



May 2006
Newsletter

from Gregory Tarantola DDS

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Greetings!

The "YES" seminar on DVD is now available! [Click Here For More Information.](#)

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:

"To love what you do and feel that it matters -- how could anything be more fun? "

Katharine Graham, 1917-2001, American Newspaper Publisher/Writer/Pulitzer Prize Winner

"Education is not the filling of a pail, but the lighting of a fire. "

William Butler Yeats, 1865-1939, Irish Poet/Dramatist

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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



Appreciative Team Building

In the past 15 years of my interacting with dentists, one topic that is discussed most often is that of the dental team. And obviously the reason that this topic surfaces so often is because of "problems" that are occurring with the team. What "isn't working well" is discussed so that these shortcomings and gaps can be repaired.

This month's very interesting article by Jay K. Cherney, Ph.D. discusses quite a different approach...

...the Appreciative Inquiry approach in which appreciative, strength-based teambuilding heightens the capacity for collaboration. When the focus is primarily of the shortcomings, confidence about the future slips. We may manage this sense of threat by withdrawing or fighting back against the criticism. Such defensiveness infects the team atmosphere, reverberating in waves of resistance and criticism.

Focusing on the positive and strengths creates an atmosphere where everyone is more eager to cooperate, trust and learn. We feel safer, more willing to risk putting our ideas into play. In this environment, difficult choices come easier so projects move ahead more smoothly.

In a comprehensive, relationship based practice, in which we hope to lead our patients into positive choices regarding their oral health and esthetics, developing an enthusiastic, positive team is essential. Not to mention that this is just the type of collaborative effort we need to develop with our patients/

Read more about how this approach can help us do just that.

- [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](#)

[**CLICK HERE** to see the courses and programs offered by Tarantola Dental Learning](#)

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MAY CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Sequencing Treatment Plans Transitioning Teeth to Implants - continuation from last month

This month's clinical tip is a continuation of last month's tip.

The first phase is initiated which is managing and preparing the teeth which will be provisional abutments, impressions for provisionals, extractions/grrafts upper and lower, placement of the implants on the lower and placement/refinement of the provisionals.

Also included is stent design and fabrication and cat scans to precisely see how anticipated implant position related to the

underlying osseous architecture.

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

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ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Zirconia All Porcelain Systems

All porcelain systems have been around for quite a while and have evolved a lot in recent years. The trade off has been the beauty of all porcelain with the greater potential of fracture.

Zirconia has been called the "ceramic steel". I have done quite a few over the past 2 years and have been very pleased with the fit, beauty and strength.

But is it the perfect solution to beauty and strength? Read what Jerry Ulysek from Artistic Dental Studios has to say.

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

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

What motivated him to move forward with a major treatment plan after so many years of neglect?

I am convinced it was the complete exam which included the full photographic series, radiographs and articulated diagnostic casts. The importance of my investing the reflective planning time which included the diagnostic blueprint, consulting with the surgeon and technician was emphasized. He knew I had to do this on his behalf before I could give him a treatment answer. He had seen several offices in the area and he said that this approach was not followed...it all happened rather quick and the treatment was discussed right on the spot. Applying these fundamental principles built his confidence and trust that we were the

team to do his treatment.

What is your protocol for consulting with the surgeon?

By having all the diagnostic data, clinical charting, complete set of photographs including mirror views, articulated diagnostic casts, we can discuss the case in detail even without the patient being present. I will do the diagnostic blueprint before I meet with the surgeon. The form and function of the case, as designed in the blueprint, is going to be pretty much the same regardless of what treatment approach will be used. With the diagnostic blueprint in hand, in addition to the other mentioned data, the surgeon and I can plan and sequence the case in detail without the patient ever seeing the surgeon up to that point. I will then consult with the patient to discuss the details of the plan and most importantly lay out the big picture. Then the patient will see the surgeon. When the patient finally does meet the surgeon, all this has been discussed already so the patient senses the teamwork and the well orchestrated approach. We have been following this protocol for years and it has worked extremely well.

It looks as if the anterior functional relationship is end to end. How does this work and does it hold up well over time?

An anterior end to end relationship can work extremely well. The teeth are in those positions because of the neutral zone and jaw to jaw relationships. If the edges and tooth positions are esthetically acceptable, we then just have to create harmonious function. Anterior guidance movements will occur on incisal edges rather than lingual surfaces. This results in a much shallower disclusive angle so posterior landmarks need to be flat and shallow also, shallower than the anterior guidance. Which means Curve of Spee will need to be flat (note how excessive it was pre operatively). Curve of Wilson will need to be accentuated so that the lower lingual and upper buccal cusps will not interfere in working excursions, both in the functional and parafunctional range. And cusp-fossa angles will need to be flat.

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Tarantola Dental Learning

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

Email: gtarantola@gtarantoladds.com
URL: <http://www.tarantoladentallearning.com>