

# Addressing Parafunction Using the Parafunction Risk Rating™ (PRR)



This four-week protocol utilizing QuickSplint® helps dentists determine a parafunctional risk rating for their patient

**QuickSplint has developed a simple diagnostic tool and treatment planning protocol for use to help you determine the severity of active parafunction and monitor risk factors over time.** Patients who may not be aware of their clenching behavior can get a ready-made QuickSplint to wear at night. A few weeks later when they return to your office they are often pleased to report relaxed jaw muscle tension. Any grind marks may on the surface of the QuickSplint offer a road map for further treatment.

This positive experience results in increased case acceptance, whether you recommend a protective nightguard, or continue to monitor their condition, or you want to discuss the choice of materials for restorations. Patients favor a low cost and easy trial, and this approach can enhance your relationship with your patients.

The **Parafunction Risk Rating** is a universal grading system that is applied to dental patients at recall or initial diagnostic dental visits. Informing your patient, and charting a grade (PRR 1, PRR 2, PRR 3, and PRR 4) allows you to identify risk, develop a treatment strategy and factor this risk into an informed consent or referral to a specialist.

## The Parafunction Risk Rating - Overview

<b>PRR-1</b>	A patient who on examination and interview is aware of episodes of clenching and/or grinding behavior. This could be associated with stress, medication or lifestyle. Little to no wear is noted on the intraoral structures. No history of painful symptoms associated with the behavior.
<b>PRR-2</b>	<b>Two types:</b> A patient who on examination and interview is aware of clenching and/or grinding on multiple occasions. They have some sign of tooth wear although mild and may have been treated in their history. There can be a history of transient painful associated events such as muscle pain, jaw pain, headache etc. Second type is a patient who is not aware, but they have signs of tooth wear.
<b>PRR-3</b>	A patient who on examination and interview is aware of clenching and/or grinding. They have been previously treated with some type of device and have obvious signs of tooth wear. (More than 10% on more than 4 teeth, lock and key facets etc.) History of painful associated events including headache, jaw, face, TM joint region.
<b>PRR-4</b>	A patient who on examination and interview is aware of clenching and grinding behaviors that have resulted in direct painful events, presence of significant tooth wear on teeth, history of fracture of dental materials or natural tooth structure and have a history of treatment.

## Protocol with New Patients and Recall Patients at Annual Exam

1. Ask the patient whether they clench or grind, have jaw pain or headache. In addition to a muscle and joint exam, you grade the patient's dentition based on the **Parafunction Risk Rating (PRR)**.
  - a. PRR-1 patient: Would they like to try a QuickSplint? (optional)
  - b. PRR-2, 3 or 4: Suggest they try a QuickSplint, unless they have a device
2. Encourage the patient to read the *Patient Handout for PRR* (download). The narrative emphasizes that the patient is offered a trial oral appliance to better determine whether patient is actively clenching or grinding, and also emphasizes that your practice cares about long term dental health and takes the extra time to monitor conditions that could result in problematic tooth wear, gum recession etc. The patient survey portion of the Patient Handout is optional for use if you want to gauge patient awareness.
3. QuickSplint is fabricated by you or auxiliary staff for overnight use.
4. The patient returns for a follow up visit in three to four weeks to encourage discussion with the patient of their condition and review treatment options appropriate.
5. Document the Parafunction Risk Rating for patient records and monitor annually.

**Rationale for a four-week follow up:** The surface of the QuickSplint can begin to show wear facets even at this brief interval. When the patient returns four weeks after their initial visit, review the objectives of this plan and invite them to bring up any questions or ideas that they may have. Esthetics and other optional care are best presented under an initial introduction followed by a reinforcement visit. This follow up visit reintroduces your practice to the patient in a non-stressful way, and gives you an opportunity to further engage with the patient, allowing for increased dental knowledge and ownership of their condition.

### Results after four weeks: Assigning a rating

After wearing QuickSplint for four weeks, your patient returns for a follow-up. If you see marks on the surface of the QuickSplint from grinding or clenching, you should consider that your patient's rating is PRR-2, PRR-3 or PRR-4.



If you or your patient identify any other event that falls into a higher category (such as tooth fracture) you should consider using that higher rating result.

**Monitoring Results:** Here are some possible patient outcomes

- Patients with low risk (PRR-1 rating) who have tried the QuickSplint may have peace of mind that veneers are suitable,
- Patients may not tolerate an oral appliance, in which case you have saved them the expense of a custom appliance.
- Patients with higher risk may still postpone treatment but they have been informed of the risk of cracked or worn teeth, periodontal conditions,
- Patients with higher risk may understand and be motivated to protect their teeth and address issues immediately,
- Patients with higher risk ratings can integrate information about your treatment recommendations, have realistic expectations or accept referrals to a specialist.