Not A Full Mouth Rehabilitation Course;

Treating the Full Mouth Case with Much Less Than a Full Mouth...Opening VDO Using Direct Composite, Adhesive Dentistry and Limited Implants & RPD.

By Dr. Jose-Luis Ruiz

Traditional Approach To Full Mouth?

- Full mouth Rehabilitations are traditionally destructive.
- Seeking the perfect mouth leads to over treatment and the cost (not financial) is usually worst that the disease.
- Most cases can be treated with limited treatment or in stages.



Lecture Objectives:

- Discuss a more conservative approach to treating severely damaged and partially edentulous dentitions.
- How to organize a treatment in stages.
- How to avoid failure
- When and How to open a vertical dimension case.
- Principles for using direct composite, bonding, etc for full mouth rehabilitations.

Natural Steps Needed for a Building or Remodeling

- 1. Head Builder
- 2. Initial test & communication
- 3. Use of good engineering principles
- 4. Final approval and funding Good drawings & models easy to follow
- 5. Accurate excursion
- 6. Reach final results (final walk through)
- 7. Proper maintenance

Diagnosis, Design & Communication

Team Driven NP Visit:

• Dental history

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	DEN	TAL HIS	STORY FO	PRM		
ATIENT NAME:		(P	REFERRE)): DATE:		
Please describe the primary reason for you	ır visit (d	concern	ıs):			
1						
2						
3.						
						_
5. If you could rate your smile from 1 - 10,	what wo	ould it be	e? _			
5. If you could rate your smile from 1 - 10, 6. Would you like to improve your smile? Have you ever suffered from, or been told.	what wo	ould it be N	e? _ How? _	llowing?		
5. If you could rate your smile from 1 - 10, 6. Would you like to improve your smile? Have you ever suffered from, or been told you disease	what wo	N N have an	e? _ How? _ ny of the fo	llowing?	Y	,
5. If you could rate your smile from 1 - 10, 6. Would you like to improve your smile? Have you ever suffered from, or been told your from the following of the following from the follo	what wo	ould it bo	e? How? ny of the fo	llowing? 1. Malocclusion 2. Bad Breath	Y	
5. If you could rate your smile from 1 - 10, 6. Would you like to improve your smile? Have you ever suffered from, or been told you for the following suffered from the f	what wo	ould it bo	e? How? ny of the fo	llowing?	Y	1

Occlusal & TMJ Analysis

When is Occlusion Important?

When signs or symptoms of OD are evident

When extensive restorative Dentistry is being planned!!!

Important... Why So Ignored?

- No Available Practical Occlusal Education"... Occlusion education is for "full mouth rehabilitation"
- "Joint Disease" & Occlusion mixed together.
- It is made to be too complicated.
- Population not educated about OD

How To Diagnose & Implement OD?

New Paradigm in Health Care

"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

	ogical tooth wear, chipping or fractures er IM. et al. Type and Incidence of Cracks in Posteror Teeth. 2001;86:168
Coleman TA,	nypersensitivity Grippo JO, et at Cervical dentin hypersensitivity. Part III: Resolution following occlusal equilibration. Int 2003:34:427-434
Greenstein G,	nypermobility Grenstein B, Cavallaro J. Prerequisite for treatment planning implant dentistry: Periodontal on of compromised teeth. 2007 Compendium 28(8):436-447
Fremitu Abfract Grippo JO, Al	
Harrel SK, Nu	localized bone destruction (secondary to periodontal disease) unn ME, Hallmon WW. Is there an association between occlusionYes, occlusal forces can contribute to estruction. JADA; 2006; 137 (10): 1380-1392
T Gremillion	pain and TMJ pain. on HA. The relationship between occlusion and TMD: An evident-based discussion. t Pract 2006;6:43-47

Patients Choose Direction

(Stage 2) The Record Taking Visit

Purpose:

- To gather necessary information for final diagnosis.
- Permits an opportunity for communication of goals and limitations.
- Has 2 components...the occlusal portion (function), esthetic portion

Record Needed on second visit

- 1. Photos
- 2. Panorex
- 3. High Quality Cast
- 4. Face Bow
- 5 a).Lucia jig
- 5 b) Patient Fill Occlusion & TMJ Form

Esthetic Component:



Dento-Facial Esthetic Diagnosis System

1. Occlusal Plane: Midline: 3. Facial Symmetry: 4. Lip Position: 5. Facial Lateral Thirds: 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: Shape/Style: 24.

25. Ration:

"What is an Ideal Occlusion"? Joint Position...

- Natural bite
- Neuromuscular

CR:

- Gnathology
- Bioesthetics
- Pankey-Dawson

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 forcesForces measured in terminal hinge position J Dent Res. 1975 Jan-Feb;54(1):114-20. Williamson EH. Et al . Anterior guidence: effect on electromyografic 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 Treatemnet of Occlusal Problems. 1989 Mosby

VDO

McNeill C. Science and Practice of Occlusion. Quintessence Books. 1997 Chapter 30; Pages409

 $[\]boldsymbol{*}$ Patient accommodation to changes in VDO, suggest than VDO can be modified with in reason without clinical consequences.

Diagnose Before You Treat!

Diagnose First:

There can only be one correct diagnosis, but there can be many treatments for that diagnosis. Hippocrates

- Pt. Goals
- Diagnosis (Disease & Etiology)
- Treatment

The Logical Approach To Implant Dentistry



The Tend:

Dear, JL, enjoyed your article in the Glidwell mag. I really enjoyed the part about not grafting. In my area of the country, North Carolina, virtually all the perio. and OS graft every case. I see fewer and fewer people accepting implants because this drives up the cost.

Dr. Don DiGiulian

Bone Grafting Success?

- Failure in augmented ridges:
- 7.5% before loading
- 11.3% during 5 years of function.

Froum SJ, Dental Implant Complications. 2010 Wiley-Blackwell. Chapter 6; Pag 112

Narrow ImplantsGeckili:

- 159 NDIs belonging to four brands...overall success rate of 98.74%.
- Arisan: NDIs can be used with confidence where a regular diameter implant is not suitable. No implant fractured.

Geckili O, Mumcu E, Bilhan H. Radiographic Evaluation of Narrow Diameter Implants after 5 years of clinical function: a Retrospective Study. J Oral Implantol. 2011 Feb 5

Arisan V, Bölükbaşi N, Ersanli S, Ozdemir T. Evaluation of 316 narrow diameter implants followed for 5-10 years: a clinical and radiographic retrospective study. Clin Oral Implants Res. 2010 Mar;21(3):296-307

Keeping the Patient's Best Interest in Mind...

Who is the "best" professional to perform implant procedures for our patients?

Composite Classification

Large particle or Traditional 1-50µm (out of use) $Microfill < 0.05 \mu m$ Traditional Hybrid 20µm (out of use) Microhybrids 0.04µm Namofill 75-20 nm Flowable Condensable Bulk Fill Flowable (new) Microfills **Advantages & Uses** Disadvantages___ Microhybrids $\leq 0.4 \mu m$ to $0.6 \mu m$ average Advantages & Uses____ Disadvantages Nanohybrids or Nanofills... Advantages & Uses Disadvantages Flowables... Advantages and Uses Disadvantages **Bulk Fill Flowable (New) Advantages**

Bonding System:

Goal is Predictable Clinical Success

- Strong adhesion
- No post-op sensitivity
- Proper seal
- Ease of use
- Durability

Enamel Bonding Is Unchanged:

1955 Michael Buonocore; Ray Bowen 1960s Etch enamel with 37% phosphoric acid for 15-20 sec 15-25 MPa of bond strength.*

2 Families of Dentin Bonding Systems

1. Total Etch

- 2 Bottle (4th Generation)
- 1 Bottle (5th Generation)

2. Self Etch

- 2 Bottles (6th Generation)
- 1 Bottle (7th Generation)
- 4th Generation Dentin Bonding System (Total Etch) Fusayama (1979) Total etch & Nakabayashi (1982) Hydrophilic resin and Hybrid laver
- 5th Generation

TE Bonding Technique



Notes_

Abu-Hanna A., Gordan V. The effect of variation in etching times on dentin bonding. General Dentistry Jan 2004

Problems with Total Etch:

Complicated technique, Degradation of Bond & PO Sensitivity!!!

Berkowitz G, Horowitz A et al. Postoperative hypersensitivity in class I ...In general practice, Interim results. Compendium 2009 Vol 30;6:356-363

Carvallo et al Effect of HEMA/solvent combination on bond strength to dentin. J Dent Res 82(8)597-601,2003;

Tay F. Pashley D. Water treeing-A potential mechanism for degradation of dentin adhesives. Ame J Dent 16:6-12, 2003

Sixth & Seventh Generation, Self Etch

Total Etch versus Self Etch Adhesives, Effects on Postoperative sensitivity Perdigao J, et al JADA December 2003

Advantages of Self Etch? Forgiving!!!

Tay FR, Gwinnett AJ, Wei SHY. Micromorphological spectrum for over drying to oversetting acid condition dentin...Dental materials 1996;12:236-244

Perdigao J, et al Total Etch versus Self Etch Adhesives, Effects on Postoperative sensitivity JADA December 2003

Werner J.F. & Tani C. Journal of Adhesive Dentistry. 4(4):277-82, 2002

Advantages of SE... Less Sensitivity!!!

CRA:

No post-op sensitivity SE 24% & TE 12% Severe SE 4% & TE 17%

Bond Strength & Performance SE?

Cura C. & al Effect of different bonding agents on shear bond strengths of composite-bonded porcelain to enamel. Journal of Prosthetic Dentistry. 89(4):394-9, 2003 Apr.

Turkun LS. The clinical performance of one and two step self etch adhesive systems at one year. 2005 JADA Vol.136 May: 656

Etch Enamel? Yes...

J.L. Ruiz, W. Finger, T. Endo Conventional and self-etching adhesive effects on retention of luting resins Abstract IADR 2004

Fabianelli A. & al Efficacy of self-etching primer on sealing margins of Class II restorations American Journal of Dentistry. 16(1): 2003.

Self Etch, Improved Degradation of Bond

Marc Braem Microshear fatigue testing of tooth adhesives interface. Journal of adhesive Dent 2007 Vol 9 Supplement 2 Waidyasekera K, Nikaido T et al. Reenforcement of dentin in self etch adhesive technology: a new concept. J of Dent 2009; 37:604-609

SE Bonding Technique



Votes

Thank You

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