TMJ and Skeletal Anchorage

Dr. Domingo Martin

Research today almost totally disregards occlusion as an etiological factor in TMD,however as the philosopher Karl Popper in his work "Knowledge and the Shaping of Reality", says " I regard scientific knowledge as the best and most important kind of knowledge we have, though I am far from regarding it as the only one", as a clinician I totally agree with Popper. After treating TMD patients for the last 25 years with a high level of success I do not understand how the literature can come to this conclusion and relegate occlusion as a minor factor in TMD.

Maybe there is an answer,in a recent article Dr. Okeson stated the following regarding the literature and the studies relating TMD and occlusion, "the literature finds a minor relationship between occlusal factors and TMD. It should be noted,however,that these studies report on the static relationship of the teeth as well as the contact pattern of the teeth during various eccentric movements.This represents the traditional approach to evaluating occlusion. Perhaps these static relationships can provide only limited insight into the role of occlusion and TMD ". So when we read what Dr Okeson says we can now begin to think that maybe there is a relationship and if you stop and think about it without any bias and with an open mind, it is difficult to imagine a specialty that routinely and significantly changes a patient's occlusal condition and would not have a powerful affect on the masticatory structures and their functions.Dr. Jeff Okeson makes the following statement "the concept that orthodontic treatment has nothing to do with TMD is like stating that moving teeth anywhere will not influence how the patient functions. Certainly that is not the case in prosthodontics !!!

As orthodontists we must achieve a musculoskeletal stable position and avoid posterior interferences that may lead to TMD. We know from Pullinger and Seligman that there are two factors that will determine whether an intracapsular disorder will develop: the degree of orthopedic instability, and the amount of loading..However, as the discrepancy between the musculoskeletally stable position of the condyles and the maximum intercuspation of the teeth becomes greater, the risk of overload exists and thus intracapsular disorders increases. Taking this into account we now have a basis for treating patients with TMD and our first goal should be to obtain orthopedic stability of the entire system.In my presentation I will show the relationship between TMD and occlusion and how skeletal anchorage can help obtain orthopedic stable patients and at the same time asymptomatic.

Diagnosis and Treatment Planning According to FACE: The Importance of Orthopedic Stability from Brackets to Aligners

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The FACE philosophy of orthodontic treatment is best described as "goal oriented orthodontics". Our goals are comprehensive and we give importance to each and every goal and thus have to diagnose all of our goals in order to achieve them at the end of treatment.However the foundations for all of our goals depends on a stable condylar position and a repeated and correct arc of closure of the patient.Knowing this we must always begin with a treatment plan that knows where and the heath of the condyles.In the FACE philosophy we always talk about 1,2,3 and 4 and stress the importance of following this rule.This means number 1 is the condyle(position and heath), number 2 are the back teeth, number three the anterior teeth and number four facial and dental esthetics and always in this order.Esthetics

should be the result of function and function should be our number one goal.Function brings stability, longevity, periodontal health and orthopedic stability.In this course I will explain with many cases the FACE treatment philosophy.