



August 2006
Newsletter

from Gregory Tarantola DDS

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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:

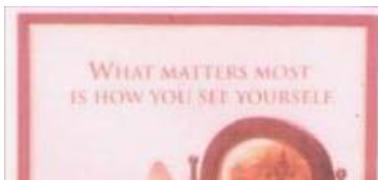
" A strong, positive self-image is the best possible preparation for success. "
 - *Joyce Brothers*

"The "self-image" is the key to human personality and human behavior. Change the self image and you change the personality and the behavior. "
 - *Maxwell Maltz*

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Thought For The Month - Articles For You And Your Team To Discuss

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



HOW COSMETIC PROCEDURES AFFECT OUR PATIENTS

With today's materials, techniques and procedures available to us, such as composites, porcelains and implants, we can make a remarkable transformation in our patient's comfort, function, health and esthetics.

And, when done with care and precision with regards to form and function, we can achieve this with stability and longevity.

We all have stories about patients who seemed to have an improvement in their lives, personally and professionally, as they achieved a smile and overall result that not only met their expectations but exceeded it.

We would like to be able to communicate this to our patients but we also need to be careful to not paint an unrealistic picture. We also need to listen to and understand our patient's expectations and make sure it is achievable.

This month's thought is an interesting study done a couple years ago that focused on cosmetic surgery and how it affected the patient's psyche, their view of body image and quality of life.

It has interesting implications to us as dentists who perform cosmetic and reconstructive procedures for our patients.

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CUSTOM DENTIST WEB SITES

Get Your Practice On The Web With A Site That Reflects A Comprehensive, Relationship Based Approach

Did you know that in a recent CNN study over 80% of those surveyed said they rely on the internet to find reliable healthcare information & providers?

Not having a quality website today can be a negative for you and your practice. Today's consumer, our dental patients, are savvy and want to be informed...and this study proves they go to the internet for that information.

There are many options available to get on the web but very few, if any, differentiate the practice and truly convey the differences and benefits a comprehensive, relationship based practice offers our patients...

...until now!

www.CustomDentistWebSites.com can customize a website for you and your practice. It can help you and your team convey what you are all about, from the complete interactive exam, reflective case planning, collaborative sequencing to the quality dentistry you provide.

Take a look at how Custom Dentist Web Sites can help you, your practice and your team.

[CLICK HERE](#) to learn more about Custom Dentist Web Sites

[SELF-STUDY CONTINUING EDUCATION COURSES AVAILABLE - AGD PACE APPROVED FOR 28 HOURS CREDIT](#)
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AUGUST CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Cause-Effect In Temporomandibular Disorders and Other Signs of Breakdown

Occlusal mis-engineering is a common observation. Whether or

not a patient has distress and/or other signs/symptoms is a factor of their adaptive capacity. If their adaptive capacity is exceeded, these signs and/or symptoms may manifest themselves.

If their adaptive capacity is not exceeded, symptoms may not be evident but a careful clinical exam and structural testing may reveal subtle signs of breakdown.

Trauma, even seemingly insignificant trauma that has occurred years prior, can cause damage and the resulting structural alterations result in a lowered adaptive capacity resulting in more signs and symptoms. Intracapsular structural changes can worsen an occlusal mis-engineering, perpetuating a cycle of signs and symptoms. The micro-trauma of bruxism, clenching and other para-functional habits can add to the mix.

This month's clinical tip is an interesting example of intracapsular changes, occlusal mis-engineering, TMJ/muscular signs and symptoms and changes in periodontal structures.

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

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ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Esthetics of Zirconia vs. other systems

In a past issue, Jerry from Artistic Dental Studio addressed the zirconia substructure strength and crack stopping ability. In this issue he will address the topic of esthetics and whether better esthetics are achieved with zirconia vs. other systems.

How do you make your clinical decisions regarding materials and type of restoration to prescribe for you patient, their particular diagnosis and needs?



Jerry presents a list of questions to consider when making these decisions.

Contact Jerry at jerry@artisticdentalstudio.net or call him at 630-679-8686.

[Go To The Article](#)

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

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 communication?

I firmly believe that the new patient exam is much more than data collection. It is a co-discovery experience that should involve the patient in every step of the way. It is done with the active participation of the patient, not at the exclusion of the patient. Anything we can do to engage all the senses, along with asking questions, will result in better learning. Asking the patient to describe what they feel as we discover occlusal interferences will help them understand. Asking them about the implications, such as sore muscles, sore teeth etc, will deepen the understanding. That's another reason I like the T-scan. It involves the visual senses and confirms what was found clinically. Also patients today are very well aware of the advances in technology and they see this as a technology that will help you "get the bite right."

Dr. Emil Verban sent this comment regarding the implant case that was profiled for several months.

I wanted to pass this information along to our readers.

A common problem related to the surgical placement of dental implants is the difficulty clearly seeing the depth markings on the drills. A detachable stop which controls penetration of the drill into the bone will improve osteotomy and greatly increase safety. This is extremely important under the maxillary sinus and over the mandibular canal.

With the use of a drill stop the surgeon is not required to keep their eyes on the depth markings and can fully focus on the axial dimension. It is extremely difficult if not impossible to focus on two dimensions simultaneously. The drill stop restricts creating an osteotomy deeper than a predetermined depth, allowing precise depth control and peace of mind. The depth stop is fabricated of surgical stainless steel, autoclavable and can be used indefinitely.

See Dr. Verban's website at www.drillstops.com

You are taking impressions for indirect provisionals. Are the provisionals being fabricated in house or by a lab. What are you using to provisionalize in the meantime? How long is the patient on the provisionals before converting to permanent restorations?

The provisionals are fabricated in the office on the day of the preparation appointment. An impression of the preparations are made and cast with Modern Materials Stat-stone. A putty index is made from the diagnostic wax-up and this index is used to form the provisional over the cast of the preparations. If a full arch is made, a vacuum index is made and a putty backing made over the top of that. The clear vacuum stent allows visualization of orientation when all teeth are prepped and the putty backing gives the rigidity to prevent distortion.

It is a very predictable technique that I have used for 20 years, so predictable that a full arch can be fabricated the day of the preps. The patient may be in the provisionals for several weeks, especially in the case where extractions and other periodontal surgery is done.

To see a past clinical tip on the technique, [CLICK HERE](#)

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