



Evaluating the Effect of Malocclusion Correction on the Treatment of Tempromandibular Disorder Patients

A
Thesis
Submitted to the Faculty of Dentistry
Ain Shams University
In Partial Fulfillment for
Master's Degree in Orthodontics

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B.D.S. (2009)

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2017

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
وَعَلَّمَكَ اللَّهُ الْكِتَابَ
وَكَانَ فَضْلُ اللَّهِ عَلَيْكَ عَظِيمًا

DEDICATION

*To my Beloved mother; for her continuous support
and encouragement.*

To my father may Allah bless his soul.

To my Family and friends

I couldn't be there without all of you.

ACKNOWLEDGEMENT

First of all, I would like to praise Great Almighty Allah, the most merciful, most compassionate, for his kindness and blessings and send salutations upon Muhammad (peace be upon him), the most noble, most kind.

I wish to direct my special thanks to my supervisor Prof. **Dr. Hamdy Al Zahed**, Professor of orthodontics, Ain shams University, for his continuous support, guidance, careful reading and adjusting the draft of this thesis.

Words do fail to express my deepest gratitude and sincere appreciation to my supervisor Prof. **Dr. Khaled Ibrahim Barakat**, Professor of Oral and Maxillofacial Surgery, Minia University. I would like to thank him for introducing me the inspiring field of research.

I would like to thank **Dr. Dina Hussein Al Ghouli**, Ass. Professor of Orthodontics, faculty of Dentistry, Ain Shams University, for her remarkable help, valuable advice, constant support and encouragement during the course of this study.

Last, but not least, I couldn't express by any words my deep gratitude to my dear professors, colleagues and staff members of orthodontic department, Faculty Of dentistry, Ain Shams University for their great support, encouragement and cooperation.

Mostafa Mohamed Hamed Alshiaty

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LIST OF ABBREVIATIONS

Abbreviation	Full term
ADP	Anchored disc phenomenon
SS	Stabilizing splint
SRS	Superior reposition splint
Cont EX	Contralateral excursion
ID	Internal derangement
MO	Mouth opening
PMO	Painless mouth opening
nMO	Non assisted mouth opening
NRS	Numerical rating scale
RDC/TMD	Research diagnostic criteria for temporomandibular disorders.
TMD	Temporomandibular joint disorders
TMJ	Temporomandibular joint
VRS	Verbal rating scale
VAS	Visual analogue assessment

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INTRODUCTION

Temporomandibular disorders (TMD) is by far one of the most complicated and controversial problems in oral and maxillofacial clinical researches. Muscles, ligaments, disc and the occlusion are factors affecting the joint condition. In addition, genetic, hormonal, and anatomic factors are involved in the TMD status. Moreover, trauma, parafunctional activities and psychosocial components are related to development of the joint, This multifactorial nature of TMD makes the treatment and diagnosis of this disease a challenging processes.^[1]

TMD is a collective term that comprises both the joint and the muscle problems with various subtypes. The Clinical researchers in the field of TMD should differentiate between joint and muscle problems when conducting their research and they should create homogenous groups in order to obtain reliable results. Hence, the focus of the current research was on the muscle problem.^[2]

Up till now, the role of occlusion as a factor in TMD management is a controversial issue among researchers although many studies denied the participation of the occlusion in the TMD problems, however, other studies