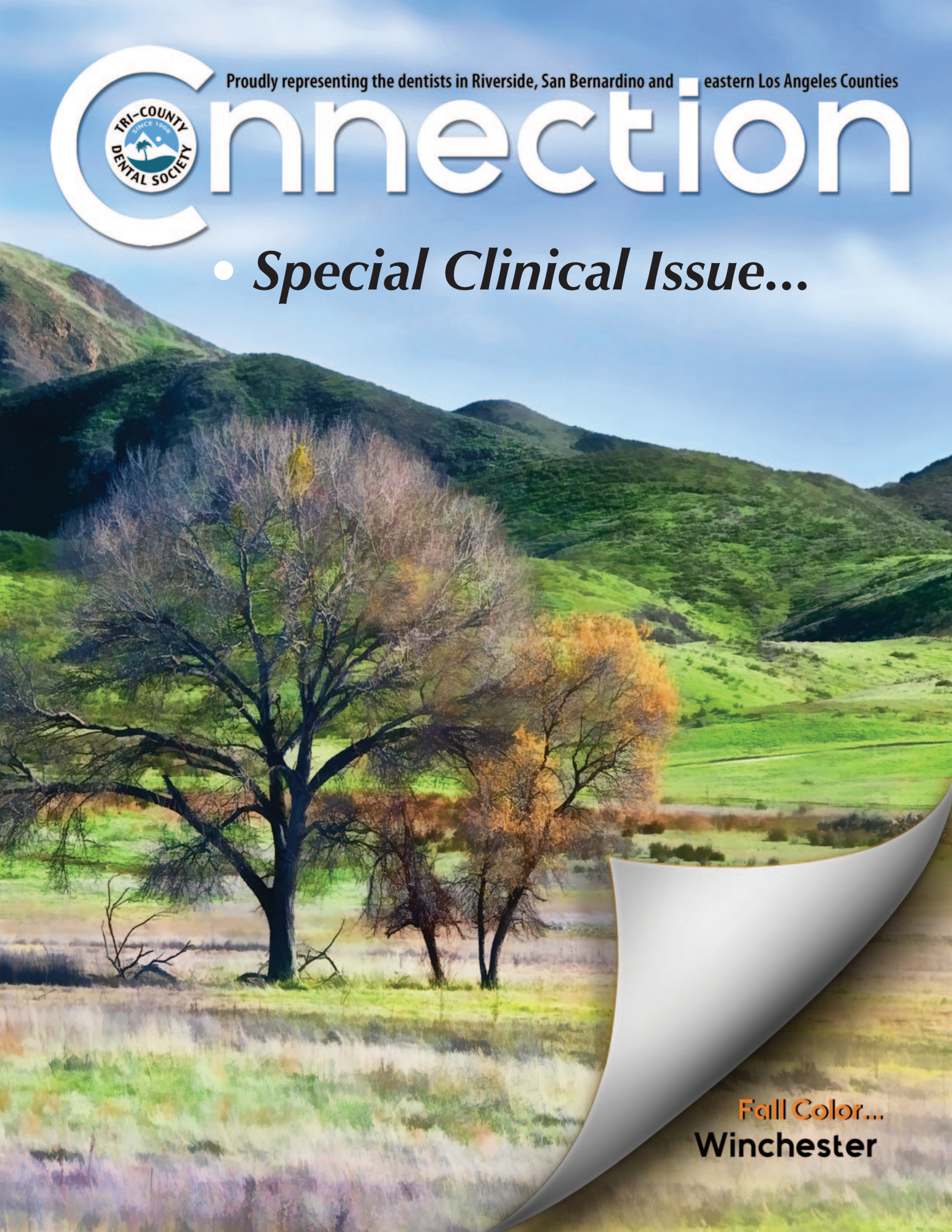
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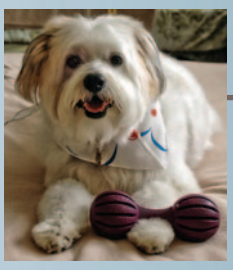
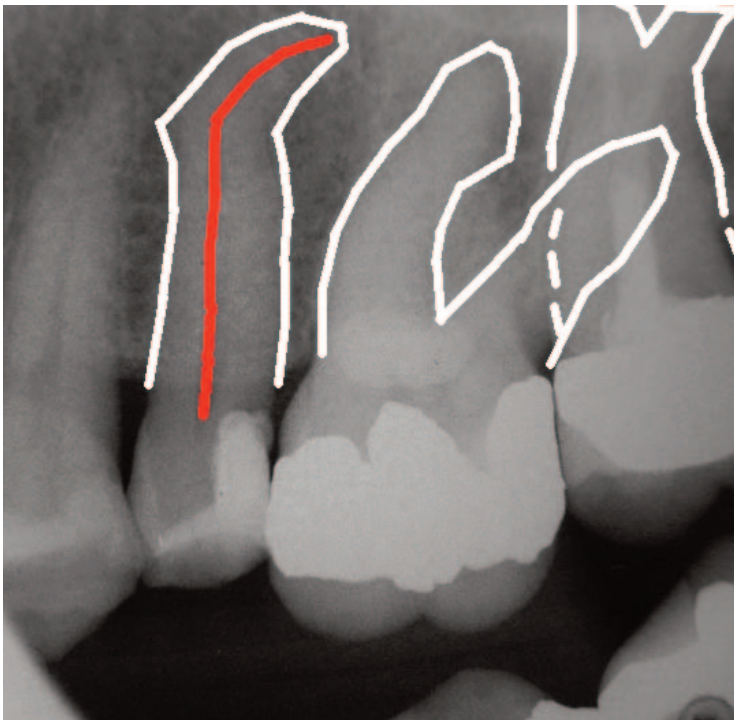
Connection

Fall 2018 • Volumn 2 No 3

In this issue





AADE
American Association of Dental Editors

Mission Statement

It is the Mission of TCDS to be the recognized source for serving the needs of its members and the dental community.

Explore the new FREE CE Programs and register for any event online at www.tcds.org or call (951) 787-9700

Upcoming events

What's Happening at Tri-County

Day/Date	Event Details
Mon. Nov. 5	**Board of Directors Meeting** TCDS Office 7:30 PM
Fri. Nov. 9 - Sun. Nov. 11	**CDA Annual Meeting and House of Delegates** Anaheim, California
Nov. 22 – 23	**THANKSGIVING HOLIDAY – TCDS OFFICE CLOSED**
Thur. Nov. 15	**Continuing Education Program** (FREE to TCDS Members & Two Staff) TCDS Office Registration/Social Hour: 5:30 PM – TCD Conference Room Seminar: 6:30 PM – 8:30 PM "Secrets of Smoother Claims Processing: Top 10 Reasons Your Claims Are Denied" Gary Dougan, DDS 2 CEU's – Seating is Limited
Thur. Dec. 6	**Continuing Education Program** (FREE to TCDS Members & Two Staff) TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:00 PM – 9:00 PM "CPR/Basic Life Support" STAT CPR Solutions 3 CEU's – Seating is Limited
Mon. Dec. 24, 2018 - Tues. Jan 1, 2019	**HOLIDAY BREAK – TCDS OFFICE CLOSED**
Wed. Jan. 9	**Board of Directors Meeting** TCDS Office 6:45 p.m.
Thur. Jan. 10	**Continuing Education Meeting** TCDS Office Social Hour – 5:30 PM Seminar: 6:15 – 8:30 PM "Digital Dentures, Applications, Positives, and Potential Pitfalls" Dr. Matthew Kattadiyil 2 CEU's – Seating is Limited!
Mon. Jan. 21	**Martin Luther King, Jr. Holiday** TCDS Office Closed

About this issue's cover...

Fred Lamb has designed and published Tri-County Dental Society's Bulletin, now the Connection, since 2001. Evolving from his successful career in advertising and design, Fred became an avid landscape photographer and has melded his photography skills with his graphic arts talent to master an emerging art form... Photographic Art, which utilizes proprietary digital techniques he developed over the past 20 years to achieve a soft water color look.

This current cover features the vibrant orange flora of the 2018 fall season in the open landscape of the Winchester area. You can view Fred's complete art print portfolio at www.fredlambartprints.com.

President's Message

An Active Year with

Wayne Nakamura, DDS

As my final President's message to you, my fellow Tri County Dental Society (TCDS) members, I am proud to review some of the past and ongoing accomplishments of your current Board of Directors and Committee Chairpersons.

In February of this year, 20 of your TCDS leaders participated in a multicomponent Strategic Planning workshop to review and refine our Tri County Dental Society's strategic plan. TCDS's mission statement , "To support the TCDS dental professionals by promoting the values of dentistry and providing services to help our members succeed" encompassed three key objectives, Engagement, Inclusion and Benefits. These would be used as references by Committee chairpersons in selecting and planning their activities as well as the TCDS Board of Directors in establishing policies consistent with these objectives.

The Continuing Education Committee solicited and monitored suggestions and attendance numbers of existing continuing education classes in order to select topics that would attract and engage as many TCDS members as possible. It was concluded by the committee to make all Continuing Education courses free to all of our members including our full day courses. In addition, two member- dentist staff members would also be allowed free admission to all of our TCDS CE classes. The Board of Directors agreed with this conclusion and approved this new policy. CE Committee chairperson, Dr. Kathy Cooke Lara, noted an increased attendance, enthusiasm, and appreciation from members and staff. Comments were primarily positive and approval ranged from the topics provided and the location of meetings to the cost or no cost for attendance for the members and their staff.

Topics that were well attended and very popular were the mandatory CPR and Infection Control courses, the hands -on Silver Diamine Fluoride Course held at Loma Linda University , the Social Media course held at UC Riverside , the Dental Insurance courses by Dr. Gary Dougan, and several practice management courses held in Temecula. Dr. Cooke and her Committee in response are again scheduling the mandatory CPR, Infection Control and Osha courses in 2019, courses by Dental Insurance expert, Dr Gary Dougan, another hands on Silver Diamine Fluoride course - this time at Western U School of Dentistry, a four- part Dental MBA course sponsored by Citibank and a full day lecture by internationally renowned TMJ expert Dr. Terry Tanaka to be held in Ontario California in September.

The Membership committee chaired by Dr. Michael Mashni planned a TCDS sponsored hospitality suite at the CDA presents conference in Anaheim California this past May. In addition, shredding events for members were scheduled at several locations, including Riverside and Rancho Cucamonga, in addition to a family fun day for members and staff at Fiesta Village in Colton. Dr Mashni's committee was also proud to report an increase of 124 new members for 2018 elevating Tri County Dental Society to the second largest dental component in California with a membership of just over 2000 members.

The finance committee chaired by Dr. Hemant Joshi has been monitoring and reviewing all society expenditures and budget and is pleased to say TCDS has a very stable financial position.

The New Dentist Committee and Chairperson, Dr. Mauricio DosSantos have been continuing to develop and promote the TCDS Dentorship Program which enables new graduates or current dental students to seek a match with an experienced expert TCDS dentist member as a mentor. The program will facilitate and ease the ability for those seeking someone to ask specific questions of and learn from their experiences. This program was started in 2016 and is ongoing in perpetuity.

To engage more new dentists and members, the New Dentist committee continues Dine and Learn networking events held in geographically placed areas to engage and include those members that might have difficulty attending meetings at TCDS headquarters in Riverside. The events emphasize small group networking with continuing education objectives creating a low key atmosphere where ideas and thoughts could be expressed with very low intimidation or stress. Topics selected were based on applicability for new dentist interests.

Dr. DosSantos mentioned two projects that are currently in development for 2019. The first being a TCDS New Dentist Committee podcast which will focus on current events

Growth for TCDS

that are occurring with Loma Linda University School of Dentistry and Western U School of Dentistry and also new dentist obstacles relevant to current areas of concern affecting the New Dentists in the Tri County area. The second project is to provide more of a TCDS presence with most organized student activities at both schools.

With our newly instituted strategic plan and oversight committee and volunteer leaders such as these I believe the future is very bright for Tri County Dental Society and wish to publicly thank them for their time and efforts helping our society grow to the second largest component in California.

At this time I would also to acknowledge and thank Dr. Jeff Lloyd for encouraging me and guiding me towards leadership both at Tri County Dental Society and at the Academy for Sports Dentistry. To Ken Harrison, Butch Erhler and Judy Wipf for providing your wisdom and inspiration in motivating myself and our TCDS board of directors to continue to do our very best for all of our members in Tri County Dental Society. To TCDS executive director, John Fields and his staff, Shehara Gunasekara and Yesenia Alvarez thank you for your patience and help in making me appear presidential. To my loyal dental staff, Norma Davis, Catalina Ramirez, Laura Brambila, and Darlene Velasquez, thank you for all of your help and support putting up with my last minute schedule changes and absences from the office to tend to TCDS business and meetings, and last but not least, to my family, Lisa, Katie, Kelsey and Ryan, thank you for giving me your love and support in helping me accomplish so much.

TCDS President, Wayne Nakamura, Ontario, receives his plaque of Fellowship with the International College of Dentists from ICD president, Dr. Joseph Kenneally, during the ADA meeting in Honolulu, Hawaii.

Editorial

Habits....

Dan Jenkins DDS, CDE-AADEJ

Patch was my wife's dog. He was to keep her company at home while I was at the office when she had to retire due to her disability. Somehow, over sixteen years, Patch also became my dog as well. I taught him how to shake "hands," beg, high five, lie down, speak, (woof), walk next and not ahead of me, chase his purple dumbbell toy, and catch his treats that I would toss to him. At night, we would go through his tricks and then I would give him some milk in a red cup after I had taken my nightly pills. He felt like he had earned his drink of milk. When I would come home he would bark and wag his tail while waiting for me to pat him on his head and stroke his soft coat of hair. If he had missed me a lot he might give me a short soft lick with his tongue. He was sparing with his licks. I felt like I really had him into a lot of habits that gave me and my wife pleasure.

As dentists, we also develop habits. We arrive at our practice at certain times, greet (or even not greet) our teams the same way, check our daily schedule, have the huddle with the team, do our procedures the same every time as long as it is a normal condition, check the records at the end of the day, and of course, thank each staff member for their help. (You DO thank them, don't you?)

Many people are more comfortable with habits. Change can make things more difficult and people feel insecure. I'm sure many dentists have experienced going to a CE meeting and returning to their office ready to implement the new things they learned only to meet resistance from their team.

If the dentist should insist on implementing the changes they will find frequent comments when things do not go as smooth like, "It worked better the way we used to do it."

Change can make things better but, until things become the new norm there will be memories of the old habits. It takes many weeks before a change becomes a new habit.

I still come home and expect to hear Patch's welcoming bark. I still look down the hallway and expect to see him lying on the bed grinning at me. I still side-step his red-cup drinking cup at the foot of my chair. And, when I finish taking my nightly pills I realize I've still left a little milk at the bottom for him. As Patch was fading away at the Vet's he gave my hand some of his last licks with his soft tongue while I patted his head and stroked his back.

My wife and I will always miss Patch and I realize now that he had actually trained me.

For your dental office habits you should evaluate if your office has trained you or if you are able to train the office on new procedures you will learn. Review the many CE classes available through the TCDS and CDA programs and implement them toward your success in dentistry.

"Patch"

TCDS Connection Receives Two ICD Journalism Awards

At the annual meeting of the American Association of Dental Editors and Journalists during the ADA annual meeting in Honolulu, HI, TCDS Editor, Dr. Dan Jenkins, accepted the awards from ICD Foundation Trustee, Dr. Leighton Weir and ICD Vice-Regent, Dr. Eliot Paisner of the International College of Dentists the "Golden Pen, Honorable Mention" award for Best Series of articles – for the series on Opioids.

TCDS is most appreciative to our publisher, Fred Lamb, for his excellent help in improving our publication for over 30 years.

At the annual meeting of the American Association of Dental Editors and Journalists during the ADA annual meeting in Honolulu, HI, TCDS Editor, Dr. Dan Jenkins, accepted the awards from ICD Foundation Trustee, Dr. Leighton Weir and ICD Vice-Regent, Dr. Eliot Paisner of the International College of Dentists the "Silver Scroll" for the "Most Improved" dental publication - the TCDS Connection.

TCDS Editor, Dan Jenkins and Publisher, Fred Lamb hold the International College of Dentists awards for "Most Improved Publication" and "Honorable Mention for Best Series" for the TCDS Connection issue on Opioids.

Executive Director's Message

Membership Increases and

John C. Fields

My big news for this issue is MEMBERHIP! I'm very happy to report that your Tri-County Dental Society has continued to lead all 32 components in the recruitment and retention of new members. The most recent membership statistics, released by CDA on September 14, 2018, credit TCDS with a net increase of 124 new members over the last twelve months, bringing us to a total of 2,039 members. In addition, this 6.47% increase moves us up into the #2 position, behind the Orange County Dental Society with 2,348 members, but passing up the San Diego County Dental Society
with 1,980 members.
Now, many of you may think that these significant increases somehow include the students we serve at both the Loma Linda University – School of Dentistry and the Western University of Health Sciences – College of Dental Medicine… Well, this is not the case. If you were to add those additional 630 student members of TCDS, we would move far into the #1 position with a total of 2,669 members.
So why and how did this happen? Here's an educated guess…

- CONTINUING EDUCATION - Since 2015, TCDS has continually enhanced the quality and increased the quantity of programs being offered. Beginning with a schedule of only about 5 or 6 programs annually in 2015, TCDS has added three or four fresh new programs each year and has beefed up the marketing and promotion of those programs. Now we're up to about 14+ per year. We've regionalized many of them (Temecula, Pomona, Loma Linda) and we market all of them aggressively. About two years ago we raised annual dues by about $45/active member, up to $390. This increased total revenue has allowed TCDS to provide FREE CE to our members (and two of their staff).

- COMMUNICATIONS – In 2016, a Communications Audit was performed which provided fresh new direction and insight into how we might better interact with our members. These new ideas and concepts touched all aspects of our current communications apparatus, including the newsletter, the website and our use of email and social media. Since then, we've completely revamped our newsletter from a fairly decent 24-page version, printed and mailed every other month, to a slick digital version emailed to all our members each quarter. (No printing, postage, or mail house cost.) This change resulted in substantial savings and the members seem to prefer the new online version.

- NEW DENTISTS and STUDENTS - We've upgraded our interaction with the new dentists and especially students from Loma Linda University and Western University, which we feel helps all of Organized Dentistry as they graduate and disperse around the state and around the nation. Obviously, we can't hold on to all the students who go through Loma Linda or Western, but each year we regularly pick up about 8-10 students as new members from who choose to stay in the region.

- REGIONAL ECONOMIC IMPROVEMENT - Finally, as the Great Recession of a decade ago has faded and the economy has warmed up again, the robust growth that was taking place in the Inland Empire in 2006 has bounced back. More businesses, more tracts of homes, apartments, condos, more need for dentists. We certainly can't take credit for this economic thaw, but this trend may encourage dentists in more saturated areas to consider moving or opening a second office in our area.

Keep your eye on TCDS during the coming year… In 2019 we hope to recruit and retain even more new members. We plan to further expand and regionalize all our programs, from CE to shredding events to membership social outings.

Tri-County Dental Society Continues to Grow and Prosper…

Now that the Fall season has finally arrived, we hope you enjoy the cooler wetter weather and that your holidays from Halloween to Thanksgiving and Christmas bring joy and happiness to you and your families.

Take care,
John

TCDS Moves into the #2 Slot

August 2018 Dentist Members by Component

	August 2017	August 2018	Membership Difference vs. Prior Year
Alameda County	311	325	+ 14
Berkeley	201	200	- 1
Butte-Sierra District	138	137	- 1
Central Coast	303	300	- 3
Contra Costa	862	870	+ 8
Fresno-Madera	545	530	- 15
Harbor	720	729	+ 9
Humboldt-Del Norte	102	95	- 7
Kern County	276	278	+ 2
Los Angeles	1,143	1,234	+ 91
Marin County	293	293	+ 0
Mid-Peninsula	348	348	+ 0
Monterey Bay	431	440	+ 9
Napa-Solano	312	312	+ 0
Northern California	325	319	- 6
Orange County	2,258	2,348	+ 90
Redwood Empire	425	422	- 3
Sacramento District	1,608	1,648	+ 40
San Diego County	1,927	1,980	+ 53
San Fernando Valley	1,390	1,422	+ 32
San Francisco	994	1,053	+ 59
San Gabriel Valley	983	1,009	+ 26
San Joaquin	358	352	- 6
San Mateo County	668	663	- 5
ırbara-Ventura County	748	747	- 1
Santa Clara County	1,711	1,776	+ 65
hern Alameda County	688	700	+ 12
Stanislaus	275	282	+ 7
Tri-County	1,915	2,039	+ 124
Tulare-Kings	215	219	+ 4
Western Los Angeles	1,142	1,187	+ 45
Yosemite	102	101	- 1
OS Graduate Students	110	100	- 10

By
Dr. Paul Belzycki

The Integration of Endodontics, Pe Restorations. Or Doing It Old Sch

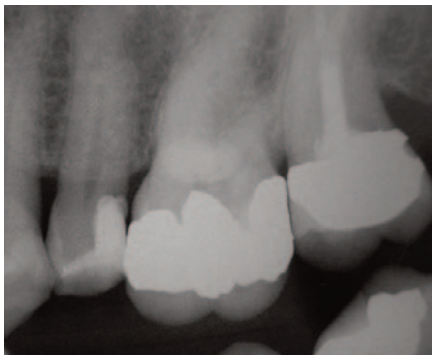
In this era of implant dentistry and of the digital workflow, I feel almost apologetic to state that I still fix teeth. It is as if, the restoration of teeth is now a poorer cousin to the latter. One editor expressed thanks and surprise when I submitted a paper on Root Resection, claiming he was inundated with material focused mainly on implants.

Let me tell you that I am a 65-year old GP, still working full time in a solo practice in Toronto, Canada. Throughout my 39-year career, I have employed, established time-honored protocols to deliver long-lasting restorations; and for this, my patients are most thankful and loyal. By providing technical excellence with honesty, trust is earned and maintained. That trust that has sustained my career through cycles of financial boom and bust. I have never promoted or "sold" treatment. "I don't fix what ain't broke."

Never seeking notoriety, I have somehow been conscripted by the Canadian Dental Association to serve as mentor to young clinicians. This consists of preparing and presenting clinical cases which I have completed and extensively documented with photographs. Mentorship has induced a process of self-critique and reflection on my philosophy of care and the technical methods by which I provide that care. I hope that this article is beneficial to frontline clinicians and motivates the reader to strive for excellence, dignity and honesty in their career.

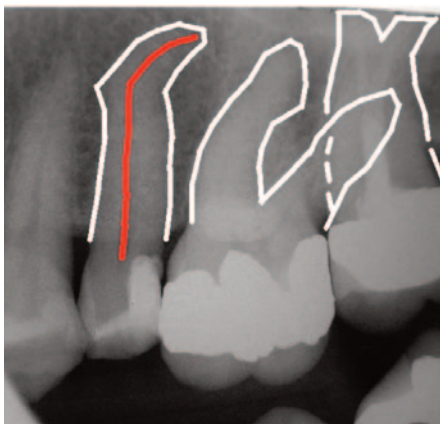
Let me state from the outset that I have developed nothing new. I make no claims of being a "game changer" or "paradigm shifter". Nothing herein will make your task easier. I humbly submit that Dentistry has always been and will always remain a tough gig. Irrespective of technological advances, the Devil is in the details. Success must be considered a planned endpoint and not an accident. Our success is a linked chain of multiple events that must be properly managed. - The ultimate strength of that chain unfortunately rests on the weakest link. Mismanagement or neglect of the weak link results in failure, rapidly or slowly. The number of weak links increases when one provides the endodontic, periodontic, and prosthodontic/restorative phases. Here is a case that illustrates just that.

Figure 1



A 55 year-old female presented with pain from the second quadrant. Tooth 15 had been endodontically treated in the past and was restored with a post and ill-fitting crown. Tooth 14 was previously restored with a large amalgam restoration and it was determined that endodontic therapy was required to resolve the discomfort. Tooth 13 was previously restored with a composite resin filling that approached the pulp chamber. It was determined that endodontic therapy would be provided at a later date when symptoms dictated.

Figure 2

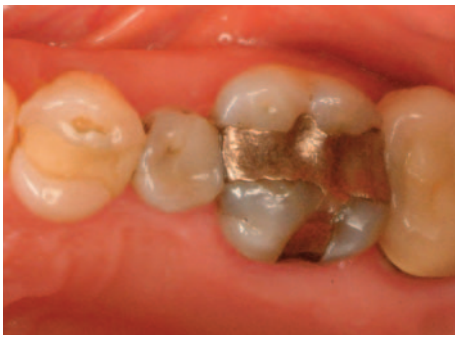


4 "weak links" were noted.

1. Tooth 13- curved canal.
2. Root proximity problem between 13 and 14 due to odd anatomy of clinical crown of 13 (Figure 3).
3. Root proximity problem between 14 and

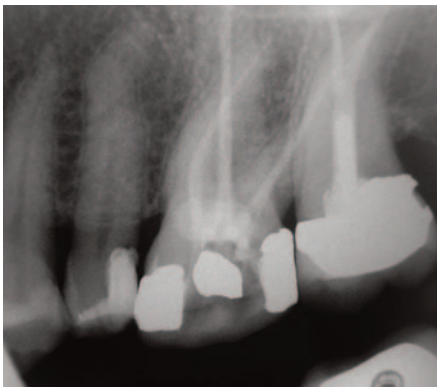
15 as the distal-buccal root of tooth 14 overlaps the root of tooth 15.
4. Decay present on the buccal crown margin of tooth 15 that extends deep sub-gingivally,

Figure 3



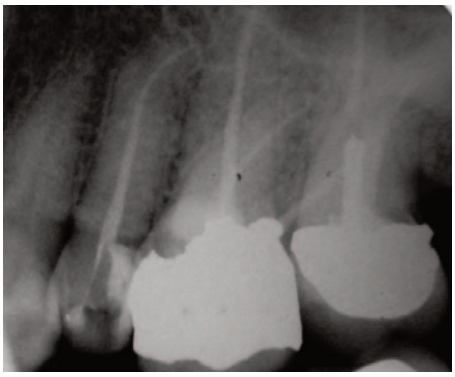
Note the small odd coronal anatomy of tooth 13, impacting root proximity with tooth 14.

Figure 4



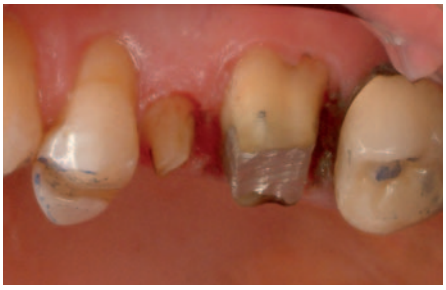
Tooth 14, endodontics completed. Note distal extention of distal-buccal root. The tooth was restored with a pin-retained amalgam filling that later served as a core build-up.

Figure 5



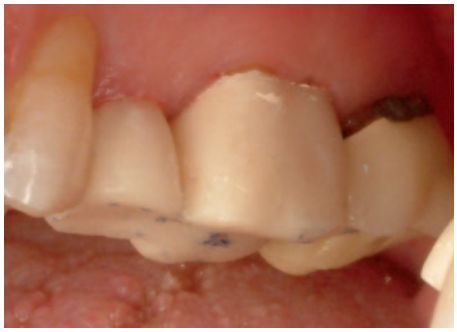
Some months later, endodontics for tooth 13 was done, successfully negotiating the curved canal. Note that this author primarily employs hand-instrumentation to accomplish endodontics. Saying "Oops" when a rotary instrument "separates" in a canal is not a practice builder.
The canals are filled with Gutta Percha and a conventional paste sealer.

Figure 6



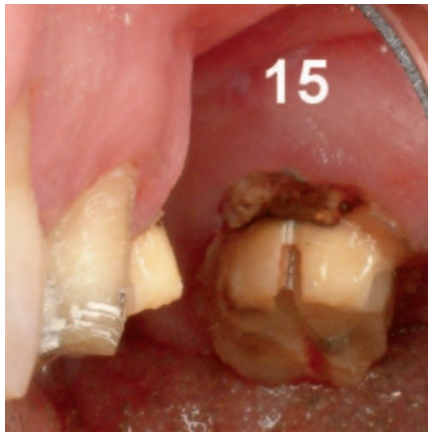
Teeth 13 and 14 are prepared for provisional crowns. It was planned to assess and replace the failing crown on tooth 15 at a later date. In the interim, provisional crowns were placed on teeth 13 and 14 to maintain form and function until the patient was ready to resume treatment.

Figure 7



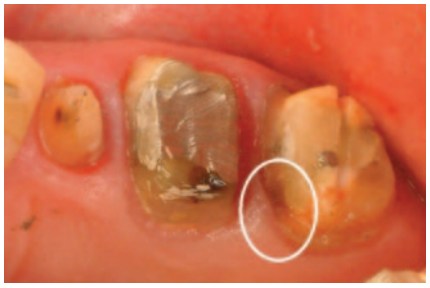
Provisional crowns are made with powder-liquid methyl methacrylate. This material is durable and more importantly, can be repaired and augmented an infinite number of times. This is beneficial in cases that require provisionals to function for several months and where alterlng their configuration is ongoing .

Figure 8



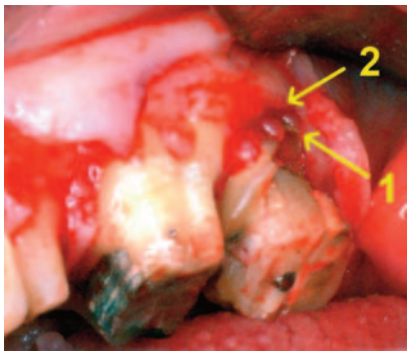
At a subsequent appointment, the crown was removed from tooth 15. Note decay on buccal margin.

Figure 9



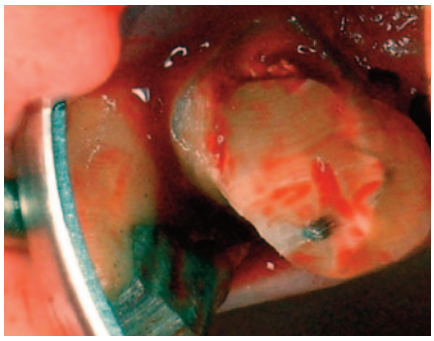
Decay was also present on mesial aspect just under the crown margin. This is why I prefer amalgam as a core material. Evidence shows that ester-containing resins undergo hydrolysis and the resulting breakdown products are chemotactic for the ingress of matrix metalloproteinases that accelerate dentine destruction {2}

Figure10



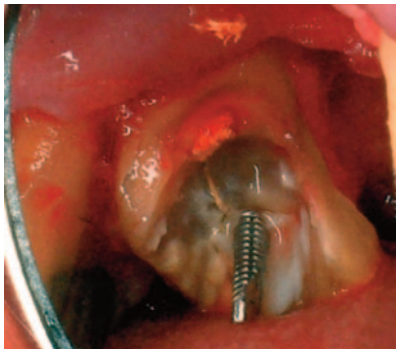
Periodontal surgery is undertaken to define the full extent of decay and to facilitate its removal. Note that the lesion (arrow 1) approaches the crest of bone (arrow 2). Surgery will allow crown lengthening via osseous recontouring to apically reposition the attachment complex.
Generating and maintaining sound Biologic Width is a critical step to achieve a predictable long-term prognosis. [6]

Figure 11



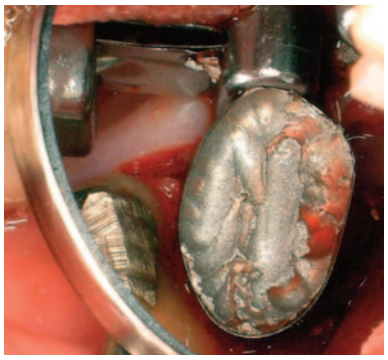
Decay found under the resin core.

Figure 12



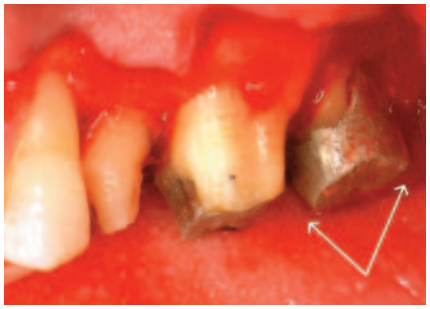
Removal of much of the resin core while leaving the post intact. The final crown margin is now easily prepared as visibility is unobstructed with no core in place. The crest of bone can be reshaped to meet the restorative needs. This graphically illustrates comprehensive dentistry. As the restoring dentist, I know which crown design is optimal. Providing the periodontal surgery gives me full control on all criteria.

Figure 13



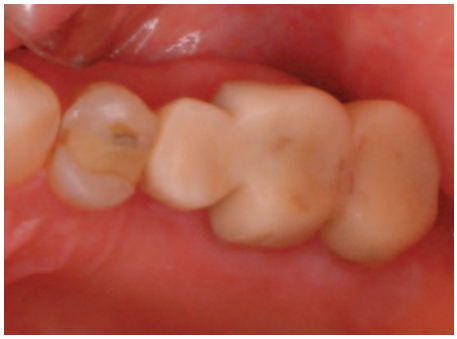
The presence of an open flap facilitates the atraumatic placement of a matrix band and subsequent amalgam core build-up. This author loves amalgam because it is unaffected by moisture, which is impossible to control in these situations in the posterior segment. [3]

Figure 14



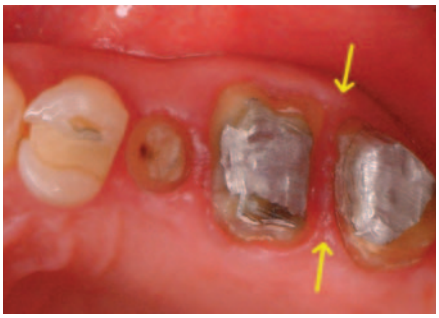
The amalgam core can now only be carved by hand. This is easy. The tip of your favorite blade carver can be placed on the tooth margin and by sweeping back and forth, one generates the axial walls. The large excess particles of amalgam are then carefully evacuated.
IMPORTANT NOTE: Never use rotary instruments to trim amalgam in the presence of an open flap. A fine amalgam powder will be produced, forced under the flap and result in an unsightly amalgam tattoo.

Figure 15



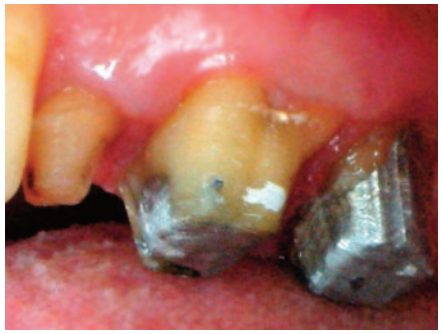
For tooth 16, a provisional crown was easily added to the existing 2 splinted crowns. Here it is 3 months later.

Figure 16



The tissue appears pink and healthy, except for the area between the molars.

Figure 17

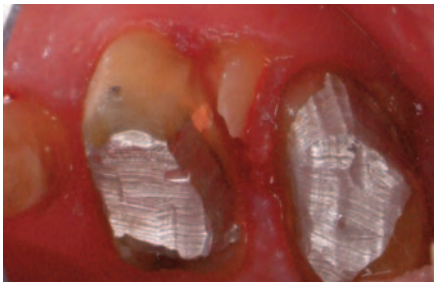


The root morphology of tooth 14 was noted at the time of surgery, however root-resection was contraindicated, given the possibili

-ility of depositing amalgam debris under a mucogingival flap. In addition, addressing the needs of tooth 15 consumed a significant amount of time.

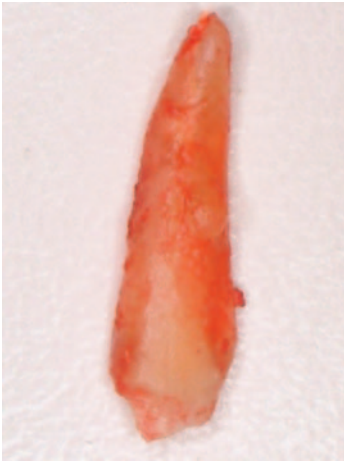
A second surgical phase was undertaken.

Figure 18



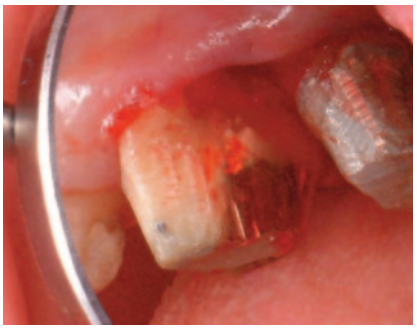
Before elevating a flap, an air-rotor with a narrow tip bur is used to section down through the distal-buccal root. The Gutta Percha is a welcome landmark. This task was aided by securing photographs of the morphology during the first surgery some months prior (Figure 14).

Figure 19



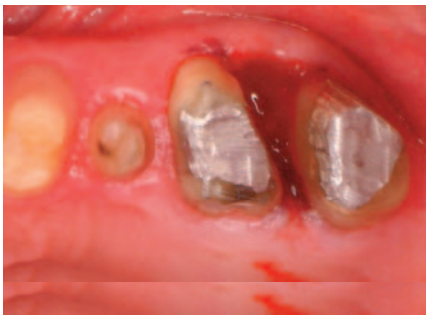
Atraumatic removal of the distal-buccal root

Figure 20



A small flap is elevated to allow definitive recontouring of the furcation area. The roof of the furcation with associated undercuts must be eliminated. Care is taken not to generate amalgam shavings with any rotary instruments.

Figure 21

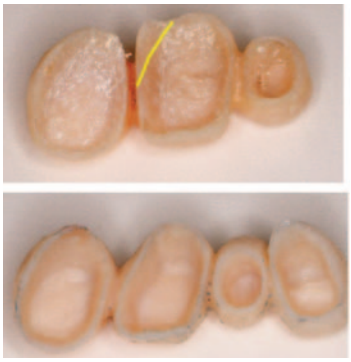


Tooth 12 was now prepared to accept a crown. The final prosthetic design was to place two 2-unit splinted crowns. One for teeth 12 and 13 and second set for teeth 14 and 15.

This design will best guard against tooth fracture of the endodontically treated teeth by distributing the cyclic stresses of occlusion over multiple teeth. Studies show that failure of resected teeth is due mostly to fracture rather than periodontal breakdown. [4] [6]

In addition, splinting prevents future tooth migration of molar teeth that can result in food impaction problems.

Figure 22



The 3 provisional crowns were now reconfigured to 4 crowns. The yellow line highlights the resulting change in anatomy of tooth 14 as a consequence of the resection. Note that new acrylic resin is easily added to the older substrate as mentioned earlier. No need to remake temps from scratch.

Figure 23

The provisional crowns are inserted and the flap is closed.

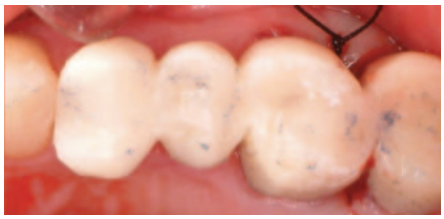
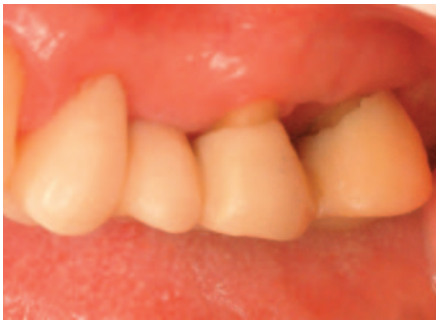
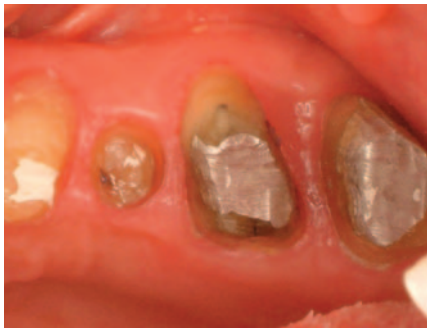


Figure 24



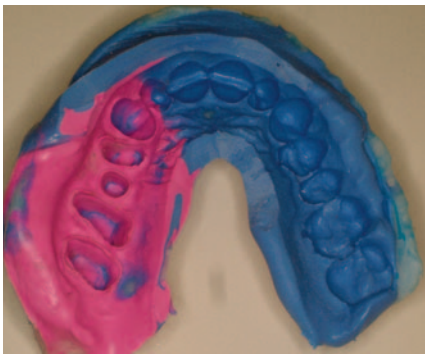
Tooth 14, endodontics completed. Note distal extention of distal-buccal root. The tooth was restored with a pin-retained amalgam filling that later served as a core build-up.

Figure 25



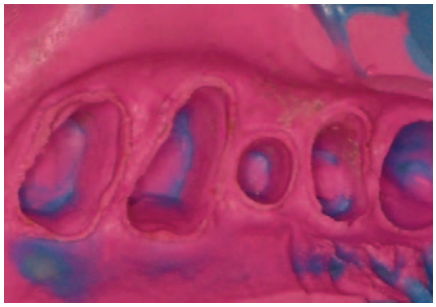
The teeth are reprepared to accommodate the new gingival topography.
Note the health of tissue. This facilitates accurate impression taking by your preferred method as the margins are clean and not buried under bleeding gums.

Figure26



My preferred method is traditional VPS impression material in an acrylic custom tray that is fabricated in-office.

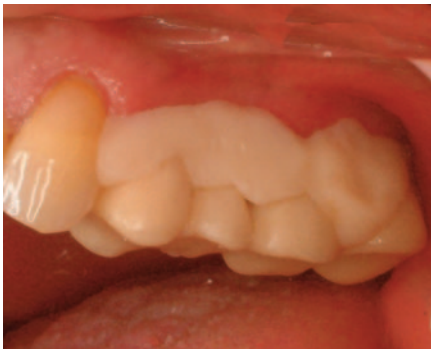
Figure 27



The impression must be defect free. If you cannot see all the exacting tooth preparation, neither can anyone else.

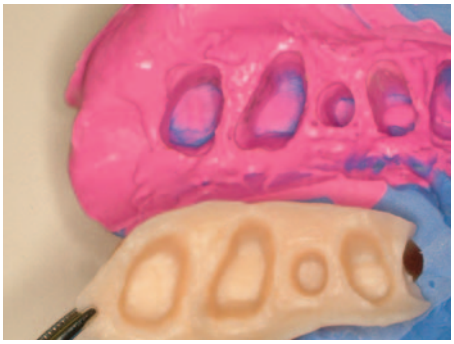
The lab is given instruction to advise us if they encounter any defects after pouring the stone models. Long-term success is a planned event. Everyone must collaborate towards a shared vision of excellence.

Figure 28



The existing provisionals are now hollow-ground and relined with new resin to capture the anatomy of the newly prepared teeth. Again, the advantage of traditional powder-liquid methyl methacrylate tooth

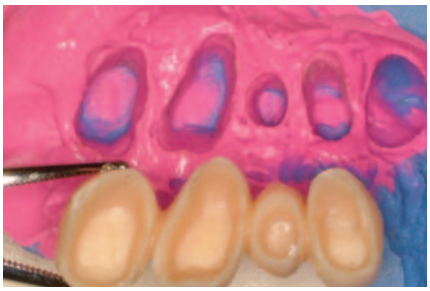
Figure 29



Provisionals before trimming excess flash.

Note for the impression. I customarily add light-body impression material around the margins so that the stone is kept clear of the margins. This reduces the risk of damaging the margins with rotary instruments during master model preparation.

Figure 30



Accurately trimmed provisionals.

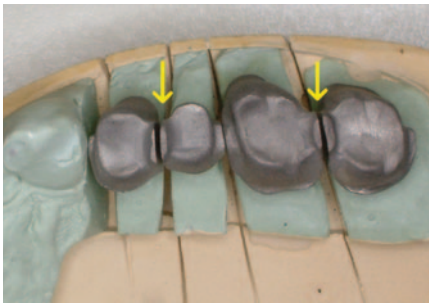
The margins of the provisionals must fit accurately to maintain the health of the tissue during all phases of treatment. Providing periodontal surgery makes one keenly respectful of tissue management.

You cannot fool Mother Nature. [5}

Figure 31

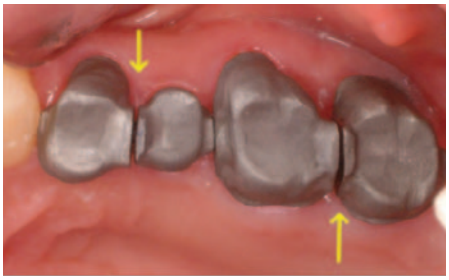
Master model.

Figure 32



Metal framework is always returned in sections. The arrows point to the design of broad solder joints.

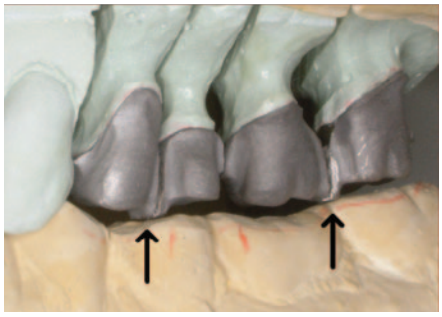
Figure 33



Sectioned frameworks allow one to assess and manage the accuracy of fit of each coping.

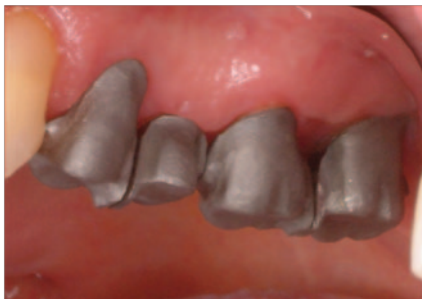
Much more importantly, I can now trim the metal anatomy to mimic that of the provisionals I designed, which has proven successful in sustaining healthy gingiva. My lab tech is highly skilled with metal, porcelain and stone, but not periodontal therapy. He often has little clue what measures were required to attain healthy gingival in order to provide a clinically perfect impression. That is my responsibility and hence I need to assess and trim the bare metal.

Figure 34



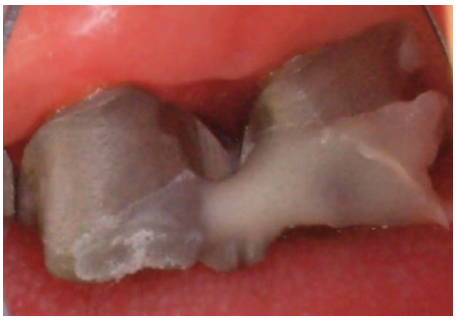
The metal comprising the solder joint is extended occulsally to contact the adjacent arch. The benefits are twofold.
One, the surface area for soldering is maximized.
Two, solid metal stops are present that can be adjusted intra-orally to serve as positive occlusal landmarks to guide the lab. This is most beneficial when all the naturally occurring distal occlusal stops are absent.

Figure 35



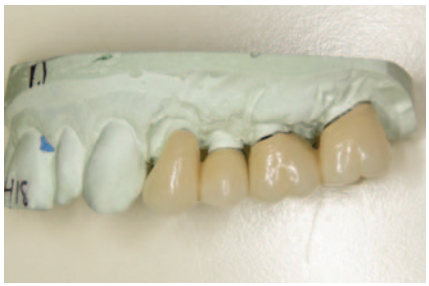
Confirmation of accurate fit of the individual metal copings and adjustment of metal stops

Figure 36



Intra-oral solder indexing with methyl methacrylate resin.

Figure 37

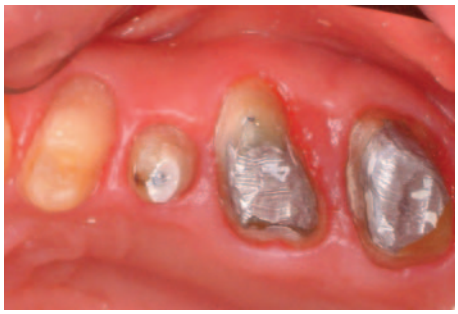


Finished case is returned for insertion.

Figure 38

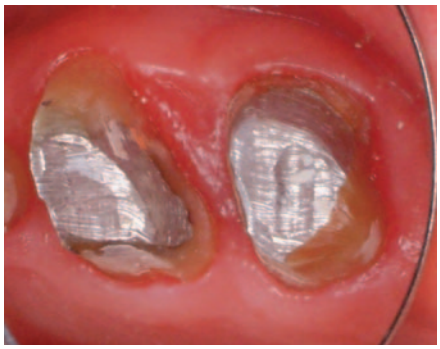
Two 2-unit splinted crowns

Figure 39



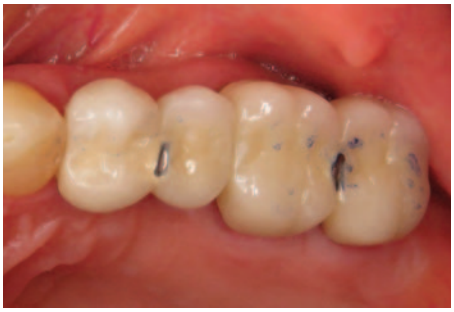
Mother Nature has voted in favor of my methods. Teeth and gums on the day of insertion are healthy and stable by design. This greatly facilitates the predictably successful insertion of the final case.

Figure 40



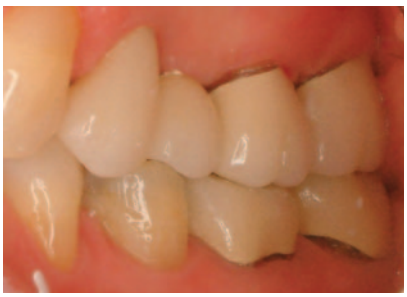
Zooming in on what I perceived as the "weakest link" of the case, which was the health of tissue between the two molars and managing the subgingival decay that was present on tooth 15.
As compared to the anatomy of the area in figure 16, this interproximal embrasure space is now easily accessible with interproximal brushes for home-care as well as by hygienists during in-office maintenance. The long-term prognosis for these two teeth is now assured.

Figure 41



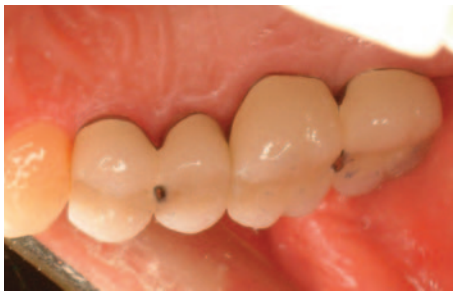
In this case, the metal stops were not covered by porcelain. They could have been, had the patient requested. She deferred to my judgment and hence I left the metal exposed to aid in my management of the final occlusal scheme.

Figure 42



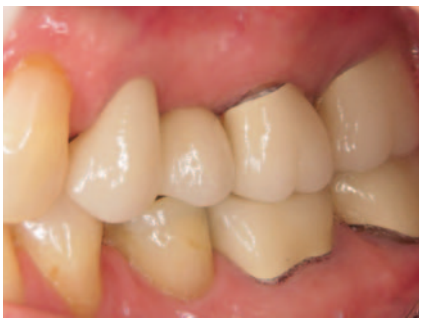
Porcelain-over-metal margin only on the buccal aspect of tooth 12, where aesthetics is critical.
The remaining three crowns have a fine-metal margin, which in my opinion provides the best seal against the ingress of bacteria and oral fluids. The crowns were cemented with a Polycarboxylic cement, PolyF Plus by Caulk. It has been my extensive experience that this cement remains stable over the course of my 39 years placing crowns.
In addition, this cement has a low incidence of pulpal irritation and it is technique insensitive. Simply remove the provisional crowns, dry the teeth, and place the restoration.

Figure 43



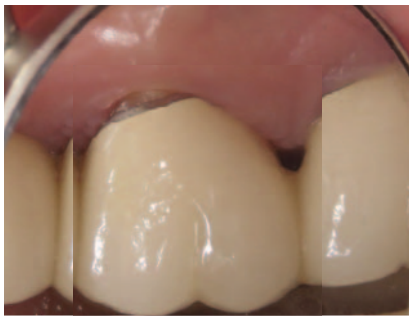
"View from the lingual aspect.
A fine metal margin is present 360° around each tooth, except for the buccal margin of tooth 12.
The final case was inserted September 2015.

Figure 44



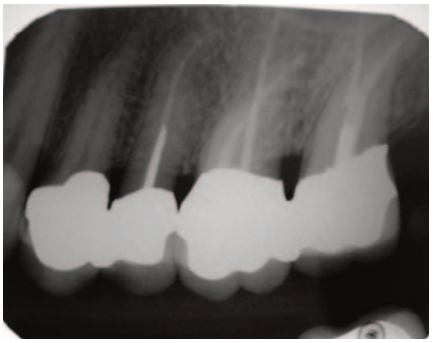
20 Months post insertion, provides visual evidence of a stable and predictably successful outcome.

Figure 45



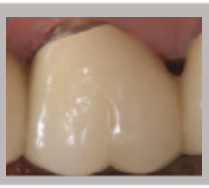
Close-up of a healthy embrasure space between teeth 14 and 15.
Great care has been taken to ensure that interproximal brushes can be placed easily between the splinted crowns. The tissue remains healthy with no hint of bleeding and an absence of symptoms.

Figure 46



Postoperative radiograph showing accurately fitting crown margins and physiologically correct crown anatomy.

See page 18 for SUMMARY and References



In summary,

it is hoped that the above demonstrates the efficacy "fixing teeth", even those that some may label as "less than ideal". My philosophy of treatment is " to put the needs of the patient above all else and to provide treatment where indicated." Hence every patient is deserving of an accurate diagnosis and the truth. When treatment is provided, it must be done to a high standard of excellence. If I cannot do it, I better find someone who can. We must be cognizant of our strengths and weaknesses.

In my mind, restorative dentistry encompasses endodontics, periodontics, prosthodontics, implants and yes, sometimes orthodontics. I am blessed every day to be intellectually challenged as I manage these protocols to deliver long-lasting restorations. Often I am asked by patients, "How long will a given restoration last." My answer is a follows:

"Sitting there on the table, it will last forever. Once it goes in the harsh environment of the mouth, it starts to fail. My job is to make it fail as slowly as possible so that you, the patient, fail before it does."
Gratifyingly, and with some sadness, this has often been the endpoint.
Staying cool, doing it Old School.

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ISBN: 978-0-3230-8108-57- Walter C1,

09/19/2018

Mandatory CURES consultation in effect Oct. 2

Review and Evaluation System, also known as CURES 2.0, was certified as ready for statewide use by the Department of Justice in April 2018.

Beginning Oct. 2, all licensees authorized to prescribe, order, administer, furnish or dispense controlled substances in California must, with some exceptions, check a patient's prescription history in CURES 2.0 before prescribing a Schedule II-IV substance, as CDA first reported in April.

One notable exemption to mandatory CURES consultation that applies to dental care and that CDA helped secure is summarized:

If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical procedure and the quantity of the controlled substance does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use . . .

For more information go to:
https://www.cda.org/news-events/mandatory-cures-consultation-in-effect-oct-2

Science News

Biomaterial could keep tooth alive after root canal
August 22, 2018
American Chemical Society

Scientists have developed a peptide hydrogel designed to regenerate dental pulp after a root canal, preserving the tooth.
www.sciencedaily.com/releases/2018/08/180822082640.htm

Effect of calcium fluoride on the activity of dentin matrix-bound enzymes.

Altinci P, Mutluay M, et al, Arch Oral Biol. 2018 Sep 11;96:162-168. doi: 10.1016/j.archoralbio.2018.09.006.

Matrix metalloproteinases (MMPs) and cysteine cathepsins (CCs) are two distinct enzymatic pathways responsible for the degradation of collagen fibrils in demineralized dentin. NaF and KF have been shown to inhibit salivary MMP-2, -9 and CCs. This study investigated the inhibitory effect of calcium fluoride (CaF2) on the dentin matrix-bound MMPs and CCs.

RESULTS: CaF2 does not prevent the degradation of demineralized dentin matrices due to the catalytic activity of MMPs and CCs.

PMID: 30268018 DOI: 10.1016/j.archoralbio.2018.09.006

Piezosurgical Surgery Post Endo Sealer Extrusion

Piezosurgical management of sealer extrusion-associated mental nerve anaesthesia: A case report. Szalma J, Soós B, Krajczár K, Lempel E. Aust Endod J. 2018 Oct 18. doi: 10.1111/aej.12316.
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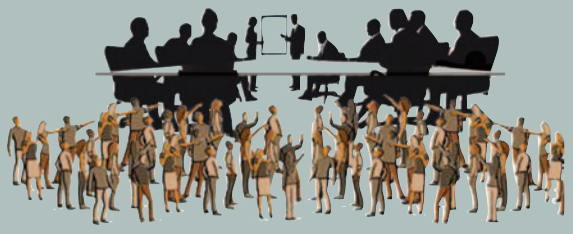

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