



April 2008

from Gregory Tarantola DDS

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**ONE-ON-ONE
 CLINICAL COACHING
 IN YOUR OFFICE**
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Tarantola Dental Learning is dedicated to helping dentists and their dental team, specialists and technicians learn and apply the principles of comprehensive, masticatory system dentistry in a relationship-based environment. That is promoting and maintaining optimal health, function and esthetics of all the components of the masticatory system - the TMJs, neuromuscular system, dentition, periodontium and occlusal bio-engineering. And accomplishing this in a way that is appropriate for that particular patient, that is, with their interest and active participation.

Remember this formula for "Peace Of Mind" (*freedom from worry, absence of stress or anxiety*) in your practice:

NP (or EP)+E+D+TP+TS+CA=PS

New Patient (or Existing Patient)+Co-Discovery Examination+Diagnosis+ Treatment Planning+Treatment Sequencing+Case Acceptance = Predictable Success, Happiness, Fulfillment and Peace of Mind

Thanks to Charles W Martin, DDS, MAGD, DICOI, FIADFE LeadershipMastermindCoaching.com for suggesting the enhancements to the above formula for success.

FOR OUR READERS: Lester Dine is offering a discount of \$100 on either the Dine Digital Solution or Digital SLR. Go to their website at www.dinecorp.com and use 'tarantola' for the coupon code when checking out.

This month 's inspirational quotes:

Gather experience... Look at what you should not look at. A feeling of anxiety is the sure and certain evidence that you should do this.

Clive Barker

Every tomorrow has two handles. We can take hold of it with the handle of anxiety or the handle of faith.

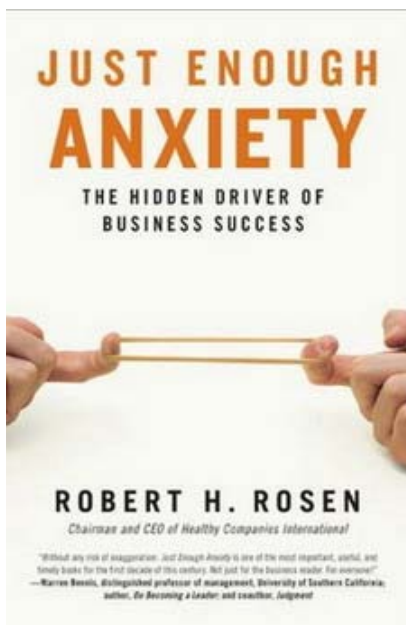
Henry Ward Beecher

Anxiety is part of creativity, the need to get something out, the need to be rid of something or to get in touch with something within.

David Duchovny

Thought For The Month - Articles For You And Your Team To Discuss

Past "Thoughts For The Month" Are Now Conveniently Archived For Easy Review



Just Enough Anxiety

We all know what stress and anxiety is. We don't like it, its effects and we try to avoid it.

But anxiety produces energy. And it is up to us, a conscious choice we can make, on how we can use this energy.

We can use it for negative attitudes and destructive (or at least, non-constructive) actions. Or we can redirect this energy toward something positive and constructive.

That is not to say we should ignore the source of the stress and anxiety. It may be something real that we can change. And often times the source is really a hallucination in our own minds.

This month's thought reviews a book that offers checklists, questionnaires and forms to help the

reader assess and understand their reactions to the stress emotion.

- [Read The Article](#)

ONE-ON-ONE CLINICAL COACHING IN YOUR OFFICE

LEARN TO IMPLEMENT THE PRINCIPLES OF A COMPREHENSIVE PRACTICE IN YOUR OWN PRACTICE!!

"Are you frustrated by how much time and money



you spend on Continuing Education every year — without ever seeing a substantial improvement in your dental practice?".

Some things are just very hard to learn without doing them. For years I have been asked to start offering an over-the-shoulder type of program. That's why I am now offering live, on-site (your practice), one-on-one coaching on:

-**More effective (and more profitable) scheduling**—so you can have enough time to address all the details and maximize the profit potential of every hour of every day.

-**Complete masticatory system exams**—done in a way that's interesting and meaningful to both you and your patient

-**Bite Splint fabrication and insertion**—to help you get control of the system before you do the definitive porcelain

-**Diagnostic blueprint creation using articulated diagnostic casts**—an effective technique that allows you and your patient to see where you're going before you start prepping teeth

-**Creating effective, logical treatment plans and sequences**—in a way that's appropriate for your patients' circumstances

The coaching includes the complete set of learning modules (\$595 value) for you and your team to use as your "working manual". For more detailed information, please [VISIT ONLINE](#)

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Take a look at how Custom Dentist Web Sites can help you, your practice and your team.

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[VISIT ONLINE](#) for a free, no-obligation sample CD with slides from all courses/programs

APRIL 08 CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Minimal Restorations but Sore Teeth

This month's clinical tip highlights a patient that has several molars sore to bite on. As the

patient describes, like they are weak and cannot take heavy biting. They are slightly sensitive to cold.

At first glance, the occlusion in maximum intercuspation looks acceptable and the anterior tooth to tooth relationship does also.

But upon careful occlusal analysis, there are CR interferences and heavy excursive interferences. The cusp tip to fossa angles are steeper than the anterior guidance angles and not being discluded.

See the T scan movies showing the CR force distribution and the excursive pathways. Also see the diagnostic wax up showing what needs to be done to correct it.

- [Read this month's CLINICAL TIP](#)

ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

LEAD CONTAMINATED RESTORATIONS

I'm sure you have heard or read about the crowns from China that were found to have lead content above the FDAs acceptable limits.

Read the article where the National Association of Dental Laboratories Co-Executive Director answers questions from The Journal of Dental Technology.



[Go To The Article](#)

QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES:

In reference to the clinical tip where you mention direct add-on composites as part of definitive occlusal therapy. Do you use this free hand or do you use a stent or some type of form?

I have done it a number of ways. If it is a small amount of addition, I will do it directly in the mouth. If there are old, but acceptable restorations (at least for the time being), you can etch and add directly to them. If it is a rather extensive change in anatomic form, I will create an "onlay" type of restoration on a study cast and then bond it to the tooth. I have tried using a vacuum stent but found, at least in my hands, that it necessitated too much finishing and clean up.

Tell us what we are seeing when we watch the "t-Scan movie"?

The T scan shows the entire timing of the bite from first very light closure to full clenching closure. That is what the movie shows. Articulating paper just shows that moment in time and if there is any compressibility of the tooth (as there often is in occlusal trauma, even if it is just microns) It will be compressed and marked the same as the surrounding teeth. I find it especially helpful in adapted centric posture cases where the joint may not be stable. As you are refining a splint, the side of the unstable joint would show up with the Tscan where it may be missed with ink markings alone.

Splint question for you. Skeletal class 3 made mand splint. Patient wants to posture forward with splint in. Can wear comfortably for a few days but then gets pain under the masseter(belly). Splint as been adjusted. Any ideas?

First I would confirm my TMJ diagnosis to rule out all intracapsular issues. Palpation, auscultation with Doppler, range of motion, superior compression test is the standard protocol with imaging if and as needed. Why was the splint made? What was the problem? As a generality, most CI 3s don't posture forward, they don't need to (unless the lateral pterygoid is hypercontracted due to CR interferences). Also, CI 3s generally have a very flat anterior guidance angle so most likely, the posterior teeth are not being discluded in all positions, including crossover/parafunctional. That is whats activating the massete,r, or at least is a factor..

Re: composite additions - Do you try to make individually flossable teeth, or just get the correct occlusion, then start the imcremental reconstruction. I have done a number of what I call a "bite lift" to allow me to rebuild people so that we can do crowns imcrementally. I use Surefil and can build teeth up individually.?

Yes I make them individual and flossable. And then we can do the case incrementally is necessary.

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