October 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:

"If A equals success, then the formula is A equals X plus Y and Z, with X being work, Y play, and Z keeping your mouth shut."
- Albert Einstein

"To listen well, is as powerful a means of influence as to talk well, and is as essential to all true conversation. "
- Chinese Proverb

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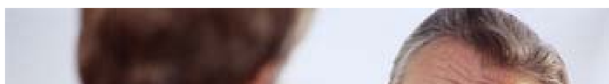
Thought For The Month - Articles For You And Your Team To Discuss

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



ARE YOU TRULY LISTENING?

The possibilities for us to make a positive impact in our patient's lives today are almost limitless.

Before our patient's say "Yes" to our treatment recommendations...and for the right reasons...a lot has to happen. They first need to understand their status and the implications of issues we find.

We need to understand their concerns and connect what we discover during the exam to their concerns.

They need to see how the plan we recommend is in their best interest.

The trust for them to "turn their mouth over to us" must be there. And the time and financial requirements must fit and make sense in their lives.

So...a lot of "communication" must occur. Too often we think that communication only means talking (and it is usually us talking to/at them).

When in reality, as is conveyed in this month's quotes, it is more listening than talking.

Read this month's thought for 10 suggestions on improving our listening effectiveness.

- **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*

SELF-STUDY CONTINUING EDUCATION COURSES AVAILABLE - AGD PACE APPROVED FOR 28 HOURS CREDIT
***CLICK HERE** to see the courses and programs offered by Tarantola Dental Learning*

***CLICK HERE** for a free, no-obligation sample CD with slides from all courses/programs*

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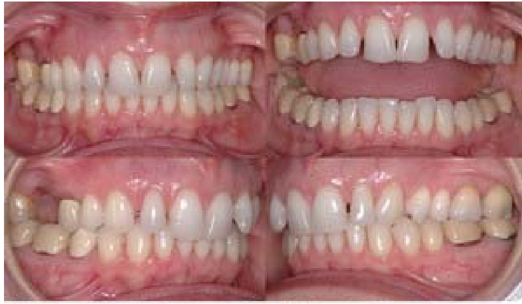
OCTOBER CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



We are commonly faced with patients complaining of chronic pain. As diagnosticians, we need to pinpoint the source of the pain and try to isolate a cause or causes. This month's case study reported pain for many years that radiated from the left posterior mandible area up the ramus. TMJ palpation was negative but lateral pterygoid area palpation produced a significant pain response. Tooth percussion did not produce pain.

The Occlusal Connection

Our patients come to us often times with various sysmtoms of pain. We may see signs of other problems such as wear, fracture, mobility, migration etc.

These issues can have a variety of contributing factors. Historical events may be a significant factor although it often times cannot be remembered or identified by the patient.

And mis-directed occlusal forces can be a factor.

It is our job as dentists to do a complete masticatory system exam supplemented with radiographs, photographs and articulated diagnostic casts. And then to devote some intellectual time sorting through al this data to make a cause-effect diagnosis.

Only them can we design a treatment plan that has a valid rationale.

This month's Clinical Tip illustrates how careful occlusal analysis, along with a complete diagnosis, can help us solve a patient's long standing problem.

- Click here to see the
  OCTOBER CLINICAL TIP

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ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Rationale For Determining Splint Thickness

Many factors enter into our thought process when designing and customizing a bite splint for our patients.

We want to fulfill the requirements of a physiologic occlusion: stable centric stops with seated condyles; smooth anterior guidance; and immediate posterior disclusion.

The overall design and contours need to fit comfortably within the physiologic limits of the oral cavity.

And we need to think about thickness. No thicker than it needs to be to fulfill the above parameters. Yet not so thin so that as we refine it over time, it gets thin, perforated and weakened.

This month's tip is from Anthony Calonico, Removable Manager at Artistic Dental Studio. He has made thousands of splints and has carefully observed and reflected and has many great suggestions on enhancing the effectiveness of bite splint therapy.

Read his article this month on splint thickness...

Go To The Article

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QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES

Which side of a double-bite impression should be poured first?

I suggest pouring the working impression side first to avoid any distortion of the die. If a pt. bites thru the mesh and you pour the opposing side first, there may be distortion and flow thru of the impression. The occlusal or more may be altered on the working die by the excess stone.

With that said, it is more important that a sturdy metal triple tray or double impression tray be used in lieu of plastic. The plastic doesn't have enough strength to hold the shape once stone is place into the impression. The tray may twist or bend slightly and create an undetectable distortion.

A second point is to always use the proper powder/water measurement so the stone sets properly. This also prevents any powdery residue(from excess water) at the impression/stone interface.

Hope this helps,
Thom Goetz, Artistic Dental Studio, 1-800-755-0412

We always pour the working side of the impression first. We do this just in case there is distortion in the form of tray torque especially with plastic trays. For the record quad impressions are poor because there is no way to check anterior guidance. I am not sure if this question is relating to triple tray or not or just a double sided impression but the double sided impression is technique sensitive because if the patient bites too hard it could distort the impression.

Anthony Calonico, Artistic Dental Studio, 1-800-755-0412

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

Do you like the increased length of the maxillary teeth in the case described in last month's clinical tip--her new look makes her look too toothy?

I thought so too, but she really likes it. We need to start with what we think is correct but the patient is the final judge. The difficulty occurs when their desires exceed what we think is correct for their masticatory system. That's why when major changes are made, especially to esthetic parameters, I try to test it first with some type of reversible approach. This way, if their desires and expectations don't fit within what we think is physiologically and biomechanically possible, we don't do the case.

The desired changes worked with her phonetics, and even with the bulkiness of the removable device, she said it does not interfere with her lips. She said it felt awkward for about an hour. She said it felt comfortable enough that she wore it all the time. Several of her friends thought she looked really good. She is now in provisionals which replicate the form and functional landmarks of the test device. The anterior guidance is shallow, smooth and comfortable. The contours are easily cleansible. The provisional is really the test that the removable device cannot be. But the removable device gave us the confidence to move forward.

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