PEARLS



QuickSolint

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QuickSplint by Orofacial Therapeutics LP

Every month, I see a few emergency patients who present with orofacial pain, and nothing is more annoying. I am not a TMD specialist, but I can usually weed out those with orofacial pain versus those with TMD. When a patient comes in complaining of orofacial pain, we don't have much to offer. A soft diet, NSAIDs, and a hot, moist compress are typically of little solace to a patient in pain looking for a solution. Many of these patients need an equilibrated occlusal splint, but that takes lab time to turn over. Having something in your back pocket that your patient can leave with can make you a hero to them. QuickSplint is a great option for that!

QuickSplint is a prefabricated anterior splint that is relined chairside for a custom fit. Using a fast-setting polyvinyl siloxane (PVS) material like a bite registration, QuickSplint can be fitted and customized in less than five minutes.

QuickSplint works like a widespan anterior deprogrammer to allow for muscle relaxation and pain relief. Like most anterior deprogrammers, QuickSplint is best when used as an interim solution. For four to six weeks, QuickSplint can offer pain relief while your laboratory fabricates a full splint. QuickSplint can also be used diagnostically. After a few weeks of wear, parafunctional activity will leave marks on the QuickSplint, so you can visualize the patient's habits and customize your treatment plan.

The real win is being able to offer your patients a solution for orofacial pain quickly. Patients appreciate immediate solutions to pain issues, and by using QuickSplint, you can win some raving fans. You could incorporate the low cost of QuickSplint into your occlusal splint fee, or you could charge separately for it. Patients in pain would be willing to pay for immediate relief.

Another great use for Quick-Splint is during the provisional phase of more sophisticated anterior dentistry. If you have a patient in anterior provisionals for any amount of time, you want to ensure that they don't break. Having the patient wear a QuickSplint during this time can protect your temps and give you some peace of mind. I've used QuickSplint for this purpose multiple times over the past couple of months. As I said before, my practice is not limited to TMD and orofacial pain. Treating TMD and orofacial pain is a very small part of what I do. Even so, QuickSplint has filled a small hole in my toolbox by enabling me to quickly fabricate devices to help patients with orofacial pain while the lab makes their custom splints—and I've found a few other uses for it too. QuickSplint absolutely has a place in my practice. Hard-hit double in the power alley for Orofacial Therapeutics! **DE**

When the Jaw Hurts Speed-to-Treat with QuickSplint

Same-day Treatment for Acute Jaw Pain

Jaw and Muscle Sprain/Strain (JAMSS) can lead to chronic orofacial pain, temporomandibular disorders, and headache. It is important for the dentist to diagnose it accurately and treat it promptly – if possible, on the same day. QuickSplint is a same-day immediate splint worn at night to reduce oral habits, reduce forces on the muscles and joints, and encourage healing.¹

Diagnose Parafunction & Bruxism

An estimated 85–90% of the general population grind their teeth to a degree at some point during their life. Helping your patient understand and manage parafunction can help prevent tooth wear, tooth fracture, TMJ injury or disorder, associated tension headaches, ear aches, and neck pain. **QuickSplint** combined with the **Parafunction Risk Rating** protocol allows you to identify risk and develop a treatment strategy.

Aid Post-op Healing

For post periodontal surgery, implant placement, third molar extraction, endodontic therapy, or restorative procedures, provide QuickSplint for immediate protection of teeth and restorations and to help the jaw muscles relax and recover.

Order Your 12-Pack Today! QuickSplint.com 800-760-0526

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 Fricton, James et al. Preventing chronic pain after acute jaw sprain or strain. The Journal of the American Dental Association. Dec 2016, Volume 149 Issue 12