

Stop the Headaches

Most people don't connect tension headaches with their teeth, but an almost imperceptible bite problem can cause unrelenting headaches. Fortunately, there is drug-free treatment to help alleviate the pain.

STEPHEN G. BLANK, DDS

Ruth Worsham says she wasn't finding anyone who could help her.

"I couldn't figure out what was going on," admits the licensed mental health counselor. "I was suffering with stabbing pains on both sides of my head and a lot of pain in my jaw. I had these terrible headaches four or five days out of the week." Ruth says she tried several different treatments but nothing was effective.

"I was seen by a physical therapist, a chiropractor, an ENT [ear, nose, and throat] physician, a neurologist, and I even had a dental mouth guard made, but nothing was helpful. I couldn't find any relief. Then a local oral surgeon told me that Dr. Blank has had success in treating TMJ dysfunction [temporomandibular joint, the small joint in front of the ear] and he referred me to him."

Stephen G. Blank, DDS, practices cosmetic and functional dentistry in Port St. Lucie.

"When patients are suffering with chronic headaches, we work in harmony with our patients' other health care providers to find effective treatments for their pain," observes Dr. Blank. "Having headaches or taking headache medications every week is not normal. Some patients have accepted headaches as routine. Often, headaches are covering up the symptoms of a malocclusion, or bad bite."

TMJ disorders

Ruth remembers her first appointment with Dr. Blank: "It was at the beginning of February 2009, and he was very friendly. He was encouraging and very positive – I appreciated that. I was impressed with all the specialized equipment he used to assist him in determining what was going on and to measure the level of difficulty I was having." One such tool is the JVA or Joint Vibrational Analysis, a computerized listening device that measures the TM joint sounds.

On her first visit, Dr. Blank asked Ruth to rate her headaches using a scale of one to ten, with ten being the highest level. When Ruth reported the pain was close to a ten, it was evident that something needed to be done to provide her relief.

"The majority of headaches that people get are muscle tension headaches," educates Dr. Blank. "These usually involve the *temporalis* muscles, on either side of the face near the temple area, and the *masseter* muscles, which run from the cheekbones down to the corner of the lower jaw. When those muscles are in spasm, patients can have a host of symptoms – including migraines and cold-sensitive teeth."

According to Dr. Blank, most damage occurs from muscle activity when the teeth are grinding or clenched at times other than during eating, such as when people are sleeping, exercising, caught in traffic, paying bills, or anytime the teeth are together without food.



FHCN PHOTO BOBBY BAISDEN

As a licensed mental health counselor, Ruth says alleviating her headaches has enabled her to focus more intently on her patients.

"Ruth reported that her headaches were focused in her temple areas, and that she actually had to avoid chewing crunchy foods," recalls Dr. Blank.

"When I examined her, I found that her temporalis muscles were very tender and that initially it appeared that all her teeth touched simultaneously. However, after checking her bite manually, I could see that the molars on her left side touched before the rest of her teeth. Ruth's jaw had to shift to allow all of her teeth to meet. So, when Ruth is supposed to be relaxed, her muscles are tense and holding her jaw crookedly, something of which she was unaware. Her muscles grew tired because of this interference in her bite."

For the first phase of her treatment, Dr. Blank created a bite guard appliance designed to wear on the upper teeth. It is very thin, clear, and aesthetically unobtrusive (see photo).



PHOTO COURTESY OF DR. BLANK

Visually, Ruth's bite appliance is almost imperceptible.

"This bite appliance is very different from the one I had before," points out Ruth. "Unlike the first one I had, Dr. Blank was able to adjust this one according to my needs."

"With our bite appliance, instead of Ruth's back left molars touching first, the teeth and appliance all touch nice and evenly so the muscles get the signal that everything is fine and they relax," informs Dr. Blank.

"The goal of the appliance is to break the muscle spasms, reduce muscle tension, and allow the jaw to return to its normal position. Once that occurs, we can better evaluate and correct the bite."

According to Dr. Blank, the dynamics of the muscles

have to change before he adjusts the bite: "Because teeth don't grow back, we don't want to reshape them if the muscles are still in tension. We want to have relaxed muscles so we can determine what the actual bite should look like."

"When Ruth first came to us, we were not seeing her real bite. Instead, we were seeing her jaw postured to accommodate her malocclusion (bad bite)."

Once the muscles have healed, there are several different modalities that can be used to adjust a patient's bite.

"Equilibration, or reshaping the teeth, is one treatment," explains Dr. Blank. A digital Tec-Scan III is a computerized tool that assists Dr. Blank and the patient to verify that all the teeth meet at the same time and with equal intensity. Tec-Scan is a major step from the old days of just biting on the blue bite paper. "Another option is to use orthodontics to reposition teeth. Or, if the patient's jaw is too far out of natural position for orthodontic correction, then surgery may be the answer. For reshaping teeth that are worn down, crowns or other restorations can be used to create a new functional bite."

For some patients, combinations of these modalities will provide the best results.

"Of course, we use the most conservative means possible to enable the teeth to meet equally and for the muscles to be relaxed," assures Dr. Blank.

There's hope

Although Ruth is only through the first phase of her treatment, she says that the work she does dealing with emotional and behavioral issues through her practice, Super Kidz, has already been positively affected: "I'm able to devote more of my time to my practice because I don't have as many headaches."

Ruth says she is down to just two or three headaches a month.

"We're making a lot of headway," she notes. "I can't say enough good things about how I'm feeling. I am really progressing and doing very well. It's great to have someone who can address the problem effectively and with sensitivity."

"There's real hope out there for people with TMJ issues. I'm just so glad I went to see Dr. Blank." **FHCN**—Kris Kline

Dr. Blank invites you to visit his website at www.PSLDENTIST.com

Gold Medal Winner

Dr. Blank was awarded four gold medals at the 2007 Florida Academy of Cosmetic Dentistry (FACD) Annual Scientific Session competition, which is designed to reward excellence in clinical cosmetic dentistry. The FACD is an organization devoted to seeking improvements in the science and art of cosmetic dentistry.



Stephen G. Blank, DDS, is a 1982 graduate of Northwestern University Dental School in Chicago. He has since completed intensive continuing education studies. Dr. Blank has studied TMJ under Mark Piper, MD, DMD, at the Piper Education and Research Center. He has completed the course continuum at the Dawson Center for Advanced Dental Studies. Dr. Blank is a clinical instructor with the Hornbrook Group, teaching dentists from all parts of the country in live hands-on courses on the various aspects of smile design, occlusion, full mouth reconstruction, and complete patient care. He is a facilitator/mentor with the Dental Boot Kamp program. Dr. Blank enjoys teaching dental teams around the country.

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Dr. Blank and his staff look forward to meeting the readers of *Florida Health Care News*. For more information or to schedule an appointment, please call **(772) 878-7348**. His office is located at **184 NW Central Park Plaza** in Port St. Lucie.