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September 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:**

**"Success is neither magical nor mysterious. Success is the natural consequence of consistently applying the basic fundamentals. "**

***Jim Rohn, American Businessman, Author, Speaker, Philosopher***

**"Stay committed to your decisions, but stay flexible in your approach."**

***Tony Robbins, 1960-, American Author, Speaker, Peak Performance Expert / Consultant***

**"Remember the difference between a boss and a leader; a boss says 'Go!' -- a leader says 'Let's go!'"**

***E.M. Kelly***

## 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

### Creating Pride In Your Practice

The face our practice presents to our community is a result of not only us but of our team. The number one suggestion patients gave their dentists in a 1997 AGD survey of over 15,000 was "The receptionist must be friendly on the phone and in person...a hostess".



You can't expect your team to believe in and convey your practice vision and mission unless you create a great working environment and a sense of pride.

As suggested in this month's quotes above, it is the result of being focused on some fundamental principles of relationships, being flexible and creative in our approach and being a leader and not just a boss.

This month's article "Creating Pride- What Great Managers Do To Improve Retention" by Gregory P. Smith offers some suggestions from the business world by presenting the 5 step "PRIDE" model.

Discuss the article with your team and talk about how you can apply some of the principles and suggestions in your own practice.

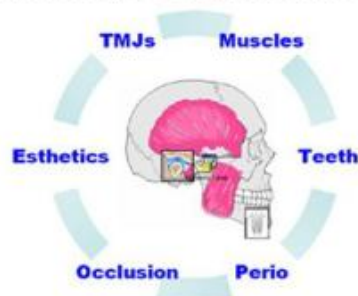
- [Go to the article.](#)

## SELF-STUDY LEARNING CDs

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



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**NOW PACE APPROVED  
FOR 28 HOURS OF  
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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 September, 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](#)

## **SEPTEMBER CLINICAL TIP**

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



Patent presents with a long history of dental failures and disappointments. A 5 unit bridge which involved 27-28-X-X-31 lost abutment 31 one year after placement due to root fracture. Implants were placed 29-30-31 and 31 was lost. Recently treated 18 was also lost. Periodontal status is acceptable, some soft tissue inflammation but acceptable bone levels.

### **Small CR to MI Slide Does Not Mean Small Problems**

There has been a lot of interest and comments regarding occlusal diagnoses and the subtle cause/effect relationship that can go unnoticed if a careful exam and analysis is not done.

This is especially true when the primary problems are dental and structural in nature, such as, restorative failure, endodontic failure, implant loss, etc. These problems often have multiple

contributing factors but the occlusal factor many times is missed.

And the occlusal mis-engineering interferences do not need to be major interferences with a big CR to MI slide to be the source of a lot of problems.

**This month's tip is a patient that has had a long history of multiple dental and implant failures and how subtle CR interferences presented a destructive mechanical advantage.**

- [Click here to see the SEPTEMBER 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 AUGUST'S CLINICAL TIP AND THOUGHT**

**Explain how occlusal interferences can be a cause of anterior wear?**

**A posterior CR or ACP interference causes the mandible to deflect forward and often time right or left or a combination. The lateral pterygoid is the**

muscle primarily involved with this positioning of the mandible although the elevators, in particular the medial pterygoid, must activate also. The endpoint of the slide is typically the anterior teeth resulting in wear on the lingual of the upper and the facial-incisal of the lower. The exaggerated slanted wear on lower anteriors is generally the result of upper porcelain linguals that have contours infringing upon the patient's envelope of function.

**I find that my mounted models don't replicate the first point of contact. It is often the anterior teeth that contact first with the posteriors out of contact.**

"Articulated diagnostic casts" is a better term than mounted models. If the first contact on the casts is anterior and you can't get the posteriors into contact, then the bite record captured the mandible slightly forward rather than the condyles seated. This happens quite often if the bimanual manipulation forces are posterior rather than superior. The patient responds by contracting the muscles and pushing forward.

**This is in regards to the article "Turn Your Best Customers Into Voluntary Sales Reps". (submitted anonymously)**

I have been doing "Post Treatment Consultations" for many years, both with patients and specialists that may have been involved with the case. I find them to be very effective and worthwhile. As the patient and I review the case, many topics come up that we discuss further, such as self-care, occlusal engineering, choice of materials, periodontal response etc. It then becomes a natural part of the conversation to ask for referrals. That in itself stimulates conversation such as, "I didn't think you did simple things", or "I didn't think you accepted new patients". I have even had patients ask at that point if I did "cosmetics!". Interesting! Cosmetics is naturally a part of comprehensive dentistry but when you don't hold yourself out as a "cosmetic dentist", people's perceptions can be blurred. The conversations are stimulating and they appreciate the time to do it.

**You made reference several times to the recurrent decay under the composites that was not readily diagnosed radiographically. What is/are the causes?**

I am sure you would agree that the factors can be many. How was the restoration placed? Was a dam used? Were the bonding steps followed carefully? etc. However, I believe that the occlusal forces, both from CR/ACP and excursive interferences, reflect a mechanical advantage that might cause early failure of the composite to dentin/enamel bond. Have you ever seen a Class 5 composite pop out?

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