

PRACTICAL CLINICAL COURSES

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Career Development Program*

V1964

Affordable Treatment of Complex Rehabilitative Needs

Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

C.E. Instruction Sheet
Products List
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Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

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PRACTICAL CLINICAL COURSES

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PRACTICAL CLINICAL COURSES
Sources of Products Discussed in
V1964 Affordable Treatment of Complex Rehabilitative Needs
Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **Blu-Mousse**
Parkell, Inc.
300 Executive Drive
Edgewood, NY 11717
(800)243-7446
(631)249-1134
www.parkell.com
2. **Diashine and Intra-Oral Diashine**
VH Technologies, Inc.
2100 196th Street S.W.
Suite 116
Lynnwood, WA 98036
(888)628-8300
www.vhtechnologies.com
3. **Dyract eXtra**
Dentsply Sirona Inc.
13320-B Ballantyne Corporate
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com
4. **Examix NDS**
GC America Inc.
3737 West 127th Street
Alsip, IL 60803
(800)323-7063
www.gcamerica.com
5. **Filpins**
Filhol Dental
c/o Southeast Medical
Products
5524 Commerce Drive
Orlando, FL 32839
(800)330-0890
(407)851-5848
www.filhol.com
6. **G5 All-Purpose Desensitizer by Clincian's Choice Dental Products**
Henry Schein Dental
135 Duryea Road
Melville, NY 11747
(800)372-4346
www.henryschein.com
7. **GC Fuji PLUS**
GC America Inc.
3737 West 127th Street
Alsip, IL 60803
(800)323-7063
www.gcamerica.com
8. **Gluma Desensitizer**
Kulzer North America
4315 S. Lafayette Blvd.
South Bend, IN 46614
(800)431-1785
www.kulzerus.com
9. **IPS e.max**
Ivoclar Vivadent
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
(716)691-0010
www.ivoclar.com
10. **Megatray Custom Tray Material (Replacement for Triad TruTray)**
Henry Schein Dental
135 Duryea Road
Melville, NY 11747
(800)372-4346
www.henryschein.com
11. **MicroPrime G**
Zest Dental Solutions
2875 Loker Avenue East
Carlsbad, CA 92010
(800)262-2310
www.zestdent.com
12. **Midwest Beaver Burs 1931**
Dentsply Sirona Inc.
13320-B Ballantyne Corporate
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com
13. **MultiCore Flow**
Ivoclar Vivadent
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
(716)691-0010
www.ivoclar.com
14. **Occlusal Indicator Wax**
Kerr Corporation
200 S. Kraemer Blvd.
Building E2
Brea, CA 92821
(800)537-7123
www.kerrdental.com
15. **OptraGate**
Ivoclar Vivadent
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
(716)691-0010
www.ivoclar.com

16. **RelyX Luting Plus**
Solventum
2510 Conway Avenue
St. Paul, MN 55144
(855)423-6725
(612)842-1263
www.3m.com
17. **Scotchbond Universal**
Solventum
2510 Conway Avenue
St. Paul, MN 55144
(855)423-6725
(612)842-1263
www.3m.com
18. **Snap-Stone**
Whip Mix
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
19. **Triad TruTray (See Megatray Custom Tray Material)**
20. **Ultra-Etch**
Ultradent Products Inc.
505 West 10200 South
South Jordan, UT 84095
(888)230-1420
(801)572-4200
www.ultradent.com
21. **VITA Toothguide 3D-Master**
VITA North America
22705 Savi Ranch Parkway
Suite 100
Yorba Linda, CA 92887
(800)828-3839
www.vitanorthamerica.com
22. **Vitrebond**
Solventum
2510 Conway Avenue
St. Paul, MN 55144
(855)423-6725
(612)842-1263
www.3m.com
23. **Zircon-Brite**
Dental Ventures of America, Inc.
1787 Pomona Road
Suite C
Corona, CA 92878
(800)228-6696
(951)270-0606
www.dentalventures.com

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

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PROGRAM

V1964 Affordable Treatment of Complex Rehabilitative Needs

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD
Founder and CEO, Practical Clinical Courses
Senior Consultant & Previous 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. Describe why the need for oral rehabilitation is increasing.
2. Discuss the reasons why many patients do not have oral rehabilitation accomplished.
3. List the patient characteristics necessary for a segmented oral rehabilitation.
4. Discuss the advantages of segmented oral rehabilitation accomplished over a significant period of time.
5. Discuss the disadvantages of oral rehabilitation accomplished at one time.
6. Compare the success of oral rehabilitation done at one time vs. spreading the treatment over a significant period of time.
7. Discuss why opening vertical dimension of occlusion is an impediment when accomplishing an oral rehabilitation.
8. Describe an exploratory appointment.
9. List six aspects of informed consent.
10. Discuss the treatment that should be done first in a segmented oral rehabilitation.
11. List a typical sequence for doing the oral rehabilitation over several years.
12. Describe the significance of occlusal adjustment during and after an oral rehabilitation.
13. Discuss when crowns most logically should be placed during the rehabilitation.
14. Discuss how vertical dimension of occlusion is maintained in a segmented treatment plan.
15. Discuss what to do when a patient cannot afford the total cost of an oral rehabilitation, but wants to have the therapy done.
16. Compare the type of cement that is probably best for mature patients.
17. Discuss the types of crown materials best for an oral rehabilitation.
18. Compare types of bases and liners, and when they are likely needed.
19. Describe a patient completion letter to be given to patients after the treatment is completed.
20. State how to describe the potential of the longevity of crowns to patients.

OVERVIEW

V1964 Affordable Treatment of Complex Rehabilitative Needs

The main purpose of this presentation is to provide information and techniques on how patients needing complex oral rehabilitation can afford to have this treatment accomplished in typical dental practices. The following information is included:

- The increasing need for oral rehabilitation
- Determining patient financial limitations
- Evaluating and presenting various levels of cost for oral rehabilitative treatment
- Necessary patient characteristics for segmented treatment
- Comparative success of segmented treatment plans vs. one-time treatment
- Importance of maintaining vertical dimension of occlusion for segmented treatment
- Methods for maintaining vertical dimension of occlusion for segmented treatment
- Deciding on treatment sequence and time needed
- Planning the rehabilitative treatment
- Assessing emergency treatment needs
- Informed consent
- Accomplishing preparatory and emergency treatment
- Selecting the best sequence of treatment for a specific patient
- Oral surgery
- Periodontal treatment
- Endodontic treatment
- Restorative dentistry
- Implant placement
- Orthodontic treatment
- Occlusion
- Crowns and fixed prostheses
- Completing segmented treatment
- Follow up periodontal maintenance and repair

SUPPLEMENTAL MATERIALS

V1964 Affordable Treatment of Complex Rehabilitative Needs

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. 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.
3. Christensen GJ. Defining oral rehabilitation. *J Am Dent Assoc*. 2004 Feb;135(2):215-7.
4. Schwass DR, Lyons KM, Purton DG. How long will it last? The expected longevity of prosthodontic and restorative treatment. *N Z Dent J*. 2013 Sep;109(3):98-105.
5. Castro MP, Rey RL, Búa JA, Santana-Mora U, Cembranos JL. Prosthodontic Rehabilitation in Patient With Ectodermal Dysplasia Combining Preprosthetic Techniques: A Case Report. *Implant Dent*. 2013 Oct;22(5):460-4.
6. Muradov MA, Riakhovskii AN, Khamzatov RM. [Estimation of impression quality in fixed prosthesis oral rehabilitation.] *Stomatologiya (Mosk)*. 2013;92(4):50-56.
7. Al Jabbari YS, Al-Rasheed A, Smith JW, Iacopino AM. An indirect technique for assuring simplicity and marginal integrity of provisional restorations during full mouth rehabilitation. *Saudi Dent J*. 2013 Jan;25(1):39-42.
doi: 10.1016/j.sdentj.2012.10.003. Epub 2012 Nov 10.
8. Grütter L, Vailati F. Full-mouth adhesive rehabilitation in case of severe dental erosion, a minimally invasive approach following the 3-step technique. *Eur J Esthet Dent*. 2013 Autumn;8(3):358-75.
9. Chekhani UN, Mikeli AA, Huettig FK. All-ceramic prosthetic rehabilitation of a worn dentition: Use of a distal cantilever. Two-year follow-up. *Dent Res J (Isfahan)*. 2013 Jan;10(1):126-31. doi: 10.4103/1735-3327.111815.
10. Mete JJ, Dange SP, Khalikar AN, Vaidya SP. Functional and esthetic rehabilitation of mutilated dentition associated with amelogenesis imperfecta. *J Indian Prosthodont Soc*. 2012 Jun;12(2):94-100. doi: 10.1007/s13191-011-0102-9. Epub 2011 Aug 28.

POST-TEST

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1. What is the most commonly expressed reason why patients do not have complex oral rehabilitation?
 - a. Fear
 - b. Cost of the treatment
 - c. Travel to the dental office
 - d. Presence of debilitating systemic diseases

2. What is the most frequent and logical initial treatment in a segmented oral rehabilitation?
 - a. Periodontal treatment
 - b. Fixed prosthodontics
 - c. Endodontics
 - d. Emergency or preparatory procedures

3. Segmented oral rehabilitation can be accomplished:
 - a. one tooth at a time.
 - b. one arch at a time.
 - c. one quadrant at a time.
 - d. all of the above.

4. One of the most frequently accomplished sequences for segmented oral rehabilitation has _____ segments.
 - a. 1 or 2
 - b. 4 or 5
 - c. 8 or 9
 - d. 10

5. A major impediment to accomplishing a segmented oral rehabilitation includes:
 - a. many teeth missing.
 - b. need to open vertical dimension of occlusion.
 - c. patient has adequate finances.
 - d. treated temporomandibular joint dysfunction.

6. The population over 65 years of age is:
 - a. decreasing.
 - b. increasing.
 - c. staying stable without change.
 - d. not usually in need of oral rehabilitation.

7. Segmented treatment for an oral rehabilitation need can be:
 - a. better than doing all of the treatment at one time.
 - b. worse than doing all of the treatment at one time.
 - c. less difficult than doing the treatment at one time.
 - d. all of the above.

POST-TEST (CONT'D)

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- 8. Informed consent for patients:
 - a. is an elective part of treatment planning.
 - b. is considered to be a mandatory part of treatment planning.
 - c. is not necessary for patient understanding of treatment.
 - d. has 4 major components.

- 9. To provide optimum financial help from dental benefit plans, it is suggested to _____.
 - a. prepare teeth in January and seat crowns in December
 - b. prepare teeth in November or December and seat the crowns in January
 - c. do all of the treatment in one year
 - d. place composites instead of crowns

- 10. The first segment to be done after emergency needs:
 - a. is the lower anterior teeth.
 - b. is the maxillary anterior teeth.
 - c. is the worst appearing quadrant.
 - d. should be the segment agreed upon by dentist and patient.

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