

The Dento-Facial Esthetic Diagnosis System... How to Achieve Consistently Beautiful Smiles, not just Beautiful Teeth!

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The Value of a Smile

Ruiz JL The Psychology of the Smile Journal of Cosmetic Dentistry December 2003

Emotional Effect of a Damage Smile

**Coffield KD, Phillips C, Brady M et al. The psychosocial impact of amelogenesis imperfecta JADA Vol. 136 PP
620-30 May 2005**

What is True Success with Esthetic Dentistry?

- Patient Satisfaction
- Excellent Esthetic/Restorative Results
- Longevity

Achieving consistent patient satisfaction requires excellent communication with the patient, to understand their unique esthetic perspective and goals and then implement a system, to record this information and blend it with our own esthetic preferences and goals.

Ruiz JL. DFD Achieving predictable beautiful smiles using a dento-facial esthetic diagnosis system. Compendium 2007; (28) 1: 546-550

Objective

- Understand Smile Design and the 25 Dento-Facial esthetic principles.
- To understand how the asses the patient's goals and esthetic preferences with our restorative goals and esthetic principles. .
- Review a *Systematic Approach to Team Driven* diagnosis and treatment planning and treatment acceptance.

Team Driven Diagnosis

Systematic Approach to Communication and Data Gathering

Initial Visit, Communicating Excellence

RELATIONSHIP

Initial Records & Exam

Dentists Exam

- **Dental history**
- Health history
- Oral examination (including oral camera)
- Presentation of Initial findings
- Introduction to Full Records & Second Consult

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DENTAL HISTORY FORM			
PATIENT NAME: _____	(PREFERRED): _____	DATE: _____	
Please describe the primary reason for your visit (concerns):			
1. _____			
2. _____			
3. _____			
4. How long has this been going on and what would you like done?			

5. If you could rate your smile from 1 - 10, what would it be? _____			
6. Would you like to improve your smile? Y N How? _____			

Have you ever suffered from, or been told you may have any of the following?			
7. Gum disease	Y N	11. Malocclusion	Y N
8. Bruxism or Grinding	Y N	12. Bad Breath	Y N
9. Jaw pain or TMJ	Y N	13. Headacheds or Migrains	Y N
10. Dental pain	Y N		
DOCTOR'S NOTES: _____			

Presentation of Initial Findings

Record for DFED System

- Perio Charting
- Panorex
- FMX
- Patient records forms
- Photos
- Face bow mounted cast
- MIP or CR Bite

DFD Esthetic Photographic Series

- 11 Photos
- 2 Face
- 4 Non-retracted Close ups
- 3 Retracted Close ups
- 2 Occlusal

The DFD form, uses drawings of the photographs to systematically asses the 25parameters:


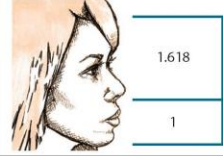
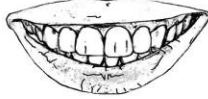

Ruiz JL. A systematic approach to dento-facial smile evaluation using digital photography and a new photographic view. Denistry Today 2006 Vol 25 No 4; 82-85
Hunt K, Turk M, Correlation of the AACD Accreditation Criteria and the Human Biologic Model. The Journal of Cosmetic Dentistry 2005, Vol 21, No 3, Fall.

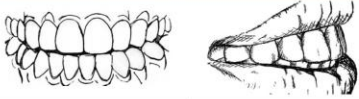
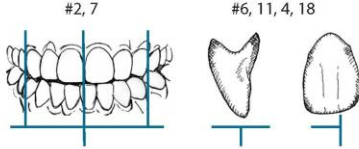
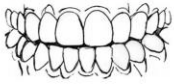

DENTO-FACIAL ESTHETIC DIAGNOSIS FORM

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Patient Name:	Date:	PT Self Smile Score:
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CONCERNS	REFERRAL TO
1.	Endo:
2.	Perio:
3.	Ortho:
4.	OS:
5.	TMJ:

1. DENTO-FACIAL ESTHETICS				DIAGNOSIS / ETIOLOGY
				Occ/TMD:
1) Occ. Plane:	4) Lip Position:	6) Tooth Show (Smile):	9) Incisal Plane:	Caries:
2) Midline:	5) L 3rd Golden P:	7) Bucal Corridor:	10) Incisal Plane T Lip:	Perio:
3) F. Symmetry:		8) Ging. Show:	11) Conversational TS:	Esthetics:

2. GROUP ESTHETICS	IDEAL	MAINTENANCE
	1)	OCC/TMJ:
12) Axial Incline:	2)	Rampant Decay:
13) Rotation:	3)	Compromised Perio:
14) Crowd/Space:	4)	
15) Embrasure:	5)	ADDITIONAL TREATMENT
16) UA Inclination:	6)	
17) Esthetic Zone:	7)	
18) O Jet/O Bite:	8)	
19) Lat. Occ. Plane: R L	9)	
3. GINGIVAL ESTHETICS	10)	
	11)	
20) Papilla:	12)	
21) Ging. SYM:	13)	
22) Ging. Show:	14)	
4. TOOTH ESTHETICS	15)	
	16)	
23) Shade: Desired:	17)	
24) Shape/Style:	18)	
25) Ratio:	19)	
LAPSE TX SEQUENCE	20)	
Wax Up: Custom Temps:	21)	
	22)	Option 1:
	23)	

Dento-Facial Esthetic Diagnosis System

1. Occlusal Plane:

2. Midline:

3. Facial Symmetry:

4. Lip Position:

5. Facial Lateral Thirds:

6. Tooth Show (Smile):

7. Bucal Corridor:

8. Gingival Show:

9. Incisal Plane:

10. Incisal Plane T Lip:

11. Conversational TS:

GROUP ESTHETICS

12. Axial Incline:

13. Rotation:

14. Crowd/Space:

15. Embrasure:

16. US Inclination:

17. Esthetic Zone:

18. Over jet/ Overbite:

19. Lateral Occlusal Plane:

GINGIVAL ESTEHTICS

20. Papilla:

21. Gingival Symmetry:

22. Gingival Biotype:

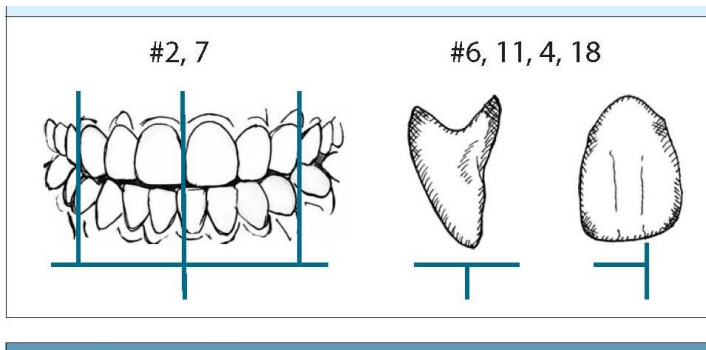
TOOTH ESTHETICS

23. Shade:

24. Shape/Style:

25. Ration:

Using the Form To Predictably Reproduce Smile Design with Wax-up



Steps for Predictable Execution Using DED System

- Communication with patient
- Design
- Wax up & transfer in to the prototype provisionals
- 1 week provisional restoration approval visit, alterations need to be made until patient is satisfied
- Reproduce in to Porcelain

- Confirm lab's accurate reproduction
- Psychological management

Ruiz JL. Achieving Optimal Esthetics on a Patient with Severe Trauma – Utilizing a Multidisciplinary Approach and an All-Ceramic Fixed Partial Denture. J Esthet Restor Dent. 2005; 17:285-292

How to Insure Longevity?

Occlusal Disease Management System

Ruiz JL Achieving Longevity in Esthetics by Proper Diagnosis and Management of “Occlusal Disease”. 2007 Contemporary Esthetics Vol 11 (6); 24-30

“Occlusal Disease Diagnosis System”

- Stage 1 Initial Occlusal Evaluation (all patients)
- Stage 2 Occlusal and TMJ Examination (as needed and accepted by patients)
- Stage 3 TMJ Examination or Referral to local expert

7 Signs and Symptoms of Occlusal Disease

•Pathological tooth wear, chipping or fractures

Ratcliff S, Becker IM, et al. Type and Incidence of Cracks in Posterior Teeth. J Prosth Dent: 2001;86:168

•Tooth hypersensitivity

Coleman TA, Grippo JO, et al Cervical dentin hypersensitivity. Part III: Resolution following occlusal equilibration. Quintessence Int 2003;34:427-434

•Tooth hypermobility

Greenstein G, Greenstein B, Cavallaro J. Prerequisite for treatment planning implant dentistry: Periodontal prognostication of compromised teeth. 2007 Compendium 28(8):436-447

•Fremitus

• **Abfractions**

Grippio JO, Abfractions: A new classification of hard tissue lesions of the teeth. J Esthet Dent 1991 Jan-Feb;3(1):14-9

• **Severe localized bone destruction (secondary to periodontal disease)**

Harrel SK, Nunn ME, Hallmon WW. Is there an association between occlusion... Yes, occlusal forces can contribute to periodontal destruction. JADA; 2006; 137 (10): 1380-1392

• **Muscle pain and TMJ pain.**

- T Gremillion HA. The relationship between occlusion and TMD: An evident-based discussion.
 - J Evid Dent Pract 2006;6:43-47
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The 3 Golden Rules Of Occlusion

1. **Bilateral even contacts.**
2. **Posterior disclusion (anterior guidance & canine rise).**
3. **Unobstructed envelop of function.**

The Ultimate Goal!

1. Why Even Contacts?

Gibb C. Mahan PE. et al. Limits of Human Bite Strength. J Prosth Dent 1986 Aug;56(2):226
Sheikholeslam A. Riise C. Influence of experimental interfering occlusal contacts on the activity of the anterior temporal and masseter muscles ... J Oral Rehab 1983; Vol. 10:207-14

2 a. Why Anterior Guidance?

Manns A. Miralles R. Influence of variation in anteroposterior occlusal contacts on electromyographic activity . J Prosthet Dent. 1989 May;61(5):617-23.
[Mansour RM, Reynik RJ](#). In vivo occlusal forces... Forces measured in terminal hinge position... J Dent Res. 1975 Jan-Feb;54(1):114-20.
Williamson EH. Et al . Anterior guidance: effect on electromyographic activity of the temporalis and maseter J. Prosth Dent 1983; 49:816

2 b. Why Canine Guidance?

[Manns A](#), [Chan C](#), et al. Influence of group function and canine guidance on electromyographic activity of elevator muscles. J Prosthet Dent. 1987 Apr;57(4):494-501

3. Envelop of Function?

Dawson PE. Evaluation, Diagnosis and Treatment of Occlusal Problems. 1989 Mosby

Conclusions:

Thank You



LA Institute Occlusal Philosophy

- *Occlusal Disease is far more than TMD or Pain*
- *Occlusal Diagnosis must be practical if we are going to do it routinely*
- *“Ideal Dentistry” is an illusion & leads to over treatment so There must be a realistic and definable end point for occlusal treatment, and it can’t be perfection*

- *Correcting occlusal disharmony should not be more destructive than the disease it self*
- *Occlusal treatment doesn't require expensive instrumentation*

Thank You

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