

PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

V3105 Uncomplicated Occlusal Equilibration

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TERMINOLOGY CONFUSION CLARIFICATION

The glossary of Prosthodontic terms defines CENTRIC OCCLUSION as the “occlusion of opposing teeth when the mandible is in centric relation. This may or may not coincide with maximum intercuspal position.”

The glossary definition is not the one most dentists have learned, and it may be confusing on the video you are viewing. Previous definitions of CENTRIC OCCLUSION have indicated that this position is the location where the patient chews, regardless of where it is in regard to centric relation.

In this video please interpret the phrase CENTRIC OCCLUSION, which is the older phrase that most dentists use, to mean the MAXIMAL INTERCUSPAL POSITION or MIP, which is the best fit of the teeth regardless of the condylar position.

It is my plan to eventually eliminate the phrase centric occlusion and replace it with the phrase maximal intercuspal position or MI.

Sorry for the confusion!

Thank you!

Gordon Christensen

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Gordon J. Christensen
PRACTICAL CLINICAL COURSES
Sources of Products Discussed in
V3105 Uncomplicated Occlusal Equilibration

1. **ACCUFILM II**
Parkell
155 Schmitt Blvd.
P.O. Box 376
Farmingdale, NY 11735
(800)243-7446
(631)249-1134
www.parkell.com
2. **ARTICULATING PAPER FORCEPS**
Local Retailer
3. **ARTICULATOR 2240Q**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
4. **7406 TRIMMING & FINISHING BUR**
Dentsply Professional
1301 Smile Way
P.O. Box 7807
York, PA 17404-0807
(800)989-8826
(717)767-8500
www.dentsply.com
5. **COTTON ROLLS (6 INCH AND REGULAR)**
Local Retailer
6. **DRY-TIPS**
Local Retailer
7. **MADAME BUTTERFLY SILK**
Almore International, Inc.
P.O. Box 25214
Portland, OR 97298-0214
(800)547-1511
(503)643-6633
www.almore.com
8. **OCCLUSAL INDICATOR WAX**
Kerr Corporation
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Orange, CA 92867
(800)537-7123
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www.kerrdental.com
9. **PRISMA GLOSS**
Dentsply Caulk
38 West Clarke Avenue
P.O. Box 359
Milford, DE 19963-0359
(800)532-2855
(302)422-4511
www.caulk.com
10. **PROPHY PASTE**
Dentsply Professional
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P.O. Box 7807
York, PA 17404-0807
(800)989-8826
(717)767-8500
www.dentsply.com

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

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Occlusal Equilibration (Altering Your Bite)

- 1. Reasons for occlusal equilibration:** Often, teeth occlude (come together) in a way that can cause many damaging situations. An unacceptable “bite” is called malocclusion and has been related to muscle pain, abnormal tooth wear, and other maladies. Some of the reasons for malocclusion are fillings or bridges that have been placed little by little over a period of years, orthodontics, developmental defects, oral surgery, trauma, natural occurring malocclusion, bruxism, and clenching.
- 2. What is Occlusal Equilibration?** Occlusal equilibration is the mechanical adjustment of your teeth, dentures, bridges, fillings, or other oral appliances to allow your lower and upper teeth to come together and chew in a harmonious manner.
- 3. Is Occlusal Equilibration Harmful?** When malocclusion is present, teeth often require equilibration because some problem exists: pain, abnormal wear, breaking of restorations (crowns), or other conditions. The problems are usually present because the teeth and/or restorations of the upper jaw do not meet in harmony with the teeth of your lower jaw. The teeth and fillings have not “worn in” properly. Occlusal equilibration “wears” some tooth or restoration areas mechanically and allows the teeth to meet harmoniously. It is not harmful.
- 4. What to Expect After Occlusal Equilibration:** A simple occlusal equilibration usually requires one appointment and makes the teeth and restorations meet harmoniously. However, slight changes in your occlusion (bite) occur over a period of time, because of small movements of teeth in the jaw bones, and they may require further slight tooth modifications. More complex equilibrations may require several appointments, and the teeth may shift significantly between appointments. When your signs and symptoms are gone, and your bite is stable, your occlusal equilibration will be finished. Placement of any new fillings in your mouth may change the way the teeth contact. The dentist accomplishing this future treatment should be advised of your past occlusion (bite) problem.
- 5. How Your Teeth Feel:** After occlusal equilibration, your occlusion (bite) will feel different to you. This is to be expected. You will gradually accept this location as your new chewing position.

If you have questions or problems, please call us.

I have read and understand the above information.

PATIENT'S NAME

SIGNATURE OF PATIENT, LEGAL GUARDIAN,
OR AUTHORIZED REPRESENTATIVE

DATE

PROGRAM

V3105 Uncomplicated Occlusal Equilibration

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. Explain the importance of occlusal equilibration.
2. Describe normal occlusion in a young adult.
3. Define centric occlusion.
4. Define centric relation.
5. Define working.
6. Define non-working.
7. Define long-centric.
8. Define wide-centric.
9. Relate incisal guidance to protrusive.
10. List five indications for occlusal equilibration.
11. Discuss the problems that occur if occlusal equilibration is not accomplished for the five indications you listed in statement 10.
12. List the instruments and materials necessary for occlusal equilibration.
13. Describe the difference in tooth roughness/smoothness between use of a diamond or 12-bladed cutting instrument.
14. Describe the clinical steps in the occlusal equilibration technique.
15. Describe why the patient is adjusted in a supine position and also in a sitting-up position.
16. Describe the most common location for initial contact of teeth in centric relation.
17. Describe why cusps are usually not cut in an occlusal equilibration.
18. Describe why marginal ridges, transverse ridges, and central fossa are reduced when accomplishing an occlusal equilibration.
19. Discuss treatment if tooth sensitivity occurs after an occlusal equilibration.
20. Describe the difference between a CRO occlusal equilibration and a long-centric/wide-centric occlusal equilibration.

OVERVIEW

V3105 Uncomplicated Occlusal Equilibration

Most dentists have had an introduction to occlusal equilibration while in dental school. However, it was taught in the onrush of clinical procedures that were required for graduation, with the result being that many practitioners do not have a practical approach to occlusal equilibration. This presentation emphasizes a simplified concept of occlusal equilibration that can be implemented into practice easily and accomplished frequently.

Occlusal equilibration is necessary as a part of the overall therapy in the following treatment situations: placement of routine tooth restorations (operative dentistry); orthodontics; periodontics; implant dentistry; fixed and removable prosthodontics; endodontics; and other areas. If partial or complete occlusal equilibration is not accomplished as a part of the preceding treatments, various maladies occur ranging from broken teeth, to the necessity for endodontic therapy, to relapse of orthodontic therapy, or rejection of implants.

It is necessary to know the terminology of occlusion to communicate with other practitioners. The following terms are described and demonstrated in the presentation: centric occlusion, centric relation, working, non-working, protrusive, wide-centric, long-centric, incisal guidance, group function, and canine rise.

The presentation emphasizes and demonstrates establishment of a centric-relation-occlusion (CRO) chewing position during the occlusal equilibration treatment. Long/wide centric occlusal equilibrations are also described and their indications noted. The following indications for an occlusal equilibration are described: pre-restorative; during and post-restorative, as a part of periodontal therapy, as a part of orthodontic therapy, as a part of temporomandibular joint therapy, and for bruxism and clenching. The following steps are suggested and shown for a (CRO) occlusal equilibration:

1. Adjust centric relation with patient in a supine position.
2. Patient rest for a few minutes while sitting up.
3. Adjust centric relation with patient in a sitting position.
4. Adjust working position with patient in a supine position.
5. Adjust non-working position with patient in a supine position.
6. Adjust protrusive with patient in a supine position.
7. Patient rest for a few minutes while sitting up.
8. Check and correct all positions while patient sits up.
9. Reappoint patient for occlusal "touch-up" about 10 days in the future.
10. Reappoint patient for a second occlusal "touch-up" 20 days in the future.

Occlusal equilibration is a necessary part of many dental therapies, and it is neglected in many situations.

This presentation prepares practitioners to accomplish simple occlusal equilibrations with ease.

REFERENCES

V3105 Uncomplicated Occlusal Equilibration

1. CHRISTENSEN, G.J. "Abnormal Occlusal Conditions: A Forgotten Part of Dentistry". JADA. Vol. 126, December 1995. Pp. 1667-1668.
2. CHRISTENSEN, G.J. "Treating Bruxism and Clenching". JADA. Vol. 131, February 2000. Pp. 233-235.
3. CHRISTENSEN, G.J. "Now is the Time to Observe and Treat Dental Occlusion". JADA. Vol. 132, January 2001. Pp. 100-102.
4. CHRISTENSEN, G.J. "Is Occlusion Becoming More Confusing? A Plea for Simplicity". JADA. Vol. 135, June 2004. Pp. 767-770.

POST-TEST

V3105 Uncomplicated Occlusal Equilibration

1. Mark the one *incorrect statement*:
 - a. Centric occlusion is the most intercuspatated position.
 - b. Centric relation is one mm anterior to centric occlusion.
 - c. Incisal guidance is present in almost all patients.
 - d. Working occurs on the chewing side.
 - e. Non-working is on the non-chewing side.
2. Non-working contacts with opposing teeth:
 - a. should be left intact in the natural dentition.
 - b. should be removed in the natural dentition.
 - c. working contacts should be removed in the natural dentition.
 - d. when working contacts are reduced, non-working contacts are decreased also.
3. Protrusive contacts are:
 - a. almost always present in the natural dentition.
 - b. should be reduced on most patients.
 - c. are usually on the anterior and premolar teeth only.
 - d. usually not homogeneous across the anterior segment.
4. A shift forward from centric relation to centric occlusion is:
 - a. always present.
 - b. about 3 mm forward on the average.
 - c. always pathogenic.
 - d. about 1 mm forward and upward on the average.
5. Casts mounted on a semi-adjustable articulator should:
 - a. be used for study each time before an occlusal equilibration.
 - b. be considered as a good learning experience, but are usually not necessary when accomplishing an occlusal equilibration.
 - c. be mounted in centric occlusion.
 - d. be mounted in protrusive.
6. Select the *incorrect statement*. Occlusal equilibration:
 - a. should start with centric relation adjustment.
 - b. should be accomplished partly in the supine position and partly with the patient sitting up.
 - c. should be considered to be finished and permanent after the second touch-up appointment.
 - d. should be explained carefully to patients before starting the procedure.
7. Select the *incorrect statement*. Cutting and smoothing teeth should be accomplished with:
 - a. a 7406 twelve-bladed bur.
 - b. Prophy Paste.
 - c. composite polishing paste.
 - d. a medium grit diamond rotary instrument.

POST-TEST (CONT'D)

V3105 Uncomplicated Occlusal Equilibration

- 8. Bruxism and clenching:
 - a. can be stopped by occlusal equilibration.
 - b. are the same conditions.
 - c. can be slowed by occlusal equilibration.
 - d. are not indications for occlusal equilibration.

- 9. Moving the mandible into centric relation position was suggested to be done by:
 - a. dual-handed mandibular manipulation.
 - b. single-handed mandibular manipulation.
 - c. an electronic device.
 - d. both the dental assistant and the dentist manipulating the jaw at the same time.

- 10. If it appears that accomplishing a CRO occlusal equilibration will cause cutting through crowns or enamel:
 - a. discontinue the equilibration.
 - b. adjust only non-working.
 - c. always tell the patient new crowns are needed.
 - d. accomplish a partial occlusal adjustment, with a remaining slide from centric relation to centric occlusion.

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