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Editorial

I really enjoyed the editorial of Dr. Okeson in the issue 02/10 of International Journal of Stomatology & Occlusion Medicine. I strongly believe that the point of view in dentistry changed in the last two decades more and more respecting painful chronic TMD (temporo-mandibular disorder) exposure of patients in our dental offices. We have to understand that TMD and Occlusion may have direct relation, but there are also patients with different multicausal reasons for dysfunction.

Of course professionals in all disciplines of dentistry including orthodontists are primarily interested in teeth and the pathological possibilities of all related structures, therefore our teaching effort must also cover the symptomatology and causes for the wide range of acute and chronic facial pain. I am also strongly concerned for the critical lack of education and research according to TMD.

But on the other side of the coin, more than three decades of casting a damning light to the subject "occlusion" has in a lot of dental schools the effect that the doctrines of occlusal science lost seriously the weight in teaching and research. Worldwide new generations of dentists are professional active, but the base of knowledge in occlusion and articulation is frequently rather weak.

Orthodontists are treating children, young adults and adult patients mainly with two goals in mind: aesthetics and retention of the result, but ignoring function of occlusion. Where are the conceptional goals in treating the structure "occlusion" with the powerful mechanical possibilities to-

day? If the simple concept of canine protected occlusion "CPO" is not the aim, what alternative is named, I am open for other ideas, but orthodontic schools and societies have the duty to define them and teach how to achieve this goal.

Reconstructive Dentists, Prosthetic specialists and Implantologists have to work also on a conceptional base, declaring the goal before treatment and the functional outcome after treatment.

My concern is also directed to the important group of patients coming into a dental office with multiple problems in their mouth, looking for dental treatment. The black-white painting, separating TMD patients from those with adapted good function is counterproductive. Advices from the purists of both ivory towers are lacking. All subcategories of dentistry need strategic concepts for the obvious necessary dental care for this group of patients.

TMD and the Masticatory Organ need practicable solutions based on EBD (evidence based dentistry).

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Conflict of interest

The authors declare that there is no conflict of interest.