

# Parafunction Risk Ratings & the Risk-Rating Table

## Is your patient at risk for damage or injury due to parafunction?

Studies show that up to 80% of people who grind their teeth are not aware of their condition. 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.

## Charting a Parafunction Risk Rating allows you to identify risk, present protective measures, discuss treatment options, and develop a treatment strategy

The Parafunction Risk Ratings (PRR-1, PRR-2, PRR-3, PRR-4) and the Risk-Rating Table work together as a universal grading system that is applied to dental patients on initial diagnostic dental visits and annual recall. Here's how to assess your patient's parafunctional risk and assign a Parafunction Risk Rating:

- Provide the PRR Patient Handout for the patient to read and self-assess their clenching behavior. Review together.
- Perform a muscle and joint exam, assess the patient's dentition for signs of bruxism.
- Use the results from your exam and the patient's input from their self-assessment to complete the Parafunction Risk-Rating Table\* and assign a Risk Rating for your patient.
- If the patient is graded as PRR-2, PRR-3, or PRR-4, suggest they wear QuickSplint for overnight wear for a 4-week diagnostic trial.
- At the follow-up visit, if grind marks are present on the QuickSplint and/or if the patient experienced reduced muscle tension and other benefits, discuss an appropriate treatment plan for parafunction.

## Parafunction Risk-Rating Table **EXAMPLE**

CHECK ALL THAT APPLY				
INDICATORS	PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH RISK
PATIENT AWARENESS	Patient is aware of clenching <input checked="" type="checkbox"/>	Patient is aware of clenching on multiple occasions <input type="checkbox"/>	Patient knows that they clench or grind teeth, day or night <input type="checkbox"/>	Patient is aware of clenching and grinding behaviors resulting in direct painful events <input type="checkbox"/>
SIGNS OF WEAR	Some sign of tooth wear <input type="checkbox"/>	Mild signs of tooth wear <input type="checkbox"/>	Obvious signs of tooth wear such as more than 10% on more than 4 teeth and lock and key facets. <input type="checkbox"/>	Significant tooth wear <input type="checkbox"/>
TOOTH FRACTURE	Nothing broken or cracked <input type="checkbox"/>	Nothing broken or cracked <input checked="" type="checkbox"/>	Broken or fractured dental materials or natural tooth structure <input type="checkbox"/>	History of fracture <input type="checkbox"/>
PAIN SYMPTOMS	No pain symptoms <input type="checkbox"/>	Transient painful events such as muscle pain, jaw pain, headache, ear ache <input type="checkbox"/>	History of painful associated events including headache, jaw, face, TM joint region <input checked="" type="checkbox"/>	Direct painful events <input checked="" type="checkbox"/>
TREATMENT HISTORY	No history of previous treatment <input type="checkbox"/>	May have a history of previous treatment <input type="checkbox"/>	History of previous treatment <input type="checkbox"/>	More than one previous treatment <input type="checkbox"/>

Enter the Parafunction Risk Rating associated with the highest risk indicator checked across all the columns (PRR-1, PRR-2, PRR-3, PRR-4)



\*Download Parafunction Risk Rating documents & assessment sheets free at: [www.quicksplint.com/diagnosing-parafunction/](http://www.quicksplint.com/diagnosing-parafunction/)

## Parafunction Risk-Rating Table

Use this Parafunction Risk-Rating Table in conjunction with your exam and patient interview to assess and monitor parafunction risk on initial diagnostic dental visits and annual recall. Add to the patient record.

**Instructions:** Place a check mark next to the most appropriate description(s) that apply to the patient in each row. If no risk factors are present, leave unchecked. Assign a Parafunction Risk Rating by identifying the highest risk indicator checked across all columns (PRR-1, PRR-2, PRR-3, PRR-4). See example on reverse side.

INDICATORS	CHECK ALL THAT APPLY			
	PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH RISK
<i>PATIENT AWARENESS</i>	Patient is aware of clenching <input type="checkbox"/>	Patient is aware of clenching on multiple occasions <input type="checkbox"/>	Patient knows that they clench or grind teeth, day or night <input type="checkbox"/>	Patient is aware of clenching and grinding behaviors resulting in direct painful events <input type="checkbox"/>
<i>SIGNS OF WEAR</i>	Some sign of tooth wear <input type="checkbox"/>	Mild signs of tooth wear <input type="checkbox"/>	Obvious signs of tooth wear such as more than 10% on more than 4 teeth and lock and key facets. <input type="checkbox"/>	Significant tooth wear <input type="checkbox"/>
<i>TOOTH FRACTURE</i>	Nothing broken or cracked <input type="checkbox"/>	Nothing broken or cracked <input type="checkbox"/>	Broken or fractured dental materials or natural tooth structure <input type="checkbox"/>	History of fracture <input type="checkbox"/>
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<i>TREATMENT HISTORY</i>	No history of previous treatment <input type="checkbox"/>	May have a history of previous treatment <input type="checkbox"/>	History of previous treatment <input type="checkbox"/>	More than one previous treatment <input type="checkbox"/>

Enter the Parafunction Risk Rating associated with the highest risk indicator checked across all the columns (PRR-1, PRR-2, PRR-3, PRR-4)



PRR -