

**PRACTICAL CLINICAL COURSES**  
*A Service of the Gordon J. Christensen  
Career Development Program*

**V1964**  
**Affordable Treatment of Complex Rehabilitative Needs**

Gordon J. Christensen, DDS, MSD, PhD

**Materials Included:**  
C.E. Instruction Sheet  
Products List  
Clinician Responsible  
Goals & Objectives  
Overview  
Supplemental Materials  
AGD Post-Test

**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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Gordon J. Christensen  
**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](http://www.parkell.com)
2. **Diashine and Intra-Oral Diashine**  
VH Technologies, Inc.  
2100 196<sup>th</sup> Street S.W.  
Suite 116  
Lynnwood, WA 98036  
(888)628-8300  
[www.vhtechnologies.com](http://www.vhtechnologies.com)
3. **Dyract eXtra**  
Dentsply Sirona Inc.  
13320-B Ballantyne Corporate  
Charlotte, NC 28277  
(800)877-0020  
[www.dentsplysirona.com](http://www.dentsplysirona.com)
4. **EXA Advanced (Replaces Examix)**  
GC America Inc.  
3737 West 127<sup>th</sup> Street  
Alsip, IL 60803  
(800)323-7063  
[www.gcamerica.com](http://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](http://www.filhol.com)
6. **G5 All-Purpose Desensitizer by Clinecian's Choice Dental Products**  
Henry Schein Dental  
135 Duryea Road  
Melville, NY 11747  
(800)372-4346  
[www.henryschein.com](http://www.henryschein.com)
7. **GC Fuji PLUS**  
GC America Inc.  
3737 West 127<sup>th</sup> Street  
Alsip, IL 60803  
(800)323-7063  
[www.gcamerica.com](http://www.gcamerica.com)
8. **Gluma Desensitizer**  
Kulzer North America  
4315 S. Lafayette Blvd.  
South Bend, IN 46614  
(800)431-1785  
[www.kulzerus.com](http://www.kulzerus.com)
9. **IPS e.max**  
Ivoclar Vivadent  
175 Pineview Drive  
Amherst, NY 14228  
(800)533-6825  
(716)691-0010  
[www.ivoclar.com](http://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](http://www.henryschein.com)
11. **MicroPrime G**  
Zest Dental Solutions  
2875 Loker Avenue East  
Carlsbad, CA 92010  
(800)262-2310  
[www.zestdent.com](http://www.zestdent.com)
12. **Midwest Beaver Burs 1931**  
Dentsply Sirona Inc.  
13320-B Ballantyne Corporate  
Charlotte, NC 28277  
(800)877-0020  
[www.dentsplysirona.com](http://www.dentsplysirona.com)
13. **MultiCore Flow**  
Ivoclar Vivadent  
175 Pineview Drive  
Amherst, NY 14228  
(800)533-6825  
(716)691-0010  
[www.ivoclar.com](http://www.ivoclar.com)
14. **Occlusal Indicator Wax**  
Kerr Corporation  
200 S. Kraemer Blvd.  
Building E2  
Brea, CA 92821  
(800)537-7123  
[www.kerrdental.com](http://www.kerrdental.com)

16. **RelyX Luting Plus**  
Solventum  
2510 Conway Avenue  
St. Paul, MN 55144  
(855)423-6725  
(612)842-1263  
[www.3m.com](http://www.3m.com)
17. **Scotchbond Universal**  
Solventum  
2510 Conway Avenue  
St. Paul, MN 55144  
(855)423-6725  
(612)842-1263  
[www.3m.com](http://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](http://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](http://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](http://www.vitanorthamerica.com)
22. **Vitrebond**  
Solventum  
2510 Conway Avenue  
St. Paul, MN 55144  
(855)423-6725  
(612)842-1263  
[www.3m.com](http://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](http://www.dentalventures.com)

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

Gordon J. Christensen Practical Clinical Courses, 3707 North Canyon Road, Suite 3D, Provo, UT 84604  
Toll Free (800) 223-6569 or Utah Residents (801) 226-6569

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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

### **V1964 Affordable Treatment of Complex Rehabilitative Needs**

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)**

**V1964 Affordable Treatment of Complex Rehabilitative Needs**

- 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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