

**DR TOM BEREZNICKI - UNINTENDED CHANGES TO THE OCCLUSION
FOLLOWING THE PROVISION OF NIGHT GUARDS AND OTHER REMOVABLE
APPLIANCES**

Conclusions and observations

- Based on the evidence of the cases presented, inadvertent changes to the occlusal scheme can occur following the provision and night-time only wear of a night guard appliance.
- Ensure you keep all patient models and photos in the event of any medico-legal issues stemming from the provision of an appliance which leads to a deranged occlusion.
- Provide a written treatment plan and instructions as to usage and in particular details to monitor for occlusal changes that may be starting
- Whatever type of night guard may be provided, the existing occlusal scheme should be respected and maintained. In particular, if the patient has always had anterior guidance and posterior disclusion, then this should be maintained and not violated by the design of an appliance.
- If occlusal derangement is to be avoided, correctly designed and fitted full coverage appliances should be considered to be the preferred treatment option.
- Regular monitoring will be required, with the patient bringing their appliance(s) with them for each review and any subsequent dental appointments
- In patients with edge-to-edge or shallow Class 1 occlusal relationships upper anterior partial coverage appliances are contraindicated
- In moderate to severe overbites, avoid using a lower appliance
- Patients should immediately contact their dentist if their front teeth no longer meet together, that is, they develop difficulties in biting through threads, opening packaging etc
- Patients should never self-modify their appliance(s), typically for comfort or to reduce the risk of gagging
- In the event of losing an appliance, including a removable orthodontic retainer, patients should return to their dentist for the provision of a new appliance, which should not be made on 'old' models as they may no longer reflect the occlusion
- In the event of any 'new' teeth beginning to erupt, typically wisdom teeth in younger patients, patients should return to their dentist in order to monitor the eruption and provide a new appliance as may be indicated clinically