



October  
2007  
Newsletter

**from Gregory Tarantola DDS**

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**[THE "IN-OFFICE, ONE VISIT, INDIRECT COMPOSITE RESTORATION" TRAINING DVD VIDEO IS NOW AVAILABLE!!....](#)**

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COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY



COMFORT, FUNCTION, HEALTH AND ESTHETICS  
WITH STABILITY AND LONGEVITY  
OF THE ENTIRE MASTICATORY SYSTEM

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 is promoting and maintaining optimal health, function and esthetics of all the components of the masticatory system - the TMJs, neuromuscular system, dentition, 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)+E+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:](#)**

*Three grand essentials to happiness in this life are something to do, something to love, and something to hope for.*  
Joseph Addison

*A man is not rightly conditioned until he is a happy, healthy, and prosperous being; and happiness, health, and prosperity are the result of a harmonious adjustment of the inner with the outer of the man with his surroundings.*  
James Allen

*Are you bored with life? Then throw yourself into some work you believe in with all your heart, live for it, die for it, and you will find happiness that you had thought could never be yours.*  
Dale Carnegie

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

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



### What Is Your Calling?

Are you enthused and energized with your professional life? Do you love to go to the office and hate to leave at the end of the day? Do you leave with more energy than when you arrived?

Or do you sometimes feel tired, depressed, feel emptiness inside, feel often irritated and annoyed, have a lot of physical pain, harassed by a thousand questions in your head, can not find sleep easily, feel angry, feel lost, hate your job, have a lot of negative thoughts, turn around in circles, are getting nowhere, hate to get out of bed in the morning, wonder why you came on earth, don't know what boosts your enthusiasm, tend to drink to forget, feel sorrow and melancholy, complain a lot, feel unfulfilled, are asking yourself what is the use of your job?

We have talked about vision and purpose before. If we are going through the feelings mentioned above, it is helpful to go back to this core principle.

This month's article by Ineke Van Lint from [www.TheEnthusiasm.com](http://www.TheEnthusiasm.com) presents another viewpoint of this all important subject. It is an interesting article and good food for thought in team meetings.

- [Go to the article.](#)

## THE IN-OFFICE, ONE VISIT, INDIRECT COMPOSITE TRAINING DVD

A 45 MINUTE VIDEO OF THE ENTIRE TECHNIQUE

Composites can be a very nice restoration for our patients both as the "definitive" restoration (that may simply be all the tooth needs) or as a long-term "interim" restoration in treatment plans that need to be phased and sequenced for a variety of reasons.

These interim composite restorations may be quite extensive, especially in the phased case. A lab processed restoration may be the ideal treatment but it needs to be phased. Yet the tooth may have decay, wear, abrasion, faulty old restorations etc and it may not be prudent to wait.

These large composites can be grueling to do directly in the mouth. That's one of the indications for the indirect, one visit, in-office technique, as well as *any* composite restoration the patient may need, no matter the size. Done indirectly, many factors can be better controlled.



Get more information on this new 45 minute DVD training video by [CLICKING HERE](#)

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

One-on-one case consulting via web video conferencing. [CLICK HERE](#) for more info.

[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

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[CLICK HERE](#) for a free, no-obligation sample CD with slides from all courses/programs

## October 07 CLINICAL TIP

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



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

### Maintaining Severe Periodontally Involved Teeth

Many patients do not want to lose their natural teeth, despite their guarded prognosis and their understanding of implants. We need to understand the emotional impact many patients experience at losing teeth. (Supporting article included).

Developing a plan with your periodontist that is evidence based and addressing the occlusal component will give those patient's their best chance of keeping those teeth as long as possible.

And we need to address their esthetic and restorative needs in a way that is appropriate for their guarded prognosis.

## ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

### THERMOPLASTIC VS PROCESSED ACRYLIC SPLINTS

Bite splint therapy is a valuable component of our treatment protocols which address a variety of issues affecting our patient's masticatory system.

There are a variety of styles, materials and designs of splints that each have a place in our treatment choices. As always, it is based on a complete masticatory system exam and well thought out diagnosis. This month we will address thermoplastic vs lab processed acrylic.

Read this month's article by Anthony Calonico CDT from Artistic Dental Studios, Anthony can be reached at [anthony@artisticdentalstudio.net](mailto:anthony@artisticdentalstudio.net)



[Go To The Article](#)

## QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES

### How are feldspathic veneers made?

*Feldspathic veneers are made in one of two methods .*

1. A platinum foil the thickness of .001 is adapted to a stone die and feldspathic porcelain is applied to the platinum foil. The pt foil is then removed from the stone die and placed in a vacuum firing oven. After a series of firings and shaping procedures, the foil is peeled from the porcelain and acid etched for bonding purposes.

2. The stone die is duplicated in a refractory material. A refractory material is one which will withstand high temperatures. Feldspathic porcelain is applied to the refractory die. Then the die and the porcelain are placed in a vacuum firing oven. After a series of firings and shaping procedures, the porcelain is removed from the die and acid etched for bonding purposes.

### Why the moderate failure for posterior zirconia, as low for anterior restorations?

*This information comes from data of failures and remakes. The reason is the increased forces in the mouth as you move posteriorly. From personal experience, if the case is equilibrated to simultaneous equal intensity contact with the condyles fully seated and immediate posterior disclusion, I do not see increased fractures. I typically do not hesitate putting porcelain on 2nd molars. If the patient has unstable joints or is an uncontrolled bruxer and they insist on porcelain they have to understand the risks.*

### Why would a mounting with bimanual guidance show a posterior open bite?

*It would generally be a record that captured the jaw position slightly forward. The patient may have "resisted" bimanual guidance by activating the lateral pterygoids and protruding slightly. You can sometimes see it after a disc has been recaptured, or if posterior crowns were made out of occlusion, anterior crowns made too high or posterior contact only bite splint therapy where the anteriors hyper erupted. The typical scenario is a molar interference with an anterior/lateral slide to maximum intercuspation.*

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