



March 2008

from Gregory Tarantola DDS

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 CLINICAL COACHING
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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:

I like to listen. I have learned a great deal from listening carefully. Most people never listen.
Ernest Hemingway

Silence may be golden, but can you think of a better way to entertain someone than to listen to him?
Brigham Young

If we listen, human instinct actually tells us what we need, but advertising makes us want things we don't need and things we can't have.
Kit Williams

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

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



Listening - It's Important But It's Not Easy

We all know the importance of listening. We would never walk into the room with a patient wearing this t-shirt.

But how often do the non-verbal signals say the same thing - louder and clearer than this t-shirt?

A glance away, your mind on something else, giving an answer

rather than asking a question and listening even more intently.

We often wonder why a patient might not say yes to what we are recommending to them. We know that we can help them and the dentistry we are recommending is in their best interest. But they just don't seem to follow through.

Believe it or not, there is a direct correlation between your helping patients say yes and the listening you do.

- [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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[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

MARCH 08 CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Nice Porcelain...But

This month's clinical tip, just like last month, discusses a patient who recently had some nice looking porcelain restorations done. And very soon after placement start having tooth

sensitivity and a lingering bad taste despite her excellent home care.

There were some open margins, short margins and recurrent decay. The work can be redone but the biologic width will be encroached upon and the dental pulps may be stressed beyond their capacity to heal.

Read on to see how the case was handled and how the treatment with the specialists were coordinated

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

ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

PROTRUSIVE BITE RECORDS

Setting the condylar inclination will allow the articulator to function in excursions similar to the patient's own excursive movements.

This will allow the work that the technician completes, such as a bitesplint, to then be inserted into the patient's mouth with a minimum of adjusting.



Read this month's tip from Anthony Calonico of Artistic Dental Studio and how to use a protrusive bite record to customize the condylar inclination on the articulator. Anthony can be reached at anthony@artisticdentalstudio.net

[Go To The Article](#)

QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES:

When I analyse articulated diagnostic casts, I sometimes notice that the posterior teeth are not in full intercuspation when I try to slide the casts from CR to maximum intercuspation. Any ideas?

It could be a number of things. The bite record may not be fully seated on the casts. Be sure to carefully groom the casts and verify full seating on each cast. Something may have moved during the actual mounting of the cast. Be sure the casts are stable throughout the set of the mounting stone. The bite record may have actually recorded a slightly protruded position. This is quite a common error. The patient's condyles may not have been fully seated because of contraction of the lateral pterygoids. Verify that the condyles are fully seated, deprogram if necessary and make sure your bimanual guidance technique is not inadvertently distalizing. If so, the patient often responds by fighting back and protruding.

I have a patient with rather severe wear and is anxious to start treatment. All his teeth need restorations. To restore properly, VDO will need to be increased a bit, anterior teeth will need to be lengthened and anterior guidance will therefore be altered. It is a big project and I want to make sure the changes will be correct before starting. I don't want the patient's enthusiasm force me to go to quick and make some incorrect decisions. Any suggestions?

It's really nice to have patients so excited to start treatment. But I understand your concerns. I guess I would first want to understand why the patient is in such a hurry. Ask some questions and really listen. As excited as they are, they sometimes don't fully grasp the nature of such a big project. And you don't want to start cutting 28 teeth right away in that case. What I often do in situations like that is direct add-on composites. No preps but microetch, bond and add on composite. It serves several purposes. It more quickly addresses their concerns for a nicer smile, but it's a reversible way. It allows you to see all the functional changes "in action" in his mouth. And then it will allow you to do the definitive dentistry sequentially in smaller segments if needed.

How does the T scan work with restorations on implants in combination with natural teeth?

This is actually a situation where the T scan is incredibly helpful since the implants have much less movement and compressibility (yes there is some but not much) than teeth in PDLs. The theory has been to have the occlusion on implants a little "lighter" than the surrounding natural teeth so that when the patient bites more firmly and the natural teeth PDLs compress, even though ever so slightly, the surrounding restorations on implants will not be too heavy in occlusion.

So it was "no contact" on implant restorations in light closure but even contacts on all in heavy closure. But that is a difficult, if not impossible thing to see, measure and adjust with ink. And that's the beauty of the T scan. You are able to see the entire sequence and timing of loading from light to full closure. Heavy contacts on implant restorations compared to surrounding teeth will be easily identified and then adjusted.

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