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Career Development Program

V1572 Onlays vs. Crowns

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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

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PROGRAM

V1572 Onlays vs. Crowns

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, viewers should be able to:

1. Describe the characteristics of tooth preparations for inlays, onlays, and crowns.
2. Describe why crowns are done more than onlays.
3. Discuss the differences between laboratory made and in-office milled onlays.
4. Draw the tooth preparation for an onlay on a mandibular molar.
5. Discuss liners and bases for inlays and onlays.
6. Discuss soft-tissue management for inlays and onlays.
7. Describe the suggested impression technique for one onlay.
8. Discuss provisional materials for inlays and onlays.
9. Describe the technique for making provisional restorations for onlays.
10. List the types of cements for provisional restorations.
11. Describe why some provisional materials do not require cement.
12. Compare strength of onlays with the strength of uncut teeth.
13. Discuss materials for inlays and onlays.
14. Compare materials for inlays and onlays.
15. Describe zirconia.
16. Describe lithium disilicate.
17. Describe resin nano ceramic.
18. Compare cements for inlays and onlays.
19. List the technique steps for prepping an onlay.
20. List the technique steps for seating an onlay.

OVERVIEW

V1572 Onlays vs. Crowns

This presentation demonstrates the steps in diagnosis and treatment for tooth-colored inlays and onlays using zirconia, lithium disilicate, and resin nano ceramic. The following topics are included:

- Typical teeth needing major restoration
- What are the characteristics of inlays, onlays, and crowns?
- Why crowns are more commonly placed than onlays
- Laboratory made onlays
- In-office milled onlays
- Tooth preparations
- Liners and bases
- Soft-tissue management
- Impressions, conventional and scanned
- Provisional restoration materials
- Cements for provisional restorations
- Seating provisional restorations
- Materials for onlays
- Strength of onlays
- Demonstration of three onlay types
- Cements for onlays
- Cementing lithium disilicate onlays/inlays
- Cementing zirconia onlays/inlays
- Cementing resin nano ceramic inlays/onlays
- Acid etching enamel
- Tooth preparation disinfection and desensitization
- Bonding agents for onlays/inlays
- Seating onlays
- Occlusal considerations
- Long-term maintenance and repair
- Additional educational information
- Conclusions

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V1572 Onlays vs. Crowns

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POST-TEST

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1. An onlay is described by third-party payment organizations as a restoration that:
 - a. covers all tooth cusps.
 - b. covers at least one cusp.
 - c. covers at least the chewing (pestle) cusp.
 - d. is any indirectly made partial coverage restoration.

2. Which is strongest?
 - a. Bonded inlay
 - b. Onlay covering at least half of the cusps
 - c. Onlay covering all of the cusps
 - d. Bonded resin-based composite

3. Tooth preparations for onlays should have:
 - a. at least 1.5 mm of reduction on the occlusal surfaces.
 - b. more divergence than cast gold alloy restorations.
 - c. no gingival bevels.
 - d. all of the above.

4. Impressions for one onlay are best made in:
 - a. a double-arch tray.
 - b. the centric relation position.
 - c. a full-arch tray.
 - d. light curing vinyl polysiloxane.

5. Provisional restorations for onlays:
 - a. should always be made in bis-acryl.
 - b. should always be cemented.
 - c. can be made in bis-acryl, if retention of the prep is low.
 - d. always have good retention.

6. Which was the strongest material (numerically) in the CR study reported in the video?
 - a. Resin nano ceramic
 - b. Zirconia
 - c. Uncut tooth
 - d. Lithium disilicate

7. The most adequate cement for onlays is usually:
 - a. resin-modified glass ionomer.
 - b. glass ionomer.
 - c. resin.
 - d. bonded resin-modified glass ionomer.

POST-TEST (CONT'D)

V1572 Onlays vs. Crowns

- 8. Soft-tissue management for inlays and onlays:
 - a. uses ferric sulfate styptic.
 - b. is minimal.
 - c. requires cord placement.
 - d. requires aluminum chloride styptic.

- 9. Lithium disilicate restorations should be cleaned before cementation with:
 - a. sandblasting.
 - b. hydrofluoric acid etch for at least 10 seconds.
 - c. hydrochloric acid.
 - d. Ivoclean or phosphoric acid.

- 10. Zirconia should be cleaned before cementation with:
 - a. phosphoric acid.
 - b. hydrofluoric acid.
 - c. Ivoclean or sandblast.
 - d. hydrochloric acid.

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