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November 2005

from Gregory Tarantola DDS



Greetings!

Make plans NOW to attend the "YES" seminar November 11 in Chicago by Dr. Greg Tarantola and Mr. Kirk Behrendt of ACT Dental Consulting. Consistently help your patients enthusiastically make choices for optimal, comprehensive care.

DON'T MISS IT!

[Click here for more info](#)

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:

"In helping others, we shall help ourselves, for whatever good we give out completes the circle and comes back to us."

Flora Edwards

"To give real service you must add something which cannot be bought or measured with money, and that is building trust with sincerity and

integrity."

Donald A. Adams, Author

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

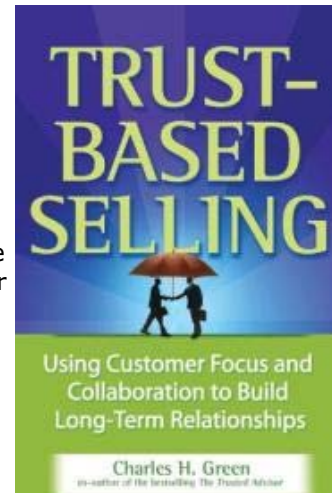
Trust-based Selling

Trust-based Selling is not an oxymoron.

There is a saying in the corporate training business—"fake it till you make it." But when it comes to trust--and to selling complex goods and services, it's a recipe for failure. If you fake it, you break it. In the face of sophisticated buyers, over long selling cycles and intense interpersonal contact, it is virtually impossible for a seller to fake trust. The only way to make it is to not fake it.

When it comes to comprehensive, optimal dentistry, nothing good happens without a relationship built on trust. It is hard to build and easy to lose. It comes totally from within our being.

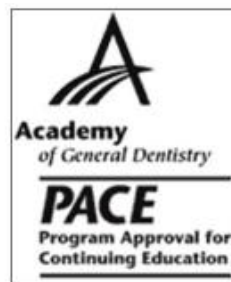
This book by Charles Green is important and timely in today's dental marketplace. It will be released this month and is a must-read for every dentist and their teams.



- [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!

Read what a participant has experienced!

"Early into owning my practice, I realized a great number of my patients had severe occlusal trauma, brought on by sleep stress and mis-alignment of occlusion of the teeth. It was through my search for occlusal technology that I met Dr. Tarantola. As I began to study and apply Tarantola Dental Learning's CDs, I began the long and tedious learning and applying process. Dr. Tarantola mentored me one on one and I started seeing great results. I began questioning the amount of time I was spending, even considered delegating the lab work and inserting of the occlusal guards to my assistant. However, my patients were very happy with the results of the occlusal guards because I was taking the time to insert the occlusal guards myself along with the lab work. Then the unexpected happened, my practice started a growth pattern as a result of all the extra time I had spent with the patients getting it right, you could tell a deeper relationship was developing. The patients began telling others! Isn't that the best marketing tool of all?. My only suggestion is get Dr. Tarantola's CD'S and do the time!." Dr. Clay Sligh, Kansas City.

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 November, 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](#)

NOVEMBER CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



**SAME STORY... DIFFERENT EPISODE...ANOTHER OPPORTUNITY...
...IF YOU LOOK BEYOND JUST THE TEETH**

Years of having dentistry done a tooth at a time without looking at the big engineering picture and getting by fine until the occlusal stresses exceed adaptive capacity and signs and symptoms develop. The latest episode was a 4 unit bridge on the upper left that kept de-cementing until recurrent decay occurred and endodontic therapy required on all abutments. Muscle tension, intracapsular pain and limited range of motion ensues. A nice provisional bridge is placed by a second dentist and the patient's close friend, who is a patient, refers to the practice for a complete exam. Note the position of #17.

Opportunities To Be A Problem Solver Are There, If You Take The Time To Look

Isn't it interesting that a patient can go along for years with no symptoms resulting from their occlusal mis-engineering. Their adaptive capacity is such that outward symptoms are kept at a sub-clinical level.

They may have subtle signs but unless a comprehensive exam is done, these signs will be overlooked. So more dentistry is

done on a "tooth-by-tooth" basis without looking at the big picture...until the stress exceeds the adaptive capacity. Then symptoms occur.

It is wonderful to be able to diagnose and treat these kinds of problems. A knowledge of the masticatory system helps us do this.

But wouldn't it be nice (and better) to pick up early, subtle signs before they become problematic and take positive, proactive steps at this early stage?

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

"ASK THE TECHNICIAN" **NEW SECTION**

Enhancing the dentist-technician relationship



Tarantola Dental Learning has the goal of helping dentists and their team of auxiliaries, specialists, technicians, etc. One of the suggestions received has been to include a section by technicians offering helpful articles and answering questions from our readers.

This month includes another tip from Anthony Calonico from Artistic Dental Lab in Bolingbrook, Illinois. He heads up the removable department and has a special interest in bite splint fabrication.

His topic this month addresses questions concerning articulating diagnostic casts.

- [Click here to read this month's tip from "ASK THE TECHNICIAN"](#)

QUESTIONS AND COMMENTS SUBMITTED FROM OCTOBER'S CLINICAL TIP AND THOUGHT

I see from several clinical tips that you utilize the T-scan. Do you think the T-Scan helps your patients better understand their occlusal problems and does it bring them to a quicker understanding speeding up communications?

Learning and understanding their condition is a process that quite often requires many different avenues. The first is to get the person involved during the exam by not just collecting data but by asking questions along the way that brings about conversation. Give them the opportunity to verbalize what they feel/experience as the occlusal interferences are engaged. The T-scan adds a very visual confirmation to what the clinical showed. It is easy to use and explain to the patient and they see it as technology that is useful to their situation. I am not so concerned about a quicker understanding as I am about a deeper understanding. The timing of the process varies from person to person and we can't rush it. We can lead but we can't rush.

How is the implant restoration retained?

It is cemented with a very thin mix of Durelon (thanks to Dr. Barry Segal of

Aventura, Florida for the tip) which allows good retention but retrievability when and if needed. For peace of mind for the patient as she travelled often and for extended periods, a horizontal set screw was placed in two of the abutments as a means to prevent dislodging.

You made two "trial" restorations prior to even beginning the case. How do you justify the time and expense?

I look at it as an investment rather than an expense. We have a very disappointed patient who had some expectations that weren't met. I would not want to begin a case like this until I knew ahead of time that her expectations could be addressed. And if they could not, we both would know it ahead of time. I would rather know I could not meet the expectations and NOT do the case than do it again and have her even more disappointed and angry.

How did you fabricate a bite record for the working casts?

Once the provisionals were verified for esthetics, phonetics, comfort, occlusion, vertical dimension etc, we know we are ready to bring the case to completion. The vertical dimension of occlusion with the provisional in place is measured with a boley guage from the free gingival margin of an anterior implant to the free gingival margin of a lower incisor. A wax bite record, just like for diagnostic casts, is fabricated with bimanual manipulation (Dawson, 1974) to assure condylar seating. The mandible is closed into the record until the vertical dimension as measured above is the same as the provisional.

Since this is such a critical step (every step is critical, really) I make it a point to articulate the casts myself. The time it takes for me to do this myself pays for itself tenfold in minimal insertion and post treatment adjustments.

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"TIE" IT ALL TOGETHER

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