PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

V1934
Complex Oral Rehabilitation

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

C.E. Instruction Sheet
Products List
Treatment Completion Letter
Temporary Crowns and Fixed Prostheses (Bridges)
Clinician Responsible
Goals & Objectives
Overview
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AGD Post-Test

Gordon J. Christensen

PRACTICAL CLINICAL COURSES

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Gordon J. Christensen

PRACTICAL CLINICAL COURSES

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V1934 Complex Oral Rehabilitation

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

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Treatment Completion Letter

(TO BE SENT AFTER COMPLETION OF COMPREHENSIVE TREATMENT)

Dear _____:

It has been our pleasure to provide oral treatment for you. This letter will summarize what we did for you, and make comments and suggestions about the future.

The following treatment has been completed:

(Brief detail of treatment) _____

_____

_____

_____

We need your help:

Your oral rehabilitative treatment has been completed. We ask for your help in maintaining this oral rehabilitation for many years of service. Your faithful participation in oral hygiene procedures, periodic professional check-ups will prolong the service of your oral rehabilitation.

The following maintenance is requested of you:

1. Make sure you have check-up visits at least once every ❑ 2 ❑ 4 ❑ 6 ❑ 12 *(check one)* months including: exams, radiographs, and oral prophylaxis procedures. Waiting longer between visits often results in problems that cannot be repaired without re-treating you at considerable expense.
2. Use the preventive home care techniques and products that we have suggested for you previously. Brush and floss your teeth daily, especially before bedtime.

Longevity of your rehabilitation:

We have done our best to provide you with the highest quality, up-to-date oral therapy available. However, your oral rehabilitative treatment has a predictable longevity expectancy. If your overall health remains good, your recall appointments are kept faithfully, and your preventive procedures are carried out daily, your oral rehabilitation should serve ❑ a few ❑ several ❑ many ❑ an indefinite number of years. This longevity prediction could be reduced if you have an accident or trauma involving your head or mouth, if you excessively chew hard or sticky objects, if you accomplish less maintenance than described previously, or if you do not have your periodic recall appointments.

If you move from this geographic area, please contact our office. We will refer you to a qualified person in your new area.

We look forward to serving you in the future on a systematic recall basis.

Sincerely,

_____

P.S. We are often asked if our practice accepts new patients. Yes, we appreciate serving new patients and would enjoy the confidence of your referral of others. Thanks.

Temporary Crowns and Fixed Prostheses (Bridges)

You have just received a plastic temporary restoration that will serve you for a short period of time until the final restoration(s) are made. The following comments about these temporary restorations will be helpful to you.

Chewing:

a. The temporary cement holding the interim restoration in place requires about one-half hour to set. Please do not chew during that period of time, as you may dislodge the temporary restoration.

b. Temporary restorations are not strong. They may break or come off. Do not chew on hard or sticky foods in the area of the temporary restoration(s). If the restorations come off, call us and we will replace them. If you are where you cannot contact us, go to a pharmacy and purchase some Fixodent (denture adhesive). Replace the temporary with Fixodent holding it in place. This denture adhesive will retain the temporary restoration until you can see us. Please do not leave the temporary restoration out of your mouth, because the teeth will move, and the final restorations will not fit.

c. DO NOT USE superglue to cement the restoration.

d. Certain foods will stick to the temporary restoration. This will not occur with the final restoration to be cemented soon.

Color: The color of the plastic temporary does not resemble the color of the final restoration.

Shape, Size: The shape and size of the plastic temporary does not resemble the final restoration.

Tooth Sensitivity: Temporary restorations may leak, allowing saliva or food to contact the tooth. Sensitivity to cold, hot, or sweet is not uncommon. This sensitivity will not be present with your final restorations.

Please call us if you have any questions.

I have read and understand the above information.

_____	_____	_____
PATIENT'S NAME	**SIGNATURE OF PATIENT, LEGAL GUARDIAN, OR AUTHORIZED REPRESENTATIVE**	**DATE**

PROGRAM

V1934 Complex Oral Rehabilitation

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. Define an oral rehabilitation as discussed in this presentation.
2. List the diagnostic components suggested before accomplishing an oral rehabilitation.
3. Describe an exploratory appointment.
4. List five factors influencing the sequence of treatment for rehabilitative dentistry.
5. Describe patient-oriented treatment planning for oral rehabilitation.
6. Describe preoperative therapy before oral rehabilitation.
7. Discuss treatment sequence in the tooth preparation appointment.
8. Discuss soft-tissue management as advocated in this video.
9. Describe the suggested interocclusal record procedure for an oral rehabilitation not requiring opening of vertical dimension of occlusion.
10. Discuss and provide reasons for the use of the advocated type of impression trays for oral rehabilitation.
11. Compare addition reaction silicones and polyethers for oral rehabilitation impressions for fixed prosthodontic restorations.
12. Discuss face bow and articulator needs for a full-arch rehabilitation.
13. List the steps in the fixed prosthodontic restoration seating appointment for an oral rehabilitation.
14. Compare cement types for crowns and fixed prostheses included in an oral rehabilitation.
15. List the steps in seating multiple crowns in a full-arch oral rehabilitation.
16. Discuss methods to desensitize tooth preparations prior to cementation.
17. Discuss occlusal equilibration at the time of cementation of a full-arch of crowns.
18. Discuss the need for occlusal equilibration about six weeks after cementation.
19. Describe postoperative instructions for patients having many crowns cemented.
20. Describe the potential reasons for segmental rehabilitation vs. accomplishing all of the rehabilitation at one time.

OVERVIEW

V1934 Complex Oral Rehabilitation

Oral rehabilitation can be defined in many ways. Some dentists consider oral rehabilitation to include restoration or replacement of all of the teeth. This video emphasizes oral rehabilitation to be a range of restorative techniques from restoration or replacement of a few teeth to restoration of all of the teeth, depending on the needs of the patient. When patients can afford the financial expense of accomplishing all of the rehabilitation at one time, this is sometimes the best way. When they can't afford all of the rehabilitation at one time, dividing the rehabilitation into several segments often makes the treatment affordable for the patient.
The diagnostic suggestions for an oral rehabilitation as described in this video are:

- Informational forms
- Panoramic radiographs
- Bitewing radiographs
- Periapical radiographs
- Diagnostic casts
- Patient education
- TV demonstration of all areas of the patient's mouth
- Periodontal pocket charting
- Blood pressure recording
- Charting previous restorations and endodontic therapy
- Charting carious lesions
- Vitalometer testing
- Soft tissue lesions
- Occlusal disease
- Charting missing teeth
- Other oral Pathosis
- Determining patient's desires for treatment

OVERVIEW (Cont'd)

V1934 Complex Oral Rehabilitation

The treatment sequence for a typical oral rehabilitation is as follows. The duplicated numbers are procedures that can be accomplished in any sequence within the list of similar numbers.

1. Exploratory appointment
2. Oral surgery
3. Periodontal therapy
3. Endodontic therapy
3. Restorative dentistry
4. Implant placement
4. Orthodontics
5. Occlusion
6. Crowns & fixed partial dentures
7. Removable prostheses
8. Occlusion at completion of treatment
9. Periodontal maintenance
10. Repair or replacement

This video includes close-up live video of all of the clinical steps in accomplishing an oral rehabilitation of a maxillary arch for which opening of vertical dimension of occlusion is not necessary.

REFERENCES

1. Nam J, Raigrodski AJ, Heindl H. Utilization of multiple restorative materials in full-mouth rehabilitation: a clinical report. J Esthet Restor Dent 2008; 20(4):251-63; discussion 264-5.

2. Lerner J. A systematic approach to full-mouth reconstruction of the severely worn dentition. Pract Proced Aesthet Dent 2008 Mar; 20(2):81-7; quiz 88, 121.

3. Groten M. Complete esthetic and functional rehabilitation with adhesively luted all-ceramic restorations—case report over 4.5 years. Quintessence Int 2007 Oct; 38(9):723-31.

4. Christensen GJ. Defining oral rehabilitation. J Am Dent Assoc 2004 Feb; 135(2):215-7.

5. Kemmet L. Full mouth reconstruction in two visits. J Colo Dent Assoc 2001 Winter; 80(1):14-7.

6. Schweikert E. Successful full-mouth reconstruction with laboratory-fabricated provisionals. Dent Today 1995 Apr; 14(4):80, 82, 84-5.

7. Binkley TK, Binkley CJ. A practical approach to full mouth rehabilitation. J Prosthet Dent 1987 Mar; 57(3):261-6.

8. Christensen GJ. Dentistry's mission and the high-fee practice. JADA 1999; 130(1):115-7.

POST-TEST

V1934 Complex Oral Rehabilitation

1. Oral rehabilitation may be accomplished:
   - ☐ a. one tooth at a time.
   - ☐ b. one quadrant at a time.
   - ☐ c. one arch at a time.
   - ☐ d. all at once.
   - ☐ e. any of the above.

2. A factor not limiting oral rehabilitation is:
   - ☐ a. age.
   - ☐ b. patient general health.
   - ☐ c. periodontal health.
   - ☐ d. occlusion.

3. The recommended soft-tissue management technique for oral rehabilitation was:
   - ☐ a. the single cord technique.
   - ☐ b. the double cord technique.
   - ☐ c. electrosurgery.
   - ☐ d. laser.
   - ☐ e. none of the above.

4. The initial tooth preparation was suggested:
   - ☐ a. after the second cord was placed.
   - ☐ b. before any cord was placed.
   - ☐ c. after the first cord was placed.
   - ☐ d. after the build-ups were placed.

5. The type of impression tray suggested for oral rehabilitation was:
   - ☐ a. stock metal tray.
   - ☐ b. custom polymethyl methacrylate tray.
   - ☐ c. custom light curing tray.
   - ☐ d. custom heat moldable tray.

6. The type of impression material suggested for oral rehabilitation was:
   - ☐ a. polyether.
   - ☐ b. vinyl polysiloxane.
   - ☐ c. polyether or vinyl polysiloxane.
   - ☐ d. condensation reaction silicone.

7. When accomplishing an oral rehabilitation and maintaining the original vertical dimension of occlusion, the interocclusal record was suggested to be made:
   - ☐ a. after prepping the anterior teeth only.
   - ☐ b. after prepping the posterior teeth only.
   - ☐ c. after prepping nearly all of the teeth, but retaining centric stops on two anterior teeth.
   - ☐ d. after prepping every other tooth.

POST-TEST (CONT'D)

V1934 Complex Oral Rehabilitation

8. The type of articulator suggested for oral rehabilitation was:
   - ☐ a. it doesn't matter which type.
   - ☐ b. fully adjustable.
   - ☐ c. hinge articulator.
   - ☐ d. semi-adjustable.

9. It was suggested to cement the restorations:
   - ☐ a. one at a time.
   - ☐ b. two at a time.
   - ☐ c. one quadrant at a time.
   - ☐ d. all anteriors and then all posteriors.
   - ☐ e. none of the above.

10. The cement used for cementation of the oral rehabilitation in this presentation was:
   - ☐ a. glass ionomer.
   - ☐ b. polycarboxylate.
   - ☐ c. resin.
   - ☐ d. resin-modified glass ionomer.

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