ADVANCED FIXED PROSTHODONTICS & FUNCTIONAL OCCLUSION RESIDENCY

Course Outline

The rationale, principles and management of the dental occlusion as it applies to our clinical dentistry is of vital importance for the long-term success of our dentistry. The use of fixed prosthodontics and dental implant further complicates this topic since an osseous integrated dental implant is less tolerant of the biomechanical forces. Yet, most clinical dentists find this topic complex, confusing and difficult to integrate into private practice. In addition, when the functional physiologic occlusion has been deteriorated to pathologic or non-physiologic occlusion, the restoration and reconstruction of the occlusion can be complex.

This program will address the various topics that are essential to understand the biologic and biomechanical principles required to develop a functional occlusion for our patients for long-term stability, comfort and physiologic function.

- Terminology defined: Centric Relation, Vertical dimension of occlusion, Centric Occlusion, Maximal intercuspal position, hinge axis, mutually protected occlusion and others.
- Diagnostic record requirements and case selection for comprehensive functional occlusion therapies
- Treatment position of Centric Relation versus Maximal Intercuspal Position
- Indications for Centric Relation position as a treatment position
- Various options in obtaining accurate repeatable Centric Relation Bite Records
- Kois deprogrammer as a diagnostic tool and treatment appliance
- Indications for treatment alteration of the vertical dimension of occlusion
- Treatment options to determine the Vertical dimension of occlusion
- 5 Components of Masticatory function
- Posterior determinants of occlusion
- Anterior determinants of occlusion, anterior envelope of function, phonetics and aesthetics
- Treatment goals of mutually protected occlusion and occlusal equilibration requirements to achieve stable functional occlusion
- Clinical indications for use of facebows and semi-adjustable articulators; is it required, when, where, what type and how?
- Definition and treatment options for physiologic occlusion, non-physiologic occlusion and therapeutic occlusion
- Guidelines, indications, and contraindications for occlusal equilibration
- Management of parafunctional habits
- Periodontal-restorative interface for fixed prosthodontics
- Soft tissue management protocols prior to final impressions
- Biomaterial and techniques to achieve optimal final impressions and master models
- Applications of digital impressions, CAD/CAM applications to fixed prosthodontics
- Tooth preparation designs and systems for biomaterial requirements
- Various margin preparations and indications for specific biomaterial selection
- Biomaterial selection criteria for aesthetics and biomechanical requirements
- Margin preparation locations based on biologic width to maximize aesthetics while minimizing biologic violations and complications
Dr. Mark Lin is a hard working instructor and after over a decade of general practice, he gives a practical approach to teaching topics of occlusion. I found his program to bring together topics from the best clinical concepts in occlusion. Dr. Mark Lin presents concepts in occlusion that can be applied to clinical use on Monday morning.

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Dr. Mark Roman

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Dr. Joseph Fava

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DR. MARK LIN
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F.R.C.D. (C)

DR. JOSEPH FAVA
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$10,950 + HST

AGD members get $300 discount

Early Bird Discount $700 for Registration before October 17, 2016

CE Credit 56

Cancellation must be received 21 days prior to the course for refund

PART A

December 2 & 3, 2016

PART B

January 20 & 21, 2017

PART C

Live patient

May 12 & 13, 2017

PART D

Live patient

June 23 - 24, 2017

LOCATION

Toronto Dental Hygiene College
28 Vanley Cres., Toronto, ON

SIGN-IN

8:30am to 9:00 am

LECTURE

9:00am to 5:00pm

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Bone sounding principles to treatment plan for soft tissue alterations versus clinical crown lengthening

Diagnosis and treatment options for “gummy smiles” or excessive gingival displays

Applications of hard and soft tissue lasers in clinical dentistry

Management of attrition, abrasion, erosion and abfraction as aetologies to occlusal instability and physiologic occlusion

Management of edentulous terminal dentition for accurate interocclusal records for fixed and implant restorations

Definition for “Terminal Tooth Syndrome” and management protocol

Splint therapies; when, which arch, hard or soft, what type of occlusion?

TMD considerations to evaluate stability prior to initiation of treatment

Various occlusion therapies, theories and applications to clinical dentistry

Diagnostic evaluations and treatment protocols to avoid cheek or tongue biting complications

Implant occlusion; single implant crowns, implant retained removable prostheses, implant-supported fixed hybrid prostheses, implant fixed porcelain prosthesis.

Implant protected occlusion versus occlusion for natural dentition

Use of direct transitional bonding as a diagnostic tool when altering the vertical dimension of occlusion or transitional therapy prior to definitive restorations

Algorithms to sequence full arch or full mouth reconstruction therapies

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Hands-On Components

Clinical examination and charting for the TMJ, muscles of mastication, dental evaluation and diagnostic records.

Clinical evaluation and examination of TMD considerations, simplified joint load testing prior to comprehensive dentistry

Fabrication of Centric Relations interocclusal records with comparison of techniques for accuracies

Bimanual manipulation, Lucia jigs, Leaf gauge, Chin Point guidance and others

Facebows records in aiding accuracy of mounting of maxillary cast

Mounting of diagnostic casts using semi-adjustable articulators

Occlusal equilibration to achieve centric relations to maximal intercuspation position, indications and contraindications

Removable prosthetics occlusal equilibration to achieve balanced occlusion

Diagnostic wax set up for fixed prosthodontics and implant occlusion

Fabrication, adjustments and insertions of occlusal splints to manage parafunctional habits.

Treatment planning of various complicated cases from diagnostic records to step by step sequencing

Case planning for “Live Patient” multi-disciplinary full mouth rehabilitation cases; treatment planning, tooth preparations, provisionalization and final fixed prosthetics