

10-30-15 Diagnosis/ Appointment Schedule

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Pt Name JT

Referred By DDS

ii- 2010 severe atypical pain after veneer preps, has not resolved.

Dx with Trigeminal neuralgia, on medications

Patient's Chief Concern (CC): Decrease Clenching

Goal of Treatment: manage severe clenching

Pain Reduction

Limitations/Obstacles: Atypical facial pain.

Current dx is trigeminal neuralgia, may not be accurate.

Health Status of the Key Regions

1. Is there temporomandibular joint damage that needs to be treated? Possible, but probably not primary source of pain. Occlusal/TMJ stabilization needed to help with neck stabilization.

No increase in pain with previous anterior stop appliances. Currently uses E-splint

TMJ Piper Disc Classification: L3a, R3a

ROM: 51+1

TMJ Motion: Smooth

TMJ Palpation: Slight

TMJ Load: Slight

Difficulty chewing hard foods

TMJ is Damaged: Appears well adapted

Structural Stability: Stable

Mechanical Stability: Stable. No increase in pain with anterior stop appliances.

2. Are the muscles associated with the TMJ sore and or dysfunctional? **YES**

TMJ Muscles: Severe Soreness. Lateral Pterygoid Severe Soreness

Good Harmony in motion

3. Is there Occlusal Disharmony with the Maxilla, Temporal bone, Mandible and muscles?
YES

Dysfunctional Malocclusion

Severe malocclusion open bite #4-10, minimal tooth stabilizing contacts in MaxIC or CR.

Jaw postured forward 3mm to occlude teeth,

Chewing Ability: Compromised due to Malocclusion

Difficulty chewing hard foods

4. Is there cervical damage or misalignment that needs treated (including muscles)? **YES**

Neck Muscles: Severe Soreness
Need to evaluate cervical alignment
C2/C3 genetic fusion. Severe Misalignment C1 and cranial Base.

5. Is there parafunction that needs to be managed? **YES.**

Severe Clenching not inhibited with anterior tooth contact

No signs of grinding wear

Tongue bracing/Clenching: may be cause of malocclusion

Possible neck stabilization with tongue bracing

6. Are there any whole body, systemic issues affecting health, comfort, or the ability to heal? **YES**

Energy Level: questionable/ poor

Sleep: poor. Has 2 past sleep studies. No tx recommended. Need to review them.

Home airway screening show RDI=2, no cycling

Airway: good

Dental health: Teeth good

Perio good, except around crown margins, gingival inflammation

Allergies to metal, Amoxicillin, tegretol, possible latex.

Has PFM Crowns, possible allergic reaction.

Posture: Marginal/Poor. Needs improved.

7. Any other sources of pain or dysfunction? **YES**

Possible CRPS, Sinus, Dental, Neuralgia.

8. Previous Treatments attempted:

Medications: tegretol, gabapentin, numerous other neurological medications

Doctors seen: Neurologist, DDS, Medical Primary, ER

Oral surgical debridement of supposed cavitations

Nerve blocks

Physical Therapy

Chiropractic

Splint therapy: numerous (10+) occlusal orthotics, some hard, hard soft hard, upper, lower

Several anterior stop orthotics

Currently wears E-Splint at night, muscles more relaxed, still has pain

Conservative treatment: Soft Diet

Perio

good, except around crown margins, gingival inflammation, may be metal allergy

Caries

negative

Dental Restorations

Maryland Bridge #13 is loose
#29 is a primary tooth
Lower lingual is a fixed retainer
Metal Allergy

Differential Diagnosis

Differential Diagnosis for Atypical Facial pain: Reflex Sympathetic Dystrophy, Trigeminal neuralgia, Lyme Ds, other

Working Diagnosis

Right Atypical facial pain of unknown origin G50.1
Left sided Migraines G43.1
Severe malocclusion open bite #4-10 M26.4
 Minimal tooth stabilizing contacts in MaxIC or CR.
 Jaw postured forward 3mm to occlude teeth.
Poor sleep from unknown cause.
Atlas C1 Subluxation M99.01
Cranial Bone Misalignment
Full power clench of teeth with no inhibition F45.8

Co Therapist

Referred by T E DDS
Dr Mark Schwartz, Atlas Orthogonist
Rosemarie Edger, PT

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Black Type = needs done Green Type = Done
 Orange Type = No longer needed Red Type= Important

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Appointment Schedule

Goal of Treatment: manage severe clenching

Pain Reduction

Atlas/ neck/ occlusal therapy should help left sided migraines

..... **Prior to or During Phase 1**

Home Sleep Airway Screening- RDI=2, no cycling

Lyme Ds Test

Get hold of more detailed sleep results

Stellate ganglion block: diagnostic

Maryland bridge removal #13

..... **Phase 1**

2nd Bi App 6 months

<u>Doctor</u>	<u>Duration</u>	<u>Next appt</u>	<u>Procedure</u>	<u>Code</u>
Asst	45m (15/30)		SMFBCR- 2 sets mounted	D9950
Asst			Lab Make appl	
	<u>1 Week</u>			
	1.5hour	1d	Deliv Appl	S8262, D7880
Neck Dr		0-1d	Align neck/cranial bones over this week	
	15m	1d	Reeval, Adj appl	99213
	15m	1d	Reeval, Adj appl	99213
	1.5hour	1m	Reeval, Add posterior	99214
	15m	1m	Reeval, Adj appl month 1	99213
	15m	1m	Reeval, Adj appl month 2	99213
	15m	1m	Reeval, Adj appl month 3	99213
	15m	1m	Reeval, Adj month 4	99213
	15m	1m	Reeval, Adj month 5	99213
			SMFBCR	
			Lab mount models	
			Occlusal analysis- consult #2	

cost estimate \$xxxx
 not including neck therapies

..... **Possible Phase 2**

Postural Restoration Therapy

Myobrace tongue retraining

Reevaluate metal allergy/ crowns/ gingivitis

Orthodontics

Occlusal Adjustment

Controlled adaptation

Condylar Distraction

Dental Restorations