



April 2006
Newsletter

from Gregory Tarantola DDS

In this issue:

[Inspirational Quotes](#) - from William Jennings Bryan and Norman Vincent Peale

[Thought For The Month](#) - 5 New Priorities For Boomers Over 50

[Learning Modules](#) - The 2006 Case Study Guide Is Ready and Available

[This Month's Clinical Tip](#) - Transitioning From Teeth to Implants

[Ask The Technician](#) - Verifying Accuracy Of Splints From Your Lab

[Questions and Comments](#) - from the March 2006 Issue



Greetings!

The 2006 Case Study Guide update with 18 more fully documented cases is now available - [CLICK HERE TO SEE!](#)

Come to the "YES" seminar with Dr. Greg Tarantola and Mr. Kirk Behrendt, April 7, Atlanta. There is still time to enroll! [CLICK HERE TO LEARN MORE.](#)

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:

"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

"There is real magic in enthusiasm. It spells the difference between mediocrity and accomplishment."

Norman Vincent Peale, 1898-1993, American Christian Reformed Pastor, Speaker, Author

[BACK TO TOP](#)

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



FIVE "NEW" PRIORITIES FOR BOOMERS OVER 50

Until now, marketers have followed one of two courses when it came to targeting the 50 and over crowd. Either they've ignored them, focusing instead on the 18-49 segment, or they have targeted them, but done so by lumping everyone over 50 into the "senior" or "mature market" group – complete with ads and materials featuring gray-haired "active adults" leading "active lives."

Now, neither approach will work.

You can't afford to ignore Boomers over 50 ("Boomers" are those born between 1946 and 1964 – there are 78 million of them. "Boomers over 50" are half of the total and about 4 million more join the club every year). They think, act and feel differently than any previous over 50 generation.

Are you, your practice and your team ready to cater comprehensive care, relationship based dentistry to this group? Read on to find out how one of these 5 priorities is directly related to our practices!

- [Go to the article.](#)

[BACK TO TOP](#)

SELF-STUDY LEARNING CDs

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

THE BASIC LEARNING MODULES ARE NOW PACE APPROVED FOR 28 HOURS OF ACADEMY OF GENERAL DENTISTRY CONTINUING EDUCATION CREDITS

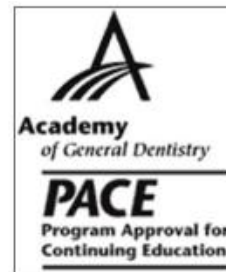
The 2006 Case Study Guide Update is now available!

- * 18 fully documented cases
- * Audio narration of every case (new from previous editions)
- * All cases have the "10 Decisions For The Diagnostic Blueprint" illustrated
- * All cases end with "Lessons Learned" from that case
- * 2005 occlusion literature update included
- * New case planning tutorial included

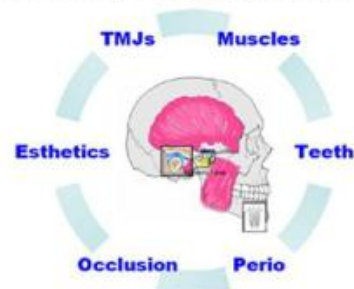
[CLICK HERE TO SEE](#)

Enjoy the peace of mind and fulfillment of practicing comprehensive-care, relationship-based, masticatory system dentistry! These SELF-STUDY LEARNING MODULES 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!

"I was in a master-mind group of management consultants last week down in Austin. Your name came up when we were discussing where our clients could get the best information and training. We all were in agreement that you are the new guru. Thought you might like this pat on the



COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY



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

back. I love your news letter."

Betsy Wheat
Business Consultant
voice 972-208-4911
fax 972-208-4912

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.

Choose from: [Learning Modules 1-8 plus 12 Office Forms and Fee Estimator spreadsheet](#)
[2005 Case Study Guide \(33 fully documented cases\) plus Tutorial](#)
[2006 Case Study Guide \(18 new fully documented cases\) plus New Tutorial](#)

All now come with the [Vision Workbook and Management Workbook](#) included in the price

[BACK TO TOP](#)

APRIL CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Sequencing Treatment Plans Transitioning Teeth to Implants

The surgical and restorative/prosthetic advances in implantology allow us to give our patients who have been unfortunate to lose or have to lose their secondary dentition a non-removable tertiary dentition...quite remarkable.

It gives us an opportunity to truly make a positive impact in our patient's lives.

This month's clinical tip presents a patient who has suffered most of his adult life with dental problems. The causes can be many: neglect; poor home care; bad diet; genetics; poor dentistry etc. But now he is ready to move forward with a plan to remove his remaining dentition and place 6-7 implants in each arch and fabricate a non-removable prosthesis.

So how do we keep him together and functioning in the several months it will take to complete this plan? He does not want a removable provisional and neither does the surgeon. Plus the final position of the maxillary teeth will be quite different from the current position.

See this month's tip and submit your ideas on how to proceed. The progress of this case will be presented in future tips.

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

[BACK TO TOP](#)

ASK THE TECHNICIAN

Enhancing the dentist-technician relationship



Fit And Accuracy Of Bite Splints

I personally prefer to fabricate my own bite splints using the technique outlined in the Bite Splint Therapy module 5. The rationale is that I learn a tremendous amount about the subtleties of their occlusion, such as centric stops, occlusal plane issues, anterior guidance issues etc. It personally helps me to more effectively fit and refine the splint in the mouth, taking less time for the technical steps and leaving more time for the education and learning.

However I know many dentists prefer to prescribe the fabrication to a lab. And that is fine. But you have to find the right lab, form a good relationship with them, communicate effectively and have a verification protocol.

Anthony Calonico from Artistic Dental Studios has fabricated thousands. And for those who prefer to send to a lab, Anthony gives some important advice in this month's "Ask The Tech".

Contact Anthony at acalonico101@comcast.net or visit his website www.thesplintcompanion.com or call him at 630-679-8686.

[Go To The Article](#)

[BACK TO TOP](#)

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

Comment regarding the patient communication handout:

How generous of you to provide us with this patient handout! I have downloaded it. Your timing could not have been more perfect: Having invested in 200+ hours at the Pankey Institute, I have just increased my fees and some patients are leaving because of this, other patients are questioning the rational behind my decision. You have just provided me with a powerful tool. Thank you

I was wondering what technique you used for the little bit of crown lengthening you did around the prep: is it laser or electrosurg?

Actually my periodontist did it and e-mailed me the photos. It was conventional scalpel flap surgery and ostectomy/osteoplasty with a bur.

It seems wrong to treat orthodontically with such a diseased interproximal area.

Thank you. You make an excellent point. The decay, at least, should have been treated, not with a crown but a bonded composite. The periodontist felt the area was not at further risk (she was more toward the resistant rather than susceptible side of the scale) and perio tx could be done after ortho. In a susceptible patient, the perio could have worsened with the ortho.

What was the bur you used to create the chamfer margin on this prep?

I use the TR1 from this company <http://www.lascodiamond.com/Dental/fgdiamonds.htm> The tip is 1.8mm so you can get a nice chamfer w/o the lip.

I am having a lot of problems today with several Impergum impressions of a 3 unit bridge. I cannot get a good impression without some bubbles in the margin. Would a putty impression material be better and what would I use for a wash? Should I leave the retraction cord in? It looks like the cord was in for the impression in the handout.

I think you are OK with Impergum. As far as a technique, try this.

Control bleeding with healthy tissue. If there is some bleeding, I like using the Ultradent products

Keep one cord in place, verify that it is beyond the margin.

Make sure no soft tissue is obstructing the margin. If it is, use electrosurg, or a curretage diamond or I like to use the STT-016 Tissue Trimmer from www.axisdental.com or http://intra.axisdental.net/public/swish/about/CatalogV5/11_Innovative.pdf If there is a biologic width issue, or if the finish line is too deep because of caries, old restorations surgery may need to be done first.

As you get ready to make the impression, have your assistant keep the area totally isolated and dry while you get ready to inject. I cut the tip so the oriface is a little wider in diameter.

When you inject, hold the tip 45-90 degrees against the long axis of the tooth rather than parallel to the tooth. I have found this very helpful. When it is parallel, the material slides over the margin sometimes trapping voids. If it is 45-90 degrees, it pushes the material against the tooth.

Blow the material, again at 45-90 degrees, against the tooth with a light blast of air. Inject some more. Before you place the tray, inject a little more with the gun without the small tip, again just to flood the area.

Place the tray.

If you are impressing many more teeth, look at a technique I describe in http://tarantoladentallearning.com/april_clinical_tip

[BACK TO TOP](#)

Tarantola Dental Learning

848 Brickell Avenue
Suite 920
Miami Florida 33131
Phone: 305-372-8212

Email: [gtarantola@gtarantoladds.com](mailto:gтарantola@gtarantoladds.com)
URL: <http://www.tarantoladentallearning>