A Modified Technique for Post Operative Physiotherapy in Edentulous Patients

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There are different treatment modalities mentioned in the literature for the management of oral sub mucous fibrosis (OSMF) [1, 2]. We at our centre follow a specific protocol for the management of OSMF, i.e. release of fibrous bands, bilateral coronoidectomy, extraction of all the third molars (maxillary and mandibular) and reconstruction of defect with extended nasolabial flap [3].

Post operative physiotherapy is the key in achieving the adequate mouth opening. Initially wooden spatulas and then Heister's jaw opener were used for the purpose of passive and active physiotherapy simultaneously. But these are useful in the patients who are dentulous with acceptable periodontal status.

We at our centre came across two cases of oral sub mucous fibrosis who were edentulous and it was difficult to perform post operative physiotherapy by conventional means. The conventional jaw opener are metallic which can traumatise the edentulous ridge with poor post operative patient compliance for physiotherapy. In such patients

we recommend use of modified Heister's jaw opener (RAI Modification, Fig. 1) for post operative physiotherapy.

In such patients a denture base with soft resin liner is prepared. Slots are made over the base plate (Fig. 2) for the placement of Heister's jaw opener which avoid trauma to the alveolar mucosa. The modified instrument is safe and very economical to use. Patient can himself use the instrument for post operative physiotherapy (Fig. 3).

Fig. 1 Modified Heister's jaw opener

Fig. 2 Denture base with slots for Heister's Jaw opener

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Fig. 3 Patient with Jaw opener

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