



September
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 and use 'tarantola' for the coupon code when checking out.

This month 's inspirational quotes:

It's all about people. It's about networking and being nice to people and not burning any bridges. Your book is going to impress, but in the end it is people that are going to hire you.

Mike Davidson

Networking is an essential part of building wealth.

Armstrong Williams

It's about acquiring the discipline of practising. It's about sportsmanship. It's about developing friendships and networking. It's about having a coach and working with a coach/teacher, which is what life is all about.

Lynn Davies

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

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



Building Your Interdisciplinary Network

We all have our network of specialists for interdisciplinary cases.

But what about other health care specialists? Not only for patient referrals but also to create another network for building and expanding our practices.

This month's article for discussion is by Michael Kowalski from the journal Dynamic Chiropractic. It has some interesting thoughts and suggestions on reaching out to other health care professionals and he also discusses some issues of "negative self talk" that we sometimes have when contemplating actions outside our comfort zones.

An interesting article and good food for thought in team meetings.

- [Go to the article.](#)

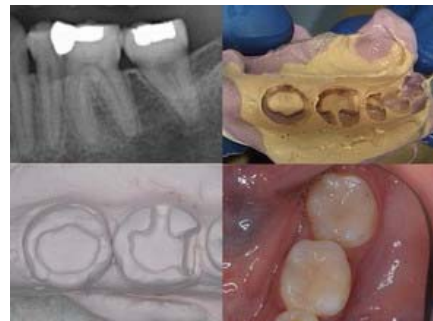
THE IN-OFFICE, ONE VISIT, INDIRECT COMPOSITE TRAINING DVD

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](#)

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

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SELF-STUDY CONTINUING EDUCATION COURSES AVAILABLE - AGD PACE APPROVED FOR 28 HOURS CREDIT

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

September 07 CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



An Interesting Bite Splint Therapy Case

Bite splint therapy is simply a convenient way to fulfill all the requirements of a physiologic occlusion. And then to evaluate the effect this physiologic occlusion has on the affected components of the masticatory system.

Arch selection is an important criteria to consider. We want to place the splint on the arch that allows us to most effectively fulfill all these

requirements of occlusion, that is, stable stops, immediate posterior disclusion, and smooth movements throughout the functional and parafunctional range of motion.

This month's case had a unique combination of factors that required some thought and reflection in arch selection and the design of the splint.

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

ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

COMPARING DIFFERENT PORCELAIN SYSTEMS

We certainly have a lot to choose from with regards to porcelain systems: porcelain fused to metal; pressed; alumina; zirconia; feldspathic.

What we prescribe needs to be based on esthetic and functional demands the particular situation presents and also how much esthetic and functional risk we are willing to take. For example, a porcelain fused to metal in the anterior would have little functional risk but greater esthetic risk (that is, not quite meeting our esthetic expectations.)



Jerry Ulaszek CDT summarizes these thoughts nicely and has also put together a chart that lists esthetic and functional risk in both anterior and posterior situations for several different porcelain systems.

Read this month's article by Jerry Ulaszek CDT from Artistic Dental Studios, Jerry can be reached at jerry@artisticdentalstudio.net

[Go To The Article](#)

QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES

How do you manage the fees involved with this kind of re-evaluation of orthodontic cases?

I will always do a complete exam before referring the patient to the orthodontist. The orthodontics is one part of their comprehensive plan. The consultation allows conversation time with the patient to help them see and understand the big picture and plan and how orthodontics is part of it and not a separate, isolated treatment. At that time we speak about this re-evaluation that I will do prior to orthodontic completion and the rationale and that there will be a fee involved.

RE: March 07 Clinical Tip: Do you see a problem with the T scan sensors in regard to recording CR? In other words, does the sensor thickness diminish your "feel" of that first contact?

I have not found that to be a problem. The first contacting interference that the patient feels, and the one that you identify with articulating paper is generally the one recorded with the Tscan. You (the dentist) may not "feel" that first contact tapping with the sensor in place but I don't feel that is a necessity. As I continue to use the Tscan more and more I have learned to trust the recordings. It is a paradigm shift I think from out comfort zone with articulating paper.

Why is just visualizing the interferences and slide to maximum intercuspation with bimanual guidance intraorally not enough?

That is certainly very important and needs to be done. But more importantly, what needs to be visualized is the tooth to tooth and jaw to jaw relationships in the centric relation arc of closure without interferences AT the correct vertical dimension of occlusion. The only way I know to do this is with a trial equilibration on articulated diagnostic casts. You just can't visualize this accurately any other way. As you know, habitual maximum intercuspation may look totally different from the equilibrated centric relation occlusion.

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