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Career Development Program*

S1959

Tooth Preparations Can Make or Break Your Indirect Restorations

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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Sources of Products Discussed in
S1959 Tooth Preparations Can Make or Break Your Indirect Restorations
Presented by Gordon J. Christensen, DDS, MSD, PhD

1. **GC Fuji I**
GC America Inc.
3737 W. 127th Street
Alsip, IL 60803
(800)323-7063
<https://www.gc.dental/america/>
2. **Ketac Cem**
Solventum
2510 Conway Avenue
St. Paul, MN 55144
(855)423-6725
(612)842-1263
www.3m.com
3. **MASTERmatic LUX Handpiece**
KaVo Dental
11727 Fruehauf Drive
Charlotte, NC 28227
(888)528-6872
www.kavo.com
4. **Max Handpiece**
NSK America Corp.
1800 Global Parkway
Hoffman Estates, IL 60192
(888)675-1675
www.nskdental.com
5. **1171 Midwest Bur**
Dentsply Sirona
13320-B Ballantyne Corporate Pl
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com
6. **1116.8C NeoDiamond and Other Sizes**
Microcopy
P.O. Box 2017
Kennesaw, GA 30156-9017
(800)235-1863
www.microcopydental.com
7. **Optima Handpiece**
Bien-Air Dental USA, Inc.
Medical Technologies
8861 Research Drive
Irvine, CA 92618
(800)433-2436
www.bienair.com
8. **Taper Diamond**
Many Different Companies

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

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PROGRAM

S1959 Tooth Preparations Can Make or Break Your Indirect Restorations

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses

Senior Consultant and Previous CEO, CR Foundation

Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

1. Discuss how tooth preparations for indirect restorations have changed.
2. Compare the characteristics of air and electric dental handpieces.
3. List the types of indirect dental restorations.
4. List the characteristics of ceramic veneer tooth preparations.
5. Discuss potential mistakes that may be made on ceramic tooth preparations.
6. List the characteristics of ceramic inlay tooth preparations.
7. Discuss potential mistakes that may be made on ceramic tooth preparations.
8. List the characteristics of ceramic onlay tooth preparations.
9. Discuss the potential mistakes that may be made on ceramic onlay tooth preparations.
10. List the characteristics of cast gold full-crown tooth preparations.
11. Discuss the mistakes that may be made on cast gold full-crown tooth preparations.
12. List the characteristics of porcelain-fused-to-metal (PFM) full-crown tooth preparations.
13. Discuss the mistakes that may be made on PFM full-crown tooth preparations.
14. List the characteristics of lithium disilicate full-crown tooth preparations.
15. Discuss the mistakes that may be made on lithium disilicate full-crown tooth preparations.
16. Compare the characteristics of 3Y and 4-5-6Y full-crown tooth preparations.
17. Discuss the mistakes that may be made on the various iterations of zirconia full-crown tooth preparations.
18. List the steps for soft-tissue management – analog and digital.
19. Discuss the amount of tooth reduction needed for anterior and posterior restorations.
20. Compare the accuracy of analog elastomer and digital impressions.

OVERVIEW

S1959 Tooth Preparations Can Make or Break Your Indirect Restorations

The characteristics of indirect tooth preparations have been stable for many years. However, the advent of zirconia restorations, digital impressions, milling and pressing of restorations, and numerous other factors have changed the characteristics needed for adequate tooth preparations. This video identifies the needed changes and demonstrates how to adapt to them clinically. The following and other topics are included in this video:

- How tooth preparations for indirect restorations have changed.
- Characteristics of air and electric dental handpieces.
- Types of indirect dental restorations.
- Characteristics of ceramic veneer tooth preparations.
- Potential mistakes that may be made on ceramic tooth preparations.
- Characteristics of ceramic inlay tooth preparations.
- Potential mistakes that may be made on ceramic tooth preparations.
- Characteristics of ceramic onlay tooth preparations.
- Potential mistakes that may be made on ceramic onlay tooth preparations.
- Characteristics of cast gold full-crown tooth preparations.
- Mistakes that may be made on cast gold full-crown tooth preparations.
- Characteristics of porcelain-fused-to-metal (PFM) full-crown tooth preparations.
- Mistakes that may be made on PFM full-crown tooth preparations.
- Characteristics of lithium disilicate full-crown tooth preparations.
- Mistakes that may be made on lithium disilicate full-crown tooth preparations.
- Compare the characteristics of 3Y and 4-5-6Y full-crown tooth preparations.
- Mistakes that may be made on the various iterations of zirconia full-crown tooth preparations.
- Steps for soft-tissue management – analog and digital.
- The amount of tooth reduction needed for anterior and posterior restorations.
- The accuracy of analog elastomer and digital impressions.

SUPPLEMENTAL MATERIALS

S1959 Tooth Preparations Can Make or Break Your Indirect Restorations

1. Christensen GJ. Ask Dr. Christensen: Are pins and posts really necessary? *Dental Economics*. 2024 Feb;114(2):41-3.
2. Christensen GJ. Ask Dr. Christensen: Obtaining optimum retention for tooth restorations. *Dental Economics*. 2024 Jan;114(1):45-9.
3. Christensen GJ. Ask Dr. Christensen: Solving zirconia occlusion challenges. *Dental Economics*. 2023 Dec;113(12):40-4.
4. Christensen GJ. Ask Dr. Christensen: Solving challenges with zirconia and lithium disilicate crowns. *Dental Economics*. 2023 Oct;113(10):35-8.
5. Christensen GJ. Ask Dr. Christensen: How to make a lifetime crown. *Dental Economics*. 2023 Sep;113(9):74-7.
6. Christensen GJ. Ask Dr. Christensen: Comparing new dental concepts with older ones. *Dental Economics*. 2023 Mar;113(3):38-42.
7. Sadid-Zadeh R, Sahraoui H, Lawson B, and Cox R. Assessment of Tooth Preparations Submitted to Dental Laboratories for Fabrication of Monolithic Zirconia Crowns. *Dent J (Basel)*. 2021 Sep 27;9(10):112. doi: 10.3390/dj9100112.
8. Small BW. Intracoronal cast gold restorations. *Gen Dent*. 2010 Mar-Apr;58(2):91-3.
9. Ioannidis A, Mühlemann S, Özcan M, Hüsler J, Hämmerle CHF, and Benic GI. Ultra-thin occlusal veneers bonded to enamel and made of ceramic or hybrid materials exhibit load-bearing capacities not different from conventional restorations. *J Mech Behav Biomed Mater*. 2019 Feb;90:433-440. doi: 10.1016/j.jmbbm.2018.09.041. Epub 2018 Sep 27.
10. Stanley K, da Silva BP, and Gardee J. Laminate veneers: Preplanning and treatment using digital guided tooth preparation. *J Esthet Restor Dent*. 2020 Mar;32(2):150-160. doi: 10.1111/jerd.12571. Epub 2020 Feb 7.

POST-TEST

S1959 Tooth Preparations Can Make or Break Your Indirect Restorations

1. Tooth preparations for indirect restorations have changed because of:
 - a. Scanning impressions.
 - b. Spacing virtual dies.
 - c. Zirconia.
 - d. All the above.

2. Electric handpieces have equal torque when compared to air handpieces.
 - a. True
 - b. False

3. Ceramic veneer preps should be primarily in:
 - a. Either enamel or dentin.
 - b. Enamel.
 - c. Dentin.
 - d. It doesn't matter.

4. Ceramic inlays have equal strength and longevity with ceramic onlays.
 - a. True
 - b. False

5. Which is the strongest restoration?
 - a. Ceramic inlay.
 - b. Direct resin restoration.
 - c. Ceramic onlay covering all cusps.
 - d. Ceramic onlay covering only pestle cusp.

6. Computer spacing of virtual preps:
 - a. Allows easier crown seating.
 - b. Provides space for cement.
 - c. Produces open margins.
 - d. All the above.

7. Lithium disilicate crowns:
 - a. Are stronger than 4-5-6Y zirconia crowns.
 - b. Require a deeper prep than 3Y zirconia crowns.
 - c. Should have at least 2mm axial thickness for optimum strength.
 - d. None of the above.

POST-TEST (CONT'D)

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- 8. The "gold standard" for soft-tissue management is:
 - a. The single-cord technique.
 - b. Diode laser.
 - c. The double-cord technique.
 - d. Styptic clay alone.

- 9. Occlusal reduction for a zirconia crown should be:
 - a. 1mm.
 - b. 2mm.
 - c. 3mm.
 - d. None of the above.

- 10. Cast gold restorations are not recommended.
 - a. True
 - b. False

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