



February  
2007 Newsletter

## from Gregory Tarantola DDS

### In this issue (scroll down to read):

Inspirational Quotes- on Creativity  
Thought For The Month - Nurturing Creativity In Your Practice  
**NEW!!!** 2007 Case Study Guide- 15 Cases - Downloadable E-book  
This Month's Clinical Tip - Using the T Scan II for Occlusal Therapy  
Ask The Technician - Nightguard vs. Bite Splint  
Questions and Comments- From Past Issues



**THE 2007 CASE STUDY GUIDE IS HERE ---15 MORE FULLY DOCUMENTED CASES---  
NOW IN A DOWNLOADABLE E-BOOK FORMAT FOR IMMEDIATE USE .....  
SCROLL DOWN TO READ MORE**

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" (freedom from worry; absence of stress or anxiety) in your practice:**

**NP (or EP)+CDE+D+TP+TS+CA=PS**

New Patient (or Existing Patient)+**Co-Discovery Examination**+Diagnosis+ Treatment Planning+Treatment Sequencing+Case Acceptance=**Predictable Success, Happiness, Fulfillment and Peace of Mind**

Thanks to Charles W Martin, DDS, MAGD, DICOI, FIADFE LeadershipMastermindCoaching.com for suggesting the enhancements to the above formula for success.

**FOR OUR READERS: Lester Dine is offering a discount of \$100 on either the Dine Digital Solution or Digital SLR. Go to their website at [www.dinecorp.com](http://www.dinecorp.com) and use 'tarantola' for the coupon code when checking out.**

### This month's inspirational quotes:

Creativity requires the courage to let go of certainties. ----Erich Fromm

Creativity is allowing yourself to make mistakes. Art is knowing which ones to keep. ----Scott Adams

The chief enemy of creativity is "good" sense.----Pablo Picasso

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

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

### **Nurturing Creativity In Your Practice**



Consumers today have many choices, often too many choices. This applies not only to the general business/retail world but also our world.

For example, in my travels to different cities, I find it interesting to look at the yellow page ads for dentists. It is not uncommon now to see 2 page spreads. How does one stand out? They all have pretty much the same message.

So how *does* someone find your office? What are you doing to stand out and show that you are different, have something different to offer, your 'unique selling proposition'? I personally don't think you can compete on price, there is always someone who is offering it for less.

This is where I think creative thinking comes into play. Once you and your team are crystal clear about who you are and what you do, let your creativity flow in coming up with ideas to make it known.

Two things we have done in our practice that were fun and beneficial: One, we hired a photographer and make up/hair specialist to the office and invited a couple dozen patients we completed cases for to have portraits done. It was not only fun but it certainly generated excitement with those patients. Second, we asked 4-5 patients to invite a friend etc to the office one afternoon for hors d'oeuvres and a short 'seminar'. Again, generated a lot of excitement.

Read this month's article, "[\*Seven tips to keep your company's creativity sizzling\*](#)" for ideas that can keep everyone motivated and your practice a "stand out" in your community.

- [Go to the article.](#)

## **JUST RELEASED!!...THE 2007 CASE STUDY GUIDE** 15 FULLY DOCUMENTED CASES IN DOWNLOADABLE E-BOOK FORMAT FOR IMMEDIATE VIEWING

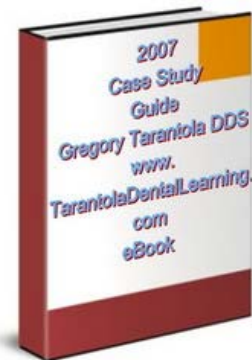
FREE GIFT WITH PURCHASE! Get your patient involved! There is no better way than with the complete photographic series. Hand them a laser pointer...and just listen!! FREE LASER PONTOR with purchase.

Take advantage of one of the best ways to learn...the case study method.

15 fully documented cases that illustrate the principles and practices of comprehensive, masticatory system dentistry. Exam and diagnosis; diagnostic wax-up with the "10 Decisions" fully explained; treatment plan and sequence; provisionals and finished case. All with detailed explanation and rationale.

The 2007 Case Study Guide is a "downloadable e-book". Get it immediately upon purchase. Today's technology allows same high quality photos of previous versions on CD.

Take a look by [CLICKING HERE](#)



## **OTHER SERVICES/OFFERINGS AVAILABLE THROUGH TARANTOLA DENTAL LEARNING:**

[www.CustomDentistWebSites.com](http://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

## **FEBRUARY 07 CLINICAL TIP**

**Past "Clinical Tips" Now Conveniently Archived For Easy Review**



### **Using the T-Scan II for Definitive Occlusal Therapy**

One of the principles of masticatory system dentistry is designing a maximum intercuspation that occurs with the condyles seated to centric relation or adapted centric posture (Dawson 1996).

One of the procedures to achieve this is equilibration. either as a procedure by

itself or in combination with other procedures. The goal is to achieve simultaneous, equal intensity contacts.

And the T-scan II is a valuable tool to evaluate and achieve this goal.

This clinical tip will be in 2 parts, this month and next month. This month will focus on the masticatory system exam to verify that the system is "ready" for definitive occlusal therapy. Several video clips are included. March will focus on the actual equilibration.

- [Click here to see the this month's CLINICAL TIP](#)

## ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

### What's The Difference Between a Nightguard and a Bitesplint? --- A Technician's Perspective

We often use the terms interchangeably. The reasons for prescribing one or the other may be different. But what are the differences? Or should there really be any difference?

The occlusal scheme may look the same for each as far as centric stops, anterior guidance and immediate posterior disclusion are concerned.

The big difference is in condylar position and this is obviously the dentist's decision. The technician can only fabricate the splint/guard to the interocclusal bite relationship prescribed by the dentist.



Read this article by Anthony Calonico and commentary by Dr. Tarantola and send us your thoughts.

Anthony Calonico is the Splint Department Manager for Artistic Dental Studio in Illinois 630-679-8686 and the author of The Splint Companion [www.thesplintcompanion.com](http://www.thesplintcompanion.com)

[Go To The Article](#)

## QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES

***It would be great to always have a master plan first. But in the real world, we all get cases "after the fact" - after the implants were placed. The patient is expecting their teeth, so what do we do?***

*I personally don't think there is any place to start other than a complete masticatory system exam. And, just like any exam, it has to be a learning, interactive, co-discovery type of thing. A complete set of digital photographs is a must so the patient can see, understand, visualize, believe etc their current status. And we just talk about what we see. And the implications of what we see...badly involved teeth, inflamed gingival tissues, old restorations whose margins are buried under tissue, a roller coaster occlusal plane etc. And when asked what can be done, the only thing you can say is that you have to think, ponder, reflect, consult with the specialist, etc. And then do just that. Help them understand that this thinking time that you will be doing on their behalf is the most valuable thing you can do for them. Then come up with what you feel is the best, most appropriate treatment that is in their best long term interest. So you are being totally honest about what you (and they) see, and totally honest about what you feel is the best approach. You can't go wrong being honest with them. Then it is their choice about how to proceed. If after all that, all they want is the implant crown...well then each of us has to decide on our own if we want to proceed.*

***Once I do a wax-up, I get a little stuck with what to do next. Does everything need to be crowned or are other options possible?***

*I look at the diagnostic wax-up as a 3-D preview of the anticipated form (esthetics, contours etc) and function (occlusal scheme). The next step is treatment PLANNING, that is, what will be the most appropriate "material, technique or procedure" that will allow us to achieve that form and function. It may be crowns, onlays, veneers, composite, conventional bridges, implants, removable prosthetics, orthodontics etc. Whatever you do, it should "LOOK" like the diagnostic wax-up. That is why I like to do my own wax-ups (or if you have a technician do it, be involved with the process) because I have a first hand idea of how much things are altered. That helps me make these treatment planning decisions. If it was a small amount of change, maybe composite is a good option. Or maybe it was just something that reshaping alone will take care of. I think you get the point. Now that you have that figured out, the next step in the process is treatment SEQUENCING, that is what is the step-by-step, appointment-by-appointment sequence that will get you from point A to B. Patient circumstances are a big factor in this process. Sometimes they can get all the treatment in a timely manner, sometimes it needs to be spread out over a long period of time. Again, either way, it should "LOOK" like the diagnostic wax up wheter it*

*took 6 months or 6 years. To me, this is one of the most gratifying things we can do...helping the patient who might not initially think they can get the dentistry done with a sequence (not a compromise) that fits and makes sense in their life.*

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