



November 2007

from Gregory Tarantola DDS

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INDIRECT  
COMPOSITE RESTORATION"  
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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](http://www.dinecorp.com) and use 'tarantola' for the coupon code when checking out.

*This month 's inspirational quotes:*

*Patience, persistence and perspiration make an unbeatable combination for success.*  
Napoleon Hill

*Continuous, unflagging effort, persistence and determination will win. Let not the man be discouraged who has these.*  
James Whitcomb Riley

*Paralyze resistance with persistence.*  
Woody Hayes

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

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



### What Is Persistence?

Persistence is what keeps us going. We believe in something enough and the motivation to accomplish it is strong enough to work through any difficulties encountered in getting there.

Persistence in action comes from persistence of vision. The value of persistence comes not from stubbornly clinging to the past. It comes from a vision of the future that's so compelling you would

give almost anything to make it real.

Should you always persist and never give up? Certainly not. As your vision becomes more crystal clear you may need to alter your plan.

This month's article by Steve Pavlina ([www.stevepavlina.com](http://www.stevepavlina.com)) is his interesting story that gives us perspective on persistence that can certainly help us in our practice and our personal and professional lives.

- [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](http://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.

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**[SELF-STUDY CONTINUING EDUCATION COURSES AVAILABLE - AGD PACE APPROVED FOR 28 HOURS CREDIT](#)**  
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**[VISIT ONLINE](#) for a free, no-obligation sample CD with slides from all courses/programs**

## **November 07 CLINICAL TIP**

Past "Clinical Tips" Now Conveniently Archived For Easy Review



### **Followup Definitive Occlusal Treatment of TM Disorder Presented in August 06** **Clinical Tip**

The masticatory system was brought to a

state of improved health, stability and function with several months of bite splint therapy. Definitive occlusal therapy involved reductive equilibration (reshaping) and additive equilibration with extensive direct composites, especially for the anterior guidance.

This month's tip also shows an interesting and important use of the T scan. The right condyle had significant alterations and the T scan helped pick up interferences that ink marks alone missed.

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

## **ASK THE TECHNICIAN**

Enhancing the dentist-technician relationship

### **DESIGN OF A SPLINT WITH MALPOSITIONED CUSPID**

Bite splint therapy is a valuable component of our treatment protocols which addresses a variety of issues affecting our patient's masticatory system. The goal is simply to fulfill the principles of occlusion on plastic.



We want to choose the splint to fit the arch that will allow us to most easily and effectively fulfill these principles: stable stops; smooth, flat, non-bumpy anterior guidance; immediate posterior disclusion. If tooth position in the arch is not ideal we have some decisions to make regarding the arch on which to build the splint and/or some modification of the application of the principles of occlusion without compromising the beneficial effect we hope to achieve.

Read this month's article by Anthony Calonico CDT from Artistic Dental Studios as he shows a case where these very decisions had to be made, Anthony can be reached at [anthony@artisticdentalstudio.net](mailto:anthony@artisticdentalstudio.net)

[Go To The Article](#)

## **QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES:**

Comment from a reader:

*Take a look at LANAP (laser assisted new attachment procedure) as a treatment protocol to stabilize/treat some of these "hopeless/guarded" teeth. Patients are happy with the procedure and the results. Not perfection but something to consider with everything else. It has been working in my office. Thanks for the newsletter and other info. It definitely helps.*

What was your sequence regarding the occlusal, periodontal and esthetic treatment?

*Since occlusal interferences were a big contributing factor in the periodontal status, definitive occlusal therapy which involved subtractive equilibration and additive with composite was done first to fulfill the requirements of occlusion. There were no TMJ*

*or muscular signs or symptoms so bite splint therapy was not needed. Then the periodontal procedures as described in the Clinical tip were done next by the periodontist. After healing and his go-ahead, the esthetic composite treatment was done..*

*I have a patient who has been in bite splint therapy for several months testing the occlusion and vertical dimension. We are now ready to restore and plan on crowning all lower teeth for now? How can I get bite records that capture the same dimensions as the splint so the lab can proceed?*

*Having success in the bite splint certainly gives both the dentist and patient the confidence to proceed with the definitive treatment. On these kinds of cases, I prefer to fabricate provisionals that capture everything I hope to have in the definitive - occlusal scheme, vertical dimension, etc. Then once verified, bite records can easily be made, for example, leave the anterior segment in place then make the record over the back preps.*

*So I would suggest new articulated diagnostic casts and a diagnostic wax up done by either you, your technician or both. Then provisionalize with stents made from this wax-up. The provisionals can be another, and better test, of vertical dimension. Once you and the patient are happy, then do impressions and bite records. Include an articulated cast of the provisionals so the lab has no question about all the important landmarks.*

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