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V3186

Opening Vertical Dimension of Occlusion (and Adjunctive Occlusal Procedures)

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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AGD Post-Test

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PRACTICAL CLINICAL COURSES
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V3186 Opening Vertical Dimension of Occlusion
(and Adjunctive Occlusal Procedures)

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

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(503)643-6633
www.almore.com | |
| 6. Madame Butterfly Silk
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PROGRAM

V3186 Opening Vertical Dimension of Occlusion (and Adjunctive Occlusal Procedures)

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. List and discuss the current clinical terminology that defines occlusal positions and movements.
2. Define “normal” occlusion.
3. List 6 pathologic conditions of occlusion and their potential influence on vertical dimension of occlusion (VDO).
4. List the major factors that are known to reduce VDO.
5. Discuss grinding occlusion and its effect on VDO.
6. Discuss clenching bruxism and its effect on VDO.
7. Discuss gastroesophageal reflux and its effect on VDO.
8. Discuss diet and how it influences VDO in some cases.
9. Relate the wear resistance of restorative materials and the effect on VDO.
10. Discuss how periodontal disease can negatively influence VDO.
11. Discuss multiple tooth extractions and loss of VDO.
12. Describe the technique for locating VDO for an edentulous patient.
13. Describe the technique for locating VDO for a dentulous patient.
14. Describe speech tests and muscle tests for approximating VDO.
15. Define TENS and its use in locating VDO.
16. Discuss the importance of occlusal splints in locating VDO.
17. Discuss methods to transfer VDO from the patient to working casts.
18. List ten factors that influence the mesial-distal of tooth position.
19. List potential problems if VDO is opened too far.
20. List potential problems if VDO is not opened far enough.

OVERVIEW

V3186 Opening Vertical Dimension of Occlusion (and Adjunctive Occlusal Procedures)

Locating proper vertical dimension of occlusion (VDO) when rehabilitating patients is a challenging task, and is often done incorrectly. Such improper positioning can cause serious patient discomfort, muscle dysfunction, and potential destruction of the rehabilitation.

The following and other topics are included in this presentation:

- Occlusal terminology
- What is normal occlusion
- Six pathologic conditions of occlusion and their influence on VDO
- Major factors that reduce VDO
- Grinding bruxism
- Clenching bruxism
- Diet and its influence on VDO
- Gastroesophageal reflux disease, and its effect on VDO
- Wear of restorative materials and its effect on VDO
- Periodontal disease and its effect on VDO
- Multiple tooth extractions and the effect on VDO
- Diagnostic aids for occlusal examination and treatment
- Opening vertical dimension of occlusion
- Finding rest position
- Speech tests that help to locate VDO
- The effect of TENS on finding VDO
- The usefulness of mounted diagnostic casts
- Occlusal splints and their usefulness in treatment of VDO determination
- Testing muscle activity for determining VDO
- Identification of reasons for collapsed VDO and future prevention
- Interocclusal records
- Methods to transfer VDO to working casts
- Factors altering mesial-distal dimension and their effect on VDO

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POST-TEST

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1. Reduced canine rise and reduced incisal guidance are present in:
 - a. secondary occlusal trauma.
 - b. grinding bruxism.
 - c. clenching bruxism.
 - d. primary occlusal trauma.

2. Which condition is associated with advanced periodontal disease?
 - a. Primary occlusal trauma
 - b. Grinding bruxism
 - c. Clenching bruxism
 - d. Secondary occlusal trauma

3. Rest position of the mandible is usually ____ mm from maximum intercuspation.
 - a. 0.5
 - b. 1.0
 - c. 1.5
 - d. None of the above

4. The sound "S" usually places the maxillary and mandibular teeth about _____ mm apart.
 - a. 5
 - b. 4
 - c. 1
 - d. None of the above

5. Which is incorrect relative to TENS (transcutaneous electrical nerve stimulation)?
 - a. Can assist in relaxing the muscles of mastication and finding VDO.
 - b. Requires about ½ hour of application to relax muscles.
 - c. Is not potentially harmful if used on a person with a pacemaker.
 - d. Does not require an expensive device.

6. Which is usually the most destructive condition relative to closing VDO?
 - a. Diet
 - b. Grinding bruxism
 - c. Primary occlusal trauma
 - d. Wear on ceramic restorations

7. When VDO is opened too much, the following occurs:
 - a. near total inactivation of both the masseter and temporalis muscles.
 - b. near total inactivation of the temporalis muscles.
 - c. near total inactivation of the masseter muscles.
 - d. none of the above.

POST-TEST (CONT'D)
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8. When VDO is closed too much, the following occurs:
 - a. near total inactivation of the temporalis muscles.
 - b. near total inactivation of the masseter muscles.
 - c. near total inactivation of both the masseter and temporalis muscles.
 - d. none of the above.

9. Which method is almost always necessary to determine the amount of opening of VDO that is tolerable to a patient?
 - a. Occlusal equilibration
 - b. TENS
 - c. Occlusal splint
 - d. Muscle manipulation

10. One of the easiest procedures to determine if occlusal contacts on a crown are too low or too high is:
 - a. mounted casts.
 - b. use of articulating papers.
 - c. spray-on articulating media.
 - d. TENS.
 - e. Kerr Occlusal Indicator Wax.

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