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V1964

Affordable Treatment of Complex Rehabilitative Needs

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

C.E. Instruction Sheet
Products List
Clinician Responsible
Goals & Objectives
Overview
References
AGD Post Test

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Sources of Products Discussed in

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Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **Blu-Mousse**
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(800)243-7446
(631)249-1134
www.parkell.com
2. **Diashine and Intra-Oral Diashine**
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(888)628-8300
(425)361-2990
www.vhtechnologies.com
3. **Dyract eXtra**
Dentsply Caulk
38 West Clarke Avenue
Milford, DE 19963
(800)532-2855
(302)422-4511
www.caulk.com
4. **Examix NDS**
GC America
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Alsip, IL 60803
(800)323-7063
(708)597-0900
www.gcamerica.com
5. **Filpins**
Filhol Dental
19 West 34th Street
Suite 916
New York, NY 10001
(855)714-9250
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www.filhol.com
6. **G5 All-Purpose Desensitizer**
Clinician's Choice Dental
P.O. Box 1706
New Milford, CT 06776
(800)265-3444
www.clinicianschoice.com
7. **GC Fuji Plus**
GC America
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Alsip, IL 60803
(800)323-7063
(708)597-0900
www.gcamerica.com
8. **Gluma Desensitizer**
Heraeus
300 Heraeus Way
South Bend, IN 46614
(800)431-1785
(574)299-5476
www.heraeus-kulzer-us.com
9. **IPS e.max**
Ivoclar Vivadent Inc.
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
(716)691-0010
www.ivoclarvivadent.us.com
10. **MicroPrime G**
Danville Materials
3420 Fostoria Way
Suite A-200
San Ramon, CA 94583
(800)827-7940
(925)973-0710
www.danvillematerials.com
11. **Midwest Beaver Burs 1931**
Dentsply Professional
1301 Smile Way
York, PA 17404
(800)800-2888
(717)767-8500
www.professional.dentsply.com
12. **MultiCore Flow**
Ivoclar Vivadent Inc.
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(800)533-6825
(716)691-0010
www.ivoclarvivadent.us.com
13. **Occlusal Indicator Wax**
Kerr Dental Laboratory Products
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(714)516-7650
www.kerrlab.com
14. **OptraGate**
Ivoclar Vivadent Inc.
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
(716)691-0010
www.ivoclarvivadent.us.com
15. **RelyX Luting Plus**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com

16. **Scotchbond Universal**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com
17. **Snap-Stone**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
18. **Triad TruTray**
Dentsply Prosthetics
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(717)845-7511
www.prosthetics.dentsply.com
19. **Ultra-Etch**
Ultradent Products, Inc.
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South Jordan, UT 84095
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(801)572-4200
www.ultradent.com
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PROGRAM

V1964 Affordable Treatment of Complex Rehabilitative Needs

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD
CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Describe why the need for oral rehabilitation is increasing.
2. Discuss the reasons why many patients do not have oral rehabilitation accomplished.
3. List the patient characteristics necessary for a segmented oral rehabilitation.
4. Discuss the advantages of segmented oral rehabilitation accomplished over a significant period of time.
5. Discuss the disadvantages of oral rehabilitation accomplished at one time.
6. Compare the success of oral rehabilitation done at one time vs. spreading the treatment over a significant period of time.
7. Discuss why opening vertical dimension of occlusion is an impediment when accomplishing an oral rehabilitation.
8. Describe an exploratory appointment.
9. List six aspects of informed consent.
10. Discuss the treatment that should be done first in a segmented oral rehabilitation.
11. List a typical sequence for doing the oral rehabilitation over several years.
12. Describe the significance of occlusal adjustment during and after an oral rehabilitation.
13. Discuss when crowns most logically should be placed during the rehabilitation.
14. Discuss how vertical dimension of occlusion is maintained in a segmented treatment plan.
15. Discuss what to do when a patient cannot afford the total cost of an oral rehabilitation, but wants to have the therapy done.
16. Compare the type of cement that is probably best for mature patients.
17. Discuss the types of crown materials best for an oral rehabilitation.
18. Compare types of bases and liners, and when they are likely needed.
19. Describe a patient completion letter to be given to patients after the treatment is completed.
20. State how to describe the potential of the longevity of crowns to patients.

OVERVIEW

V1964 Affordable Treatment of Complex Rehabilitative Needs

The main purpose of this presentation is to provide information and techniques on how patients needing complex oral rehabilitation can afford to have this treatment accomplished in typical dental practices.

The following information is included:

- The increasing need for oral rehabilitation
- Determining patient financial limitations
- Evaluating and presenting various levels of cost for oral rehabilitative treatment
- Necessary patient characteristics for segmented treatment
- Comparative success of segmented treatment plans vs. one-time treatment
- Importance of maintaining vertical dimension of occlusion for segmented treatment
- Methods for maintaining vertical dimension of occlusion for segmented treatment
- Deciding on treatment sequence and time needed
- Planning the rehabilitative treatment
- Assessing emergency treatment needs
- Informed consent
- Accomplishing preparatory and emergency treatment
- Selecting the best sequence of treatment for a specific patient
- Oral surgery
- Periodontal treatment
- Endodontic treatment
- Restorative dentistry
- Implant placement
- Orthodontic treatment
- Occlusion
- Crowns and fixed prostheses
- Completing segmented treatment
- Follow up periodontal maintenance and repair

REFERENCES

V1964 Affordable Treatment of Complex Rehabilitative Needs

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4. Schwass DR, Lyons KM, Purton DG. How long will it last? The expected longevity of prosthodontic and restorative treatment. *N Z Dent J.* 2013 Sep;109(3):98-105.
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6. Muradov MA, Riakhovskii AN, Khamzatov RM. [Estimation of impression quality in fixed prosthesis oral rehabilitation.] *Stomatologiya (Mosk).* 2013;92(4):50-56.
7. Al Jabbari YS, Al-Rasheed A, Smith JW, Iacopino AM. An indirect technique for assuring simplicity and marginal integrity of provisional restorations during full mouth rehabilitation. *Saudi Dent J.* 2013 Jan;25(1):39-42. doi: 10.1016/j.sdentj.2012.10.003. Epub 2012 Nov 10.
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9. Chekhani UN, Mikeli AA, Huettig FK. All-ceramic prosthetic rehabilitation of a worn dentition: Use of a distal cantilever. Two-year follow-up. *Dent Res J (Isfahan).* 2013 Jan;10(1):126-31. doi: 10.4103/1735-3327.111815.
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POST TEST

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1. What is the most commonly expressed reason why patients do not have complex oral rehabilitation?
 - a. Fear
 - b. Cost of the treatment
 - c. Travel to the dental office
 - d. Presence of debilitating systemic diseases

2. What is the most frequent and logical initial treatment in a segmented oral rehabilitation?
 - a. Periodontal treatment
 - b. Fixed prosthodontics
 - c. Endodontics
 - d. Emergency or preparatory procedures

3. Segmented oral rehabilitation can be accomplished:
 - a. one tooth at a time.
 - b. one arch at a time.
 - c. one quadrant at a time.
 - d. all of the above.

4. One of the most frequently accomplished sequences for segmented oral rehabilitation has _____ segments.
 - a. 1 or 2
 - b. 4 or 5
 - c. 8 or 9
 - d. 10

5. A major impediment to accomplishing a segmented oral rehabilitation includes:
 - a. many teeth missing.
 - b. need to open vertical dimension of occlusion.
 - c. patient has adequate finances.
 - d. treated temporomandibular joint dysfunction.

6. The population over 65 years of age is:
 - a. decreasing.
 - b. increasing.
 - c. staying stable without change.
 - d. not usually in need of oral rehabilitation.

7. Segmented treatment for an oral rehabilitation need can be:
 - a. better than doing all of the treatment at one time.
 - b. worse than doing all of the treatment at one time.
 - c. less difficult than doing the treatment at one time.
 - d. all of the above.

POST TEST (CONT'D)

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- 8. Informed consent for patients:
 - a. is an elective part of treatment planning.
 - b. is considered to be a mandatory part of treatment planning.
 - c. is not necessary for patient understanding of treatment.
 - d. has 4 major components.

- 9. To provide optimum financial help from dental benefit plans, it is suggested to _____.
 - a. prepare teeth in January and seat crowns in December
 - b. prepare teeth in November or December and seat the crowns in January
 - c. do all of the treatment in one year
 - d. place composites instead of crowns

- 10. The first segment to be done after emergency needs:
 - a. is the lower anterior teeth.
 - b. is the maxillary anterior teeth.
 - c. is the worst appearing quadrant.
 - d. should be the segment agreed upon by dentist and patient.

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