

PRACTICAL CLINICAL COURSES

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Career Development Program

V2551

Predictable Removable Partial Dentures

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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Sources of Products Discussed in

V2551 Predictable Removable Partial Dentures

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

1. **Accufilm II**
Parkell, Inc.
300 Executive Drive
Edgewood, NY 11717
(800)243-7446
(631)249-1134
www.parkell.com
2. **Articulators**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
3. **Dentsply Triad**
Dentsply Prosthetics
570 West College Avenue
York, PA 17405
(800)243-1942
(717)845-7511
www.ceramco.com
4. **Disposable Scalpel**
Local Distributors
5. **ERA Attachment Systems**
Sterngold Dental, LLC
23 Frank Mossberg Drive
Attleboro, MA 02703-0967
(800)243-9942
(508)226-5660
www.sterngold.com
6. **ERA Attachment Systems**
Zimmer Dental
1900 Aston Avenue
Carlsbad, CA 92008
(800)854-7019
(760)929-4300
www.zimmerdental.com
7. **Examix**
GC America, Inc.
3737 West 127th Street
Alsip, IL 60803
(800)323-3386
(708)597-0900
www.gcamerica.com
8. **Fit Checker**
GC America, Inc.
3737 West 127th Street
Alsip, IL 60803
(800)323-3386
(708)597-0900
www.gcamerica.com
9. **Implant Support Company**
Attachments International
824 Cowan Road
Burlingame, CA 94010-1205
(800)999-3003
(650)340-0393
www.attachments.com
10. **Imtec Mini Implant**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
www.3mespe.com
11. **Lab Burs**
Brasseler USA
One Brasseler Blvd.
Savannah, GA 31419
(800)841-4522
(912)925-8525
www.brasselerusa.com
12. **Madame Butterfly Silk**
Almore International, Inc.
P.O. Box 25214
Portland, OR 97298
(800)547-1511
(503)643-6633
www.almore.com
13. **Models**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
14. **Permadyne**
3M ESPE Dental Products
3M Center
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St. Paul, MN 55144
(800)634-2249
www.3mespe.com
15. **Permasoft**
Dentsply Canada
161 Vinyl Court
Woodbridge, ON L4L 4A3
CANADA
(800)263-1437
(905)851-6060
www.dentsply.ca
16. **Pink Base Plate Wax**
Coltene/Whaledent
235 Ascot Parkway
Cuyahoga Falls, OH 44223
(800)221-3046
(330)916-8800
www.coltene.com
17. **ProMax 3D**
PLANMECA USA
100 North Gary Avenue
Suite A
Roselle, IL 60172
(630)529-2300
www.planmecausa.com
18. **Ridge Caliper**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com

19. **Schick SDX**
Schick Technologies
30-30 47th Avenue
Suite 500
Long Island City, NY 11101
(877)724-4254
(718)937-5765
www.schicktech.com

20. **Sirona Galileos System**
Sirona Dental Systems LLC
4835 Sirona Drive
Suite 100
Charlotte, NC 28273
(800)659-5977
(704)587-0453
www.cereconline.com

21. **Snap-Stone**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com

22. **Triad TruTray**
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(800)243-1942
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www.ceramco.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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Partial Removable Dentures

We have done our best to provide you with well-fitted, functional, and esthetic removable partial dentures. We feel confident that after a few weeks of becoming adjusted to the new partial dentures, you will have years of satisfaction and use from them.

1. **The First Few Weeks:** New dentures always feel strange when first placed in your mouth. Several days or even a few weeks will be required for you to feel accustomed to them.
2. **Sore Spots:** Usually, your mouth will have a few “sore spots” after wearing the dentures for 24 hours. Don’t worry about these areas. They can be relieved with very little effort during your next appointment. Another appointment about 7 days later will usually eliminate any other sore areas.
3. **Chewing:** The new bite will not feel comfortable for a period of days. We will adjust the contacting surfaces of your teeth in 24 hours and again about one week after the dentures have “settled” into place.
4. **Cleaning the Dentures and Your Mouth:** Your dentures can be cleaned by using a soft bristle toothbrush and a mild denture cleaning paste. Use special care to clean the parts of the partial denture that contact natural teeth. Both the partial denture and the natural teeth must be kept very clean on a daily basis to reduce the chance of new dental decay starting. Use fluoride-containing toothpaste for the natural teeth. If suggested by us, use high fluoride-containing toothpaste such as PreviDent (Colgate) as a brush-on material on a daily basis. This product requires a prescription from us. Denture soaks or cleaners are also useful to help in removing debris from the denture. Please ask us if you are interested in small “sonic” cleaners available for home use. Brush your gums with a regular toothbrush once per day to toughen and clean them. You may leave the dentures in or out of your mouth at night, depending on your preference. If they are out of your mouth, leave them soaking in water to avoid dehydration and warping.
5. **The Future:** Your jaw bones and gums shrink up to 1/32 of an inch per year when your teeth are missing. This shrinkage is one of the main disadvantages of artificial dentures. Because of this shrinkage, you should plan to have your dentures and oral tissues evaluated by us at least once every 6 months. We will inform you when refitting of the dentures is necessary. Wearing ill-fitting dentures for too long without refitting can cause severe bone loss and serious oral diseases. We look forward to helping you enjoy your new partial dentures.

PROGRAM

V2551 Predictable Removable Partial Dentures

CLINICIAN RESPONSIBLE:

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

GOALS & OBJECTIVES

On completion of this video, viewers should be able to:

1. Discuss the history of removable partial dentures (RPDs).
2. Describe why RPDs have been a challenge for both patients and dentists.
3. List alternatives for RPDs.
4. List the advantages of using implants with RPDs.
5. Describe the various implants that can be used with RPDs.
6. Discuss innovative treatment plans using implants with RPDs for Kennedy classes I, II, III, and IV.
7. Discuss types of implant abutment attachments to be used with RPDs.
8. Discuss use of RPDs as transitional treatment, leading on to fixed prosthodontics.
9. Discuss RPDs as final treatment.
10. List the sequence of treatment using implants under a new RPD.
11. Describe the diagnostic appointment for RPDs.
12. List the steps in making a final impression for an RPD.
13. Describe how the final impression can be made in such a way that the RPD does not rock.
14. Discuss the need for occlusal rests and tooth contouring when using RPDs.
15. Describe the desirable characteristics for metal frameworks.
16. List the steps when determining the centric jaw relation.
17. List important factors during the tooth try-in.
18. List the steps when seating the RPD.
19. Discuss occlusal considerations for RPDs.
20. Describe the steps in postoperative adjustments.

OVERVIEW

V2551 Predictable Removable Partial Dentures

Removable partial dentures have always been a significant negative procedure for both patients and dentists. Why they are a problem is quite identifiable. They have clasps that can be uncomfortable and unesthetic. They often loosen and sensitize natural teeth to which they are connected. They become loose over a relatively short period of service, and when tightened, they feel good for only a short time. All dentists have broken partial denture clasps when attempting to tighten them. Some patients lose their partials. Dogs eat them if they are left out of the mouth and in an accessible location. Yes, occasionally any of us can make a partial that is really liked by the patient. Unfortunately, the frequency of such success is limited.

The content of this video can reduce or eliminate most of the problems described above. The following and other subjects are included in this presentation:

- The frustrating history of removable partial dentures (RPDs)
- Alternatives for RPDs
- Advantages of using implants with RPDs
- Types of implants for use with RPDs
- Innovative treatment plans using implants with RPDs
- Implants and Kennedy Class Is
- Implants and Kennedy Class IIs
- Implants and Kennedy Class IIIs
- Implants and Kennedy Class IVs
- Types of attachments
- RPDs as transitional treatment
- RPDs as final treatment
- Sequence of treatment for new RPDs using implants
- Diagnostic appointment
- Implant placement
- Appearance of patient 8 years after completion of treatment
- Provisional restoration after implant placement and before denture completion
- Modification of teeth and occlusal rests
- Final impressions
- Framework try-in
- Centric jaw relation
- Tooth try-in
- Seating RPD
- Occlusal considerations
- Adjustment appointment
- Placing implants under a previously functional RPD
- Conclusions about implant-supported and retained RPDs

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7. Stilwell C. Revisiting the principles of partial denture design. *Dent Update.* 2010 Dec;37(10):682-4, 686-8, 690.
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POST TEST

V2551 Predictable Removable Partial Dentures

1. Conventional removable partial dentures have been objectionable because of:
 - a. unsightly clasps.
 - b. inadequate retention.
 - c. inadequate support and a “rocking motion” toward the edentulous areas.
 - d. all of the above.

2. Using the average diameter of implants as a guide for denture support and retention:
 - a. one small-diameter implant equals one conventional-diameter implant.
 - b. two small-diameter implants equal one conventional-diameter implant.
 - c. three small-diameter implants equal one conventional-diameter implant.
 - d. four small-diameter implants equal one conventional-diameter implant.

3. One of the most adequate places for implants used as support and retention for removable partial dentures is:
 - a. the maxillary tuberosity area.
 - b. the triangle of bone just over the mental foramen.
 - c. the triangle of bone distal or mesial to remaining natural teeth.
 - d. none of the above.

4. Usually, the most inadequate conventional removable partial denture is:
 - a. Kennedy Class I.
 - b. Kennedy Class II.
 - c. Kennedy Class III.
 - d. Kennedy Class IV.

5. The most flexible and resilient attachment for connecting implants to the denture is:
 - a. an ERA.
 - b. a Locator.
 - c. a sphere abutment to retain the denture using a rubber washer in a housing in the denture.
 - d. a Hader bar.

6. The cast from which a custom tray is made is fabricated from an alginate impression:
 - a. on the first appointment after the diagnostic appointment.
 - b. during the final impression appointment.
 - c. at the centric jaw relation appointment.
 - d. at the diagnostic appointment.

7. The most stable type of occlusion rim (bite block) for large soft-tissue edentulous areas is made from:
 - a. shellac.
 - b. PMMA.
 - c. VPS lined light-curing tray material.
 - d. wax alone.

POST TEST (CONT'D)

V2551 Predictable Removable Partial Dentures

8. Metal frameworks for removable partial dentures should be:
 - a. relieved from the cast to avoid sore spots.
 - b. thin, flexible, and cast directly to the stone model without relief.
 - c. always made from nickel-chrome metal.
 - d. thick and strong to avoid fracture of the metal.

9. Saying any word with "s" in it with the occlusion rims in place helps to locate:
 - a. correct vertical dimension of occlusion.
 - b. freeway space.
 - c. curve of Spee.
 - d. curve of Wilson.

10. Custom trays for final impressions should be:
 - a. relieved from the stone model to allow for a thickness of impression material.
 - b. fitted tightly to the remaining natural teeth.
 - c. relieved only from the teeth receiving clasps.
 - d. made to tightly fit the edentulous ridge.

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