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July 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](http://LeadershipMastermindCoaching.com) for suggesting the enhancements to the above formula for success.

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

**"It is our duty as men and women to proceed as though the limits to our abilities do not exist. "**

***Pierre Teilhard de Chardin, 1881-1955, French Christian Mystic, Author***

**"Stop going with the flow in your life. Start your own river instead."**

***Dr. Phil, Phillip C. McGraw (1950 -)***

**"Destiny is not a matter of chance, but of choice. Not something to wish for, but to attain."**

***William Jennings Bryan, 1860-1925, American Lawyer, Politician***

## 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

### Becoming World Class

What is the "face" you and your practice have in your community?

What differentiates you, your team and your practice from all the others?

This month's article "Becoming World Class" is about the chef at the Cloisters in Sea Island, Georgia. See how the concepts he talks about apply to any business, our dental practices.



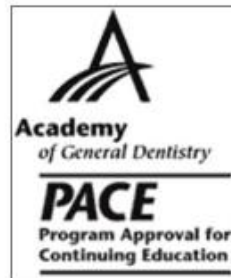
Read what he says about: paying attention to details; quality above all; training, training, training; loosely-coupled teamwork; efficiency of implementation; bounded creativity; integrity;

and most importantly...enthusiasm.

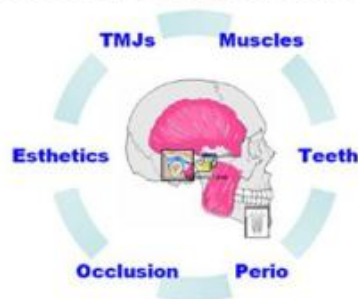
- [Go to the article.](#)

## SELF-STUDY LEARNING CDs

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



COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY



COMFORT, FUNCTION, HEALTH AND ESTHETICS  
WITH STABILITY AND LONGEVITY  
OF THE ENTIRE MASTICATORY SYSTEM

### 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](#)

## **JULY CLINICAL TIP**

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



There can be so many reasons a mouth ends up in this condition. These factors need to be uncovered and addressed if long term success is to be expected. Occlusal mis-engineering is a factor. TMJs and muscles were fortunately unaffected. There are periodontal concerns but more from an esthetic and restorative perspective. The main issue is breakdown of tooth structure.

### **Documentation for a "peri-restorative" case**

Cases that requires alteration and improvement of esthetic and functional landmarks require careful planning, blueprinting on articulated diagnostic casts and testing with provisionals.

When periodontal landmarks need to be altered and improved, such as esthetic tissue levels and biologic width/physiologic architecture issues, careful planning and communication with

the surgeon is needed.

This month's clinical tip shows such a case. See the diagnostic blueprint, provisionals, surgeries and finished case.

Also included is a videoclip illustrating the dynamic aspects of anterior guidance and the smoothness of excursive movements that is needed for comfort and longevity.

- [Click here to see the JULY 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 JUNE'S CLINICAL TIP**

***Comments from a reader, Scott K. Takiguchi, DDS .***

**1) #2 tip or fossa? I was taught in school 25 years ago, to adjust the tip if there was an excursive interference on the cusp tip, and reduce the fossa if no excursive interferences are present. So in this case, reduce the tip. 2) Prepping second molars without treating the TMJ's/muscles and definitive occlusal therapy will result in the continued seating of the condyles on the side of the preparation thereby exacerbating the TMJ problem as the condyle drives into the inflamed intracapsular tissues or exacerbating the stress on the muscles as they try to prevent the condyles from seating. Not good. 3) Do trial equilibration first. Because of the approx. 3:1 ratio of vertical displacement between anterior and molar teeth, there is a possibility that definitive occlusal therapy via equilibration may work fine.**

**Right on! Couldn't have said it better myself. And yes, the trial equilibration proved that all landmarks could be fulfilled by adjusting alone, restorations**

were not needed (other than those for structural reasons.) You just can't tell what the possibilities are until you do the work on the diagnostic casts.

**Comments from Jerry Simon DDS, Best-Bite**

**I loved this case and situation because it is so real - too busy to diagnose to get productively busy - because there is a lot of work that needs to be done here.**

**I always use a Best-Bite to help diagnose and communicate and treat:**

**-test and see if it is muscles or joint  
 -to take a better bite record with the muscles relaxed and joints more centered and  
 -help communicate with the patient so they understand the problem better  
 -stop the pain if it is muscles.  
 -forward posture the joint on Best-Bite a mm at a time to test if we can get to a pain free position and if yes I will make a temporary full coverage but forward posturing splint for 2-6 weeks to see if the disc will resolve and it usually does. If not I would refer for evaluation of the joint, get a MRI etc  
 If it is muscles the patient can take Best-Bite home as a rescue device IF they commit to treatment and start a bite splint.**

**I do not give it to the patient to take home to try it blindly**

**I get a diagnosis first.**

**I see this scenario so often. Teeth in need of care, maybe there are TMD issues, many times not. But the patient is unaware of problems. Until they break a tooth and not we have to fix it in the midst of all these other problems. It makes practice life hectic.**

**It all goes back to a co-discovery, interesting, interactive, thought provoking exam. You HAVE to use a full digital photography series and articulated casts so the patient can see better. And don't be too quick to talk about treatment until the patient understands the situation and the implications. The broken tooth can be the one thing that really gets their attention. I personally would not restore it at that point with a definitive porcelain restoration. I would do a composite core build up and use this scenario as an opportunity to help the patient see the bigger picture.**

**Sometimes it is tough to decide what to do with teeth with cracks. The occlusion needs to be addressed but what about after that? Should cuspal coverage be considered if there are marginal ridge cracks?**

**I would refer you to the following article:J Prosthet Dent. 2001 Aug;86 (2):168-72. "Type and incidence of cracks in posterior teeth." Ratcliff S, Becker IM, Quinn L. It presents a classification system for cracks and treatment recommendations based on the classification.**

**Do you ever equilibrate without a bite splint first?**

**I like using the description "definitive occlusal therapy" rather than "equilibration". To me, equilibration might imply it is just a subtractive, take- away procedure, when it quite often is an additive procedure as well. (see past Clinical Tips).**

**Whether or not to use a bite splint first depends on the exam and diagnosis. That is, a complete history; muscle palpation; TMJ palpation; auscultation to diagnosis condition and position of disc; range of motion tests; load testing (or superior compression test) (Dawson 1974) to rule out tension or tenderness. If these tests rule out a TMJ or muscle problem that needs to be treated first (with bite splint therapy and other appropriate therapy), then I see no reason to proceed with definitive occlusal therapy. But ONLY after a trial correction on accurately articulated diagnostic casts.**

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**"TIE" IT ALL TOGETHER**

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