



June 2008

from Gregory Tarantola DDS

In this issue (scroll down to read):

Inspirational Quotes- on Charisma

Thought For The Month - 7 Actions To Develop Your Charisma

Multimedia Learning CDs on Comprehensive, Masticatory
System Dentistry

This Month's Clinical Tip - Signs and Symptoms of Occlusal
Mis-engineering

Ask The Technician - Implant Restoration Mis-seating

Questions and Comments- From Past Issues



**THE "IN-OFFICE, ONE VISIT,
INDIRECT
COMPOSITE RESTORATION"
TRAINING DVD VIDEO IS NOW
AVAILABLE!!....
[More Information](#)**

**To Ensure Uninterrupted Delivery,
Please Submit Your Email Address**



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:

“Charisma is the transference of enthusiasm.”
Ralph Archbold

“We need less posturing and more genuine charisma. Charisma was originally a religious term, meaning "of the spirit" or "inspired." It's about letting God's light shine through us. It's about a sparkle in people that money can't buy. It's an invisible energy with visible effects. To let go, to just love, is not to fade into the wallpaper. Quite the contrary, it's when we truly become bright. We're letting our own light shine.”
Marianne Williamson

“His great strength was not his charisma, as many commonly thought, but that he knew exactly what he could do and what he could not do.”
Peter Drucker

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

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



7 Actions To Develop Your Charisma

Charisma is defined as a personal magic of leadership arousing special loyalty.

Isn't that what we want to convey to our team and our patients?

If we can understand the nature of self confidence, understand our own nature and develop increased self esteem, poise and

relaxation, we can develop our own charisma.

This month's article by William A Cohen, PhD, from www.stuffofheroes.com, outlines 7 actions we can take to develop our own personal charisma.

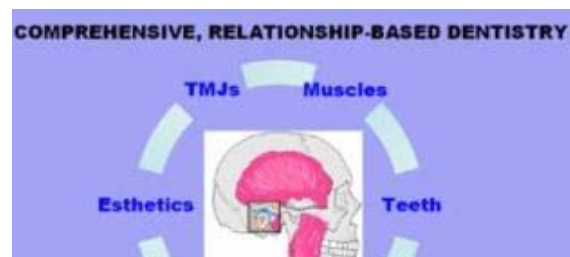
It is a long article but well worth reading.

- [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

The modules can be purchased individually or as a complete set. Included are a collection of office forms, charts and letters in Word documents so they can be customized for your needs. Plus an Excel fee calculator spreadsheet.

Get more information on these learning opportunities by [VISITING ONLINE](#). [View a short video demo](#).

OTHER SERVICES/PROGRAMS AVAILABLE THROUGH TARANTOLA DENTAL LEARNING:

One-on-one case consulting via web video conferencing. [More info](#).

www.CustomDentistWebSites.com can customize a website for you and your practice. It can help you and your team convey what you are all about, from the complete interactive exam, reflective case planning, collaborative sequencing to the quality dentistry you provide.

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

[VISIT ONLINE](#) to learn more about Custom Dentist Web Sites

[SELF-STUDY CONTINUING EDUCATION COURSES AVAILABLE - AGD PACE APPROVED FOR 28 HOURS CREDIT](#)
[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

June 08 CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



The Role Of Occlusion - Revisited

A history of multiple minor traumas, a tendency to clench forcefully on occlusal mis-engineering are all factors in this patient's signs and symptoms.

Condylar changes, occlusal plane asymmetry, recession, cracks, muscular and intracapsular

pain are the signs and symptoms seen in this month's case.

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

ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Implant Restoration Seating Discrepancies

When an implant restoration is seated in the mouth, the occlusal relationship and the restoration's relationship to the surrounding teeth is different from the working model. Why might this be?

It might be as simple as the restoration not seating completely on the cast because of "soft" tissue interferences.



See how Jerry from Artistic deals with this. For all the details, diagrams and photos, read this month's article by Jerry Ulaszek CDT from Artistic Dental Studios as he shows a case where these very issues had to be addressed. Jerry can be reached at jerry@artisticdentalstudio.net

[Go To The Article](#)

QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES:

I would your opinion regarding this case. Patient (52 yrs old female) has presented and finally after 8 years have decided to do something with her teeth and feels discomfort on lower right. She has no sign or symptoms of TMJ and she states that her bite has always been like this and now it is time to get everything she needs along with veneers and implants to enhance her smile and restore to full function. She had no tenderness on any of the facial muscles. She states that money is no object and just want to take care of herself and her teeth.

I believe we can do full mouth rehabilitation in her case with combination of prosthetics on posteriors and veneers on the anterior. She has a narrow palate which explains some of the cross bite. I told her that we first have to formulate a plan for her and then proceed with wax ups. Her anterior esthetics looks acceptable.

I don't mind working with end-to-end and/or crossbites if esthetics is acceptable, perio is acceptable and if function can be worked out (determined by a careful diagnostic wax-up). Usually it can. The anterior guidance will be end-to-end, that is, flat, or you may be able to get a little overbite - looks like the incisors could be a bit longer. As the condyle seats to CR, that often times improves the anterior tooth to tooth relationship. The posterior therefore will need to be flat to be discluded, both curve of spee and cusp-fossa angles.. Teeth don't care if they are in crossbite, again if esthetics, perio and function is, or can be made OK. If not, then you may need to consider ortho.

The key is analysis in CR, equilibrating first on casts to see the maxillary to mandibular tooth to tooth relationship in CR, without interferences and at the original VDO. It often looks quite difference from the original maximum intercuspation.

Then you just need to figure out structurally how to deal with the teeth, that is, inlays, onlays,

crowns; endo, post and cores; extractions and replacements with pontics or implants. etc.

Tarantola Dental Learning

848 Brickell Avenue
Suite 920
Miami Florida 33131
Phone: 305-372-8212

Email: gtarantola@gtarantoladds.com
URL: <http://www.tarantoladentallearning.com>