

TMD and MAGO INFORMED CONSENT

INTRODUCTION

The purpose of this pamphlet is to inform the patient/parents/guardian of the course of events they may expect during splint therapy. It emphasizes the need for the patient and/ or parental cooperation and points out potential risk or problems, which may be encountered before and after treatment.

Disorders of the temporomandibular joint can mimic other dental and medical problems. It is incumbent upon the patient to provide an accurate medical, dental and family history.

Treatment for TM Joint and Occlusal disorders can be lengthy and frustrating. The patient must inform the clinician about any changes in the jaw function or medical and dental history. The best treatment is the result of good patient-doctor communication. Please call our office anytime if there is a problem.

DIAGNOSTIC RECORDS

In order to help diagnose your problem and plan a treatment, various records may be required. These diagnostic aids may include plaster models and instrumentations to spatially orient your teeth and jaws. Diagnostic X-rays to include but not limited to Cephalometrically corrected views of the TM Joints as well as the head and teeth. During the course of treatment, additional records and X-rays may be needed as well as other diagnostic imaging of the TMJ's such as arthrograms, computed tomographs (CT Scan), Magnetic resonance imaging (MRI), radionuclide studies, etc.

Also Hinge - Axis mounted intra-oral dental cast and diagnostic wax mock up of occlusion will be done.

Consultation with Specialist may also be needed.

SPLINT THERAPY

When electing to proceed with occlusal splint therapy, the patient should be committed to the follow through with any and all prescribed and adjunctive treatment. The best results can be obtained by faithfully following through with instructions. Many times the patient will be ask to wear the splint appliance " full time ". Also, some patients may notice what appears to be a change in bite, as if the teeth no longer fit together. This perceived change in the bite is essentially the jaw adapting to within a range already present but not previously usable due to the malrelationship of the joints and occlusion. There is no guarantee that the jaw joints and lower jaw position can be stabilized and the symptoms relieved by the splint therapy. A definitive diagnosis can often be difficult to establish until splint therapy is attempted and/or the temporomandibular joint and jaw position

can be stabilized. There is also no guarantee if symptoms can be relieved, that the results will be permanent.

LENGTH OF TREATMENT

Treatment time can vary widely, but may average 6 months. In general, treatment can be more lengthy and complicated if the initial symptoms are severe, or if the problems has existed for a long time. If your condition can be stabilized, the scope of the treatment may involve additional modalities, including: orthodontic, jaw and/or joint surgery, equilibration, additional splints, extensive restorative and/or prosthetic therapy, biofeedback, neurological, psychological evaluation, etc.

POSSIBLE COMPLICATIONS / UNUSUAL OCCURRENCES:

We will make every effort to diagnose and treat your case with timely and cost-effective methods. The most proven and conservative techniques will be initially attempted. However, you should be aware that there is debate in the scientific literature on the most effective techniques or combinations of treatment modalities. You are always encouraged to ask questions, seek professional advice and obtain qualified second opinions.

Some TM Joint symptoms may not change, or get worse with treatment. Unfortunately, the out come of the treatment cannot be predicted before starting. It is possible that patients with long-standing joint disease or injury may exhibit more severe symptoms during the initial stages of treatment. If symptoms do not improve, an appropriate referral may be made.

As with any form of medical or dental treatment, unusual occurrences can and do occur. Broken or loosened teeth, dislodged dental restorations, mouth sores, periodontal problems, root resumption, non-vital teeth, muscle spasms, ear problems neck and back problems, limb numbness, allergic reactions, etc. may be possible occurrences. Though it has not been shown either way, the materials used in the splint appliances may be carcinogenic. Most of these complications and unusual occurrences are infrequent, or transitory. Additional medical and dental risk that has not been mentioned may also occur.

TMJ INFORMED CONSENT AND TREATMENT CONFIRMATION

I certify that the TMJ informed Consent Form outlining general considerations, potential risk, and limitations involved was presented to me, and that I have read and understand its contents. I also understand that potential hazards and problems may include, but are not limited to, those described in the pamphlet. I further understand that, like other healing arts, the treatment of temporomandibular joints is not an exact science; therefore, results cannot be guaranteed. I have had the opportunity to discuss it with Dr. Ernest O. Skaggs to clarify any areas I did not understand. I consent and authorize treatment to:

(Print patient's name)

The prescribed treatment (consultation) was explained to me on _____
Date

Signed _____
Patient/Parent Date

Signed _____
Patient/Parent Date

If you are consenting to the care of another: I have the legal authority to sign this Confirmation on behalf of _____
(Patient's name)

Optional: I also give permission for the use of photographs and records taken before, during and after treatment to be used for the purposes of research, education, or publication in professional scientific papers or demonstrations.

Signed: _____
Patient/Parent Date

Signed: _____
Patient/Parent Date
