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

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

- Pathological tooth wear, chipping or fractures

- Tooth hypersensitivity

- Tooth hypermobility

- Fremitus
- Abfractions

- 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.
(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:
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 ESTHETICS**
20. Papilla:
21. Gingival Symmetry:
22. Gingival Biotype:

**TOOTH ESTHETICS**
23. Shade:
24. Shape/Style:
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?

2 a. Why Anterior Guidance?

2 b. Why Canine Guidance?

3. Envelop of Function?
Dawson PE. Evaluation, Diagnosis and Treatment of Occlusal Problems. 1989 Mosby

VDO
* 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.

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 < 0.05μm
Traditional Hybrid 20μm (out of use)
Microhybrids 0.04μm
Namofill 75-20 nm
Flowable
Condensable
Bulk Fill Flowable (new)

**Microfills**

Advantages & Uses

Disadvantages

**Microhybrids**

≤0.4μm to 0.6μm 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
5th Generation

**TE Bonding Technique**

Notes

Problems with Total Etch:
Complicated technique, Degradation of Bond & PO Sensitivity!!!

Sixth & Seventh Generation, Self Etch

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

Advantages of SE… Less Sensitivity!!!
CRA:
No post-op sensitivity SE 24% & TE 12%
Severe SE 4% & TE 17%

Bond Strength & Performance SE?
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

Self Etch, Improved Degradation of Bond
Marc Braem Microshear fatigue testing of tooth adhesives interface. Journal of adhesive Dent 2007 Vol 9 Supplement 2

SE Bonding Technique

Thank You

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