



Dr. Brendan Stack
Orthodontist, DDS, MS
Washington, DC

Dr. Stack is a University trained orthodontist (Georgetown University) who, since 1965, has limited his practice in Northern Virginia (Washington, D.C. suburb) to the clinical treatment of patients with craniofacial pain, headache and TMJ dysfunction. Dr. Stack is strictly a **"results oriented"** clinician who cuts through the extraneous issues to diagnose and treat the precise problems with a minimum of time and a maximum of efficiency.



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Dr. Stack has been treating TMJ problems, headache, face pain, ear pain, and bad bites for more than forty years. Dr. Stack encountered problems just like yours many times over and has treated them successfully. Dr. Stack gives you detailed explanations about your treatment and answers all your questions completely. Dr. Stack's years of experience and reputation attract referrals from other Doctors and treated patients worldwide.

Dr. Stack knows how to produce results!



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TMJ/TMD
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PART I

Dr. Brendan Stack, DDS, MS
Specialist in Orthodontics,
TMJD, Snoring & Sleep Apnea



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Tel: 703-821-1103 Fax: 703-821-8752
International Tel: 001-703-821-1103
International Fax: 001-703-821-8752
E-mail: tmjstack@tmjstack.com
Website: www.tmjstack.com

DVD Highlights

- The “Proper” craniofacial head and neck physical exam
- Examination of the Cervical Spine
- Medicolegal aspects of TMJ treatment
- Palpation of craniofacial muscles and anatomical area
- Referred pain patterns
- Treatment of the acute craniofacial pain patient
- Treatment of the chronic craniofacial pain patient
- ALF treatment for craniofacial dislocations
- Facial distortions and compensations due to chronic disc displacements
- Scalene muscle entrapment
- Biomechanics of the TMJ-understanding how it works
- Mandibular interincisal range of motion for children and adults
- Deviations in mouth opening vs. deflections in mouth opening
- Three types of internal derangements
- Degenerative Joint Disease
- Chronic malocclusions vs. Acute malocclusions
- Types of Intraoral Orthotics
- TMJ surgery

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TMJ/TMD
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PART II

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DVD Highlights

- Diagnosis and treatment of a patient with left reciprocal clicking, Class I, teenager headaches of 2-3 years
- TMJ problems in children, preteens and teenagers
- Seven signs of successful treatment
- Treatment Programs
- Stage II crown and bridge finishing
- Stage II orthodontic case finishing
- Vital sign changes due to splint design

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TMJ/TMD
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PART III

Dr. Brendan Stack, DDS, MS
Specialist in Orthodontics,
TMJD, Snoring & Sleep Apnea



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International Tel: 001-703-821-1103
International Fax: 001-703-821-8752
E-mail: tmjstack@tmjstack.com
Website: www.tmjstack.com

DVD Highlights

- What is the 'minimum acceptable' radiographic TMJ work-up?
- Panorex (OPG) Imaging – non-dental considerations
- Transcranial Imaging – anatomical & functional considerations
- Lateral Skull Imaging – with oropharyngeal airway evaluation
- Frontal Skull Imaging – with upper cervical spine evaluation
- Submentovertex Imaging – for cranial base distortions, migraneurs & refractive cases
- Cervical Spine Imaging – frontal & lateral views
- Tomography – for osseous degenerative changes, condylar position & condylar movement
- Arthrography – dye injections into the TMJ
- Arthrography – combined with transcranial radiography
- Arthrography – combined with tomography
- CAT scans – for increased bone definition
- Nuclear Bone Scan – to evaluate osseous degeneration or repair
- Magnetic Resonance Imaging (MRI) - to determine disc position
- Many cases shown

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The Treatment of Complex TMD Problems
Movement Disorder and Body Tremor Patients

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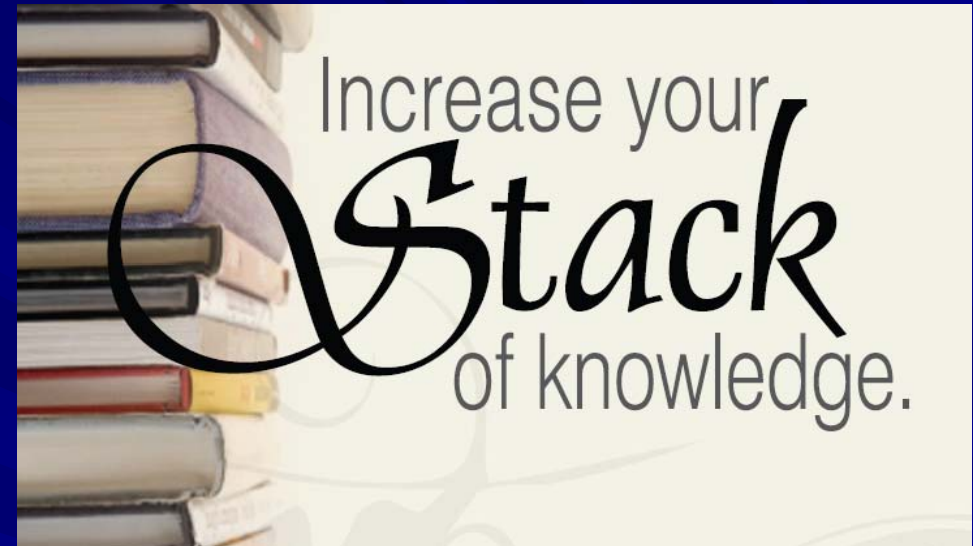
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Highlights: Keyword Search Option

Class I, II and III, Youth/Adult/Senior, Functional & Fixed, Facial Asymmetry, Splint, TMJD, Tongue Thrust, Thumb Sucking, Tripoding, Cleft Palate, Crossbite, Deep Bite, Anterior Open Bite, Crown & Bridge, Implant, Attrition, Bruxism, Bimaxillary Protrusion, Air Rotor Slenderizing, Extractions, Buildups, Sleep Apnea, Trauma, Osteoarthritic Degenerative Condyles, Orthognathic Surgery and more. (11hrs)



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DDS, MS

Specialist in Orthodontics,
TMJ, Snoring &
Sleep Apnea

Dr. Stack is an orthodontist who has limited his practice to Orthodontics, Craniofacial Pain and TMJ Disorders for more than 42 years. Having graduated from Georgetown University, he was also the Tufts' University (Boston) 2003 recipient of the "Lifetime Achievement Award" for his years of contribution to the field of Craniofacial Pain. He has published peer reviewed literature on the long-term results of his treatment procedures. Having contributed chapters to TMJ textbooks and written numerous articles and manuals on diagnosis and treatment, Dr. Stack has dedicated his career to providing patients and professionals the information they need to understand Craniofacial Pain and TMJ Disorders.

Website: www.tmjstack.com

TMJ/TMD

Dysfunction, Occlusion **& Craniofacial Pain**

Part I: Diagnosis & Treatment (10hrs)

"The Proper" craniofacial head and neck physical exam, Examination of the Cervical Spine, Medicolegal aspects of TMJ treatment, Palpation of craniofacial muscles and anatomical area, Referred pain patterns, Treatment of the acute craniofacial pain patient, Treatment of the chronic craniofacial pain patient, ALF treatment for craniofacial dislocations, Facial distortions & compensations due to chronic disc displacements, Scalene muscle entrapment, Biomechanics of the TMJ-understanding how it works, Mandibular inter-incisal range of motion for children & adults, Deviations in mouth opening vs. deflections in mouth opening, Three types of internal derangements, Degenerative Joint Disease, Chronic malocclusions vs. Acute malocclusions, Types of Intraoral Orthotics, TMJ surgery.

Part II: Case Finishing (10hrs)

Diagnosis & treatment of a patient with left reciprocal clicking (Class I, teenager with headaches of 2-3 years), TMJ problems in children, preteens and teenagers, Seven signs of successful treatment, Treatment Programs, Stage II crown and bridge finishing, Stage II orthodontic case finishing, Vital sign changes due to splint design.

Part III: Imaging (10.5hrs)

What is the 'minimum acceptable' radiographic TMJ work-up?, Panorex (OPG) Imaging – non-dental considerations, Transcranial Imaging – anatomical & functional considerations, Lateral Skull Imaging – with oropharyngeal airway evaluation, Frontal Skull Imaging – with upper cervical spine evaluation, Submentovertex Imaging – for cranial base distortions, migraneurs & refractive cases, Cervical Spine Imaging – frontal & lateral views, Tomography – for osseous degenerative changes, condylar position & condylar movement, Arthrography – dye injections into the TMJ, Arthrography – combined with transcranial radiography, Arthrography – combined with tomography, CAT scans – for increased bone definition, Nuclear Bone Scan – to evaluate osseous degeneration or repair, Magnetic Resonance Imaging (MRI) - to determine disc position. Many cases shown.

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