Orientation

Prosthodontics

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Faculty of Dentistry, University of Toronto

The prosthodontics component of the Undergraduate Dentistry Curriculum

CDAC : DDS & DMD - Windows Internet Explorer

http://www.cda-adc.ca/cdacweb/en/accreditation_requirements/DDS_and_DMD/

cdac accreditation

File Edit View Favorites Tools Help

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CDAC : DDS & DMD

CDAC Accreditation of DDS Program

1997: "Ethics criteria"

2004: 2001 ACFD competencies

Next accreditation of the UofT:

2011: 2006 ACFD Competencies

Commission on Dental Accre

About CDAC | Accreditation Requirements | Search for Accredited Programs | Application for New Programs | International Professionals | Accreditation Surveys

Home > Accreditation Requirements > DDS And DMD

- DDS/DMD
- Dental Specialties
- Dental Hygiene
- Dental Assisting
- Dental Services
- Internship & Residency

Accreditation Requirements for
Doctor of Dental Surgery (DDS) or
Doctor of Dental Medicine (DMD) Programs

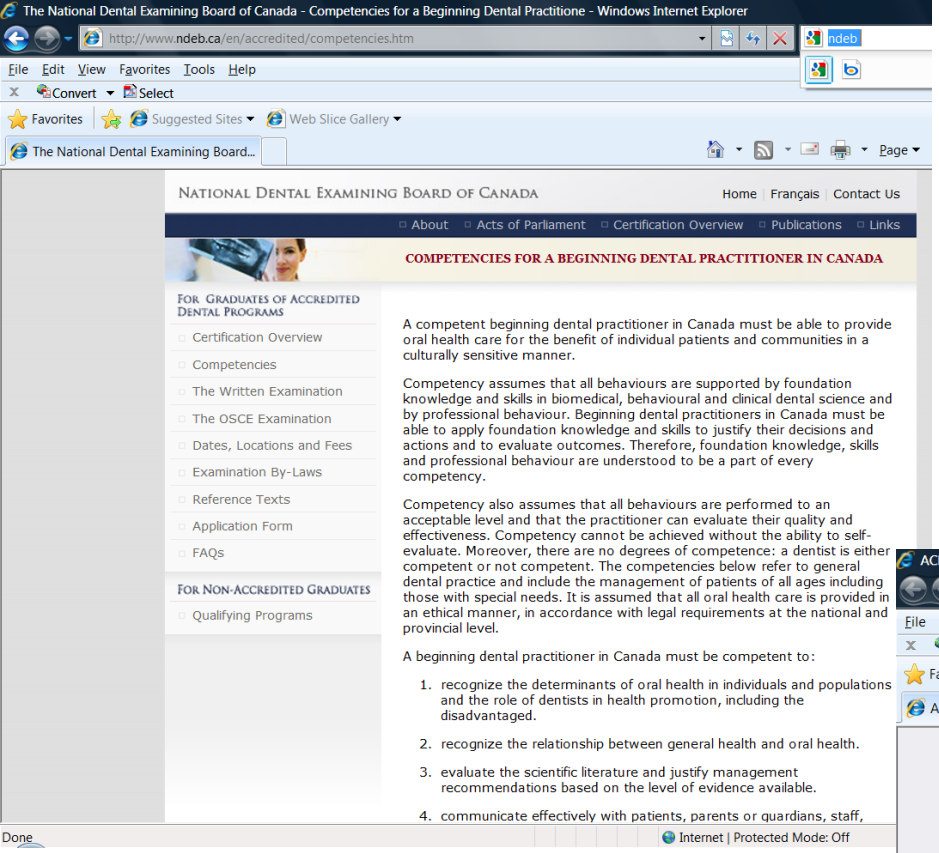
Effective April 1, 2001
Updated with Practice Outcomes Assessment- November 2001

Updated November 30, 2004

Updated November 30, 2005,
including the revised 'Competencies for a Beginning Dental Practitioner in Canada'.

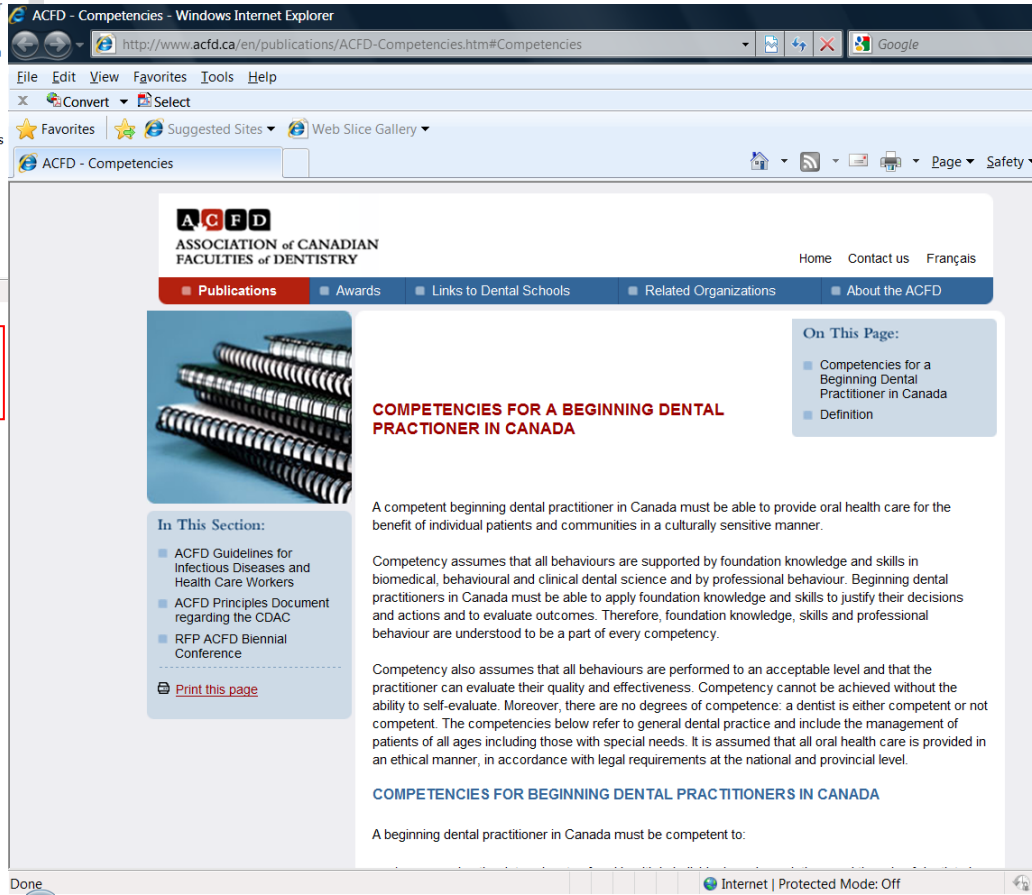
Updated November 30, 2006

Error on page



National Dental Examining Board of Canada

Association of Canadian Faculties of Dentistry



NDEB Competencies for a Beginning Dental Practitioner in Canada applied to the Prosthodontic Curriculum

2009-2010 Prosthodontics, Faculty of Dentistry, University of Toronto.

NDEB Original statement:	1 Recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged
Particular to prosthodontics	1modif. Recognize the determinants of oral health in individuals with an intraoral prosthesis and the role of dentists in health promotion, including the disadvantaged

This competency is within the domain: Critical Thinking

Competencies to be developed within the: 1. Affective dimensions

Treatment phase (1 --> 7): General

Patient with a restorable complete dentition restored with: Crowns --> See: 42d.xx
Patient with single tooth missing restored with: Implant supported crown --> See: 42s.xx
Patient with partially edentulous jaw restored with: Fixed prosthesis --> See: 42pe.1
Patient with partially edentulous jaw restored with: Removable prosthesis --> See: 42pe.2
Patient with partially edentulous jaw restored with: Implant supported prosthesis --> See 42pe.3

Patient with fully edentulous jaw restored with: Removable prosthesis --> See: 42e.1
Patient with fully edentulous jaw restored with: Implant supported prosthesis --> See 42e.2
Patient with prosthesis on fully edentulous jaw restored with: Reline/rebase removable prosthesis--> See 42e.3

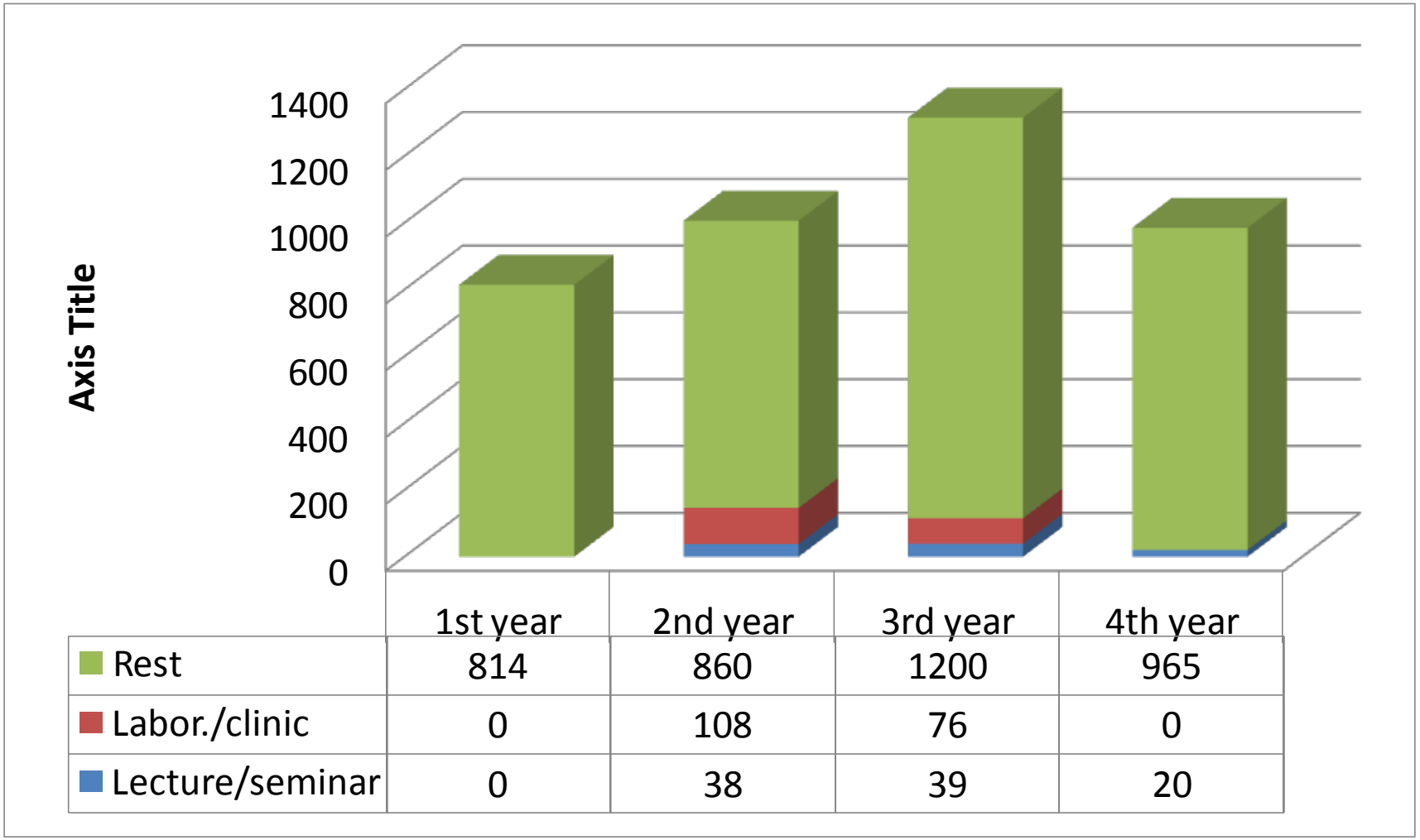
Patient with an unrestorable dentition restored with: Immediate prosthesis --> See: 42e.4

Taught:	Learning experience In course:	Format:
4 & 3 &	277/333-377/477	Clinic

Competency attainment test: Not tested -Grading of skills in clinic (H/P/NI)

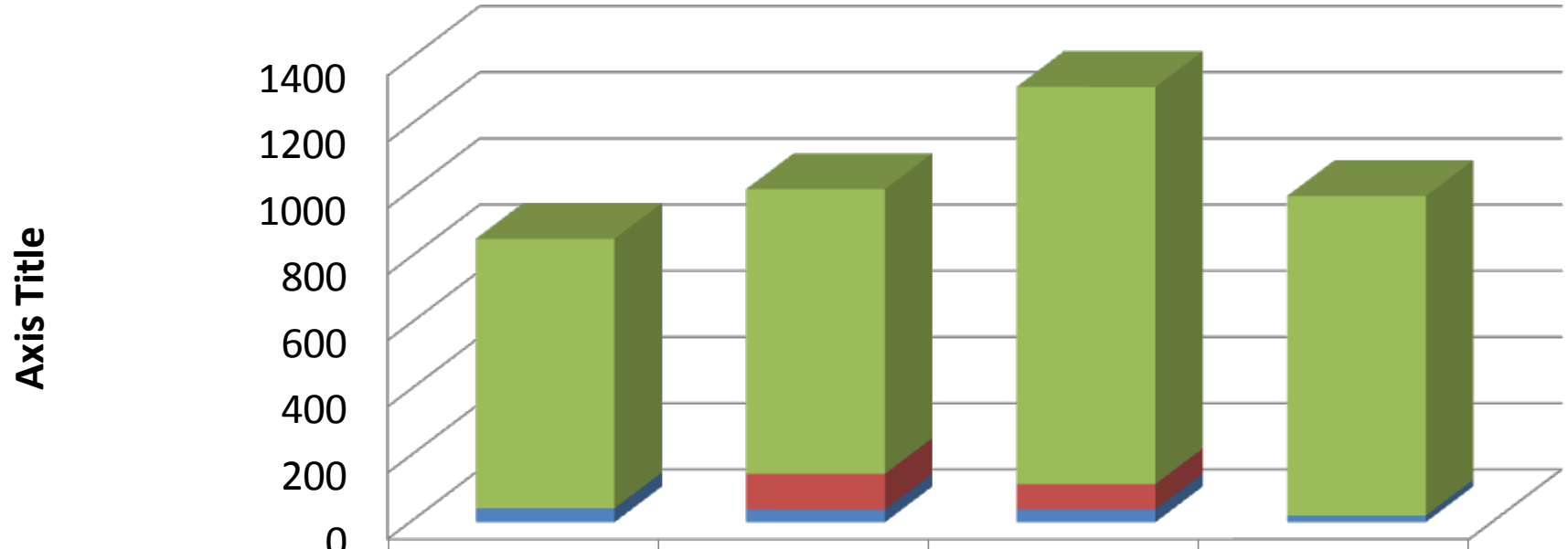
NDEB Original statement:	2 Recognize the relationship between general health and oral health
Particular to prosthodontics	Fundamental core competency not particular to specific aspects of the prosthodontics curriculum

Prosthodontics Curriculum → 2009
QP program converted to IADPP in 2006 → major re-allocation of prosthodontics curriculum contents



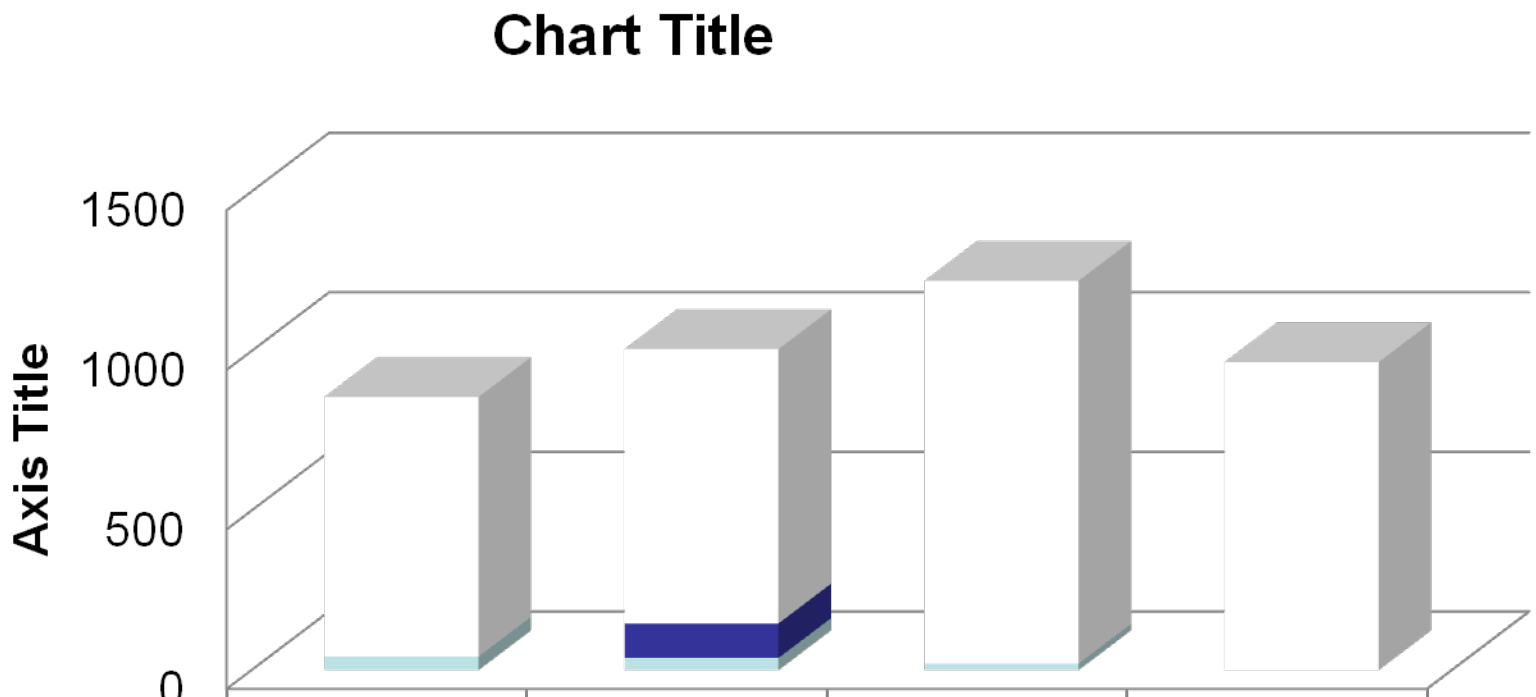
	1st year	2nd year	3rd year	4th year
Rest	814	860	1200	965
Labor./clinic	0	108	76	0
Lecture/seminar	0	38	39	20

Prosthodontics Curriculum – 2010 → 2012

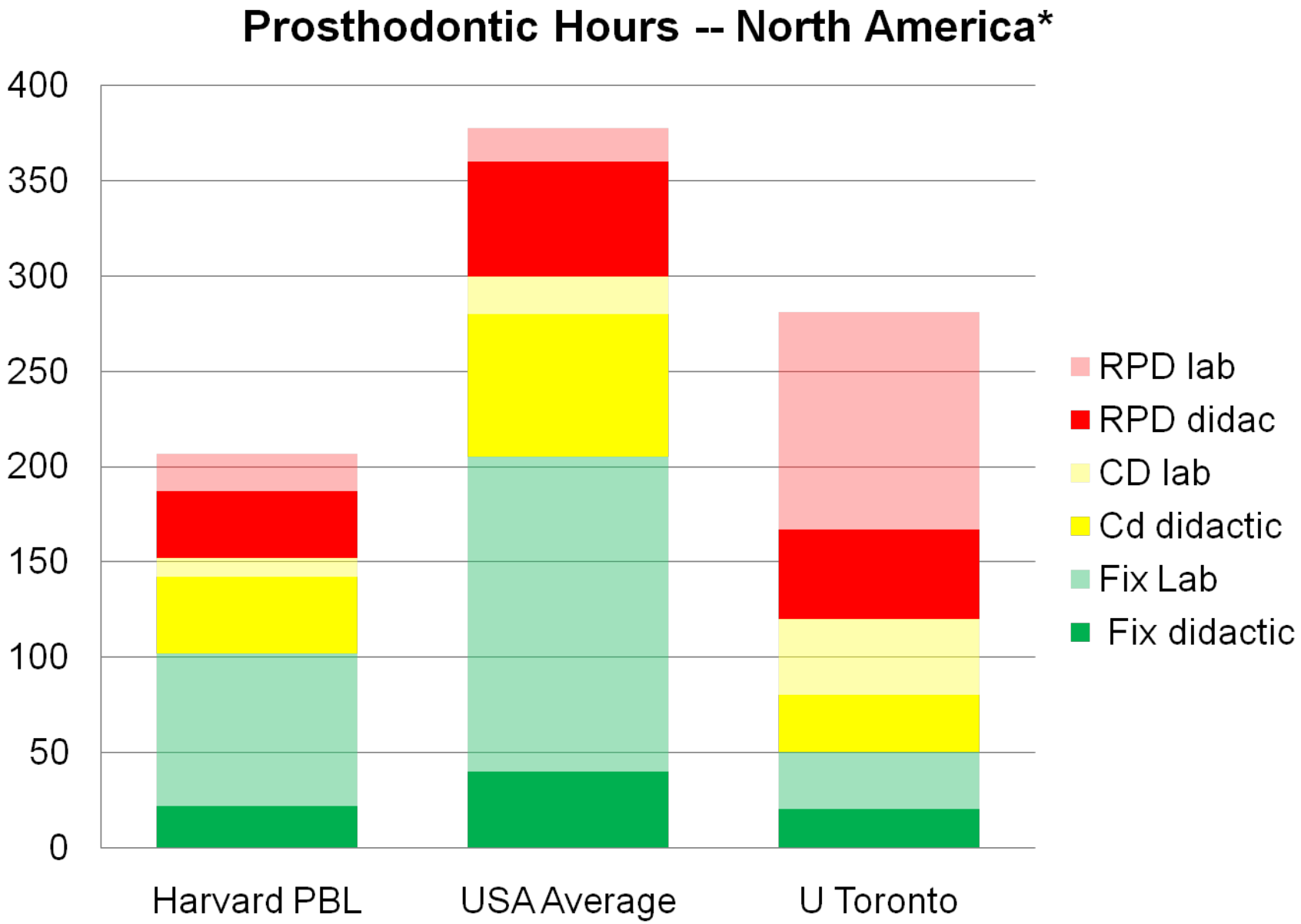


	1st year	2nd year	3rd year	4th year
Rest	814	860	1200	965
Labor./clinic	0	108	76	0
Lecture/seminar	42	38	39	20

Prosthodontics Curriculum – 2010 → 2012



	1st year	2nd year	3rd year	4th year
Rest	814	860	1200	965
Labor./clinic	0	108		0
Lecture/seminar	42	38	20	0



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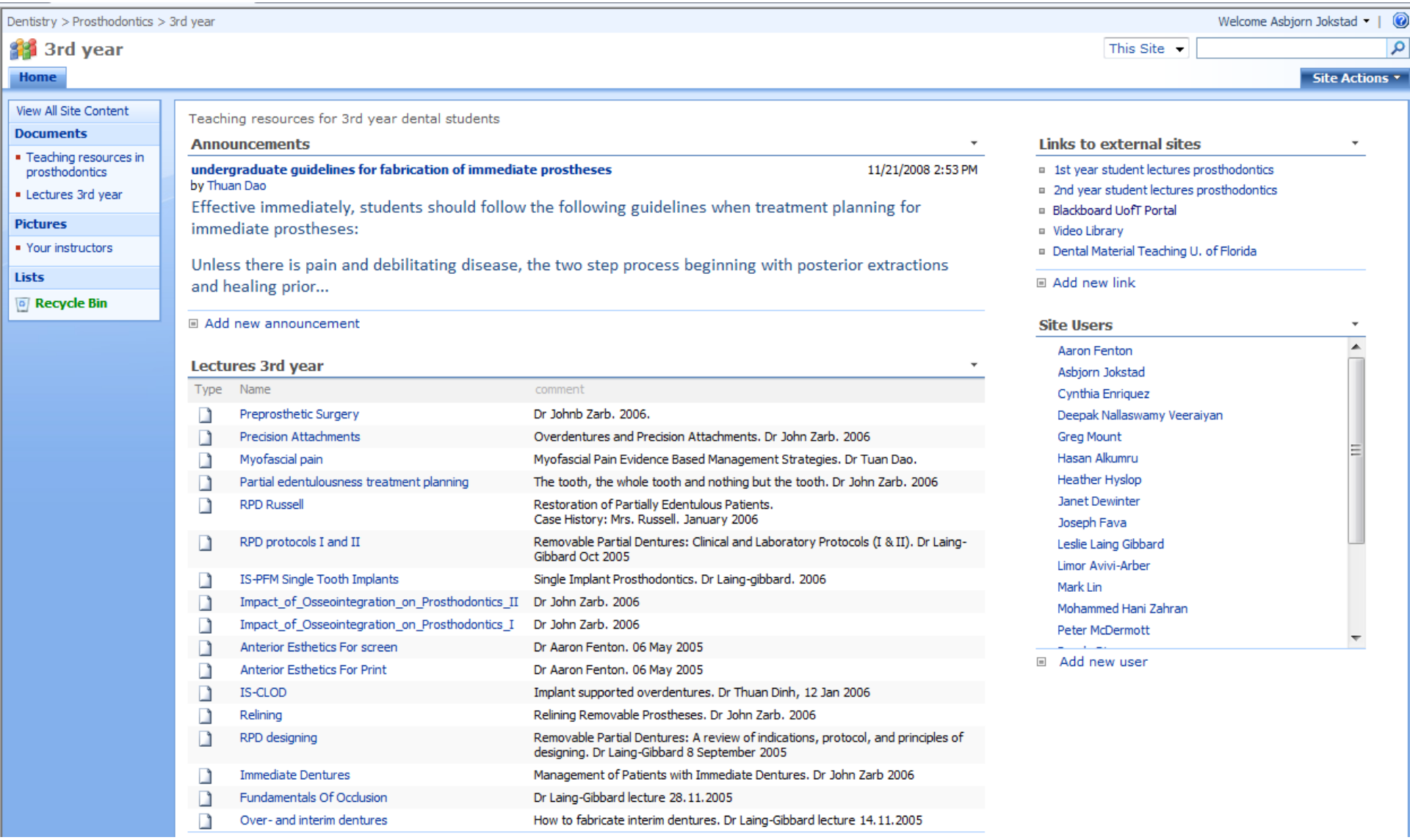
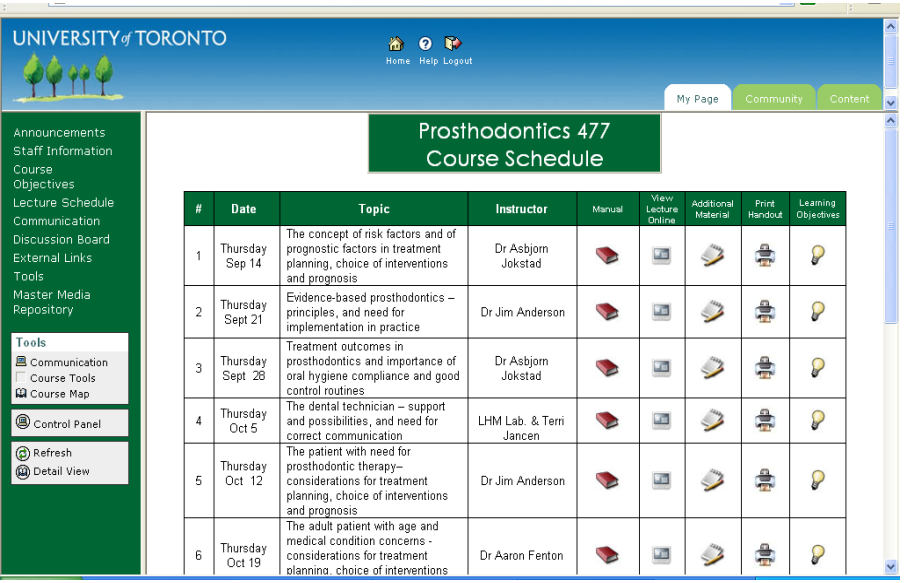
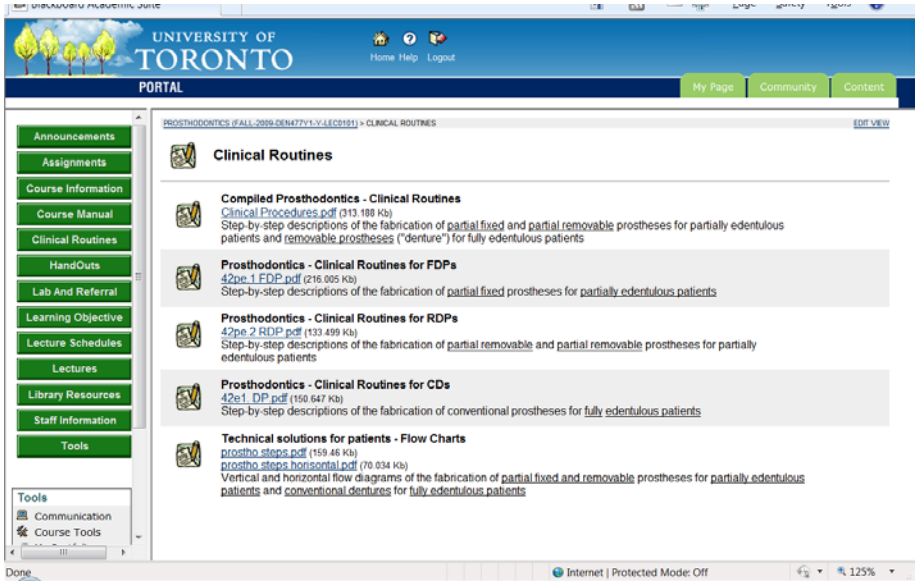
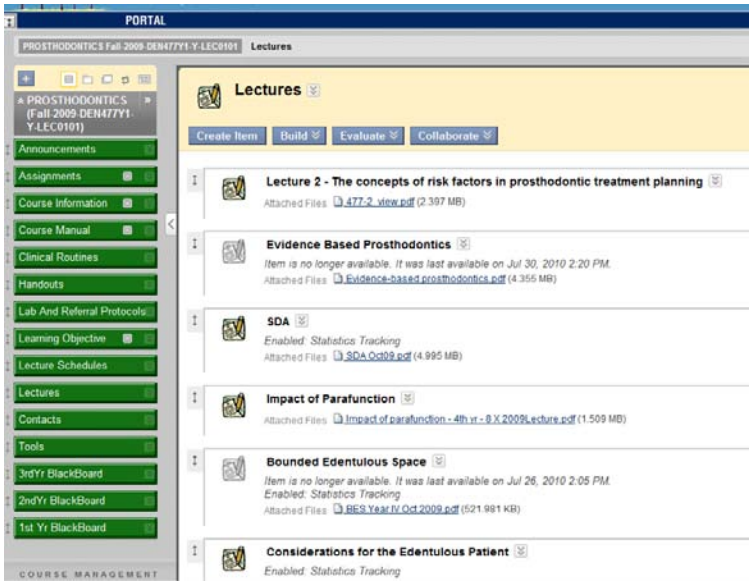
Sharepoint - spring 2006

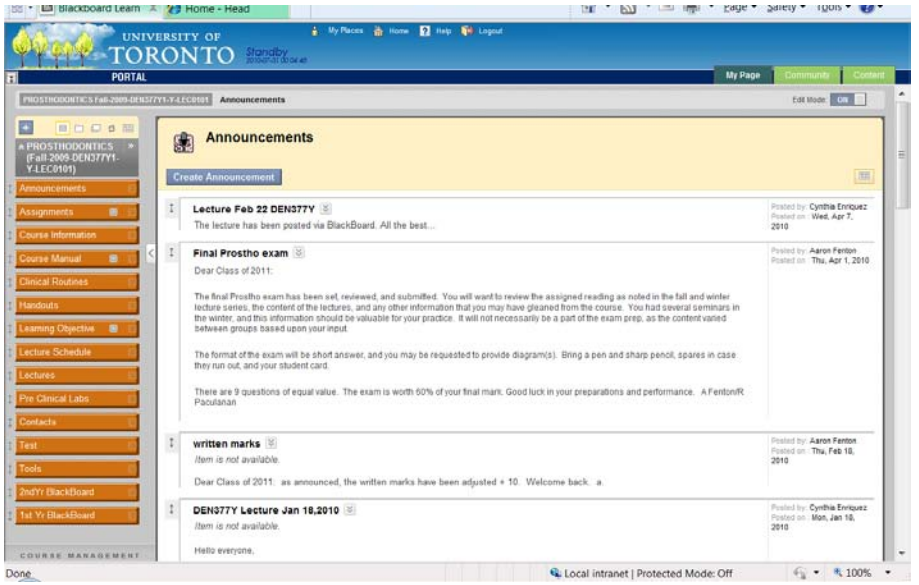


Blackboard - fall 2006









Sharepoint – Fall 2010

Dentistry > Prosthodontics > Prosthodontic Procedures

Welcome Asbjorn Jokstad

Prosthodontic Procedures

This Site

Home

Site Actions

View All Site Content

Recycle Bin

Resource site for undergraduate students

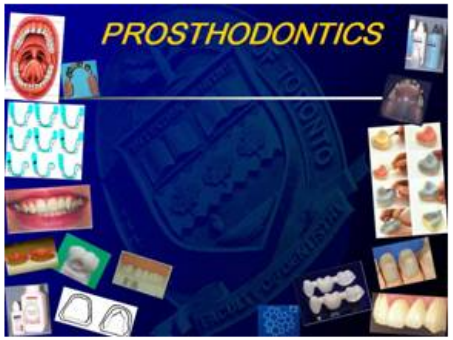
Announcements

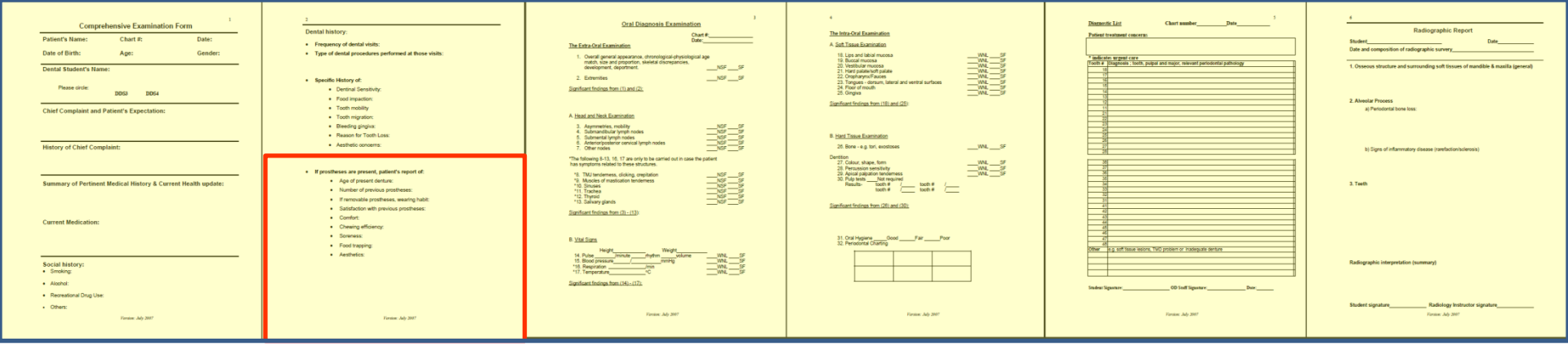
WELCOME TO PROSTHODONTICS! 5/12/2010 10:41 AM

by Asbjorn Jokstad

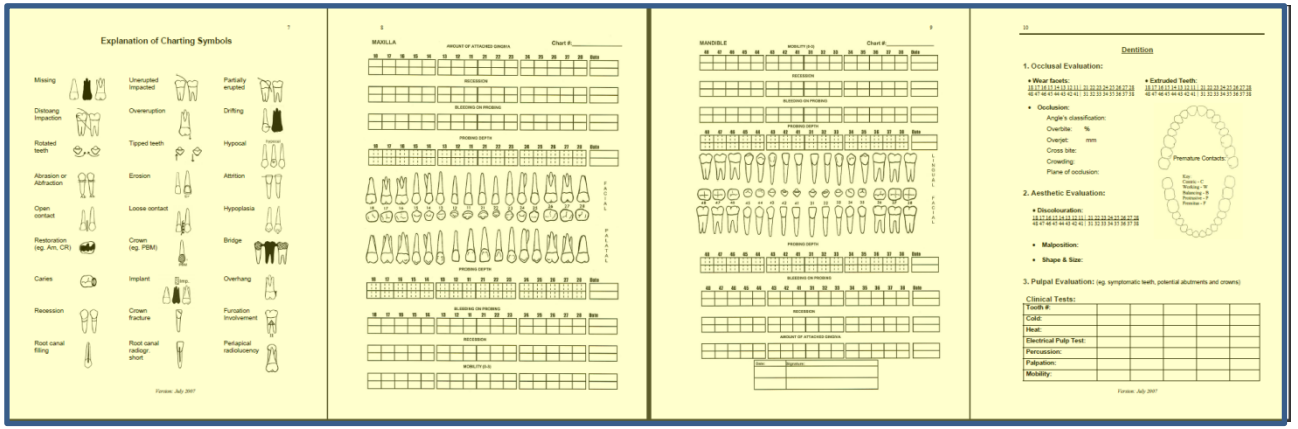
ENTER WEBSITE

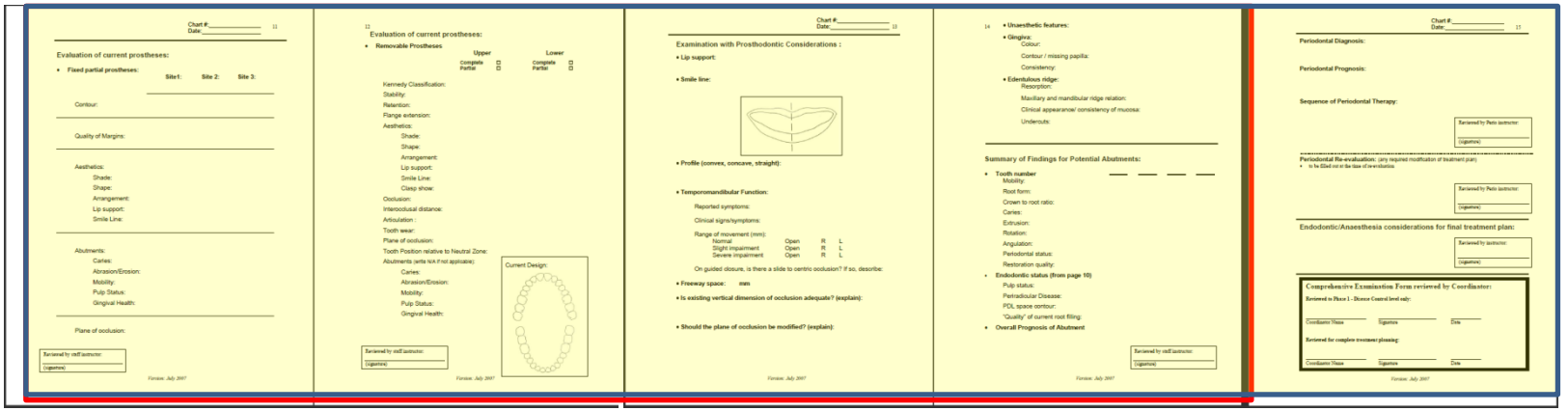
Add new announcement



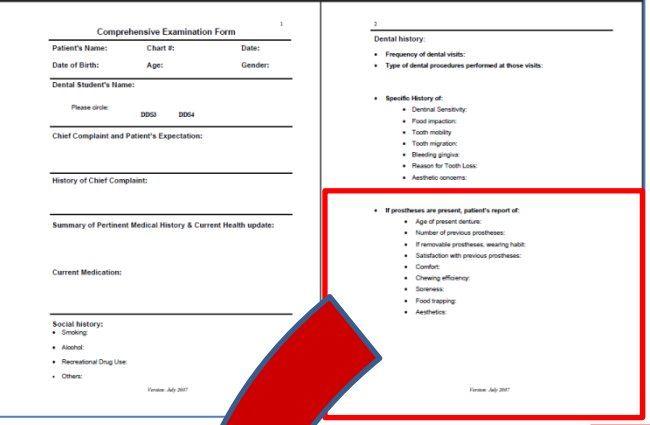


CCP "Yellow" Comprehensive Examination Form





Prosthodontics components



Comprehensive Examination Form

Patient's Name: Chart #: Date:

Date of Birth: Age: Gender:

Dental Student's Name:

Please circle: DDS3 DDS4

Chief Complaint and Patient's Expectation:

History of Chief Complaint:

Summary of Pertinent Medical History & Current Health update:

Current Medication:

Social history:
- Smoking:
- Alcohol:
- Recreational Drug Use:
- Others:

Version: July 2007

Dental history:
- Frequency of dental visits:
- Type of dental procedures performed at those visits:

- Specific History of:
  - Dentinal Sensitivity:
  - Food impaction:
  - Tooth mobility
  - Tooth migration:
  - Bleeding gingiva:
  - Reason for Tooth Loss:
  - Aesthetic concerns:

- If prostheses are present, patient's report of:
  - Age of present denture:
  - Number of previous prostheses:
  - If removable prostheses, wearing habit:
  - Satisfaction with previous prostheses:
  - Comfort:
  - Chewing efficiency:
  - Soreness:
  - Food trapping:
  - Aesthetics:

Version: July 2007

- **If prostheses are present, patient's report of:**
  - Age of present denture:
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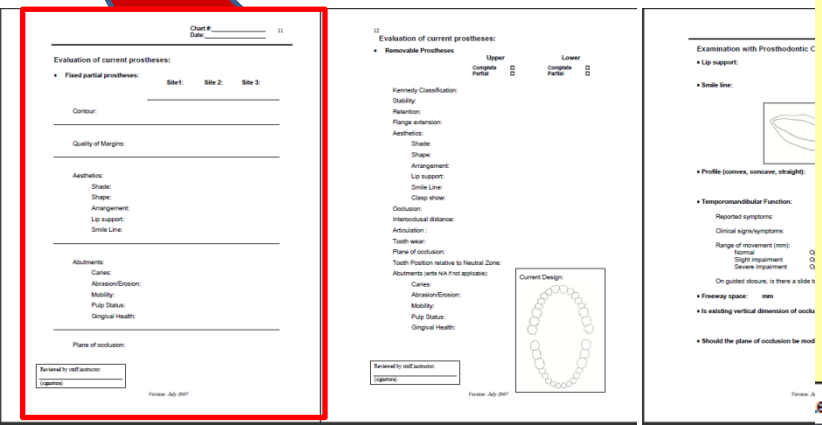
  - Chewing efficiency:
  - Soreness:
  - Food trapping:
  - Aesthetics:

- **If prostheses are present, patient's report of:**
  - Age of present ~~denture~~:
  - Number of previous prostheses:
  - If removable prostheses, wearing habit:
  - Satisfaction with previous prostheses:
  - Comfort:
  - Chewing ~~efficiency~~:
  - Soreness:
  - Food trapping:
  - Aesthetics:
  - **Cleaning access/ability:**



Evaluation of current prostheses:

- **Fixed partial prostheses:** **Abutment / pontic Site1:** **Abutment / pontic Site 2:** **Abutment / pontic Site 3:**

Contour:

Quality of Margins:

Aesthetics:

- Shade:
- Shape:
- Arrangement:
- Lip support:
- Smile Line:

Abutments:

- Caries:
- Abrasion/Erosion:
- Mobility:
- Pulp Status:
- Gingival Health:

Occlusion:

Plane of occlusion:

Articulation:

eviewed by staff instructor:

Evaluation of current prostheses:

- **Removable Prostheses**

	Upper	Lower
	Complete ☐	Complete ☐
	Partial ☐	Partial ☐

Kennedy Classification:

Stability:

Retention:

Flange extension:

Aesthetics:

- Shade:
- Shape:
- Arrangement:
- Lip support:
- Smile Line:
- Clasp show:

Occlusion:

Interocclusal distance:

Articulation ÷

Tooth wear:

Plane of occlusion:

Tooth Position relative to Neutral Zone:

Abutments (write N/A if not applicable):

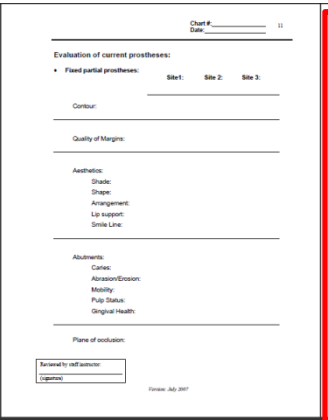
- Caries:
- Abrasion/Erosion:
- Mobility:
- Pulp Status:
- Gingival Health:

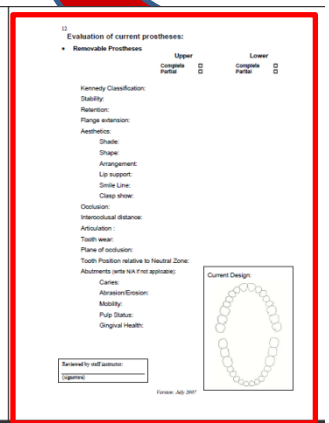
Current Design:

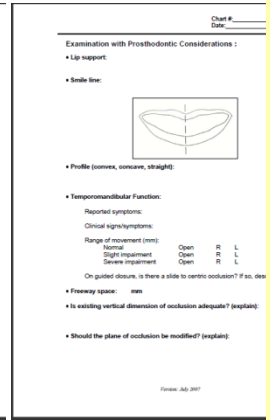
Reviewed by staff instructor:

(signature)

Version: July 2007

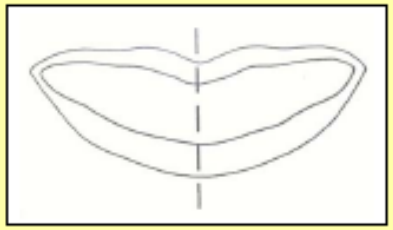






Examination with Prosthodontic Considerations :

- **Lip support:**
- **Smile line:**



- ~~**Profile (convex, concave, straight):**~~
- **Temporomandibular Function:**

  Reported symptoms:

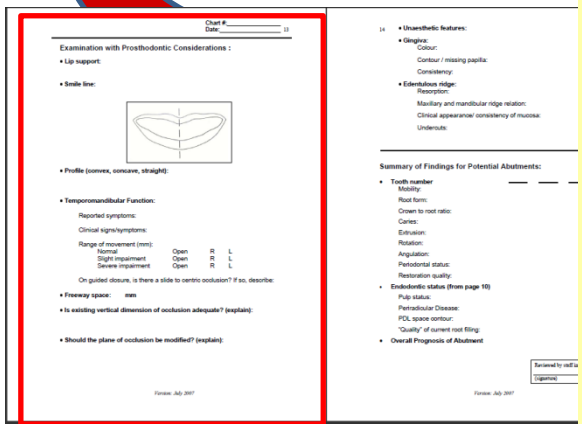
  Clinical signs~~/symptoms~~:

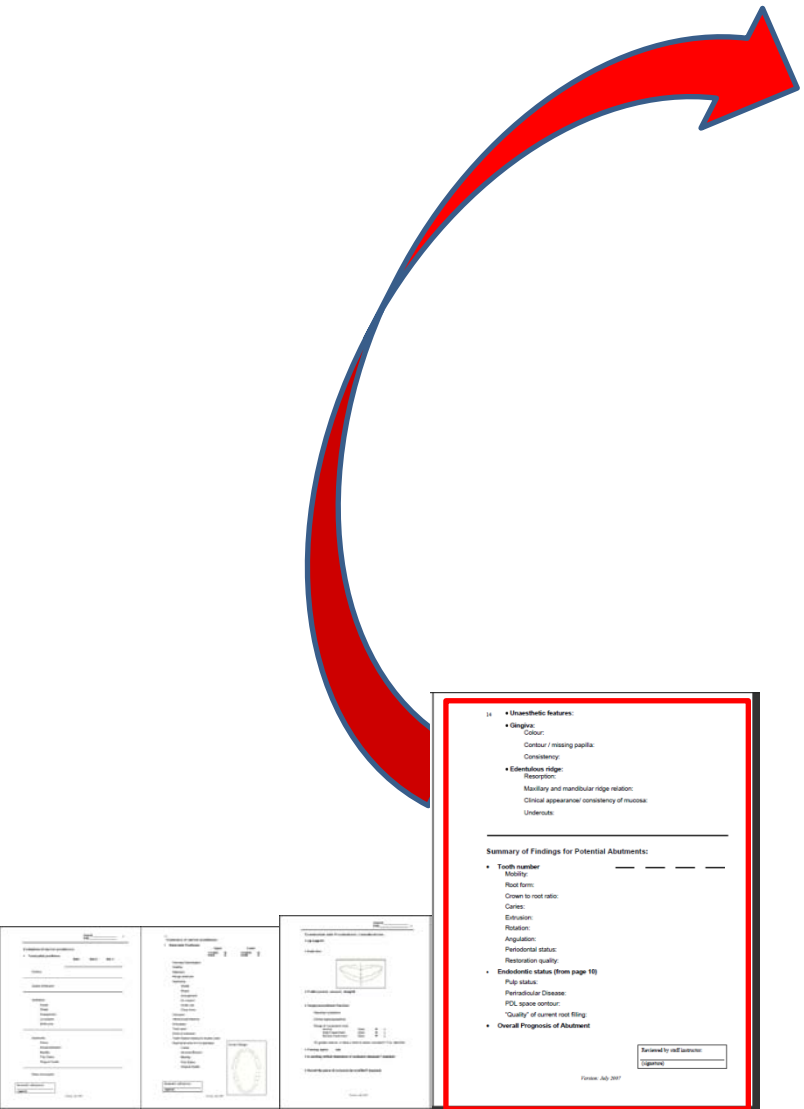
  Range of movement (mm):

Normal	Open	R	L	Pain Muscle/TMJ?: Y/N
Slight impairment	Open	R	L	Pain Muscle/TMJ?: Y/N
Severe impairment	Open	R	L	Pain Muscle/TMJ?: Y/N

  On guided closure, is there a slide to centric occlusion? If so, describe:

- **Freeway space:** **mm**
- **Is existing vertical dimension of occlusion adequate? (explain):**
- **Should the plane of occlusion be modified? (explain):**





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- **Unaesthetic features:**
- **Gingiva:**
  - ~~Colour:~~
  - Contour / missing papilla:
  - ~~Consistency:~~
- ~~**Edentulous ridge:**~~
  - ~~Resorption:~~
  - Maxillary and mandibular ridge relation:
  - Clinical appearance/ consistency of mucosa:
  - Undercuts:
  - Morphology:

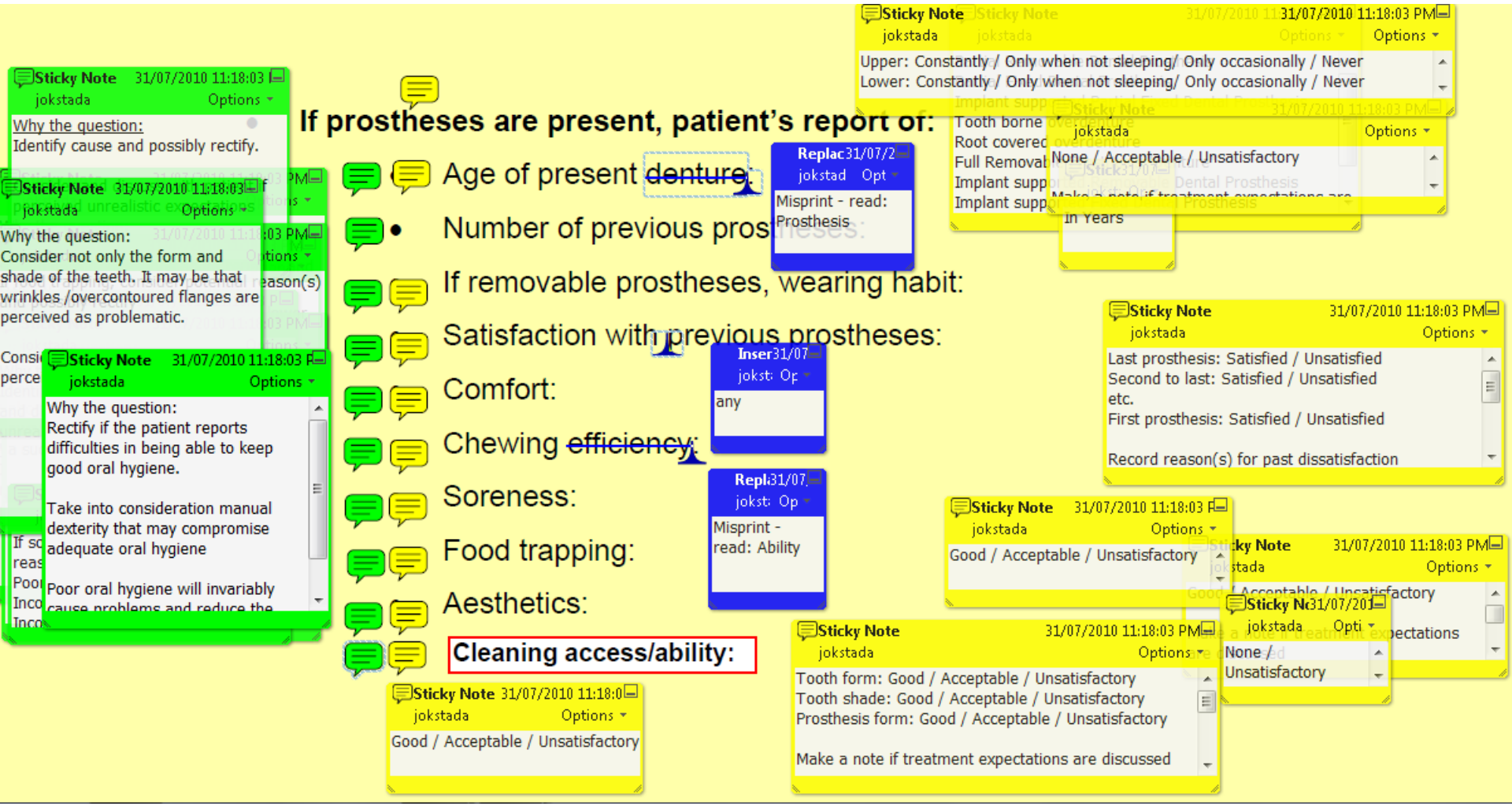
Summary of Findings for Potential Abutments:

- **Tooth number** _____ _____ _____ _____ _____
  Mobility: **Abutment 1** **Abutment 2** **Abutment 3** **Abutment 4** **Abutment 5**
  Root form:
  Crown to root ratio:
  Caries:
  Extrusion:
  Rotation:
  Angulation:
  Periodontal status:
  Restoration quality:
- **Endodontic status (from page 10)**
  Pulp status:
  Periradicular Disease:
  PDL space contour:
  "Quality" of current root filling:
- **Overall Prognosis of Abutment**

Reviewed by staff instructor:

_____

(signature)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Comfort:
Chewing efficiency:
Soreness:
Food trapping:
Aesthetics:
Cleaning access/ability:
Sticky Note 31/07/2010 11:18:03 PM
jokstada
Options
Why the question:
Identify cause and possibly rectify.
Why the question:
Consider not only the form and shade of the teeth. It may be that wrinkles /overcontoured flanges are perceived as problematic.
Why the question:
Rectify if the patient reports difficulties in being able to keep good oral hygiene.
Take into consideration manual dexterity that may compromise adequate oral hygiene
Poor oral hygiene will invariably
Upper: Constantly / Only when not sleeping/ Only occasionally / Never
Lower: Constantly / Only when not sleeping/ Only occasionally / Never
Tooth borne
Root covered
Full Removal
Implant supp
Implant supp
None / Acceptable / Unsatisfactory
in Years
Misprint - read: Prosthesis
any
Misprint - read: Ability
Last prosthesis: Satisfied / Unsatisfied
Second to last: Satisfied / Unsatisfied
etc.
First prosthesis: Satisfied / Unsatisfied
Record reason(s) for past dissatisfaction
Good / Acceptable / Unsatisfactory
Good / Acceptable / Unsatisfactory
Tooth form: Good / Acceptable / Unsatisfactory
Tooth shade: Good / Acceptable / Unsatisfactory
Prosthesis form: Good / Acceptable / Unsatisfactory
Make a note if treatment expectations are discussed
None / Unsatisfactory

Implant Prosthetics teaching in Undergraduate Curriculum

Since late 80'ies.

Educational support from implant industry (Nobel Biocare) established in 2006

Guiding Principles for teaching implant prosthetics 1/3

- Implant prosthetics is today a routine procedure in many dental practices. It is therefore essential that dentists consider the modality amongst other alternative prosthodontic technical solutions for restoring / replacing lost tissue.
- In implant prosthetic management there are multiple risks of adverse treatment outcomes and a correct patient selection is essential.
- In the undergraduate program we strive to treat only patients with **low risk of adverse outcomes** .
- Even though we decline going forward with implant prosthetics in the undergraduate program, the students should realize that their patients can benefit from implant prosthetics, but will require a higher level of competency.
- In future professional practice best care of the patients in this category should be to refer to a specialist.
- Hopefully, students will be motivated to learn more about implant prosthetics once graduated and a few years of clinical experience.

Guiding Principles for teaching implant prosthetics 2/3

- Each patient is considered individually with regard to risk of adverse outcomes. Risk factors are:
  - Specific local anatomical or general medical conditions
  - “Ridge preservation” or Bone augmentation
  - Multiple adjacent implants
  - Implants in esthetically challenging locations
  - Implant supported bridges
- In practice: Single tooth restored with implant+crown or Edentulous mandible restored with an overdenture supported by two ball attachments

Journal of Dental Education 2006: 70: 580-588

Association Report

Teaching Implant Dentistry in the Predoctoral Curriculum: A Report from the ADEA Implant Workshop's Survey of Deans

Vicki C. Petropoulos, D.M.D., M.S.; Nancy S. Arbree, D.D.S., M.S.; Dennis Tarnow, D.D.S.; Michael Rethman, D.D.S., M.S.; Jay Malmquist, D.M.D.; Richard Valachovic, D.M.D., M.P.H.; W. David Brunson, D.D.S.; Michael C. Alfano, D.M.D., Ph.D.

Abstract: In 2004, a survey of the deans of U.S. and Canadian dental schools was conducted to determine the implant dentistry curriculum structure and the extent of incorporating implant dentistry clinical treatment into predoctoral programs. The questionnaire was mailed to the deans of the fifty-six dental schools in advance of the ADEA Implant Workshop conference held in Arizona in November 2004. Out of the fifty-six, thirty-nine responded, yielding a response rate of 70 percent.

Conclusions –predoctoral students

Single-tooth implant restorations & implant-retained overdenture prostheses are performed in most schools

There is no clinical competency requirement for surgical implant placement in all schools and implant prosthodontics in most schools

Prosthodontic specialty faculty are often responsible for teaching implant prosthodontics

Periodontics and oral and maxillofacial faculty are commonly responsible for teaching implant surgery

Support from implant companies is common, with most providing for implant components at discounted costs

There is a lack of adequately trained faculty in implant dentistry, which is a significant challenge in providing predoctoral students with clinical experience with dental implants.

Journal of Dental Education 2006: 70: 580-588

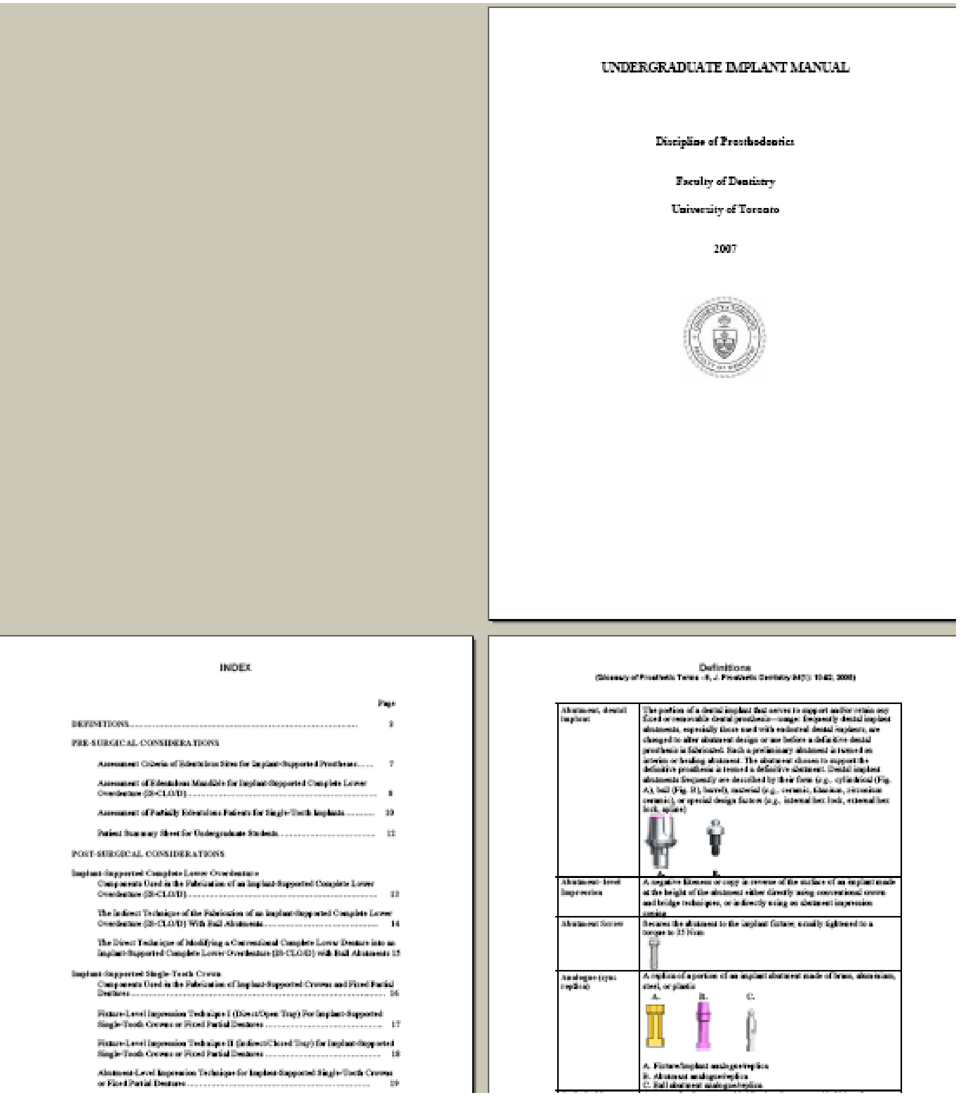
Types of implant-related procedures restored by predoctoral students

Answer	Number of Responding Schools (%)
Single tooth molar	27 (90%)
Single tooth bicuspid	26 (87%)
Implant overdenture with two implants and ball or stud attachment	25 (83%)
Single tooth anterior	18 (60%)
Simple 2-3-4 unit free-standing fixed partial denture	10 (33%)
Implant overdenture with two implants and a bar attachment	5 (17%)
No limit	1 (3%)
Other*	

*"Other" answers given:

- Assessed on a case-by-case basis for complexity.
- We are at the very beginning of a new clinical education program. Many answers reflect what we plan to do but have not reached the point yet of doing.
- No full mouth rehab, but do fixed-detachable mandibular prosthesis.
- Many times two implants will be placed in the posterior region of the mouth. These implants are typically restored as single crowns although occasionally they are splinted together.
- Simple two-unit free-standing fixed partial denture.
- We practically have no limits. The reason we can provide this type of experience is in part due to our surgical support from perio and oral surgery as well as the time that I invest with the students to guide them through the experience. My only specific restrictions are cases that we prefer to be under the supervision of grad prosthodontics, such as: immediate loading, fixed detachable, complex implant supported bar overdenture prostheses, and other full-mouth rehabilitations.

Student Information



UNDERGRADUATE IMPLANT MANUAL

Discipline of Prosthodontics

Faculty of Dentistry

University of Toronto

2007

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Definitions

Undergraduate implant Manual

Implant Prosthodontics
in the undergraduate clinics

Faculty of Dentistry
University of Toronto

September 2007

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Student Information

UNDERGRADUATE IMPLANT MANUAL

Discipline of Prosthodontics

Faculty of Dentistry

University of Toronto

2007

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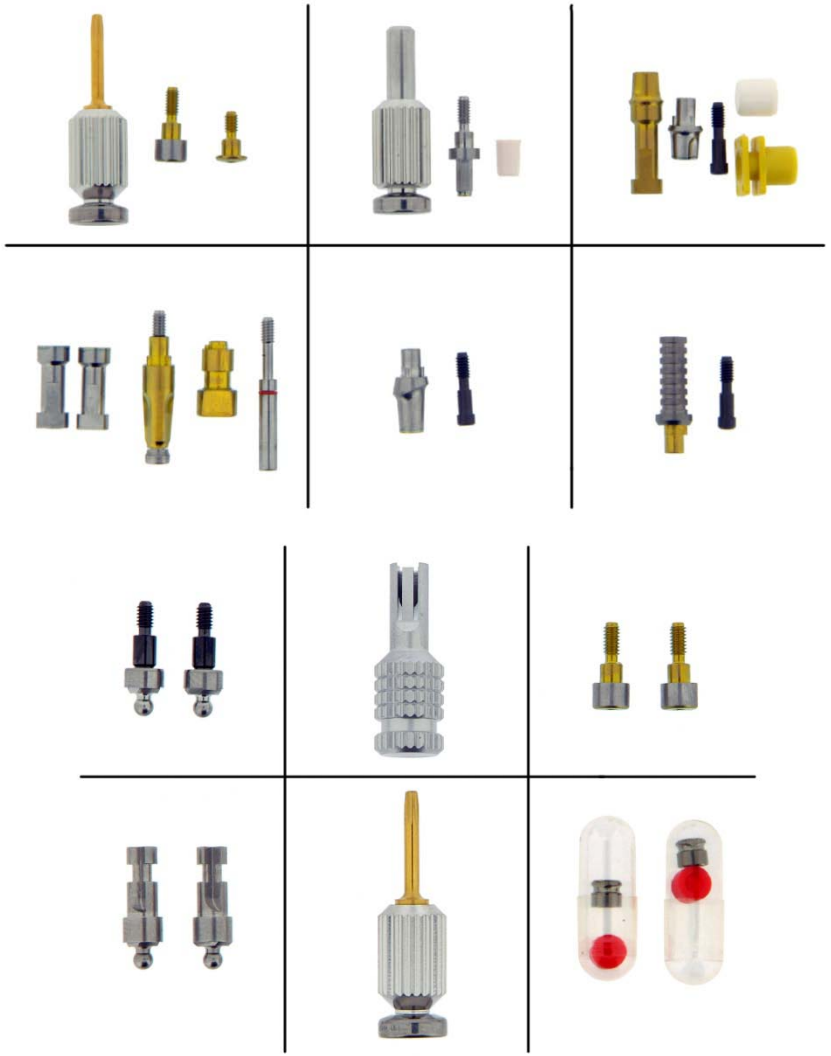
Definitions

(Glossary of Prosthetic Terms - 8, J. Prosthetic Dentistry 84(1): 10-62, 2000)

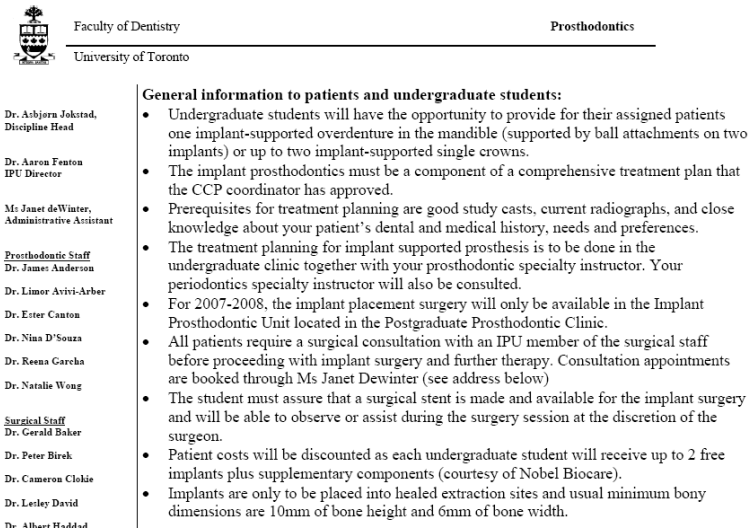
Abutment, dental implant	The portion of a dental implant that serves to support and/or retain any fixed or removable dental prosthesis—image: frequently dental implant abutments, especially those used with endosteal dental implants, are designed to alter abutment design or use before a definitive dental prosthesis is fabricated. Such a preliminary abutment is termed an access or healing abutment. The abutment chosen to support the definitive prosthesis is termed a definitive abutment. Dental implant abutments frequently are described by their form (e.g., cylindrical (Fig. A1), ball (Fig. B1), barrel), material (e.g., ceramic, titanium, zirconium ceramic), or special design factors (e.g., internal hex lock, external hex lock, splint) A. B.
Abutment, level impression	A negative likeness or copy in reverse of the surface of an implant made at the height of the abutment either directly using conventional crown and bridge techniques, or indirectly using an abutment impression coping.
Abutment, screw	Secures the abutment to the implant fixture, usually tightened to a torque to 35 Ncm
Analogue (syn: replica)	A replica of a portion of an implant abutment made of brass, aluminum, steel, or plastic A. B. C. A. Fixture/implant analog/replica B. Abutment analog/replica C. Ball abutment analog/replica



Undergraduate implant Manual

Student Kits

Student Information



Faculty of Dentistry — Prosthodontics
University of Toronto

Dr. Asbjorn Jokstad, Discipline Head
Dr. Aaron Fenton IPU Director
Ms Janet deWinter, Administrative Assistant

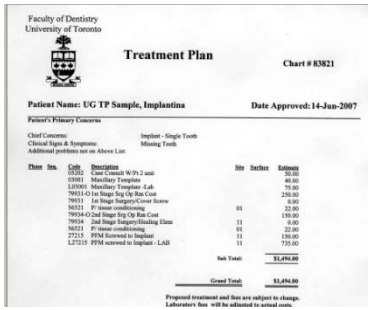
Prosthodontic Staff
Dr. James Anderson
Dr. Limor Avivi-Arber
Dr. Ester Canton
Dr. Nina D'Souza
Dr. Reena Garcha
Dr. Natalie Wong

Surgical Staff
Dr. Gerald Baker
Dr. Peter Birek
Dr. Cameron Clokie
Dr. Lesley David
Dr. Albert Haddad

General information to patients and undergraduate students:

- Undergraduate students will have the opportunity to provide for their assigned patients one implant-supported overdenture in the mandible (supported by ball attachments on two implants) or up to two implant-supported single crowns.
- The implant prosthodontics must be a component of a comprehensive treatment plan that the CCP coordinator has approved.
- Prerequisites for treatment planning are good study casts, current radiographs, and close knowledge about your patient's dental and medical history, needs and preferences.
- The treatment planning for implant supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic specialty instructor. Your periodontics specialty instructor will also be consulted.
- For 2007-2008, the implant placement surgery will only be available in the Implant Prosthodontic Unit located in the Postgraduate Prosthodontic Clinic.
- All patients require a surgical consultation with an IPU member of the surgical staff before proceeding with implant surgery and further therapy. Consultation appointments are booked through Ms Janet Dewinter (see address below)
- The student must assure that a surgical stent is made and available for the implant surgery and will be able to observe or assist during the surgery session at the discretion of the surgeon.
- Patient costs will be discounted as each undergraduate student will receive up to 2 free implants plus supplementary components (courtesy of Nobel Biocare).
- Implants are only to be placed into healed extraction sites and usual minimum bony dimensions are 10mm of bone height and 6mm of bone width.

General Information



Faculty of Dentistry
University of Toronto

Treatment Plan — Chart # 83821

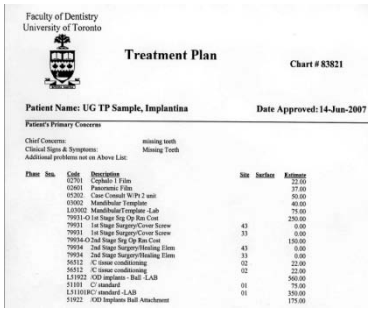
Patient Name: UG TP Sample, Implantina — **Date Approved: 14-Jun-2007**

Patient's Primary Concerns

Chief Concerns: Implant - Single Tooth
Clinical Signs & Symptoms: Missing Teeth
Additional problems not on Above List:

Phase	Seq.	Code	Description	Site	Surface	Estimate
		05202	Case Consult W/Pt 2 unit			50.00
		03001	Maxillary Template			40.00
		L03001	Maxillary Template -Lab			75.00
		79933-O	1st Stage Srg Op Rm Cost			250.00
		79931	1st Stage Surgery/Cover Screw			0.00
		56521	P/ tissue conditioning	01		22.00
		79934-O	2nd Stage Srg Op Rm Cost			150.00
		79934	2nd Stage Surgery/Healing Elem	11		0.00
		56521	P/ tissue conditioning	01		22.00
		27215	PFM Screwed to Implant	11		150.00
		L27215	PFM screwed to implant - LAB	11		735.00
					Sub Total:	$1,494.00
					Grand Total:	$1,494.00

Proposed treatment and fees are subject to change. Laboratory fees will be adjusted to actual costs.



Faculty of Dentistry
University of Toronto

Treatment Plan — Chart # 83821

Patient Name: UG TP Sample, Implantina — **Date Approved: 14-Jun-2007**

Patient's Primary Concerns

Chief Concerns: missing teeth
Clinical Signs & Symptoms: Missing Teeth
Additional problems not on Above List:

Phase	Seq.	Code	Description	Site	Surface	Estimate
		02701	Cephalo / Film			22.00
		02601	Panoramic Film			37.00
		05202	Case Consult W/Pt 2 unit			50.00
		03002	Mandibular Template			40.00
		L03002	MandibularTemplate -Lab			75.00
		79931-O	1st Stage Srg Op Rm Cost			250.00
		79931	1st Stage Surgery/Cover Screw	43		0.00
		79931	1st Stage Surgery/Cover Screw	33		0.00
		79934-O	2nd Stage Srg Op Rm Cost			150.00
		79934	2nd Stage Surgery/Healing Elem	43		0.00
		79934	2nd Stage Surgery/Healing Elem	33		0.00
		56512	IC tissue conditioning	02		22.00
		56512	IC tissue conditioning	02		22.00
		L51922	OD implants - Ball -LAB			560.00
		51101	C/ standard	01		75.00
		L51101	C/ standard -LAB	01		350.00
		51922	OD Implants-Ball Attachment			175.00

Cost estimates (Implantina)

Implant Prosthodontics
in the undergraduate clinics

Faculty of Dentistry
University of Toronto

September 2007

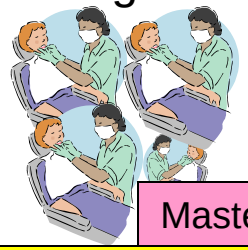
Implant Prosthodontics in the undergraduate clinics

diagnostics

+/- radiographs

+/- report

Undergrad Student



Master problem

Comprehensive examination form

Caries risk

Examination history

Diet

AXIUM EHR

Pros. Consult

Medical questionnaire

Consent to obtain more information

Collection, use & disclosure

Consent to use information

Medical letter

Clinical regulations

General consent (for treatment)

OD Chart audit

Emergency examination chart

Consent for emergency treatment

2 implants / student

<u>Uncomplicated</u>

Single crowns

<u>or</u>

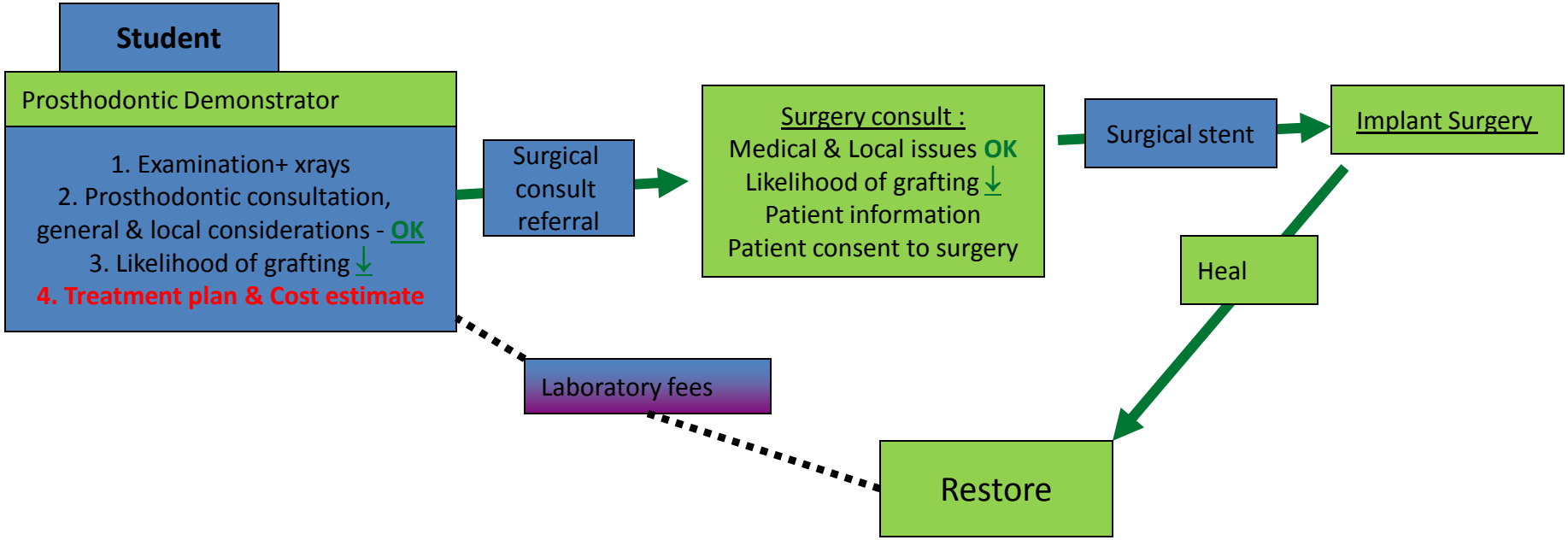
mand. ball-overdenture

Axium Referral

IPU-surgeon

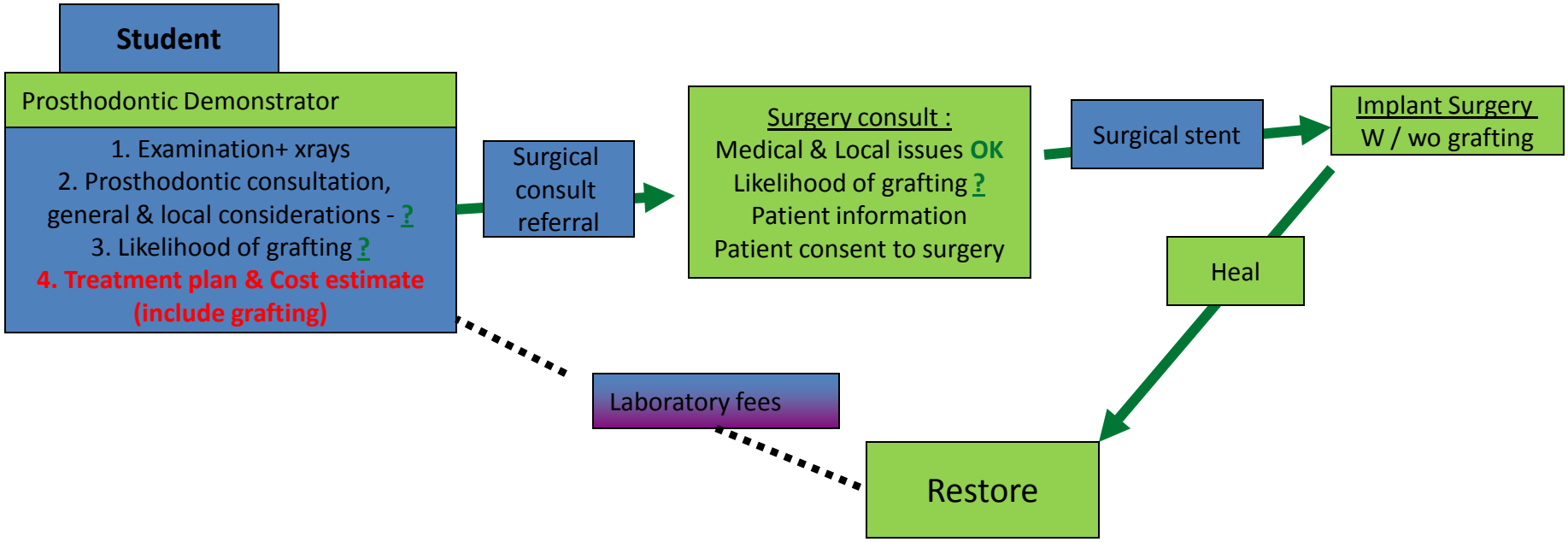
Planned patient flow from the undergraduate Clinics

Scenario 1 – No reason to suspect need for grafting



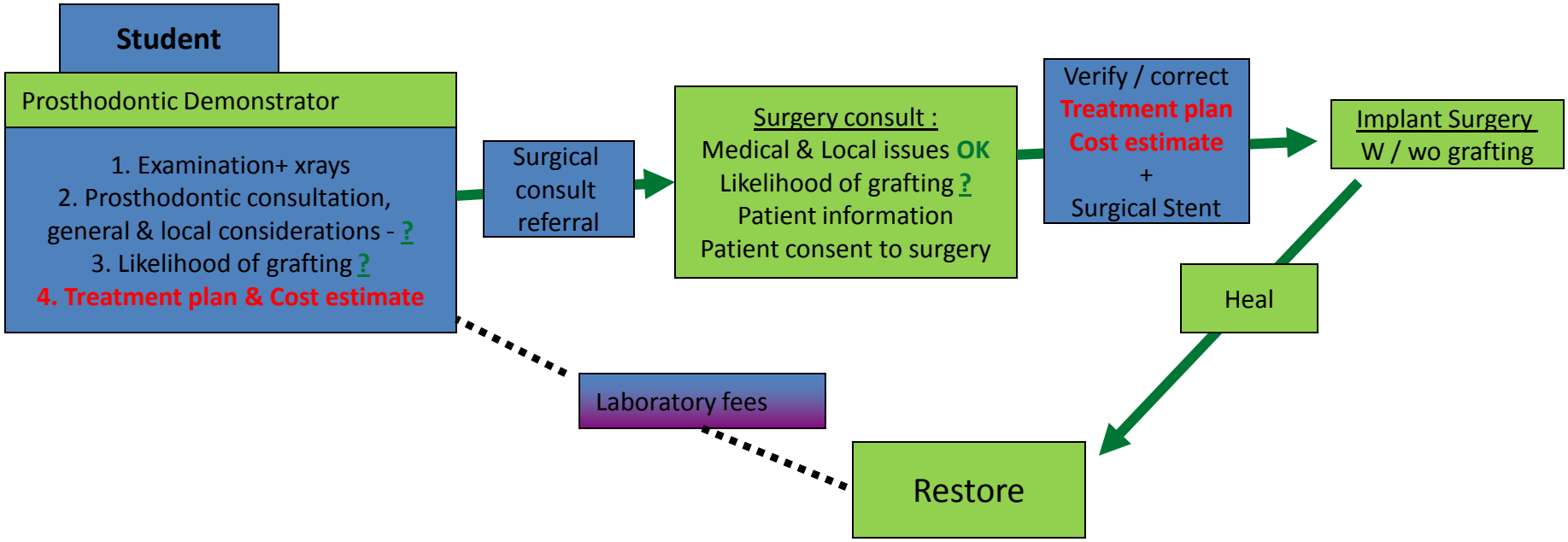
Planned patient flow from the undergraduate Clinics

Scenario 2 - Possible need for grafting during surgery identified before surgical consultation. Include grafting in txplan and fees.



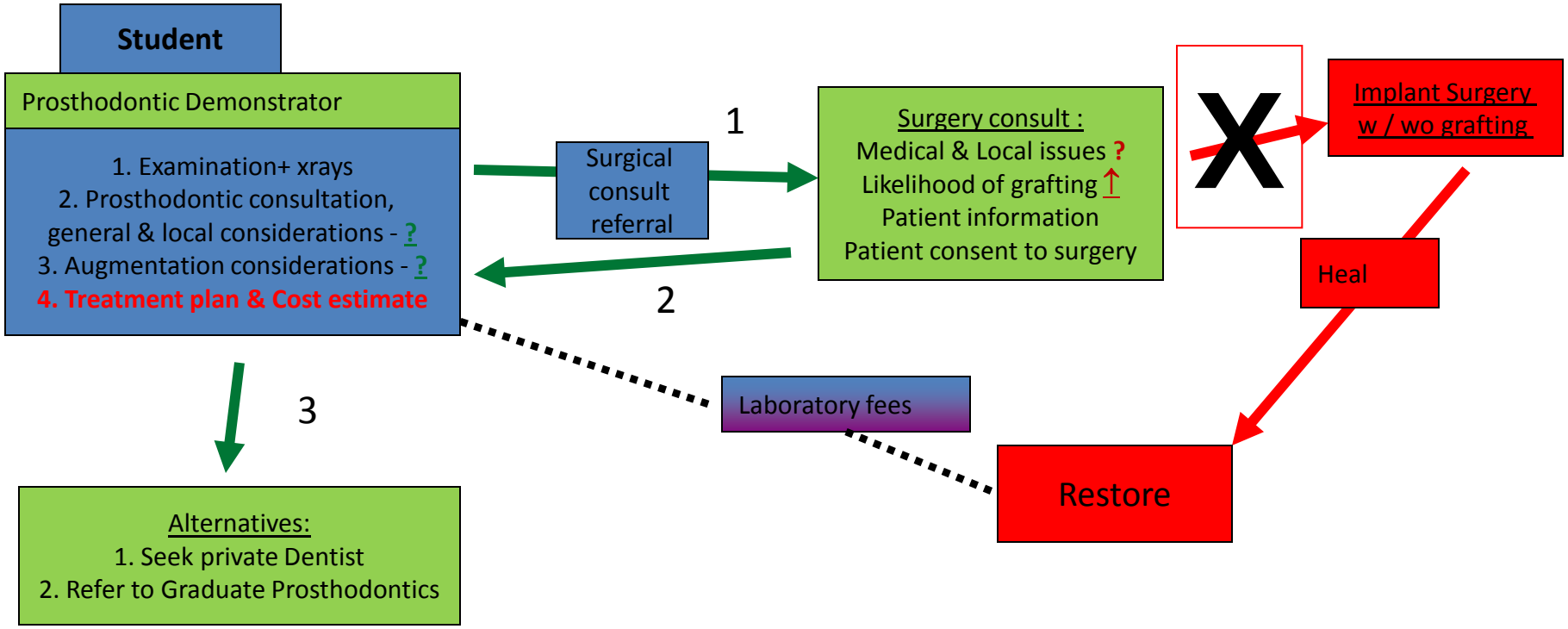
Planned patient flow from the undergraduate Clinics

Scenario 3 - Possible need for grafting during surgery identified by surgical consultatation. Txplan/fees must be corrected/adjusted and signed before proceeding

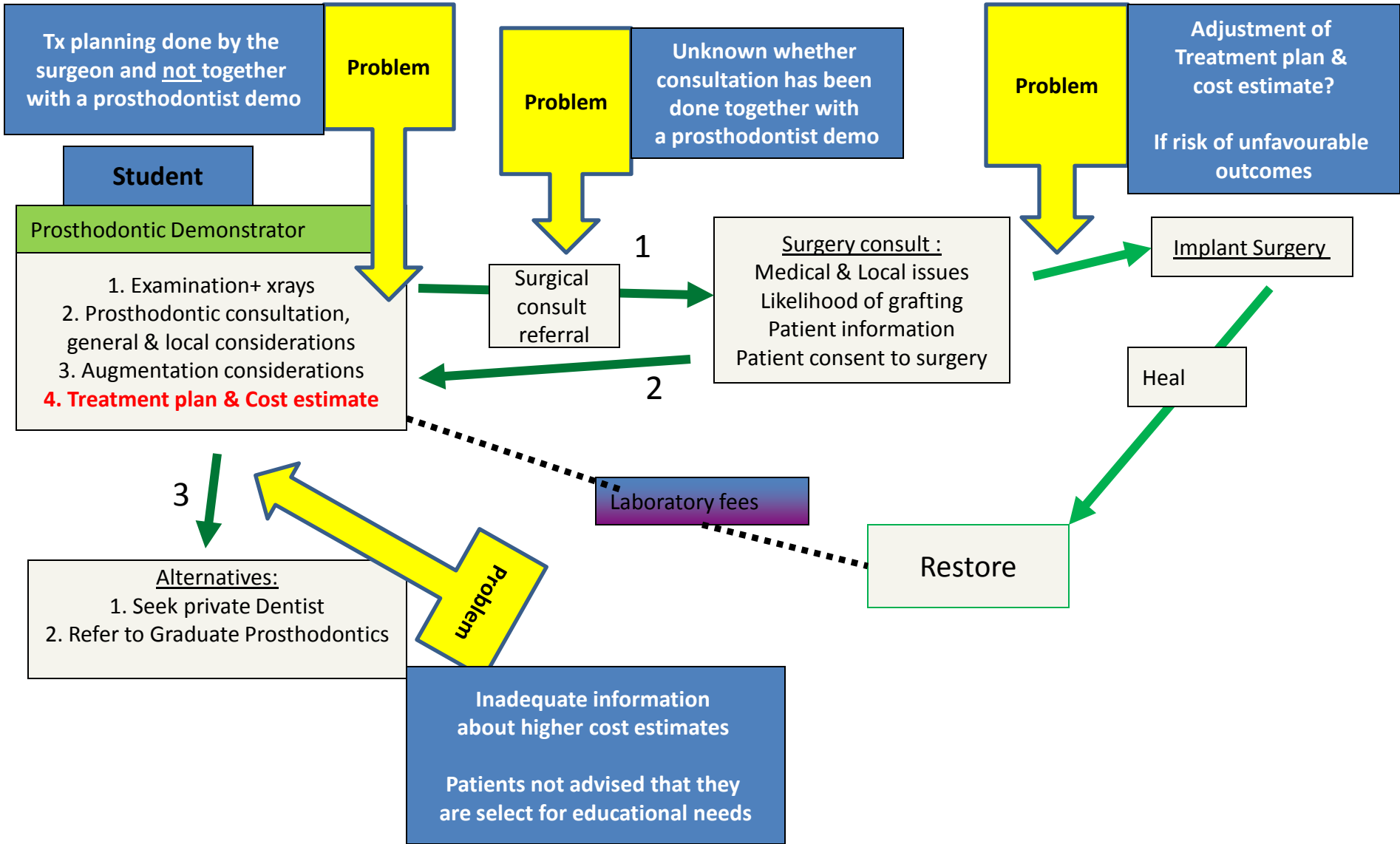


Unplanned patient flow from the undergraduate Clinics

Scenario 4: Grafting need identified before or during surgical consultation and patient still undergoes implant surgery



Current problems causing unplanned patient flow from the undergraduate Clinics



Information sheet 1/3

- Undergraduate students have the opportunity to provide one implant-supported overdenture supported by ball attachments on two implants in the mandible or up to two implant-supported single crowns for an assigned patient.
- The implant supported prostheses must be a component of a comprehensive treatment plan approved by your Comprehensive Care Program (CCP) Coordinator and signed by the patient.
- The treatment planning of the implant supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic speciality instructor. Your periodontology speciality instructor should also be consulted.

Information sheet 2/3

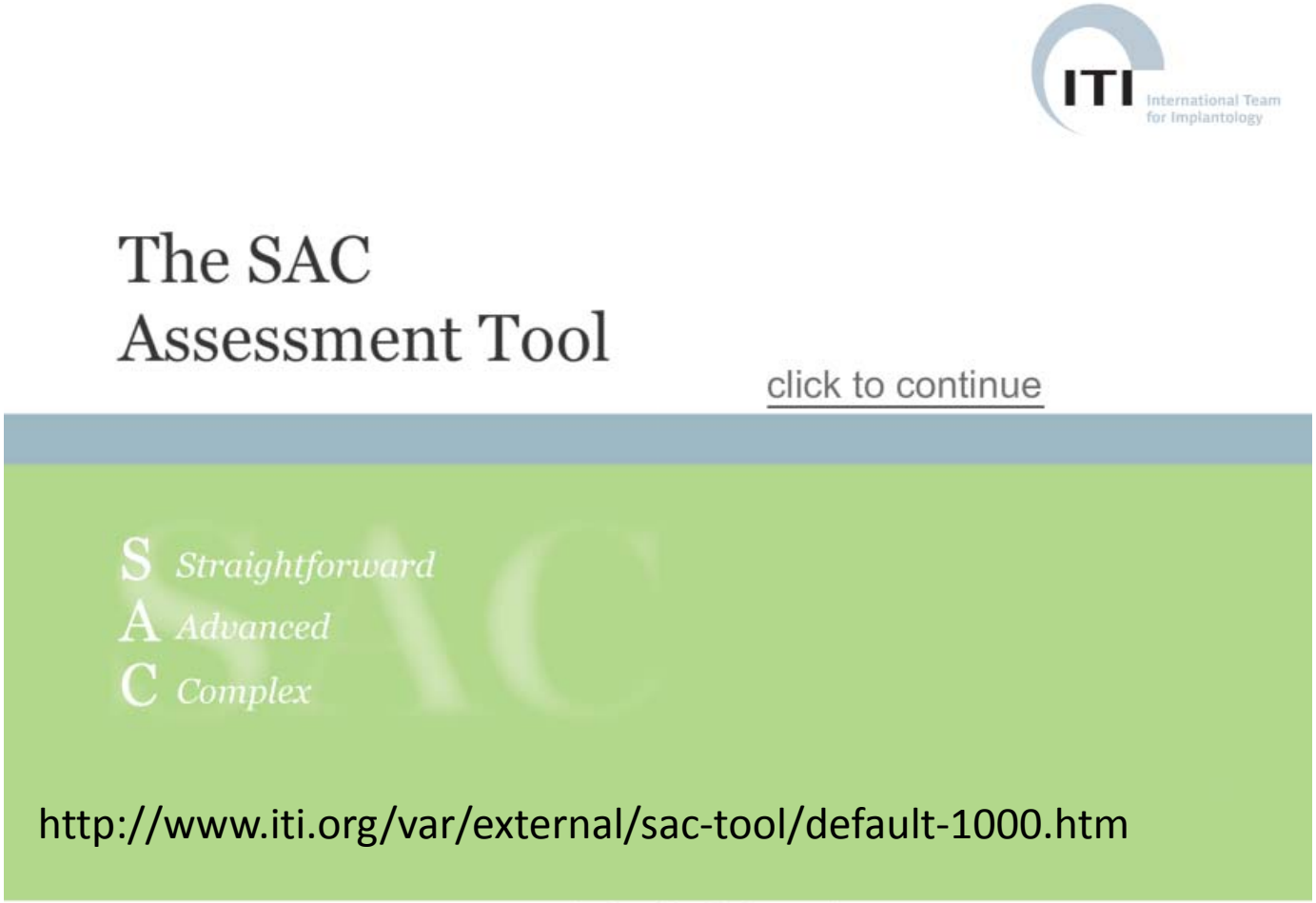
- Implants are only to be placed into healed extraction sites and usual minimum bony dimensions are 10mm of bone height and 6mm of bone width.
- The implant placement must be done in the Implant Prosthodontic Unit (IPU) located in the Graduate Prosthodontic Clinic.
- All patients require a surgical consult with an IPU staff surgeon before proceeding with implant surgery and further therapy. Appointments for consultation are booked through the IPU patient manager office (room 355) (see details below).
- For the actual implant surgery the student must assure that a surgical stent has been made and is available. He/she will be able to observe/assist during surgery at the discretion of the surgeon
- Patient costs will be discounted as each undergraduate student will receive up to a maximum 2 free implants plus supplementary components (courtesy by Nobel Biocare).

Information sheet 3/3

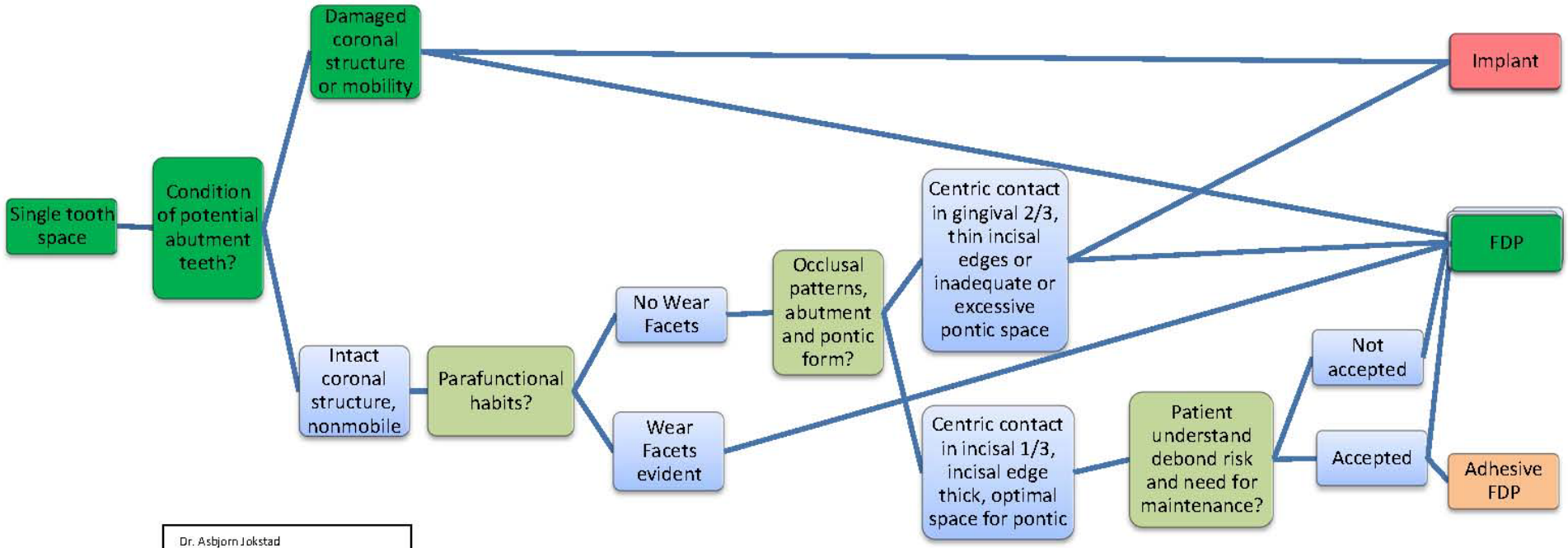
- Patients in need of more than 2 implants or other types of implant-supported prostheses or any need of bone grafting cannot be treated in the undergraduate clinic. The patient may be considered for treatment in the graduate clinic if a thoroughly completed referral form has been forwarded together with adequate radiographs and study casts. Inform the patient that:
- The patients are accepted on basis of the graduate clinic research and educational needs
- The fees are substantially higher in the graduate clinic
- The wait time for screening new patients is at least 3 weeks.
- The overall treatment time is minimum 9 months.

Guiding Principles for teaching implant prosthetics 3/3

- Basically, our philosophy is compatible with treating patients according to the ITI “SAC (Straight-forward / Advanced / Complex) criteria. We deal only with the “S” category.

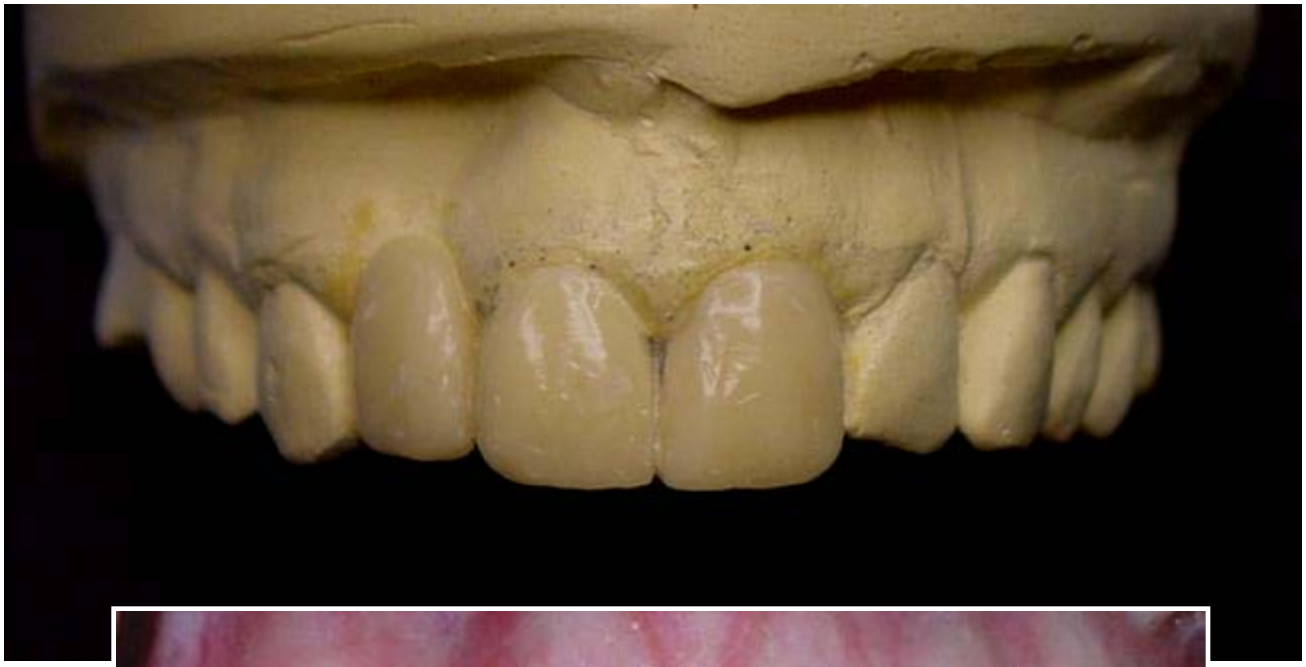


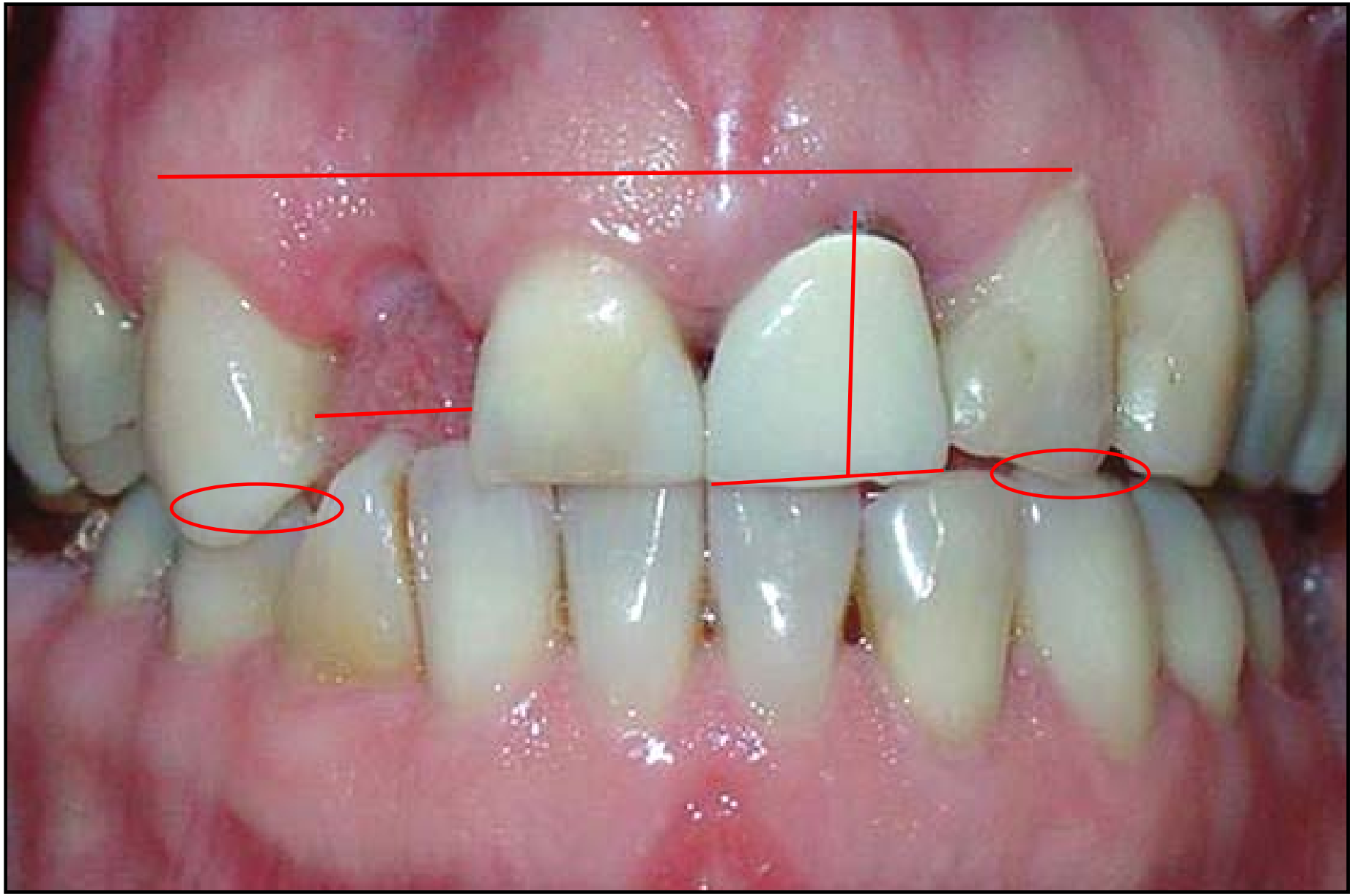
Single tooth space – treatment decisions



Dr. Asbjorn Jokstad
University of Toronto 2008



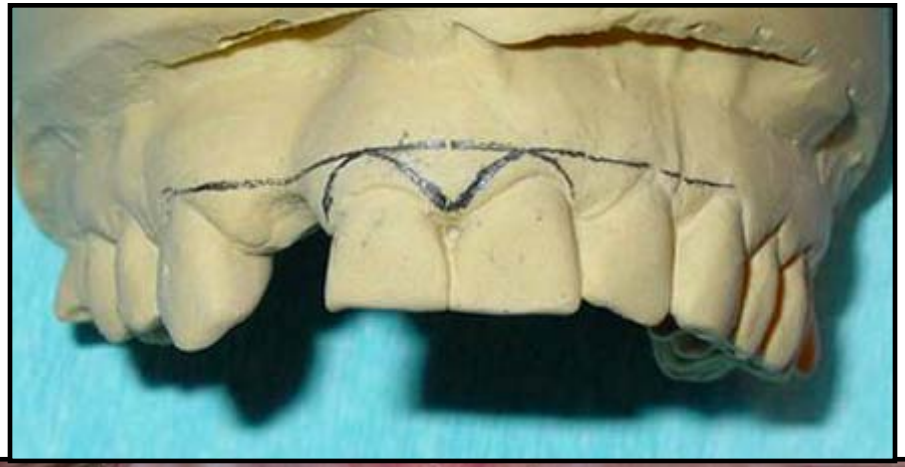


Proposed treatment plan

- Endo assessment 11 and 21
- Preliminary crown preparations 11 and 21 with preliminary temporisation
- Esthetic crown lengthening area 11-21 and connective tissue graft area 12
- Final temporisation
- 3 units FPD X-11-21

Initial temporisation

Periodontal surgery



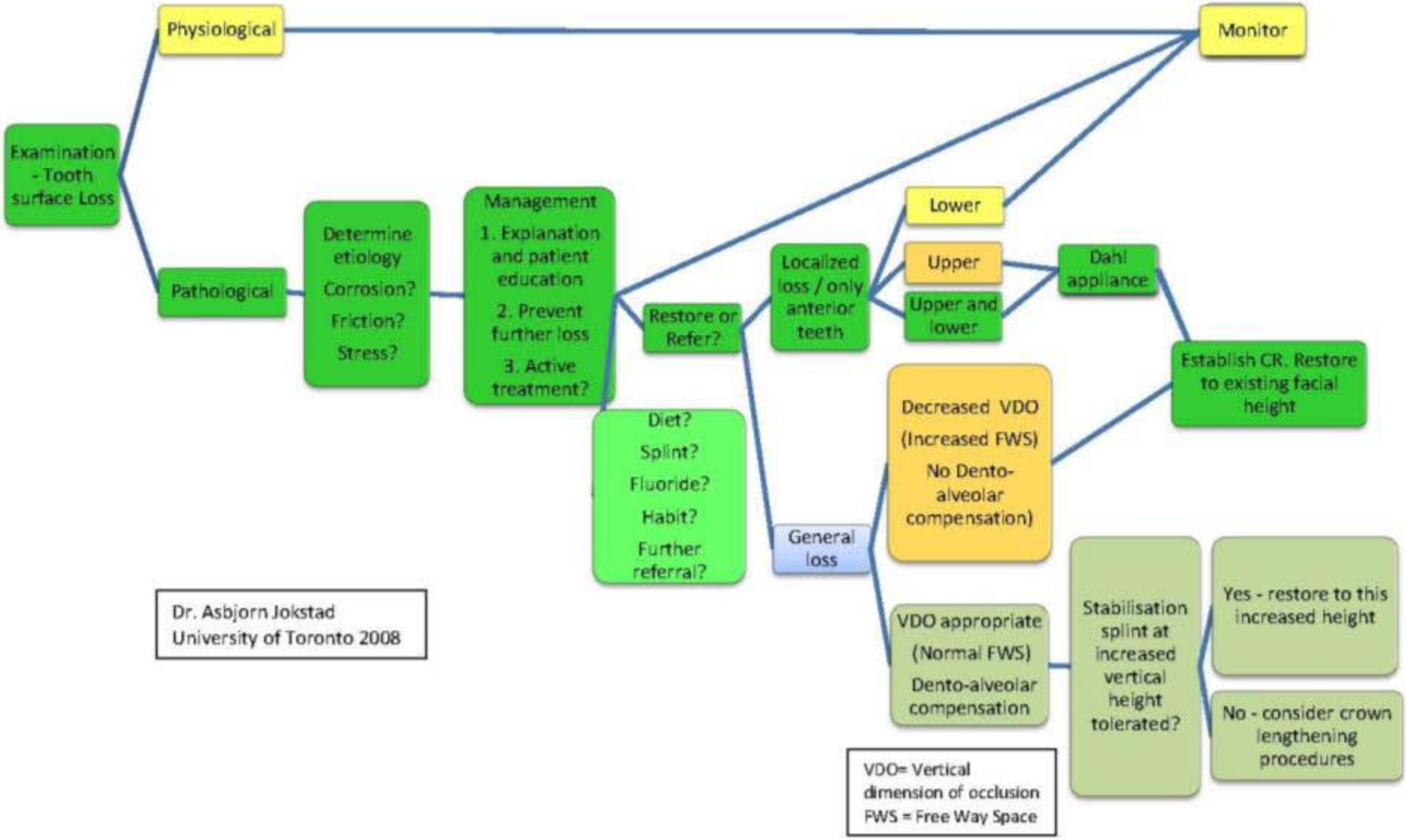
3 weeks post-op




Try-in of bisque bake with light glaze

Characterisation and final glaze

Tooth Substance Loss – treatment decisions



Patient situations requiring prosthodontic interventions

I No loss of vertical dimension of occlusion and the remaining dentition not compromised by caries, periodontal support, restorations or wear

Maxilla	Maxilla posterior	Mandible anterior	Mandible posterior	Missing teeth
	 	 		1. A single missing tooth
				More than a single tooth missing 2. Solitary locations
 	  			3. Resulting in a shortened quadrant
				4. Resulting in a bounded edentulous space
				5. Resulting in a fully edentulous quadrant
				6. One or more missing teeth + one or more bounded edentulous spaces

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Technical solutions for patients with partial edentulous jaws

	Clinic session 1	PRESCRIPTION FOR: Laboratory Session 1	Clinic session 2 (/++)	PRESCRIPTION FOR: Laboratory Session 2	Clinic session 3 (/++)	PRESCRIPTION FOR: Laboratory Session 3	Clinic session 4	PRESCRIPTION FOR: Laboratory Session 4	Clinic session 5 (/++)	PRESCRIPTION FOR: Laboratory Session 5	Clinic session 6 (/++)
Fixed Dental Prosthesis 42pe.1	00 Preprosthetic Care 01 Treatment Planning 02 Tray selection and impression 03 Maxillomandibular Index 04 Disinfection	05 Trimmed stone study cast 06 Mounting in articulator 07 Waxup (Optional)	07 Verify laboratory work **08 Planning of prosthesis design & materials, including shade and mold** 11 Tooth preparation 12 Temporary FDP 13 Gingival cord 14 Impression 15 Maxillomandibular Index 16 Temporary FDP cementing 17 Disinfection	Optionals: 09 Template for abtument preparation 10 Template for temporary FDP [custom incisal guide table for articulator] 18 Master cast with dies 19 Metal frame casted	20 Verify laboratory work 21 Check fit & dimension metal frame (repeat 16 Temporary FDP) 22 Disinfection	23 Bisque bake	24 Verify laboratory work 25 Check esthetic & fit & dimension & occlusion (repeat 16 Temporary FDP cementing) 26 Disinfection	27 Glazing & completion	28 Verify laboratory work 29 Final Control Esthetic & fit & dimension & occlusion 30 Permanent Cementation 31 Advise (possible + sessions) 32 Possible discomfort	--	-
Removable Dental Prosthesis 42pe.2	01 Treatment Planning 02 Tray selection and impression If possible: 03 Maxillo-mandibular relations index 04 Facebow registration 05 Disinfection	06 Trimmed stone study cast 07 Articulator mounting (Alternative B: 3b Occlusal Rim (if needed) 08 Occlusal rim check 03 Maxillo-mandibular relations index 04 Facebow registration 05 Disinfection 07 Articulator mounting)	08 Verify laboratory work 09 Tentative plan for prosthesis design	10 Surveyor analysis 11 Individual impression tray	12 Verify laboratory work **13 Planning of prosthesis design & materials** 14 Tooth preparation 15 Impression technique 16 Impression 17 Maxillo-mandibular relations index 18 Facebow Registration 19 Disinfection	[Optional: [20a Master cast + 20b Wax-up framework] + 21 Verify wax-up+disinfect] 20c Framework cast	21 Verify laboratory work 22 Intraoral Check **23 Tooth shade/mold selection** 24 Disinfection	[Optional: [25a Occlusal rim with wax + 26 Customise wax-up + disinfect] 25b Tooth setup in wax	26 Verify laboratory work 27 Intraoral check 28 Disinfection	29 Completion of RDP	30 Verify laboratory work 31 Intraoral check 32 Patient advise oral hygiene 33 Adjustment appointment + + Possible Session 34 Possible discomfort

Ver. 16/09/2009/A.J.

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Technical solutions for patients with partial edentulous jaws - FIXED

Fixed Dental Prosthesis (42pe.1) 00 Pre-prosthetic Care	Clinical Session 1	01 Treatment Planning 02 Tray selection and impression 03 Maxillomandibular Index 04 Disinfection		
			Laboratory Session 1	05 Trimmed stone study cast 06 Mounting in articulator 07 Waxup (Optional)
	Clinical Session 2 (possible ++ sessions)	**08 Planning of prosthesis design & materials, including shade and mold** 11 Tooth preparation 12 Temporary FDP 13 Gingival cord 14 Impression 15 Maxillomandibular Index 16 Temporary FDP cementation 17 Disinfection	(optional choice of clinic or lab session:)	Fabricate templates for: 09 Preparation 10 Temporary FDP
			Laboratory Session 2	18 Die casts 19 Metal frame cast
	Clinical Session 3	20 Extraoral verification of labor. work 21 Check fit & dimension metal frame (repeat 16 Temporary FDP cem.) 22 Disinfection of metal frame		
			Laboratory Session 3	23 Bisque bake
	Clinical Session 4	24 Extraoral verification of labor. work 25 Check esthetic & fit & dimension & occlusion (repeat 16 Temporary FDP cementing) 26 Disinfection of FDP		
			Laboratory Session 4	27 Glazing & completion
	Clinical Session 5	28 Extraoral verification of labor. work 29 Final Control Esthetic & fit & dimension & occlusion 30 Permanent Cementation 31 Advise		
	Possible Clinical Session 6	32 Possible discomfort (possible + sessions)		

42pe.1 FDP.pdf (SECURED) - Adobe Acrobat Pro

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42pe.1 **Partial Fixed Dental Prosthesis (PFDP)**

Clinical Session 0

PREPROSTHETIC TREATMENT

No remaining caries
Periodontal disease has been addressed and patient in hygiene phase
Gross occlusal interferences has been corrected

Clinical Session 1

TREATMENT PLAN AND CONSENT

1. Treatment plan options have been discussed and patient has consented to proceed with fixed prosthesis

PRELIMINARY IMPRESSIONS

2. A correct tray of appropriate size has been selected
   The impression material has been handled properly
   The impression has been checked for clear details. There are no voids or tears in critical areas
3. Accurate maxillo-mandibular relations index for mounting master casts
4. The impression(s) and index disinfected according to protocol →→→→

Verify:

LABORATORY PR
5 Trimmed stone st
6 Mounting in articu
7 Waxup (Optional)

42pe.2 RDP.pdf (SECURED) - Adobe Acrobat Pro

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42pe.2 **Partial Removable Dental Prosthesis (PRDP)**

Clinical Session 0

PREPROSTHETIC TREATMENT

No remaining caries
Periodontal disease has been addressed and patient is in a hygiene phase
Gross occlusal interferences have been corrected

Clinical Session 1

TREATMENT PLAN AND CONSENT

1. Treatment plan options have been discussed and patient has consented to proceed with a removable prosthesis

PRELIMINARY IMPRESSIONS AND STUDY CAST

2. A correct tray of appropriate size has been selected
   The impression material has been handled properly
   The impression checked for clear details and without voids or tears in critical areas

Verify and rectify if:

- Improper tray selection
- Inaccurate impression (does not include all anatomical landmarks

42e1. DP.pdf (SECURED) - Adobe Acrobat Pro

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42e.1 Removable Dental Prosthesis ("Denture")

Clinical Session 0

PREPROSTHETIC TREATMENT

If teeth present in antagonist jaw:
No remaining caries
Periodontal disease has been addressed and patient in hygiene phase
Gross occlusal interferences has been corrected

Clinical Session 1

TREATMENT PLAN AND CONSENT

1. Treatment plan options have been discussed and patient has consented to proceed with a full denture

PRELIMINARY IMPRESSIONS

2. A correct tray of appropriate size has been selected
   - The impression material has been handled properly
   - The impression has been checked for clear details of anatomical landmarks (retromolar pads and tuberosities). The impression has an appropriate border extension. There are no voids or tears in critical areas
3. The impression(s) disinfected according to protocol →→→→→→→→

LABORATORY PRESCRIPTION 1:
4 Trimmed stone study cast
5 Customized impression tray

Verify:
Adequate Disinfection Procedure Followed