

[<Back](#) [Print](#)

October 2004

## from Gregory Tarantola DDS



### Greetings!

**Tarantola Dental Learning** is dedicated to helping dentists and their team of staff, 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:

#### **E+D+TP+TS=PS**

Examination+Diagnosis+ Treatment Planning+Treatment Sequencing=Predictable Success

**"Ordinary people believe only in the possible. Extraordinary people visualize not what is possible or probable, but rather what is impossible. And by visualizing the impossible, they begin to see it as possible." -Cherie Carter-Scott, Author, If Life is A Game, These are the Rules**

## Thought For The Month

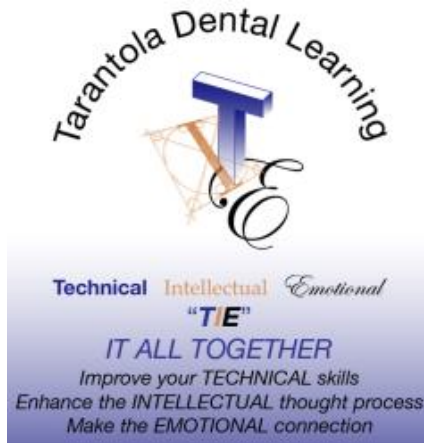
### **Assessments: A smart way to target training needs**

Having a well trained, enthusiastic team may seem "impossible". But as Carter-Scott says above, through what seems to be impossible, you can begin to see the possibilities of what a synergistic, empowered team can do for your practice. But before you can train effectively, you must first understand the strengths and weaknesses of yourself and your team. This is where assessments can help.

- [Read the article.](#)



## UNIQUE LEARNING CDs



Enjoy the peace of mind and fulfillment of practicing comprehensive-care, relationship-based, masticatory system dentistry! These **SELF-STUDY LEARNING MODULES ON CD** are a great review and reference for those already practicing masticatory system dentistry and also a great starting point for those wanting to learn more about this approach. The learning modules are very visual, the text is to-the-point outline style, and the photo table of contents is linked to every page making it extremely easy to navigate and refer back to over and over. You'll find it a GREAT value...and of course, with a money-back guarantee!

***"How often have you gone to a continuing education course and wished that you were back in your own office doing dentistry? How many times have you sat through hours upon hours of lectures only to get one pearl of information that took mere seconds to dispense? What if there was a way to get quality condensed information delivered to your door that you would be able to watch on your computer? Now, what if I told you that you could, and the answer was Tarantola Dental Learning CD-ROMs?" Dr. H.F., DDS, MBA***

- [Click here to see Tarantola Dental Learning](#)

## OCTOBER CLINICAL TIP



### DIAGNOSIS

### DETERMINING CAUSE / EFFECT RELATIONSHIPS

### LOOKING FOR CONTRIBUTING FACTORS

As comprehensive dentists, we examine and diagnose all the components of the masticatory system. When patients have symptoms or we find signs of breakdown, we look for factors that may be contributing to that particular problem,

and at times, those factors can be multiple and varied. The purpose of this month's clinical tip is to focus on the role of occlusion as a contributing factor in a wide variety of signs and symptoms

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

## CREATE YOUR OWN CD OFFICE BROCHURE



We need to communicate with our patients today in a number of different ways. While nothing replaces a one on one, face to face conversation, technology can certainly enhance

our message. Baby boomers and Generation X'ers alike are making technology a bigger part of their daily lives and things such as websites and e-mail are getting to the point where it is expected. Step into that world with an office brochure on CD.

There are 2 formats included - one for use in the office, to send to new patients before their appointment, to give to patients for referrals and for your specialists. The other is a format that is appropriate for community presentations such as to Rotary or Kiwanis. They are full PowerPoint files that you can easily customize with your practice information.

They each have 3 sections: One explains what a comprehensive practice is and does; the second focuses on oral health and has 16 video clips on home care; the third has examples of different types of dentistry. You can use the included photos or easily insert your own.

***Click the link to find out more and see a short preview.***

- [Click here to see THE CUSTOMIZABLE OFFICE CD BROCHURE](#)

## ***QUESTIONS SUBMITTED FROM SEPTEMBER'S CLINICAL TIP ON ANTERIOR DEPROGRAMMERS***

***Why not use an anterior deprogrammer for all "TMJ" patients?***

**First of all, we must make a diagnosis. "TMJ" patient is not a diagnosis. Specifically, which structures are involved? If the TMJ exam of palpation, auscultation, range of motion tests, and superior compression pinpoint pain in intracapsular structures then I feel an anterior deprogrammer is not indicated.**

***Why use a full bite splint if your diagnosis pinpoints pain only in muscles?***

**Again, what is the TMJ diagnosis? Just because there may be no TMJ pain, it does not mean the TMJs are normal. There may be structural changes without pain (Adapted Centric Posture, Dawson 1996). The concern with ACP is long term stability. A full splint allows us to monitor stability, or lack of, of the occlusion over a period of time.**

***What is the difference between Best-Bite and other deprogrammers on the market?***

**Honestly, I feel they all do pretty much the same thing. Best-Bite has some interesting features such as internal retention ridges to hold in the reline material, a safety cord which give some patients (and dentists) peace of mind, and a whole system of everything you need in one convenient, easy to use place such as printed material, instructions, informed consent etc.**

***What do I do once the patient is comfortable?***

**Complete a re-evaluation examination. Confirm your TMJ diagnosis. The Piper classification of 1,2,3a,3b,4a,4b,5a and 5b allows you to pinpoint the condition of specific structures. Make new articulated diagnostic casts and devise a specific, definitive, appropriate treatment plan.**

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