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TOPIC

PARAFUNCTIONAL - HABIT

PARAFUNCTIONAL HABIT

The term oral parafunctional habit is used to describe any abnormal behavior or functioning of oral structures & associated muscles.

OR.

It is the habitual exercise of a body part that is rather than most common used of body parts.

This term is commonly used by the orthodontic and maxillofacial surgeon / specialist to refer to parafunctional uses of mouth, tongue and their jaw.

Parafunctional is a word that it is broad category of behavior that are outside of normal range of what your teeth are supposed to do. and it result in damage to your teeth, pain, regular headaches & TMJ Disorders.

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ORAL HABIT ::

The oral habit in infancy and early childhood considered normally. The habit are frequent or constant practice or acquired tendency which has fixed by frequent tendency.

Oral habits depend on ::

* Intensity :-

The amount of force applied on teeth.

* Frequently :-

Numbers of time that habit present in a day.

* Duration :-

The amount of time spent in the habits.

The Duration is more effects than intensity.

CLASSIFICATION OF ORAL HABIT ::

(A) USEFUL HABITS :: The habit that considered essentially for normal functions such as nasal breathing, normal digestion, and their proper positioning of tongue in the mouth.

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(3) (B) HARMFUL HABITS ❖

The habits that have deleterious effect on the teeth & their supporting structures. Abnormal behaviors commonly includes; bruxisms, clenching objects, excessive gums, lips / nail biting or (finger) non-nutritive Sucking, abnormal cranio-cervical - facial posture, mouth breathing and any other habitual use of mouth unrelated to eating, speaking and drinking.

The amount of pressure placed on teeth during functional habits is 140-550 kilopascals but the pressure range from 2-20.7 megapascals during parafunctional habits. Class I or Class II levers may be created during bruxisms which generate more force from same amount of muscles activity and move force to the teeth.

Extreme force upon the teeth can occur during same situation as a protective reflex.

Various habits are include:

Bruxisms, Thumb Sucking, Nail / Lip biting and Mouth breathing.

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BROXISM ::

Broxism is habitual grinding of teeth when the individual is not chewing or swallowing. Broxism are classified into day - Time Broxism and night - Time Broxisms.

* Day - Time Broxisms ::

It can be conscious and subconscious and may along with parafunctional habits such as pencil chewing, nail, cheek and lips.

* Night - Time Broxism ::

It is subconscious grinding of teeth characterized by rhythmic of masseter EMG Activity.

EFFECTS OF BROXISM ::

- * Prosthetic Failure.
- * Muscular Tenderness.
- * Temporomandibular Joint Disorder.
- * Tooth Wear.
- * Tooth Mobility.

SYMPTOMS OF BROXISM ::

- * Headaches especially upon working.
- * Stiff jaw muscles.
- * Jaw pain.
- * Painful salivation when first eating.

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MANAGEMENT OF BROXISM :-

- * We first stopping this habits.
- * Directly by equilibrium, occlusal restoration.
- * Indirectly by occlusal Splint.
- * pharmacological denervation.

THUMB SUCKING :-

Thumb Sucking also called Non-nutritive Sucking in a parafunctional habits. Sucking is a reflex and is important for Self Smoothing in infancy.

In Thumb Sucking not include only Thumb it can be include any finger of hand.

The Thumb habit is the majority of the oral habits. it must observed that most children below 3 years Suck their Thumb and fingers.

Stop This Habits :-

Firstly ask the patient to leave it and talk with their parents.

Secondly use of orthodontic appliances.

* Fixed Appliances → Cemented to the teeth.

* Removeable Appliances → Can be removed.

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MANAGEMENT OF THUMB SUCKING

Psychological Therapy :-

* Screen the patient for underlying psychological disturbance that sustain thumb sucking habit.

Once the psychological dependence is suspected child referred for counselling.

* Thumb sucking children b/w the age of 4-8 years need only reassurance, positive reinforcement and friendly reminders.

* Various aids are employed to bring the habit under the notice of child such as study model, mirror's etc.

MOUTH BREATHING

The mouth breathing is a harmful habit and respiration from the mouth instead of the nose.

The most causes of it that

- (1) Nasal obstruction.
 - (2) Lip incompetence.
- ↳ Increased resistance to complete obstruction of normal airflow to nasal passage.

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Clinical Features:

- * Long narrow face, nasal passage & narrow nose.
- * Expressionless face.
- * Upper lips are short.
- * Nose Tipped Superiorly.
- * Dental Effect (intraorally)
 - protrusion of maxillary incisors.
 - palatal vault is high.
 - Chronic marginal gingivitis.
 - Increase incident of Caries.

Management of Mouth Breathing:

(1) Symptomatic Treatment:

The gingiva of the mouth breathers should be restored to normal health by coating of gingiva with petrolum jelly.

(2) Oral Screen:

The most effective way to reestablish nasal breathing to prevent air entering the oral cavity to do the oral cavity must be closed.

(3) Interception of the habits:

- * Physical exercise
- * Lip Exercise.

(4) Elimination of Cause: if the nasal has been diagnosed the removal of cause is done by surgery.

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NAIL BITE :

- * Rarely seen in patient before 3 to 6 years of age.
- * They may lead to anterior open bite or tooth cross bite.
- * Most effect of removal of occlusal surface of tooth which will lead to over eruption of the opposite teeth.

Management :

- * patient is made aware of problems.
- * Application of nail polish, light cotton mittens as reminders.
- * Treat the basic emotional factor causing the act.
- * Encouraging outdoor activity which may help in easing tension.

Clinical Features :

- * Crowding.
- * Alteration of incisal edge of incisors.
- * inflammation of nail bite.
- * Rotation.