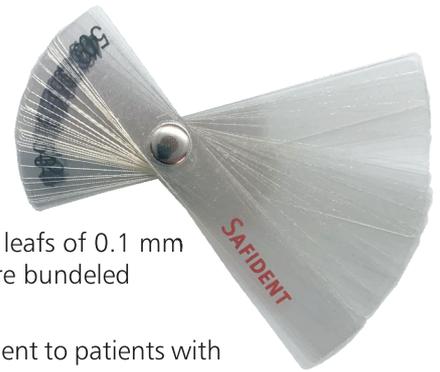


# Occlusion gauge Occlusion separating leafs



50 numbered leafs of 0.1 mm in thickness are banded

## Application possibilities

### 1. For immediate pain relief in case of tmj problems.

It has been observed that giving an occlusion separation leaf gauge at first appointment to patients with tmj problems or spasms of muscles of the gnathic system can be of great utility.

Not only the patient can with the separation leafs reduce himself immediately his pains by the reduction of muscular spasms, but he is given without high cost the possibility to judge himself at home quietly, if the problem is related to dental occlusion.

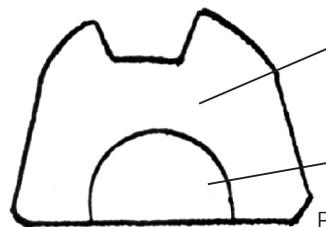
It is sufficient to show the patient how the leafs are inserted, how they can be increased and to tell that in many cases the foil number must be increased in order to obtain lasting posterior occlusal freedom.

It is important that the patient remembers the number of foils needed and that he reinserts them half an hour prior to the next dental appointment. This facilitates greatly the determination of the first dental occlusion interference.

### 2. For the centric bite registration to localize occlusal interferences and the remount of prosthetic work.

In the registration wax plate a cutout is made in the central incisal area of about 1,5 cm in which occlusion separation leafs can be placed, during the bite registration.

About 50 occlusion separating leafs should be inserted. This is equivalent to a rise of about 5 mm on the incisal pin of the articulator. Rarely in the case of class II or big occlusal interferences more leafs must be inserted.



wax plate with contour for the insertion of separation leafs

precut reinforcement in tin eae (SAFIDENT)

Fig 1

### 3. For selective grinding procedures.

Like for the immediate pain relief from the tmj or from muscular spasms (see Fig 1), the inserted occlusal separation leafs allow the finishing of interrupted muscle contraction of spastic muscles (tmj protection mechanism).

To start the leafs are inserted in the number which was determined by the patient plus two. The leafs are held either by the assistant or by the patient himself. It is important that the inserted bundle is placed always in the same position in the middle of the two central incisors and not being inserted too far into the mouth.

The patient is instructed to bite firmly onto his back teeth (molars and bicuspids) while occlusal marking strips (f.e. Hi-mark or bausch) held with the safident articulation paper holder are being pulled out laterally.

When the patient opens his mouth the saliva ejector is inserted in order to avoid deglutition and new wrong occlusal contacts. If no articulator paper marks are visible or if they have been grounded away,

The number of inserted occlusion separating leafs is reduced.

The procedure is repeated until the number of inserted leafs is minimal and the occlusal contacts bilaterally are equal.

After the elimination of centric interferences, the search for anterior and lateral interferences is a must as is a later verification of the obtained results.

Attention: often the banded foils can be suddenly without force be withdrawn from the interincisal contact. If this is the case, the number of foils must be increased again and adapted to the changed position (upward and forward).

For both mentioned applications the patient should be placed into a reclined position (trendelenburg position).

### 4. As a measuring gauge in the dental laboratory and the patients mouth.

Leafs inserted between the upper and lower jaw or the corresponding working models allow the precise measuring of the space available for the prosthetic work.

### 5. For the making of direct plastic temporaries with simultray doublebite impressions

### 6. For the taking of doublebite impression which must be duplicated

**Attention: the under 4-5 mentioned application suggestions must not be performed on a backward inclined patient.**