

Spencer *Study Club*



Quiz

- Scan and email completed quiz questions to Darcie@SleepIdaho.com, or fax to (208) 376-3616.
- Allow 7-10 days for scoring, printing & mailing of CE certificate, and submission of credits to AGD (if desired).
- If you would like your credits submitted to the AGD, please include your information and AGD member number on the form.
- The course verification code will be given during the webinar.

March 7, 2018 Webinar CE Quiz

Total 1 hour of qualified CE



Course Attendance Verification

The Center for Sleep Apnea & TMJ
8119 W. Ustick Rd., Ste. 103
Boise, ID 83704

Participant's Name: _____

State and License #: _____ AGD ID#: _____

Email Address: _____ Phone #: _____

Address: _____

Course Title: _____ Appliance Selection and Avoiding Side Effects with Oral Appliance Therapy _____

Speaker Name: _____ Jamison R. Spencer, DMD, MS _____

Educational Method: _____ Online Videos & Quiz _____ Total CDE Hours: _____ 1 _____

Course Date: _____ 3 / 7 / 18 _____ Location: _____ Webinar _____

AGD Subject Code: _____ 730 Sleep Medicine _____

Course Verification Code (given at the end of the program): _____



Jamison Spencer, DMD, MS
Spencer Study Club
The Center for Sleep Apnea & TMJ

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1. Something that is important to note upon clinical examination when choosing an oral appliance is:
 - A. Whether or not the patient has a crowded airway, in which case a mono block appliance would be indicated.
 - B. Whether or not the patient has evidence of lateral bruxism, in which case an appliance which allows good lateral motion would be indicated.
 - C. If the patient has mandibular tori, in which case a herbst style appliance would be contraindicated.
 - D. The patient having poor manual dexterity, in which case an oral appliance would be contraindicated.
 - E. Which appliance the patient's insurance will cover.

2. When your patient has a distinct "click" in the TMJ when they open their mouth, this usually means:
 - A. That their condyle is moving ON to the disc, or in other words that the disc is coming in to the correct position.
 - B. That their condyle is moving OFF the disc, or in other words that the disc is moving out of the correct position.
 - C. That the condyle is moving over the articular eminence and usually has nothing to do with the disc.
 - D. That their jaw is OFF the disc most of the time and only gets on the disc when they open.
 - E. Both A and D.

3. In order to avoid separation, or loss of contact, between the most posterior mandibular teeth it is important to:
 - A. Only use digital impressions.
 - B. Use hard wax for your bite registrations.
 - C. Ask the lab to wrap the distal of the most posterior tooth, and confirm this occurs.
 - D. Take orthodontic quality photographs.
 - E. None of the above.

4. A "morning repositioner" is important to help a patient get their mandible back to it's habitual position. When making a morning repositioner Dr. Spencer feels it is very important to:
 - A. Use a morning repositioner that covers all of the teeth and is 1-2 mm in thickness.
 - B. Fit the morning repositioner within the first month of fitting the appliance.
 - C. Make the morning repositioner chairside, cover only the anterior teeth, and make CERTAIN that the patient has posterior contact.
 - D. Explain to the patient that even if their bite feels "normal" to them in the morning they should use their morning repositioner at least a couple times per week, to make sure nothing is moving/changing.
 - E. Both C and D.

5. "Jaw pain":
 - A. Needs to be determined if the pain is coming mostly from the TMJ or the masseter/temporalis.
 - B. **May** be due to the patient "fighting the appliance" if the airway is not being protected.
 - C. **May** respond to bringing the jaw FORWARD if the patient reports continued snoring and not feeling rested.
 - D. **May** respond to reducing the vertical if the pain seems to be more in the masseter.
 - E. **May** be related to choosing an appliance that does NOT allow much lateral motion in a patient with evidence of historical lateral bruxism.
 - F. All of the above.