

EQUILIBRATION BURS

1. Premier 860C two striper round disc diamond
2. Premier 257SB two striper gold finishing bur
3. Premier 201.3 F two striper diamond taper end bur (for embrasures)
4. Shofu Dura green stone bur (modify tip to a rounded end)
5. Shofu Dura white stone
6. Jalenko Burlew wheel
7. Shofu Brownie mini point bur (run slow on high speed handpiece)
8. Madame Butterfly--Silk articulating ribbon
(Almore International Inc. 800-547-1511)

8. Exercise regularly - at least 3 times per week for a sustained 20 minutes at a fast walking pace or faster - enough to make you sweat, but avoid lifting above your head. Another alternative is to get any exercise (like walking) 30 minutes every day.
9. Limit your intake of central nervous system stimulants (i.e. caffeine, refined sugars, chocolate, etc.) and fats (fats produce acids and are hard to digest). Eat lots of fresh fruits and vegetables and lots of proteins. Consider a multiple vitamin. Prepare foods by broiling, steaming, boiling, baking or pressure cooking - avoid frying. Drink eight (8) glasses of water a day.
10. Avoid emotional upsets. When under stress make a conscious effort to keep your teeth apart and think "RELAX".
11. LIPS TOGETHER AND TEETH APART: One of the most important steps in breaking the habit of clenching and grinding the teeth is to become conscious of when it occurs and, of course, to stop doing it. An excellent way to avoid clenching is to learn to keep the lips together and the teeth apart, breathe through your nose and make sure your tongue is relaxed in the roof of your palate. This simple step will not only make it impossible to clench the teeth; but even more important, it will relax the very muscles that become tense and taut. It also permits normal positioning of the various components of the temporomandibular joints.

The more conscious you become about this very basic procedure of relaxing the muscles of the jaw, the faster you will master this new and beneficial way of overcoming a harmful habit. Gradually you will find you are awakening in the morning without having your teeth clenched. But you must persevere. Remember you have had the bad habit for a long time, and it will not vanish overnight. You must make a conscious effort to separate your teeth, keep your lips closed and position your tongue in the roof of your palate and breathe through your nose. Repeat to yourself several times a day: "Lips together and teeth apart." An extra dividend: you will find this will improve your expression and appearance.

ALTERNATIVES TO STRESSFUL LIVING

1. Every day-choose one thing that you enjoy doing and that you will not feel pressured about. It should be something with which you can escape the pressures of the job, family or any stressful situation. **DO IT ONLY FOR YOU!**
2. Choose foods that will provide complex carbohydrates for energy, yet within your caloric allotment of the day. Avoid sugary foods and other junk food. Get plenty of B and C vitamins as well as minerals. Stress depletes them more readily.
3. Develop a routine exercise program which will fit in with your schedule. Allow yourself to work off pent-up tension and hostilities with exercise so that you can feel relaxed and refreshed.
4. Eliminate unnecessary activities from your routine. See what can be delegated to others or what can be completely forgotten. (Don't get rid of anything that is fun.)
5. Learn to distinguish between major and minor crises. We think you'll find most of them to be minor ones.
6. When you begin to feel rushed or panicked.....STOP....Take several deep breaths and don't continue until you feel in control.
7. Make your environment peaceful....Try to surround yourself with something pleasant and eliminate unnecessary dissensions.
8. Live in the **HERE AND NOW**. Don't remain in the past or project too far into the future. Appreciate the beauty of the moment and you will experience more beautiful moments.
9. As we learned before, ventilate your feelings and worries. They never seem as hopeless or as bad when we speak them aloud.
10. Learn to bend and compromise. Don't see that as a weakness or failure. Hold your ground only where principles and morals are concerned. Compromise will not hurt that badly.
11. If you have many things to do, divide them into small tasks and do only one thing at a time, until all things are completed.
12. Important.... No one is perfect in everything we do, so we needn't try to be.
13. Learn to control your competitive nature. The next time a car tries to ease into your lane traffic, allow him to get in.

14. Get plenty of sleep....This allows our bodies recovery time from the daily stressful pace at which we live.
15. Learn to say NO....Choose to be your own master and only do what you really want to do...Not all of what others expect of us.
16. Take a work break...get up...stretch...walk...get some fresh air (even if it's winter).
17. Learn not to hurry...Plan far enough in advance that you are not always in a rush.
18. Love people.....use things...tell your loved ones you love them.
19. Use music to calm yourself.
20. Make a list of the things causing you stress and eliminate them if you can. For example, if the phone bothers you while you are working or reading, etc. unplug it for that time.
21. List the things that have been bothering you for a long time. Now, instead of feeling pent-up guilt or anger, decide what positive things you can learn from the experience.
22. List all of your needs, i.e. a walk, talking, reading, a close relationship. Then decide how you can fulfill them.
23. Don't do something just because it is expected of you or because it's the IN thing to do. Only buy theater tickets if you enjoy the theater.
24. VITAL....Learn to have fun and let go completely.

*Remember, you and you alone are in control of your life. Once you take control and value yourself as a person, your life will be less stressful and your body less subject to needless disease. Your health will abound. So be good to yourself.

TEMPOROMANDIBULAR JOINT QUESTIONNAIRE

NAME: _____ AGE: _____ DATE: _____

DIRECTIONS: Please answer all questions by circling the correct answer.

1. Do you have clicking, popping or grating noise in your right jaw joint..... Yes No
left jaw joint..... Yes No
2. When did you first notice the noise? _____
3. Has the noise recently become more pronounced?..... Yes No
When? _____
4. Do you have pain in or around the right joint?..... Yes No
left joint?..... Yes No
5. When did you first notice the pain? _____
6. Has the pain recently become more pronounced?..... Yes No
When? _____
7. Is the pain worse: Mornings _____ At meals _____
Evenings _____ No specific time _____
8. Is the pain: Dull _____ Continuous _____
Stabbing _____ Intermittent _____
Throbbing _____ Other _____
9. Does the pain sometimes feel like it is in your ear?..... Yes No
10. Do you think this problem has affected your hearing?..... Yes No
11. Does your jaw problem interfere with your normal activities?..... Yes No
12. Are you taking or have you taken medication for this problem?..... Yes No
Explain _____

13. Did anything occur which might be related to the onset of this problem?..... Yes No
Explain _____

14. Do you have frequent headaches or neckaches?..... Yes No
What area? _____
How frequent? _____
15. Have you ever had a severe blow or trauma to the head, neck, or jaw?..... Yes No
Which area? _____ When? _____
Explain _____

16. a. What makes the pain worse? _____

- b. What makes the pain better? _____

17. Do you have difficulty chewing?..... Yes No
 because of: Pain in joint _____ Limited opening _____
 Pain in teeth _____ Missing teeth _____
 Clicking _____ Other _____
18. Has your mouth ever locked open so you were unable to close it?..... Yes No
 Explain _____

19. Have you had problems opening your mouth wide?..... Yes No
 Explain _____

20. Please indicate the time sequence in which you became aware of the following problems (1st, 2nd, 3rd, etc.)
 Number only those problems which apply to you.
 Pain _____ Noise _____ Limited opening _____ Locking _____ other _____
21. Which aspects of your problem concern you the most? What is your chief complaint?

22. Are you aware of clenching your teeth?..... Yes No
23. Do you grind your teeth?..... Yes No
 When? _____
24. Has there been a recent change in your lifestyle such as a change in marital status, childbirth, change of employment, death in immediate family or other stressful events?..... Yes No
 Explain _____

25. Do you think nervous tension seems to affect this problem?..... Yes No
 Explain _____

26. Have you had this problem with other joints?..... Yes No
 Explain _____

27. Have you had orthodontic treatment?..... Yes No
 When? _____ Where? _____
28. Have you had recent dental treatment?..... Yes No
 When? _____ Where? _____
 Explain _____

29. Have you had x-rays taken for this problem?..... Yes No
 When? _____ Where? _____
30. Have you received previous treatment for this problem?..... Yes No
 When? _____ Where? _____

31. Do you wish to add to the above information?..... Yes No

Be Specific

EXAMINATION FORM

Patient's Name _____ Age _____ Date of Exam. _____

Referred By _____

Chief Complaints:

HISTORY OF PRESENT ILLNESS:

1. Onset
2. Duration
3. Intensity
4. Pain Sequence
5. Previous Treatment

MEDICAL HISTORY:

1. Current Treatment:
2. Serious Illnesses:
3. Joint Disorders:
4. Medications:
5. Allergies:
6. Trauma:
7. Headaches & Neckaches:
8. Social & Family History:

DENTAL HISTORY:

1. Habits
2. Previous Treatment

CLINICAL EXAMINATION

A. T.M. Joints:

Stethoscope

Doppler

1. Tenderness to palpation (+ or -)
 - a. Pre-auricular
 - b. Intra-auricular
2. Noises: (Click, pop, crepitus)
3. Opening to first pain:

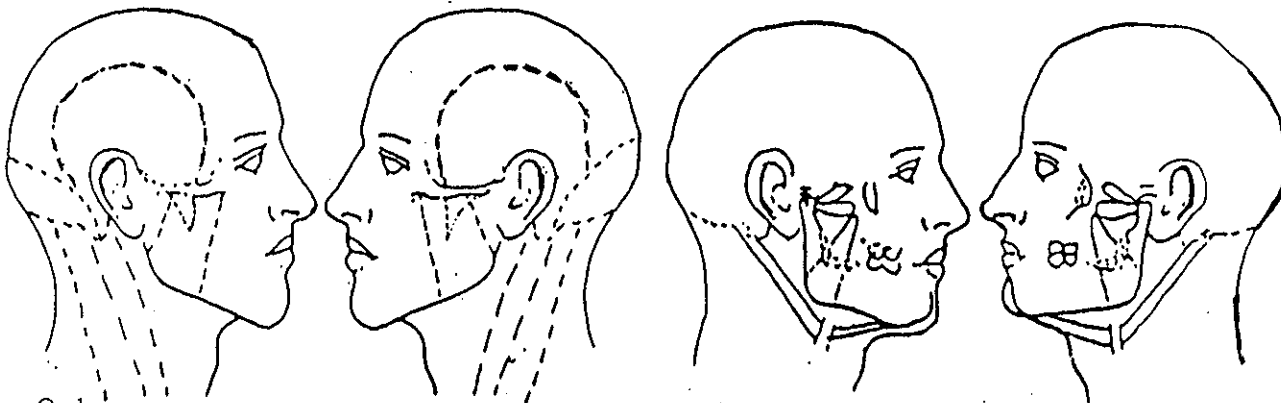
maximal:
4. Deviation on opening & closing

R	L
_____	_____
_____	_____
_____	_____
_____ mm	_____
_____ mm	_____

(Draw Midline deviations of mandible on opening and closing)

5. Movement producing pain: _____
6. Other findings: _____

B. Muscle Tenderness: (Mark area with X and circle most severe)



C. Oral

1. Soft Tissues:
2. Periodontium (recession, mobility, bone loss, etc.)
3. Teeth (erosion, facets, sensitivity, etc.)
4. Myofunctional and/or parafunctional habits:
5. Occlusal Analysis:
 - a. Overlap of Anteriors, Horizontal: _____ mm vertical: _____ mm
 - b. Altered vertical dimension: _____
 - c. First tooth contact in centric occlusion: _____ ... in centric relation: _____
 - d. Amt. & Dir. Of Discrepancy to maximum contact: _____ mm C.R. Loading _____
 - e. Posterior contacts:

	R		L
1. Protrusive:	_____	_____	_____
2. Working:	_____	_____	_____
3. Balancing:	_____	_____	_____

D. Posture:

E. Sal-Tropine yes no

RADIOGRAPHIC FINDINGS

A. TMJ Transcranials:

B. Tomograms:

C. MRIs:

D. Panorex:

E. Other:

CLINICAL IMPRESSION:

TREATMENT PLAN:



NATIONAL HEADACHE FOUNDATION
820 N. Orleans, Suite 217, Chicago, IL 60610
Toll Free (888) NHF-5552
Web Site Address: www.headaches.org

LOW TYRAMINE HEADACHE DIET*

Tyramine is produced in foods from the natural breakdown of the amino acid tyrosine. Tyramine is not added to foods. Tyramine levels increase in foods when they are aged, fermented, stored for long periods of time, or are not fresh

FOOD GROUP

ALLOWED

USE WITH CAUTION

AVOID

Meat, Fish, Poultry, Eggs

Freshly purchased and prepared meats, fish, and poultry

Bacon*, sausage*, hot dogs*, corned beef*, bologna*, ham*, any luncheon meats with nitrates or nitrites added.

Aged, dried, fermented, salted, smoked, or pickled products. Pepperoni, salami, and liverwurst.

Eggs

Meats with tenderizer added, caviar

Non-fresh meat or liver, pickled herring

Tuna fish, tuna salad (with allowed ingredients)

Dairy

Milk: whole, 2% or skim

Yogurt, buttermilk, sour cream: 1/2 cup per day.

Aged cheese: blue, brick, brie, cheddar, Swiss, roquefort, stilton, mozzarella, provolone, emmentaler, etc.

Breads, Cereals, Pasta

Commercially prepared yeast

Homemade yeast leavened breads and coffee cakes

Any with a restricted ingredient

Products leavened with baking powder: biscuits, pancakes, coffee cakes, etc.

Sourdough breads

All cooked and dry cereals

All pasta: spaghetti, rotini, ravioli, (w/allowed ingredients), macaroni, and egg noodles

Vegetables

Asparagus, string beans, beets, carrots, spinach, pumpkin, tomatoes, squash, zucchini, broccoli, potatoes, onions cooked in food, Chinese pea pods, navy beans, soy beans, any not on restricted list

Raw onion

Snow peas, fava or broad beans, sauerkraut, pickles and olives

Fruits

Apple, applesauce, cherries, apricots, peaches, any not on restricted list

Limit intake to 1/2 cup per day from each group: Citrus: orange, grapefruit, tangerine, pineapple, lemon and lime

Fermented soy products like miso, soy sauce, and teriyaki sauce

Avocados, bananas, figs*, raisins*, dried fruit*, papaya, passion fruit, and red plums

Nuts and Seeds

All nuts: peanuts, peanut butter, pumpkin seeds, sesame seeds, walnuts, pecans,

FOOD GROUP

ALLOWED

USE WITH CAUTION

AVOID

Soups

Soups made from allowed ingredients, homemade broths

Canned soups with autolyzed or hydrolyzed yeast*, meat extracts*, or monosodium glutamate* (MSG)

Beverages

Decaffeinated coffee, fruit juices, club soda, caffeine-free carbonated beverages

Limit caffeinated beverages to no more than 2 servings per day:

Coffee and tea: 1 cup = 1 serving carbonated beverages and hot cocoa or chocolate milk: 12oz = 1 serving

Alcoholic beverages: Chianti, sherry, burgundy, vermouth, ale, beer, and non-alcoholic fermented beverages. All others not specified in caution column

Desserts & Sweets

Any made with allowed foods and ingredients: sugar, jelly, jam, honey, hard candies, cakes, cookies

Chocolate based products: ice cream (1 cup), pudding (1 cup), cookies (1 average size), cakes (3" cube), and chocolate candies (1/2 oz). (All count as one serving of caffeinated beverage)

Minced meat pie

Ingredients Listed on Food Labels

Any not listed in the restricted section

Fats, Oils, and Miscellaneous

All cooking oils and fats
White vinegar
Commercial salad dressing with allowed ingredients

Wine, apple, or other fermented vinegars*

MSG* (in large amounts), nitrates and nitrites (found mainly in processed meats), yeast, yeast extracts, brewers yeast, hydrolyzed or autolyzed yeast, meat extracts, meat tenderizers (papain, bromelin), seasoned salt (containing MSG) soy sauce, teriyaki sauce

Carbonated beverages 12oz=30-50mg (Regular and sugar-free)

Coffee 6oz=103mg

CAFFEINE CONTENT OF SELECTED BEVERAGES

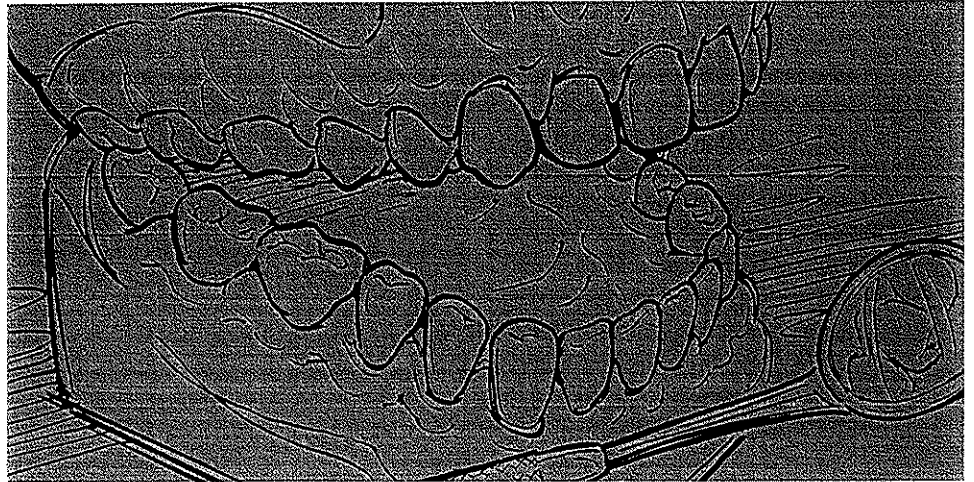
Decaffeinated coffee 6oz=2mg

Tea 6oz=31-36mg (instant and 3-minute brew)

GENERAL GUIDELINES

- * Each day eat three meals with a snack at night or six small meals spread throughout the day.
- * Avoid eating high sugar foods on an empty stomach, when excessively hungry, or in place of a meal.
- * All food, especially high protein foods, should be prepared and eaten fresh. Be cautious of leftovers held for more than one or two days at refrigerator temperature. Freeze leftovers that you want to store for more than 2 or 3 days.
- * Cigarette and cigar smoke contain a multitude of chemicals that will trigger or aggravate your headache. If you smoke, make quitting a high priority. Enter a smoking cessation program.
- * The foods listed in the "CAUTION" column have smaller amounts of tyramine or other vasoactive compounds. Foods with an * may contain small amounts of tyramine. Other foods in the "USE WITH CAUTION" column do not contain tyramine but are potential headache "triggers". If you are taking an MAO inhibitor (Monamine Oxidase inhibitor) you should test the use of restricted foods in limited amounts.
- * Each person may have different sensitivities to a certain level of tyramine or other vasoactive compounds in foods. If you are not on a MAO inhibitor, you should test the use of restricted foods in limited amounts.
- * Adapted from the Columbus Hospital & Diamond Headache Clinic Low Tyramine Headache Diet.

Equilibration Restoration



*What you should know
before, during and after
treatment*

waterpik™

1-800-525-2020