



January 2008

from Gregory Tarantola DDS

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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:

Many people look forward to the new year for a new start on old habits. ~Author Unknown

A New Year's resolution is something that goes in one year and out the other. ~Author Unknown

Be always at war with your vices, at peace with your neighbors, and let each new year find you a better man. ~Benjamin Franklin

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

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



The Top 10 New Year's Resolutions

We all know about them and we all make them...New Year's Resolutions.

Wikipedia describes a New Year's Resolution as a commitment that an individual makes to a project or a habit, often a lifestyle change that is generally interpreted as advantageous. The name comes from the fact that these commitments normally go into effect on New Year's Day and remain until the set goal has been achieved, although many resolutions go unachieved and are often broken fairly shortly after they are set.

Maybe they should be goals with a target to reach and an action plan to get there.

Oh well, at least it is fun to do and read about. This month's Thought lists the Top Ten resolutions people make. Read on and see where your 'resolutions' fit on the list.

- [Go to the article.](#)

SELF STUDY, MULTIMEDIA COURSES ON THE COMPREHENSIVE, MASTICATORY SYSTEM, RELATIONSHIP BASED PRACTICE
EASY TO USE, EASY TO LEARN FROM

Today's dentistry, from simple to complex, requires a working understanding of the masticatory system. Understanding the TMJs, neuromuscular system and occlusion and how these three entities are inter-related and affect all the dentistry we do is essential for predictable success.

And for happiness and fulfillment, not only is this predictability important by so is a strong relationship with our patients. We want them to be active participants in their treatment plan.

These learning modules illustrate all the principles, practices and techniques to make this happen. The topics are:

1. The Role Of Occlusion
2. The Exceptional New Patient Experience
3. Articulated Diagnostic Casts
4. Photography
5. Bite Splint Therapy
6. Definitive Occlusal Therapy
7. Anterior Guidance and Esthetics
8. The Diagnostic Blueprint and Provisionalization

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[VISIT ONLINE](#) to see the courses and programs offered by Tarantola Dental Learning

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



JANUARY 08 CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Another Case For The Importance Of A Complete, Masticatory System Exam

I hear it all the time. Sure, I see the need doing a complete exam if it is a 'big case'. But why would you do a complete exam on everyone. Most people don't need it and when they hear what is involved and what it costs, they don't want it.

Well I STRONGLY DISAGREE. The dentistry they need is not the reason for a complete exam. It is to get a baseline of the current status of their masticatory system to use for future comparison diagnoses.

Is dentistry just about fixing what is broken or exam, diagnosis and master lifetime plan, whether or not they need a lot of dentistry? I believe the latter and this month's case makes the point.

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

ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

SOME ADDITIONAL THOUGHTS ON SHADE MATCHING

We always receive a lot of questions/comments regarding shades. This month's question asks what is the best shade guide to use.

The article also sheds some light (no pun intended!) on the challenges our technicians face in creating restorations that meet our expectations, in particular thickness as it relates to shade, light absorption/reflection and shape of the restoration.



Read this month's article by Jerry Ulaszek CDT from Artistic Dental Studios. Jerry can be reached at jerry@artisticdentalstudio.net

[Go To The Article](#)

QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES:

If a splint case is not facebow mounted correctly, will it influence the accuracy of the centric stops? I know it will create more adjustments during crossover and will make the protrusive record also inaccurate. Whats your thoughts?

Without the correct facebow, the arc of rotation will be different from that of the patient. Therefore as the VDO of the casts is changed, the maxillary to mandibular relationship may change incorrectly and therefore centric stops at that VDO will be off.

48 year old female patient came to me for pain in lower jaw right side where she had a poorly done 3 unit bridge. During complete examination she had tenderness in both tm joints, pain in all the involved muscles, Range of movements were within limits but she reported pain in joint areas during the movements. Piper's classification 4B both sides. I could not manipulate her to CR due to muscle stiffness. So I just took treatment position bite and face bow transfer and delivered a lower bite splint with anterior guidance. I did weekly adjustments for a month. Then as the patient was uneasy about her bridge I decided to remove the poorly fabricated bridge and give her a provisional till I complete her treatment plan. We did that but the appointment took much more time than I expected - almost 2 hours and her mouth was open most of the time. Next day she reported with partial trismus. I assured her that it should self correct in a couple of days. It is almost 45 days now. Her maximum opening is only 35 mm (pre-treatment 53 mm). I gave her an anterior deprogrammer for the past 10 days but that does not seem to help.

Please tell what could be the problem and what should be my line of management. Please also tell me how I should explain the problem to the patient.

In another case the patient has anterior open bite and cannot bring her anteriors into edge to edge contact. Still I find attrition in lower central incisors and upper laterals. What is the possible explanation?

The most important thing you did was the complete exam and diagnosis FIRST so both you and she knew you were already dealing with joint and muscle issues. A structurally disordered joint is prone to these kind of changes and instability. I am assuming she did OK in the bite splint.

A number of things could have happened. With a disordered disc (Piper 4B, and even 3Bs) it can change position when subjected to the stress and trauma of opening widely. There may have been adhesions that stretched and/or tore and/or the condyle may be catching on a fold/ bump or just a thickened posterior disc border.

The mandibular block may have traumatized the medial pterygoid.

You may try anti inflammatories such as Naproxin. Also physical therapy such as TENS and/or ultrasound can be helpful. If you don't see improvement soon, an MRI may be indicated just too see exactly the condition of the structures.

Base what happened on the original diagnosis. There were initially joint and muscle issues. When any affected joint in the body is subjected to stress it can worsen. If someone had a sore knee or hip with sore muscles and then ran a marathon, it could cause additional more serious problems. She had a bad bridge that needed attention. And it is a procedure that takes time and can introduce some stress to the system. So addressing it was like running a marathon (or just a 5K!!) Injured joints (especially) and muscles can take a while to heal. It is an issue of adaptive capacity (hers being less) and the procedures exceeding that adaptive capacity.

Look at these two graphs which illustrate this: [Graph 1](#) [Graph 2](#)

In regards to the other patient: if ever I see and anterior open bite yet the teeth have attrition, I look for joint changes, particularly, shortened/flattened or shortening/flattening condyles. As they shorten, the anterior opens up.

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