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August 2005

## from Gregory Tarantola DDS



### Greetings!

**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 means promoting and maintaining optimal health, function and esthetics of all the components of the masticatory system, that is, the TMJs, the neuromuscular system, the dentition, the 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" in your practice:

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

New Patient (or Existing Patient)+Examination+Diagnosis+ Treatment Planning+Treatment Sequencing+Case Acceptance=Predictable Success

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

#### **This month's inspirational quotes:**

"It ain't braggin' if you can back it up. "

***Dizzy Dean, 1910-1974, Hall of Fame American Baseball Player***

"You have got to discover you, what you do, and trust it. "

***Barbra Streisand, American Actress and Singer***

"Self-confidence is the first requisite to great undertakings. "

***Samuel Johnson, 1709-1784, English Author and Critic***

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

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

### ***Asking For Referrals***

I am sure most of us would agree that our best patients are those who find our office by referral. Being referred by a family member, friend, colleague etc gives that new patient insight into you and your practice that is difficult with external marketing.

Do you (and your team) ask for referrals? Or do you just leave it up to chance? Many of us find it difficult to ask our patients for referrals.

As this month's quotes imply, in first starts with us. We have to know we provide world class service that is worthy of referral. To trust what we do and be sure we can back it up.

And then to find the self-confidence to have the conversation where we ask our patients for referrals. And one of the best ways to orchestrate this is with Dr. Pankey's "Post Treatment Consultation." This way it is a structured event and not a happenstance occurrence.

This month's article "Turn Your Best Customers Into Voluntary Sales Reps" by Jay Abraham from the business world addresses this subject. Read the article, discuss it with you team and see what you may be able to apply to your practice.

- [Go to the article.](#)

## SELF-STUDY LEARNING CDs

**Multimedia...interactive...interesting...effective AND now approved for AGD CE credit**



**COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY**



### **NOW PACE APPROVED FOR 28 HOURS OF ACADEMY OF GENERAL DENTISTRY CONTINUING EDUCATION CREDITS**

Enjoy the peace of mind and fulfillment of practicing comprehensive-care, relationship-based, masticatory system dentistry! These **SELF-STUDY LEARNING MODULES ON CD** are a great way to learn and implement masticatory system principles and to connect with the patient so they become an appreciative partner with us. The learning modules are very visual, the text is to-the-point outline style, and the photo table of

contents is linked to every page making it extremely easy to navigate and refer back to over and over. You'll find it a GREAT value...and of course, with a money-back guarantee!

*"How often have you gone to a continuing education course and wished that you were back in your own office doing dentistry? How many times have you sat through hours upon hours of lectures only to get one pearl of information that took mere seconds to dispense? What if there was a way to get quality condensed information delivered to your door that you would be able to watch on your computer? Now, what if I told you that you could, and the answer was Tarantola Dental Learning CD-ROMs?" Dr. H.F., DDS, MBA*

**We all learn in different ways. These modules are very visual and not a lot of text to read. If you are already in a course of study, you need these CDs to complement your learning.**

**The Case Study Guide is a collection of 33 fully documented cases - an incredible tool at learning the everyday implementation and application of comprehensive, masticatory system dentistry.**

**For the month of July, we will continue to include the "Management Workbook" and "Vision Workbook" with the purchase of the Complete Set or Case Study Guide.**

- [Click here to see the Learning Modules](#)
- [Click here to see the Case Study Guide](#)

## **AUGUST CLINICAL TIP**

**Past "Clinical Tips" Now Conveniently Archived For Easy Review**



The edges of her front teeth have been worn and chipped due to parafunctional habits posing esthetic concerns. Patient is in her 30s so more of the upper incisal edge can be displayed. The lower incisal plane, though worn, is generally level side to side and the functional labial-incisal line angle is enamel and not dentin.

### **TM Disorder Case Resolved With Occlusal Therapy**

TM disorders can have a variety of contributing factors. A thorough history is needed to get a timeline, severity, and possible trauma.

A complete masticatory system exam is done to pinpoint which structures are involved: which, if any, intracapsular structures; condition and position of disc; muscles etc.

An occlusal analysis is done to determine if and how the patient's occlusal interferences are a contributing factor. A cause-effect relationship between the occlusal interferences and particular signs and symptoms is diagnosed.

An anterior bite stop, such as Best-Bite, can be used to help differentiate whether it is muscle or joint or both. If it is just muscle, the bite stop can be used to eliminate the muscle pain from occlusal origin. It can help tremendously with patient understanding.

**This month's tip is a patient that had a TM disorder with intracapsular and muscle involvement. Tooth wear and fractures were also an issue.**

- [Click here to see the AUGUST CLINICAL TIP](#)

## **"CLOSE THE EXECUTION GAP"**

**Get your team on board so they can help get your patients on board.**



**Excerpts from a Harris poll, quoted in The 8th Habit by Steven Covey**

-Only 15% of workers could identify their company's top goal and priorities (the front line produces the bottom line)

-19% are passionate about their organizations top goals or priorities. The others feel no ownership or like they have any input therefore not

emotionally connected; no involvement = no commitment

-Those polled feel that only 49% of their time is spent on top goals and priorities

-51% do not understand their role in helping achieve the goals. once they understand, they are free to be creative and try new things.

Let's face it. Your practice won't thrive and prosper unless you have a team that is in step with your vision. The statistics quoted above are SHOCKING.

### **What can you do?**

***Have them review and customize the "Patient Education CD". Those who have purchased the Patient Education CD have said it not only is great for patients but even more so for the team.***

***They can see and understand what this comprehensive care, relationship based, masticatory system practice is all about.***

***Once they understand, watch them become more passionate, make better use of their time and MOST IMPORTANTLY, become more creative at making the vision reality!***

***And since a clear vision with a strategic plan to arrive at that vision is so important, the "Vision Workbook" and "Management Workbook" will be included.***

- [Click here to see the PATIENT EDUCATION CD](#)

## **QUESTIONS AND COMMENTS SUBMITTED FROM JULY'S CLINICAL TIP**

**As a fellow T-scan user, I understand its uses and benefits. I'm having problems using it to adjust and verify final CR position. I find that when the wafer is put into position, I find that the patient tends to posture forward into an anterior position, and that bimanual manipulation is difficult with the wafer in place, held by my assistant. Do you have any suggestions for me to improve my technique?**

This is what I do during any manipulation, T scan included, that seems to work well at getting relaxation. It is a slight modification of what I learned from Drs. Pete Dawson and Henry Tanner years ago. Have them tip their head back, like they are trying to look up and back. Lightly touch their masseters and suggest they "let their face relax" Then lightly touch their chin and throat and suggest the "let their chin and throat relax" LIGHTLY place your hands on the mandible (manipulation position) and ask them to "let your jaw just drop open ever so slightly". You don't want them to open more than 3-4 mms. Now apply superior compression, ala manipulation load testing, and rotate the mandible closed. As you are firmly seating the condyles, it is OK to ask them to "lightly tap". If they open more before they close, they might posture forward. As always, make sure most of the control from you is back at the angle seating superiorly, and not at the chin.

**Why provisionalize before periodontal surgery?**

Ideally, all decay should be removed and build ups done prior to surgery. If the decay is deep subgingivally and access is difficult, you may need to change the build up after the surgery when access is improved. The prep for the provisional will not be the refined final prep, but one to allow nice provisionalization. The surgeon can remove the provisional prior to surgery and have ideal 360 degree access. You and the surgeon need to communicate on removal, recementation, what to do if they fracture in the process, relining etc. There are some cases where I will see the patient first to remove the provisional, especially if it is a complicated one. All these factors need to be taken into consideration when designing the step by step treatment sequence and in calculating the case fee.

**Why did you do composites on the anterior teeth? Why not provisionals?**

We knew that the definitive treatment on the anteriors would be delayed until after the posteriors were completed. The posterior teeth needed surgery for biologic reasons whereas the anterior teeth needed surgery for esthetic reasons, therefore we felt the posteriors needed to be done first. The anterior teeth needed to be restored for proper centric stops, anterior guidance and improved esthetics so composite was a good choice and it eliminated the need for maintenance worries of very long term provisionals. The lower anteriors would eventually be veneers so long term provisionals would have been impossible.

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