc. produce similar symptoms of TMJ disorders. It is important to inform our office of any change in your health history from that previously provided.

Length of treatment may vary according to the complexity of your condition. Treatment times may therefore vary from estimates. Although most conditions respond well to treatment, general health, stress, degree of tissue injury, posture, age, work habits, bite relationship, etc. may affect the outcome and total resolution is not always possible. Estimated treatment time for Phase I is four months.

## A. Possible Treatment Options:

- 1. No Treatment
- 2. Lower splint to wear during the daytime on lower teeth to try and reduce the painful symptoms. Patient is instructed to eat with this lower splint.
- 3. Lower two piece appliance designed to unlock the jaw to be worn all day and all night except while eating until the jaw unlocks. After jaw unlocks worn at night only.
- 4. Adjust your dental bite to remove interferences when teeth bite together.
- 5. Laser treatments which resemble a warm light that helps eliminate sore muscles and painful trigger points (knotted muscles) as well as reduce inflammation.
- 6. Surgical correction of the jaw joint.

## B. Benefits of Treatment to help eliminate:

- Headaches, neck pain or back pain
- Earaches, congestion or ringing in the ears
- Clicking, popping or grating sounds when opening and closing the mouth
- Tired jaw or pain when chewing
- Locking of the jaw when attempting to open the mouth
- Limited jaw opening
- Dizziness and fainting
- Difficulty in swallowing
- Facial pain or pain behind the eyes
- Numbness in the hands
- Swelling on the side of the face

#### C. Side effects of treatment:

The type of treatment methods used is based on our experience and knowledge to be the most proven, appropriate, cost effective, and conservative. However, you should be aware there is much debate in the medical-dental community regarding what is the best way to treat various TMJ disorders.

As with any medical or dental treatment, unusual occurrences can and do happen. These possibilities could include minor tooth movement, loosened teeth or dental restorations, sore mouth, periodontal problems, muscle spasms, ear pain, neck pain, etc. Any of the mentioned complications are rare, but theoretically may occur.

Good communication is essential to successful treatment. Please feel free to discuss any questions you may have regarding any problems or treatment. Referrals to other professionals, such as physical therapists, nutritionists, chiropractors, medical doctors, neurologists, or ear, nose and throat specialists may be indicated and necessary for successful treatment.

#### D. Laser treatments:

Laser treatments are extremely effective for patient with sore muscles and trigger points (knotted muscles) as a result of TMJ or jaw joint problems. The laser consists of a device which resembles a warm light which helps reduce pain and inflammation in the sore muscles. When left untreated, jaw joint problems can lead to increasing muscle pain and triggers points that can send pain to different areas of the body including the neck, eyes, ears, shoulders and lower back. Early treatment with laser therapy is recommended as these painful symptoms left untreated can worsen over time.

## F. Future Treatment Options (Nature of the Treatment)

- 1. I understand that the wearing of the two piece lower appliance is being used primarily to try and unlock my jaw so I can open my mouth and be able to get 3 fingers between the upper and lower front teeth. If not successful in 4 months, I will stop wearing this bulky appliance.
- 2. I understand that the lower daytime appliance is to be worn when I want to eat and the larger two piece lower appliance is to be worn day and night until after the jaw unlocks. Then stop wearing the two piece appliance and I wear the lower daytime appliance all day.
- 3. Some patients are fortunate when the jaw unlocks that there are no permanent changes in their bites.. The discs go back in the correct positions, no clicking, no pain, no space between the back teeth and can open normally, 50 mm (3 fingers between front teeth on opening wide). This usually occurs when the patient had not problems with the jaw

- joint prior to trauma such as a motor vehicle accident, general anesthetic in a hospital or extraction of wisdom teeth.
- 4. Sometimes, however, after the jaw unlocks and the patient can get 3 fingers between their teeth when opening wide, they might also notice that their back teeth may not touch when you remove all the splints. The reason for this is that the lower jaw has moved to a new, more comfortable position and it hurts to bite back to the original bite that the patient had prior to treatment. The solution now is:
  - a) Keep wearing the lower splint during the daytime to support the jaw in the new position.
  - b) Fabricate a special night appliance called a Farrari in order to prevent the patient from clenching and buxing at night.
  - c) Younger patients may want a permanent solution which would be to start orthodontic treatment (fixed braces) to close the space between the back teeth. After braces patients do not have to wear the lower daytime appliance. It is recommended that they keep wearing the Farrari night appliance to prevent clenching and bruxing at night.

I, \_\_\_\_\_ consent to the taking of photographs and x-rays before, during and after TMJ treatment, as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use of these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

With any medical or dental treatment, the success depends to a large extent on the degree of cooperation of the patient in following the prescribed treatment plan. Failure to comply with instructions could delay the treatment time and seriously affect the success of the treatment.

#### Nature of the Treatment

#### Phase I 4-6 months

Lower Splint (daytime) to eat and talk Lower two piece appliance to be worn day and night except while eating until the jaw unlocks. Then appliance is only worn at night.

#### G. Risks of Treatment

The process of unlocking a jaw is one of the most difficult and unpredictable treatments in dentistry. The success rate is much higher when the patient is seen within the first 5 months of the jaw becoming locked. The lower two piece appliance is worn for approximately 3-4 months in an effort to unlock the jaw (TMJ). Some patients experience some relief even through the jaw is still locked. These patients may wish to continue to wear the appliance or switch to a more comfortable oral appliance to be worn at nighttime called a Farrari Appliance. (upper nightguard, special design). Due to the seriousness of the problem patients must be aware that there is no guarantee of successful treatment. Patients who cannot be unlocked may have to be referred to an oral surgeon to surgically unlock the jaw.

#### H. Alternative Treatments

- a) As discussed previously, the combination of the lower splint to be worn for eating and talking. The Two piece appliance to be worn day and night until the jaw unlocks. Treatment time: 4-6 months.
- **b)** Surgery to unlock the jaw.

## I. Consequences of No Treatment

Failure to treat could cause the problems to get worse. Ideally, treatment to unlock the jaw should be implemented within 5 months of the jaw locking. The longer the jaw is locked the more difficult it is to unlock it and the symptoms often increase with time.

J.	Opportunity for Patient to give a summary of what they understood about the treatment plan.				

K.	What questions do you have regarding the treatment plan	1?
DOC	TOR	
DATE		
PATI	ENT	DATE



# TMJ FINAL CONSULTATION APPOINTMENT FOR LOCK JAW

	Patient:	Date:
1	Medical History	
2	Chief Complaint	
3	TMJ Health Questionnaire	
4	Range of Motion	
5	Muscle Palpation	
6	Patient Tomogram X-ray	
7	Normal Tomogram X-ray	
8	Panorex X-ray	
9	JVA	
10	Patient Photos	
11	Epworth Sleepiness Scale	
12	Sample Distraction Appliance	
13	Study Models	
14	Sample Lower Splint	
15	Sample Upper Anterior Deprogrammer	
16	Photos Posterior Open Bite	
17	Reviewed TMJ Brochure	
18	Reviewed Article Sleep Review Magazine	
19	Recommended consulting website	
20	Informed Consent	
21	Financial Agreement	
	I acknowledge that Dr. Rondeau has discus with me at the final consultation appointmen all my questions to my satisfaction	
	Patient / Parent Signature	•