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February 2006

from Gregory Tarantola DDS



Greetings!

Currently In Production: Multimedia DVD of the November 11th "Getting To Yes" seminar with Mr. Kirk Behrendt and Dr. Greg Tarantola. We will announce it in an upcoming newsletter!

Also in the works - the 2006 Case Study Guide update with 18 more fully documented cases!

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:

"I suppose leadership at one time meant muscles; but today it means getting along with people. "

Indira Gandhi, 1917-1984, Former Prime Minister of India

"A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go but ought to be ."

Rosalynn Carter, Former First Lady of the United States

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

The Principles of Leadership

We hear it all the time. We are the leaders of our team and our practice and need to understand and use the principles of good leadership. But what are these principles and how were they developed?

This month's thought is a very interesting article written by William Cohen, a retired general. He interviewed over 200 retired military leaders who then achieved success in the private, corporate business sector.

He thought he would have a whole laundry list of different ideas, suggestions and principles. But 95 % of the responses boiled down to only 8 principles!

Read the article to see these 8 principles.

And the one that consistently came out on top!

- [Go to the article.](#)

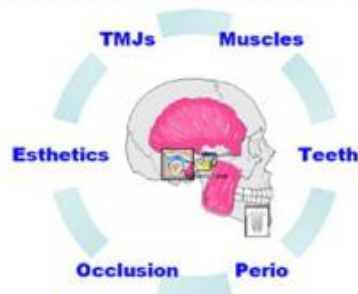


SELF-STUDY LEARNING CDs

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



COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY



COMFORT, FUNCTION, HEALTH AND ESTHETICS

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 January, 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](#)

FEBRUARY CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review

THE NEED FOR CONVENTIONAL PERIODONTAL SURGERY HAS NOT GONE AWAY



Orthodontic treatment has been completed and now it is time to begin the definitive restorations... after post-orthodontic equilibration. The amalgams have been present for many years.

The Periodontal-Restorative Interface

Some of the principles of predictable restorative results are finish lines on healthy tooth structure and clean, complete impressions. We are often faced with deep interproximal finish lines because of old restorations and recurrent decay.

We can "manage" the tissue with different techniques and procedures to still get a complete impression. But that

is not the whole story.

Long term predictability requires us to create dentistry and an environment for that dentistry that is 100% cleansible. A deep interproximal finish line and a reverse

periodontal architecture leaves areas that are NOT cleansible and therefore susceptible to future problems.

Surgically creating a physiologic architecture is often necessary. It adds time to the treatment but the payoff is predictable stability and longevity.

This month's case illustrates the principles and the surgery.

- [Click here to see the FEBRUARY 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 CDT, Removable Manager at Artistic Dental Studio.

There has been a lot of interest in combination fixed- removable cases. So this month's tip from Anthony is on that topic and addresses possible reasons for failures of these types of cases.

There are several possible reasons directly related to the technique of these kinds of cases. But as in all shortcomings, it usually boils down to fundamental principles. Read what Anthony has to say about this.

He can be reached at anthony@artisticdentalstudio.net or 1-800-755-0412

Anthony has just completed his "Splint Companion", a multimedia CD that covers all aspects of predictable bite splint fabrication. See his new website at www.TheSplintCompanion.com

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

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

What is the treatment for this patient. NTI, TSCAN, Equilibration, Restorations....my take Tens, Neuro Orthotic, Posterior restorations for the bite collapse as noted by the anterior problems... These are the difficult cases....say this was your wife and no cost limitations to treatment?

Start with a CR type bite splint to improve status of muscles and confirm stability of occlusion on the splint over time, which is a good test of stability

of TMJ structures. The lingual anterior wear I feel is not due to posterior bite collapse but rather posterior CR interferences that deflect the mandible forward INTO the anterior teeth. Once the posterior interferences are equilibrated in the CR arc of closure (visualized with trial correction on articulated casts, there is actually LACK of anterior contact at that vertical dimension. This actually gives us the room for conservative lingual composite restorations to gain back anterior contact in the equilibrated CR occlusion and therefore allows us to refine a good anterior guidance.

This was GREAT! I just took level I at Pankey in Nov. and I'm still working on how to integrate the exam and meeting some resistance from staff and consultant on the time it takes. I used your tip as a learning tool for the staff and have emailed the consultant to look at it so we can all get on board together. Thanks for taking the time to put this together. I'd like to know how much time you spend on your new patient exams. I am spending 1 1/2 (sometimes 2 hours) for the type of exam you have done in this tip. Face bow is 5 mins, but the Dawson-Pankey CR record takes me usually about 10 mins, not the 5 mins you describe for both in the tip. Thanks again for putting this together and sharing your experience. It was very real and really hit home.

I spend about 2 hours total, sometimes longer, and I can tell you after 24 years of practicing, every second is worth it. There is no better way to build a solid, stable practice of appreciative, interested patients who are enthused on board with their oral health and your recommendations.

When you are restoring the lingual wear on the anteriors, doesn't that increase the intensity of the protrusive moment which would increase the mobility. Also- did you restore the canine linguals? and incisal edges?

I believe the mobility was due to a combination of factors 1. the CR slide into the anterior teeth, the slide also had a vector to the left into the more mobile incisors (8,9,10 and the space was between 9 and 10). 2. posterior excursive interferences causing increased muscle force and more trauma to the anteriors 3. Her tendency to brux from whatever cause. 4. Since the canines were a little out of occlusion, the guidance started for a bit on the incisors, especially to the left. When equilibrated to CR the canines were still a little out of occlusion, the incisors had contacts. You could continue to equilibrate till they contacted but that would over do it. Since there was wear, I decided to stop at that point and do some minor restorations on the lingual of the cuspids. Now she is in CR, no excursive interferences, lateral guidance starts on the cuspids and not incisors and everything is smoothed so movements are not bumpy. But restoring the lingual of the cuspid, the guidance is actually shallowed a bit, not steepened. I believe all the things will improve the mobility.

An excellent discussion about the subtle yet significant when taken together with symptoms.

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"TIE" IT ALL TOGETHER

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