



December
2006
Newsletter

from Gregory Tarantola DDS

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Online CE for credit - short 3-4 credit hour courses - reasonably priced - interesting and informative

Dental CE

Most Popular Courses: Medical Errors, Domestic Violence, OSHA Compliance and Infection Control, Simplified Oral Anatomy;

HIV/AIDS and Public Health Issues; Cardiovascular Screening in Dental Offices; Emergency Preparedness; Ultrasonics in Periodontal Therapy; Clinical Classification of Toothaches; plus MANY, MANY MORE.

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:

Persistence is the twin sister of excellence. One is a matter of quality; the other, a matter of time. *Anonymous*

I think perseverance and persistence is the key to everything. If there is something you really want to do, and you work hard enough I think you can definitely get there. *Kaila Yu*

Failure is only postponed success as long as courage "coaches" ambition. The habit of persistence is the habit of victory. *Herbert Kaufman*

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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**



The Power Of Persistence In Work, Art and Sport

One of the keys to success, however we individually define that success, is perseverance and persistence. "Stick-to-it-ness". If at first you don't succeed, try, try again.

If your definition of success is based on core values and principles that are part of you core being, it is easier to have that persistence. Because then you are just not chasing goals but rather living your vision.

In our practices, distractions and circumstances can knock us off track. Such as doing complete exams and diagnostic blueprints before starting a case. Taking the time to make exquisite provisionals. Not only being a perpetual student of occlusion but applying those principles in everyday dentistry.

If we have perserverence and persistence with these fundamental principles, the rewards will be great!

Read this month's article from the Indianapolis Business Journal and see how you and your team can apply these thoughts to your life and practice.

- [Go to the article.](#)

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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

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DECEMBER CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



This month's tip I believe is an example of a typical scenario in our offices. This patient's main concern is cold sensitivity and mild discomfort to biting on #s 2 and 3. You will see that the best treatment is full coverage restorations and possibly root canals. But you will see there are other issues present that I feel warrant NOT doing the definitive restorations at this time. However, the teeth need to be treated now, it is her main concern presently and the teeth are symptomatic. This is a good indication for an in-office, indirect, cuspal coverage composite restoration.

Indications For The Indirect, In-Office Composite Restoration

We often encounter teeth that need full coverage restorations but for various reasons we may feel that now is not the time to do the definitive porcelain.

But because of symptoms such as transient cold or sweet sensitivity and/or recurrent decay, the teeth need to be treated.

This is a good indication for the indirect, in-office composite restoration. Contours, contacts and interproximal contacts can be controlled well, even an extensive restoration.

Read this month's tip to see the why and how.

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

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ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Insertion Of Fixed-Removable Precision Cases

Implants have certainly allowed us to help our patients in wonderful ways. However, for many reasons, implants are not the option of choice for many of our patients.

Full dentures, partial dentures and combination fixed-removable cases are still a wonderful service for our patients. There are fundamental principles that must be adhered to for predictable success.

Anthony Calonico, Removable Manager of Artistic Dental Studios, addresses the insertion of fixed-removable precision cases to avoid a mis-orientation between the fixed and removable components.

Read his article this month on that issue.

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QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES

With cases with no wear, maybe a noisy joint, no symptoms, but many crowns to be done, do you put these patients in bite splints? What determines a bite splint case if there is extensive dentistry but no obvious signs of instability?

What you describe is a common scenario. We all see lots of these kinds of patients. I find noisy joints to be quite common and it boils down to is it just an observation or is it a problem. And I think the rest of the complete exam helps with that dx. TMJ palpation, auscultation, ROM tests and the important load test (compressing TMJ structures with bimanual guidance (used to be called manipulation). Is there any sign of tension or tenderness upon loading that would suggest lat pterygoid contraction? Which could be preventing the condyles to fully seat. What about the rest of the muscles? If all these tests suggest normal, then a splint is probably not needed. I would just equilibrate along with the crowns. If there is any question, then I feel testing with a splint may be prudent. To say the joints are stable or not requires observation over time, and that's the beauty of a splint...you can assess the stability (or lack of) of the occlusion on the splint over time which suggests the stability (or lack of) of the TMJs over time. If you observe it changing then I would work with the splint till stability is achieved. Then equil/restore. If there is decay present, then obviously some build-ups or something may need to be done till the crowns can be done.

What is the main cause of porosity in gold castings and what is the solution?

REPLY FROM ARTISTIC DENTAL STUDIO: The main reason is over heating the metal. Improper spruing can play a small role but the main is over heating.

COMMENT FROM GREG TARANTOLA: Occlusal interferences, both centric and excursive interferences, can cause pitting and porosity on a gold restoration that looked fine when initially placed. The rubbing from the interferences cause a work hardening that results in pitting. The reason I believe this is the case is because the pitting will be only in areas that rub and nowhere else. Simply a clinical observation.

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