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ASSOCIATION OF BRITISH
COLUMBIA AND THE
ASSOCIATION OF DENTAL
TECHNOLOGISTS OF ONTARIO



Pacific Dental Conference

March 14, 2022 - April 18, 2022

Virtual Experience



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- **Techno/Clinical Communication: Are We Caught Up?**
- **Wearing a Mask with a Skin Condition, Plus HS and Aging**
- **The PlaneSystem® Approach for Edentulous Cases**

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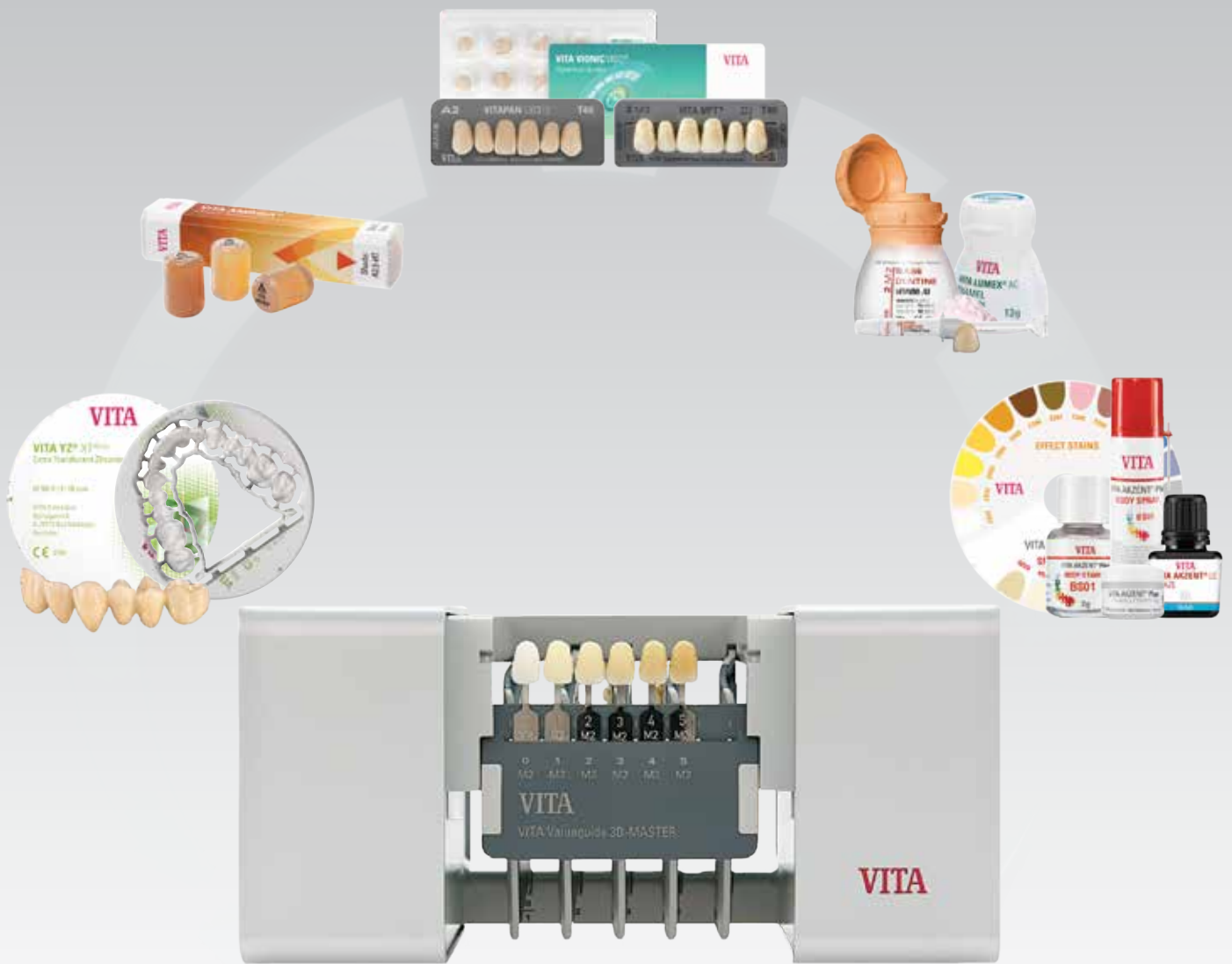
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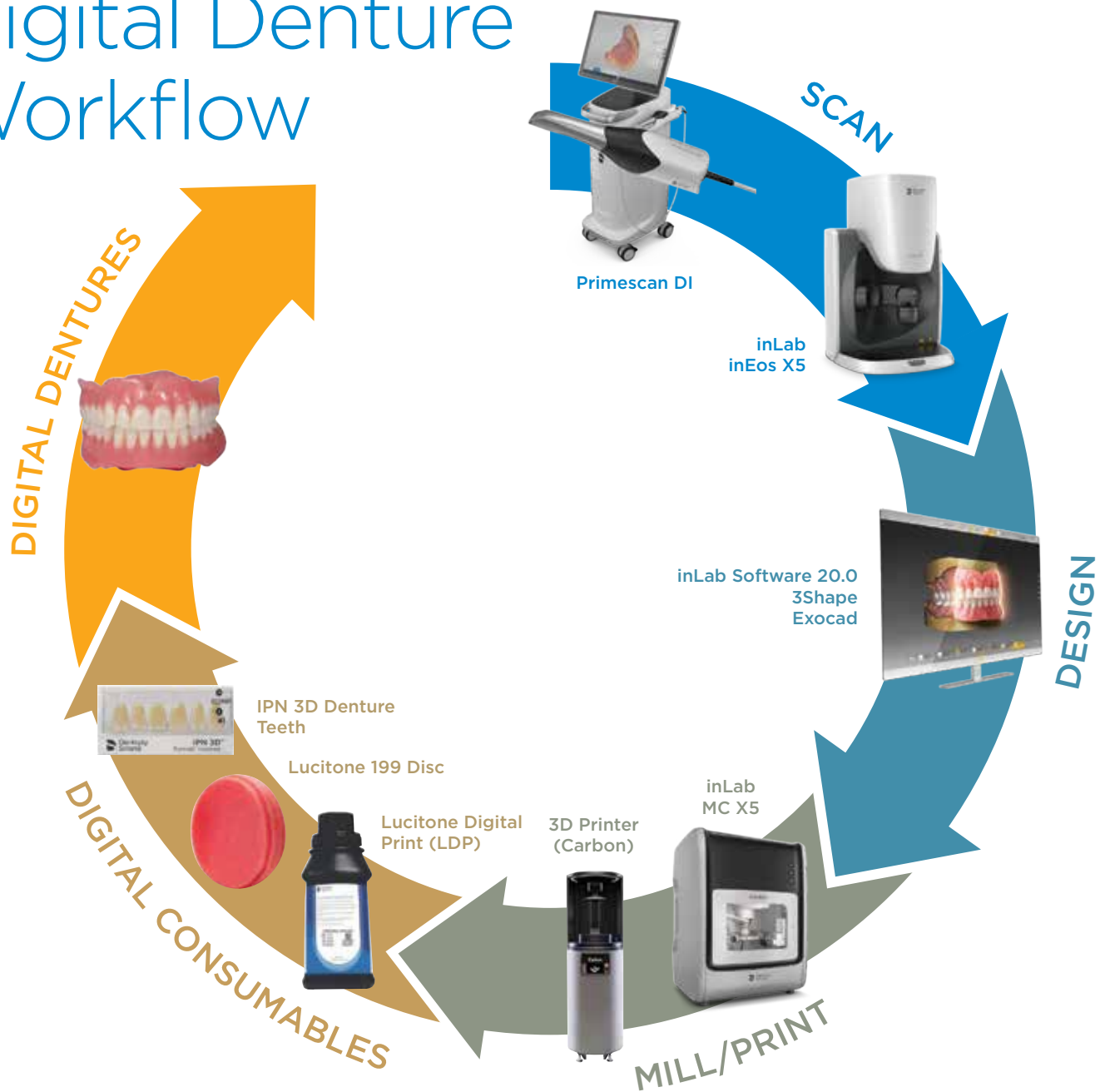
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Pacific Dental Conference
 Vancouver, Canada

March 14 - April 18
2022
in partnership with the Canadian Dental Association

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Save the dates for the virtual Pacific Dental Conference from March 14, 2022 - April 18, 2022.

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DTABC PRESIDENT'S MESSAGE

James Neuber, RDT, President,
Dental Technicians Association of BC



New Beginnings

Greetings fellow dental professionals! My name is James Neuber. I've been making teeth since 1987 when the menu of products was gold crowns, Dicor, Inceram and PFMs. We have all seen amazing advancements in our profession, and we all strive to keep up with the changes in technology and challenges in our business to provide for our families and lifestyles. I am extremely excited to take on the role of DTABC's President and look forward to working with all our members and peers in our quest to strengthen and capitalize on the opportunities that lie at our fingertips.

First, I would like to take the opportunity to thank Sachiyo Tsunemi, Past President of the DTABC. I appreciate her time as President this last year. She did a fabulous job. I would also like to thank all past Directors who have served and look forward to working with our existing Board Members and staff of the DTABC.

I am optimistic about 2022. The opportunities in our profession are fantastic. The number of new markets, accessible education, and revenue growth to generate in our labs, whether you own a lab or are employed in a lab, are infinite. The internet is loaded with education. It happens to be our best resource right now since the opportunity to resume more in-person networking and educational sessions is limited. DTABC has recently added an exclusive Facebook page for members to post questions about anything in our profession. If you would like a confidential answer, please ask for a PM response.

Unfortunately, this year's Pacific Dental Conference is taking place virtually again, March 14-April 18, 2022. It was initially scheduled to be live, but a decision was made to pivot to a virtual event because of the ever-changing status of the Omicron variant. DTABC members were able to register for the PDC for free during the early bird registration, which concluded on January 14, 2022. Please check out the full program offering at www.pdcconf.com.

We will continue our partnership with Palmeri Media Group to offer CE webinars throughout the year for all members. Sessions will also be offered on-demand if you cannot make the scheduled dates.

On other business, our contracted management team of Malcolm Ashford and Renata Cecconi are both retiring in June of this year, after a long and successful time with the DTABC. They have done a wonderful job helping us achieve an expanded Scope of Practice to enable us to take analog or digital impressions on patients directly and provide sports guards as a billable service. We appreciate the work that they have done to help build our association and lay the foundation for many initiatives.

We are confident that a further expanded Scope of Practice will be achievable under the new One Oral Health College as part of the Ministry of Health's Modernization of the Regulatory Framework for health professionals. The pandemic has held up this initiative, but we have been told this should happen this year. The provincial government has been vocal about the need for strong and unified professional associations as these new regulatory colleges emerge. It is the associations that represent the interest of the members.

It is my personal mission to build more value for the membership of the DTABC. Whether you own a lab, or are a technician wanting to grow into new opportunities, I encourage you to contact the Board with your goals so we as a team can help you grow. **The more you let us know your challenges, the more we can help you achieve.**

I look forward to serving as your President, and I, along with the Board of Directors and staff, are here to help and support you. ●

James Neuber, RDT
President
Dental Technicians Association of BC

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ADTO PRESIDENT'S MESSAGE

Karim Sahil, MDT, RDT, President,
 Association of Dental Technologists of Ontario



Education and Awareness = Improved Business Model

Spring seems to bring out new opportunities, especially with new events added to the calendar year of 2022. Although we have experienced a rollercoaster ride with COVID-19, there seems to be a pattern now; as the weather gets warmer, many things can become promising again. The ODA Annual Spring Meeting (ASM22) and Technorama 2022 may be something to look forward to once protocols have been lifted. In the meantime, as a member, you can once again become a beneficiary to multiple new benefits. We understand the challenges for RDTs during these unprecedented times to gain the required 90 CE credits within three years; however, many members were able to take advantage of the virtual webinars in 2021. The ADTO is working towards different avenues to provide the necessary education for its members. We thank everyone who participated in the year-end survey; the ADTO Board appreciates the positive feedback from our membership on what we provided in the previous year. The constructive responses supported with examples to improve in some areas have provided us with new insights that will be considered for future endeavours. As a member of the ADTO, you can always visit www.adto.ca for different opportunities on education, discount rates on PPE, the latest news on our blog post, and openly communicate with others through the classifieds.

Once again, the ADTO has taken the initiative towards public awareness. This year we will be expanding our reach immensely to meet with the public during oral health month. This will include a full-page editorial within *Toronto Star* in the special interest section, followed by a digital launch on www.healthinsight.ca - with 5,000 pageviews driven to the article through organic and paid strategies, 25,000 guaranteed page views driven through paid social, three display ads, a CTA text ad, and two in-text hyperlinks, followed by a 1-minute social media video. This oral health campaign aims to reach a collective audience of close to two million. Members will be able to see all print and digital analytics at the end of the campaign.

"As our group identity (Dental Technologist) provides us with the benefits of an association, it also is a representation of professionalism and an exemplification of verifiable dentistry. Moving forward in a parallel direction can provide us with the ability to standardize our services. Creating this standard will elevate our profession and give us the meaning of what a Dental Technologist is, what we do, and why we do it. Each of us needs all of us, and all of us needs each of us to create a successful systemic industry of Dental Technology." ●

Karim Sahil, MDT, RDT
 President
 Association of Dental Technologists of Ontario

"This year we will be expanding our reach immensely to meet with the public during oral health month."

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Five Tips on Giving Constructive Feedback to Your Employees

Sally Abu-Samra, Public Relations Specialist, Peninsula Canada

Giving positive feedback and compliments is easy, but what about giving constructive feedback? When you manage your dental staff well, you help them develop their potential and do their best. Providing honest and timely feedback is a practice central to improving staff performance and helps to build confidence. Additionally, constructive feedback reassures your employees that you care about their career progression by highlighting areas that they can work on.

Remember that the feedback is not your opinion. Instead, it should be an objective assessment of your employee's output that helps them set clear goals and work on their weaknesses.

Why is Regular Feedback Necessary?

Regular and constructive feedback helps your employees know what they are doing right and where they may be falling short of your expectations.

Identifying areas for improvement helps in professional growth, increases job satisfaction, and reduces employee turnover. Greater staff engagement and productivity is, ultimately, good for your business.

How Do I Provide Constructive Feedback?

Here are five effective ways you can deliver feedback that is honest and productive:

1. Do your homework. Prepare in advance for the feedback session. Have notes ready on the performance issues you'd like to discuss. This will give you clarity on what you want to say and how to best phrase it. By providing clear suggestions as to how the employee could do things differently will help build a positive relationship with the employee for the future. Have examples ready to support your comments. Additionally, it is

important to remember to conduct the feedback sessions in private. Your goal is to motivate your employees to perform better, not humiliate them in front of their colleagues.

2. Start with positive feedback. You may want to start by appreciating your employee's past good work or qualities you value. This will set a positive tone and make your employee more open to your comments on how they can improve.

But be very clear when pointing out the areas where they are underperforming. Don't sugar-coat their weaknesses, but don't word it so harshly that your feedback becomes demotivating.

3. Be specific and factual. Don't make vague remarks like, "you need to step up," or personal comments like, "you're lazy." Instead, support your statements with concrete examples. For instance, instead of saying, "you're always late," list the dates that month when that employee was tardy.

Keep anger and emotion out of the room. Instead, stay objective and clearly convey your expectations and the areas/tasks where they need to put in more effort.

4. Collaborate to find solutions. Ask your employee if they need help overcoming the performance issue. For example, maybe they could benefit from one-on-one mentoring from a senior colleague or additional training.

If your employee suggests a solution that does not work for you, don't dismiss it offhand. Instead, explain to them why it's not feasible. By doing so, you'd come across as reasonable and respectful. It would help build a better rapport with your team.



5. Make it a conversation, not a lecture.

But be very clear when pointing out the areas where they are underperforming. Don't sugar-coat their weaknesses, but don't word it so harshly that your feedback becomes demotivating. Once the issue is clear, then you two can work together to find a solution or course of action.

Use Constructive Feedback to Motivate Your Workforce

Constructive feedback is a powerful tool at your disposal for effective staff management and mentoring. When your employees feel that you are invested in their professional growth, they are more engaged and productive. They are also more likely to stay with your company and contribute to the success of your business. ●

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Feeling Stressed and Frustrated?

Janice Wheeler, President, The Art Of Management Inc.

Is there a human alive who hasn't at some point been frustrated and/or stressed at work? Anyone taking on life energetically and head-on will definitely hit periods of stress and frustration. Welcome to the workaday world.

Sure, there are people who saunter through life, not taking too much responsibility for anything, and, of course, they don't experience pressure and the need to get 20 things done at once. Good for them.

For those of us who are taking on the world, there must be some solutions to the exasperations, annoyances, irritations, and aggravations that seem to be part and parcel of being a go-getter. The key is to find the exact source of the problem and handle it, so it's not affecting you anymore!

There Are Solutions!

If you are experiencing stress from an overly heavy workload, let's look at the possible sources of the problem, not in any particular order.

1. Incorrect Scheduling

First of all, you probably love a full, well-scheduled workload, the feeling of productivity accomplished, and the resultant satisfaction, right? If that is the case, by comparison, we want to look and see why your day is too heavy a workload and causing you stress. Is it that your lab is not scheduled correctly in an orderly and efficient way? Inefficiencies in the scheduling can cause the lab to run behind schedule and feel the pressure from clients who are waiting not-too-patiently.

There is often a way to schedule a perfect day to run efficiently, smoothly, and without pressure. Utilize your team to take down the vital production first and then the less important tasks when the emergencies have been accomplished.



2. Overdue for an Additional Team Member/Clone

Another major reason for the overloaded, too-busy feeling (once you are sure it is not the above reason) is that you need an additional part-time technician or an additional salesperson to start taking the load off you.

3. Staff Training

With the current staffing shortages many businesses are experiencing, there is an increasing need to hire staff that are new to dental technology. They require a lot of input and training from you, which can definitely be frustrating. However, the lack of thorough job descriptions, protocols, and a lab policy manual can cause the staff to rely on your input and direction in getting on with their new, unfamiliar jobs. Even experienced team members that were newly hired will require these tools to learn how things are done at your lab. If you have these

thorough write-ups, there will be a lot less reliance on you to be the educator.

4. Lack of Staff

Sometimes the stress you experience may be from a lack of an additional staff member, whether at the front or the back. Trying to do without and be economical can increase pressure on you and the existing team. For example, at the front desk, you may be losing money if you have a receptionist who is also the packer and scheduler for deliveries because they may have too much on their plate. Potential new clients calling in may also be turned off by the lack of proper handling of their initial call for help. This could mean a significant loss of income.

5. The Wrong Staff

Having unwilling staff who give you attitude or push-back when you give them orders, who couldn't follow an order properly if their job depended on

MANAGEMENT TIPS

it, can undoubtedly jack up your stress level. That aggravation can build up until it spills all over the place. Spotting who it is and exchanging them for a new team member who is willing and 'on the team' can change your entire day, month, year.

6. Lack of Executive Training

The majority of lab owners have had no real management training on how to be the world's best leader and boss, give orders correctly, pull a team together, make management decisions, and much more. Not even an MBA teaches these skills, and, as a result, you may sometimes wish that you could fire yourself or one of your staff when really it is just a lack of management training.*

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7. Overdue for a Lab Manager

When your staff numbers reach up to the range of 10, you should consider acquiring a lab manager, whether by promoting someone from within or hiring from outside. Having someone

to download the day-to-day managerial duties may free you up enough to allow the business to grow.

8. Better Sleep, Healthier Food

Eating well and sleeping soundly are two very desirable things you can do to reduce your stress. On the flip side, the stress and frustrations you are experiencing can prevent you from doing both. The answer is to consciously improve your eating habits, as that is something that can quickly be done if you so decide. Prepare good stuff the night before to take for breakfast, lunch, or supper the next day. It's a chicken and egg situation regarding stress and sleep. When you find out which of the above sources is causing you the stress and take the necessary steps, you will feel relief and be a happier camper. On the flip side, you will handle stress more easily if you are getting enough sleep. Work both sides if you can.

9. Mentorship


Having a strong mentor or a consultant with strong dental lab experience who you can talk to and get help from in solving the above issues can give you quite a sense of relief. Two heads are better than one is an excellent way to look at it. Also, the consultant is usually outside the forest you are running around in and can often give you excellent directions to help you get out!*

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Moral of the Story


Don't grin and bear it if you are feeling stressed. Take action as above! Business is supposed to be fun and exciting. Time to enjoy it! ●

JANICE WHEELER is the President and co-owner of The Art Of Management Inc., a practice management company dedicated to helping healthcare professionals reach their full potential. For more information, call 416-466 6217, or email info@amican.com, or go to www.amican.com.

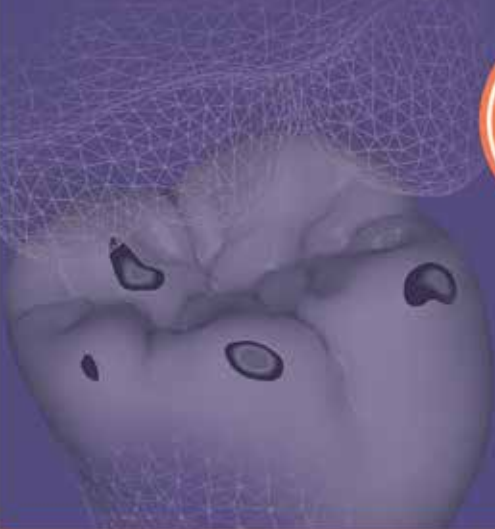


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Techno/Clinical Communication: *Are We Caught Up?*

Dr. Joseph Fava, DDS, MSc. & Karim Sahil, RDT, MDT

Today when we hear the word dental, we can all agree that it has made a drastic shift towards change. These advances have been driven by improvements in computer processing power, leading to advances in digital technology (CAD/CAM) and biomaterials. These new methods have not made dentistry easier, but they have made things predictable. However, communication between the typical dentist and a dental technologist seems not to have enjoyed similar advances.



Anyone who has conversed with a clinician or had a frank discussion with a dentist would be able to see firsthand the good, the bad, and the ugly of the doctor/technician relationship. Conversations that express such things as “my zirconia doesn’t break” will not suffice in an industry where suppliers have already standardized biomaterials to meet market standards. Zirconia has three major classifications which allow a dental technologist to favour it over another – shade, translucency, and flexural strength. Discussions like, “Which zirconia do you use?” should be replaced with, “Which zirconia should be used based on the patient’s current oral health, mastication habits, type of restoration, and mandibular physiology?” It essentially boils down to trust that each party will listen to the other’s challenges and work together to achieve a common goal. Working together as a team from the early stages of treatment planning to interim restorations and final insertion can eliminate problems by considering both clinical and laboratory issues.

This article aims to discuss the main aspects of the communication process between the dentist and the laboratory.

METHODS OF COMMUNICATION

To effectively treat patients where multiple teeth are involved or in highly sensitive aesthetic situations, involving the laboratory earlier on in the treatment planning phase will allow for a greater chance of a successful treatment outcome. How can the laboratory assist the dentist in the treatment planning and execution phases? Working as a team member, the laboratory can assist in several ways. Communication between the dentist and the patient is critical during the treatment planning phase of a large aesthetic case. The patient’s expectations may not match the dentist’s expectations.

Further, the patient may have specific ideas about how their smile should look. If the patient’s vision does not match the final result, they will become dissatisfied. To ensure this doesn’t happen, it’s essential to plan effectively.

“This article aims to discuss the main aspects of the communication process between the dentist and the laboratory.”



This means taking time with your patient to understand their vision. It has been said that beauty is in the eye of the beholder. We are beholden to the patient to ensure they are satisfied. It can be very insightful to ask the patient to bring in historical photos or photos of someone whose smile they want to mimic. The patient's presenting condition should be captured as well, both for communication purposes and medical-legal. This includes necessary radiographs, accurate impressions (either analogue or digitally captured) to produce models, stable interocclusal records at the correct vertical/horizontal position for precise articulation, facebow records when required, as well as representative digital photos to convey both dental and facial parameters. With this information at hand, the savvy clinician should consult with their laboratory technician to discuss biomaterial selection, overall size, shape, shade, and contours of the teeth. This will help to start developing a plan that will achieve the patient's aesthetic goals while at the same time allowing for predictability in practice.

Assistance in the material selection process is a service that a laboratory can provide its dentists. As technology advances, the dental technologist is responsible for discussing the new and improved materials on the market with their respected clients. Often the difference between success and failure with material technologies is their proper selection

for the case circumstances. The dental laboratory goes through many experiences which results in success or failure with a multitude of dental restorative materials and their use in specific case circumstances. Therefore, the dental technologist can offer valuable input on material properties and their intraoral applications, limitations, wand techniques for success.



Laboratory-fabricated diagnostic wax-ups and/or digital printed designs are an excellent tool for the treatment planning phase. They can demonstrate for the dentist and the patient what the laboratory can accomplish with specific restorative materials. A digital design on the potential of the final restoration with specific dimensions required for a given material can be a great way to start a treatment plan. Milled wax blocks and printed models which replicate the digital design can be a great tool during a consultation with the patient. Once the dentist, dental technologist, and patient agree to the diagnostics, the dentist can start fabricating interim restorations. The best way to communicate with the technician is to allow them to see what you see. The dental technologist should have an opportunity to interview the patient at the consult appointment. However, in most cases, the lab is off-site. In this case, good photographic documentation will be crucial, using digital technology to virtually communicate and a video of the patient speaking and going through multiple continuous chewing strokes to observe them in 'function.'



WHAT IS EXPECTED

of the Dentist?

1 A well-written prescription describing the patient's name, age, sex, mastication habits, and the type of restoration needed (fixed or removable).

2 The clinician should provide accurate final impressions, alginate impressions, and/or intraoral scans. Analog impressions should be free of bubbles, margins visible, and taken on a stable impression tray. All outgoing materials should be disinfected according to current infection control standards, placed in an appropriate container, appropriately packed to prevent damage, and transported.

3 Accurate bite registrations are a MUST, and use the correct bite registration materials (three check bites for edentulous patients to aid in proper articulation).

4 Digital photographs are important and necessary to create a precise dental prosthesis. A proper shade guide similar to the one used by the dental laboratory is needed, including the stump shade for the anterior region. Chairside custom shading or sending the patient to the dental lab is recommended for anterior restorations.

5 It is also important to mention the type of implant being used, how long the patient will be in temporaries, and whether the final prosthesis will be screw or cement-retained.

6 A radiograph that shows the implant placement is extremely important for a dental technologist. A stone model does not provide adequate information of the bone level. A radiograph of the patient allows the dental technologist to choose the correct prefabricated abutment or customize one for a successful final result.

Communication of the treatment plan should be discussed by the clinician and dental technologist before, during, and after treatment. That being said, there are rules in dentistry and certain parameters that must be followed to finalize a restoration. With adequate information, a dental technologist can discuss with the clinician the different types of materials available in the market and express the importance of how choosing the right materials can aid the mandibular physiology during mastication based on patient individuality. This process is a sure sign for a successful treatment that can help with reducing clinical chair time and avoiding remakes for the dental laboratory; this means an increase in efficiency without losing quality in the final restoration. Harmonious treatment planning allows both health care professionals to reach the desired result and exemplify patient-centred care.



WHAT IS EXPECTED

of the Dental Technologist?

1 The laboratory technician should custom manufacture dental prostheses/appliances that follow the dentist's written instructions and should fit properly on the casts and mounting provided by the dentist. Original written instructions should be retained for the recommended period of time.

2 The laboratory should return the case to the dentist to check the mounting (especially if there is any question of its accuracy or if the bite registration is furnished by the dentist).

3 The laboratory/technician should match the shade described in the original written instructions.

4 After accepting the written instructions, the laboratory/technician should custom manufacture and return the prostheses/ appliances in a timely manner.



5 The laboratory should follow current infection control standards with respect to the personal protective equipment and disinfection of prostheses/appliances and materials. All materials should be checked for breakage and immediately reported if found.

6 The laboratory/technician should inform the dentist of the materials present in the case and suggest methods to properly handle and adjust these materials.

7 The laboratory/technician should clean and disinfect all incoming items from the dentist's office, including impressions, occlusal registrations, prostheses, etc. According to current infection control standards, the items should then be placed in an appropriate container, appropriately packed to prevent damage, and transported.

At the end of the day, the dentist is responsible for the treatment rendered. Delegating many procedures to auxiliary personnel is possible if all the necessary information is provided to enable them to deliver high-quality service. When working with a laboratory, however, errors such as insufficient tooth reduction, ambiguous margins, unstable interocclusal records and articulations, and poorly communicating the desired shades for aesthetic restorations to the technician will lead to unhappy patients, unproductive practices, and a lab technician who feels defeated. Good communication coupled with good clinical and technical skills is the winning formula for success. We can all strive to do better. ●

Dr. Joseph Fava earned his DDS, MSc. and prosthodontic specialty certificate at the University of Toronto. His master's degree focused on the topic of dental implants in the aesthetic zone. He currently instructs in the Graduate Prosthodontic Program at the U of T and is actively involved in clinical research. He is the clinical director of Yorkville Village Dentistry and Forest Hill Prosthodontics, where he maintains a specialty prosthodontics practice whose scope includes cosmetic dentistry, surgical and prosthetic components of dental implants, as well as advanced restorative and reconstructive full mouth therapies. He is a distinguished Kois Mentor and Co-director of the University of Toronto's Implant Residency Program. As well, he is also the president of the Association of Prosthodontists of Ontario.

Karim Sahil has earned his RDT, MDT, and acquired his Dental Technology certificate at George Brown College. As a Registered Dental Technologist, he earned a certificate of mastery on all five components of Dental Technology, including ceramics, crown and bridge, dentures, partial dentures, and orthodontics, and is also actively involved in technical research. He gained his Master Dental Technologist certificate from New York, USA, on the study of mandibular physiology, occlusion, and full mouth reconstruction. He maintains a dental laboratory in a dental clinic at Yorkville Village Dentistry. He provides services that include cosmetic dentistry, fixed implant restorations, and advanced full mouth restorative prostheses for dentists and oral specialists. He is also the president of the Association of Dental Technologists of Ontario.

Wearing a mask with a skin condition, plus HS and aging

By Dr. Isabelle Delorme

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Q COVID-19 has made mask wearing mandatory in most public places. I find wearing a mask difficult with a skin condition.

What should I keep in mind about when wearing a mask for long periods?

A Exacerbation of a pre-existing condition such as acne, rosacea, or seborrheic dermatitis explains the facial skin damage that is made worse by wearing a mask. Less frequently, a new contact dermatitis, related to wearing a mask, can occur.

These steps can help you prevent face mask skin problems.

1 Cleanse and moisturize your face daily.

Gentle skin care can prevent skin problems. When washing your face, use a mild, fragrance-free cleanser. Apply moisturizer immediately after washing your face. Use a moisturizer formulated for your skin type.

2 Protect your lips by applying petroleum jelly.

Dry skin and chapped lips are common face mask skin problems. You can prevent chapped lips by applying petroleum jelly to your lips.

3 Skip the makeup when wearing a mask.

Beneath a mask, makeup is more likely to clog your pores and lead to breakouts. If makeup is necessary, use only products labeled “non-comedogenic” or that “won’t clog pores.”

4 Avoid trying new skin care products that can irritate your skin.

Wearing a mask for even a short time can make your skin more sensitive. To reduce skin problems, avoid trying harsh products for the first time, such as a chemical peel, exfoliant, or retinoid.

5 Use less of certain skin care products if your face becomes irritated.

When you cover your face with a mask, some skin care products that you’ve used in the past may irritate your skin. Cut back on products that can irritate your skin, such as leave-on salicylic acid and retinoid.

6 Wear the right mask.

To reduce skin problems, look for masks that offer a comfortable fit, at least two layers of fabric, and soft, natural, and breathable fabric, such as cotton. A snug, comfortable fit also reduces skin problems. If the mask feels too tight or slides around on your face, it can irritate your skin. You’re also more likely to adjust a poorly fitting mask. When you touch your mask, you can transfer germs to your mask and your face.

7 Take a 15-minute mask break every four hours.

Health care workers on the frontlines of the coronavirus pandemic have found that this helps save their skin. Of course, only remove your mask when it’s safe to do so and after washing your hands.

8 Wash your cloth masks.

Many health care organizations now recommend that you wash a cloth mask after each use. Washing it also removes oils and skin cells that collect inside the mask, which could lead to a skin problem.

Q What is the effect of aging on HS?

A There is still little that is known about hidradenitis suppurativa (HS) and what causes it. HS typically has an onset in the second or third decade of life, and is more predominant in women than men, so it is believed that hormones play a role in that pathogenesis of HS.

Doctors don’t see a lot of women post-menopause with HS, so it is possible that the hormone change that comes with menopause can affect the severity of the disease. With increased awareness of HS, more patients in their 60s and 70s present with the disease, so it is possible that there are multiple factors that contribute to the disease, and while hormones may play a major role in the disease for some patients, they could also play a minimal role for others.

There is still a lot to be learned about HS, including the effects that there is still a lot to be learned about HS, including the effects that aging has on its progression. ●

Dr. Isabelle Delorme is a certified dermatologist working in Drummondville, Quebec.

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The PlaneSystem[®] Approach for Edentulous Cases

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This article is based on the first version published in Labline Magazine: Plaster, U. and Hrezkuw dr., S., 2019. The Planesystem[®] Approach for Edentulous Patients. Labline Magazine, 9(3), pp.24-33.



When it comes to healing, only the best is enough! For this reason, in the field of patient analysis, Zirkonzahn decided to collaborate with the dental technician Udo Plaster, inventor of the PlaneSystem[®]. The PlaneSystem[®] is a method of transferring individual patient data based on a patient-specific view that integrates perfectly and exclusively into Zirkonzahn's digital workflow. The PlaneSystem[®] is a transfer method that respects and recognizes the patient as a whole. Regardless of the procedure chosen for the fabrication of the dental restoration – digital or traditional – with the PlaneSystem[®] all patient-specific information recorded can be accurately transferred from the analogue to the digital world in a 1:1 ratio without losing any information and is saved in the software for further reproduction at any time. The reproducibility of the data offers a high degree of security, especially for complex implant-supported cases.

Dental History

Each person has their own dental history and solution approach. The manufacture of dental restorations requires an individual, holistic analysis of the human system. This results in the acquisition of a pool of reproducible data as an individual guideline for the reproduction of a long-lasting, accurately fitting and aesthetic dental prosthesis. The case described in the following pages deals with the treatment plan of a patient who gradually lost his teeth over the past few decades and was provided with an implant-supported prosthesis in the edentulous mandible. When he visited the dentist, he wore a full denture in the maxilla and a fixed, implant-supported restoration in the mandible. His desire was to have the full denture replaced with a maxillary fixed prosthesis, for which six implants had already been placed. Although the patient did not complain about functional problems, it was clearly visible that the dimensions of the existing denture did not match the patient-specific conditions and the upper jaw needed to be adapted to the lower jaw restoration (Fig. 1). First, it was necessary to work on the occlusal plane individually in order to fabricate a dental restoration based on that. The restoration in the mandible had to be adjusted later to the correct plane.



Figure 1 – The patient's initial situation. The patient gradually lost his teeth over the past few decades and was provided with an implant-supported prosthesis in the edentulous mandible, which did not match the patient-specific conditions.

Defining the Correct Vertical Dimension: Anatomic Landmarks and Profile Analysis

The dental technician's job started with the acquisition of the patient's 3D facial scans with the Face Hunter 3D facial scanner and scans of the old prostheses to transfer all analysis data into the virtual world at later times. The situation models shown on the face scan reveal the high vertical dimension. The alveolar ridge in the upper jaw was severely atrophied, and the occlusal plane in the mandible

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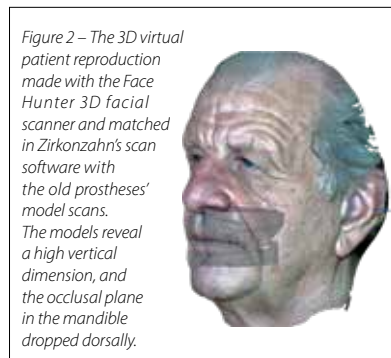
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dropped dorsally (Fig. 2). Each intervention into the stomatognathic system after growth completion (e.g., dental prosthesis, orthodontics) is compensated by the body elsewhere. The creation of the new prosthesis was required to assess the correct dimensions (tooth position, tooth size).



To manufacture a completely individual prosthesis, it was necessary to define the new correct vertical dimension and position. For this purpose, reference planes and anatomic orientation points reproducible at any time – even for edentulous cases – had to be defined on the patient's face and skull as well as on the model for the later reproduction on the virtual articulator. The determined landmarks and reference planes were (Figs. 3-6):

- Ala-tragus line, that is, the line connecting the ala of the nose to the tragus (outer auditory canal);
- From a frontal view: nasion and subnasal points;
- Centre of the skull, marked on the palate using a template;
- Midline;
- The stomion plane, that is, the contact point of upper and lower lips when articulating the 'm-sound' without occlusal contact. This plane is important to determine the functional plane, which is parallel to the ala-tragus line;
- Jaw angle;
- Zygomatic bone;
- Holdaway line (the connecting line between pogonion, upper lip point, and the intersection of the nose).

Defining Tooth Spaces on the Toothless Jaw

To divide the tooth spaces on the toothless jaw and to transfer the registered landmarks on the model, the following steps were followed:



Figure 3 – Nasion and subnasal points.



Figure 4 – Centre of the skull and midline.

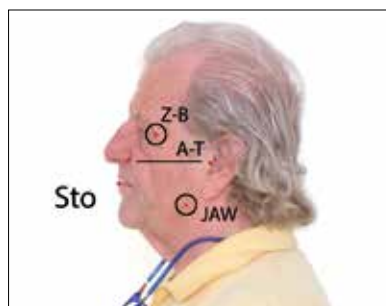


Figure 5 – The stomion plane – parallel to the ala-tragus line, the jaw angle, and the zygomatic bone.

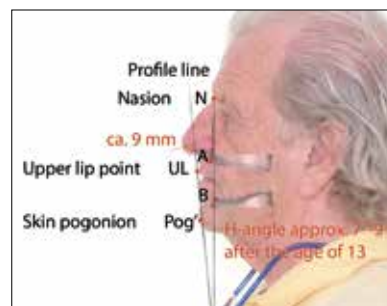


Figure 6 – Holdaway line (the connecting line between pogonion, upper lip point, and the intersection of the nose).

1. All previously determined landmarks were considered, in particular, the stomion plane.
2. A vertical line was then drawn from the zygomatic bone landmark to the functional plane.
3. The upper molar's position was found at the intersection point of these two lines.

This information is transferred to the model, taking as reference the midline as well as left and right Hamulus points (Fig. 7). Considering the data registered, it was possible to virtually position the anterior teeth and the molars in the correct places and have verifiable dimensions for the new dental prosthesis.

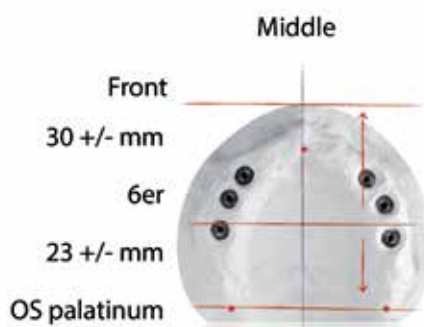
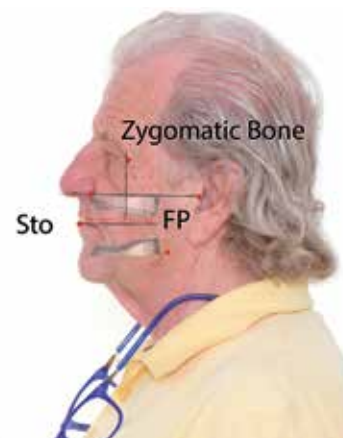


Figure 7 – Defining tooth spaces on the toothless upper jaw and transferal to the model.

PlaneSystem® and the PlaneFinder®: Transferal of the Patient Analysis Data into the Software

All analysis data was then imported into the software for the creation of the prototype, and, subsequently, the final prosthesis was produced according to Zirkonzahn's digital workflow. In order to transfer patient-specific information 1:1 into the Zirkonzahn.Scan software, the PlaneSystem® includes a specifically conceived tool, the PlaneFinder®. With the PlaneFinder®, it is possible to fix the maxillary model in the articulator considering the centre, height, and horizontal position previously acquired and the patient's occlusal plane.



The PlaneFinder® has to be placed on a flat surface since it utilizes two zero lines as reference lines, called the True Vertical and the True Horizontal. The True Horizontal creates a reference line parallel to the floor, a so-called '0° line'. The patient was asked to stand in front of the PlaneFinder's integrated mirror and look at himself. In this way, he positioned himself automatically according to his Natural Head Position (the natural position without exogenous influences where the patient is in equilibrium). Based on the '0° line' and the previously defined ala-tragus line, it was then possible to define the patient's specific occlusal angle, which was measured as flat or even negative (Fig. 8). The PlaneFinder® allows the dental technician to register any occlusal asymmetries in the dental arch. In several studies (among which Xie et al., 1993¹), the ala-tragus line was proved to be the most parallel plane to the occlusion plane, in comparison with the Camper or Frankfurt planes generally used with dental arches. Using a tray, a template is fixed to the healing caps in the upper jaw to register and encrypt the maxillary arch – the upper jaw model could now be transferred to the articulator in the correct three-dimensional position.

Defining the Mandibular Arch According to the Maxillary

The occlusal height was necessary to create a set-up for the mandible. In order to define it, the jaw angle landmark and the molar positions were considered – indeed, if the angle opens towards the front like a fan, growth can be expected in this area. On the other hand, if the angle opens only slightly towards the front, the growth is more pronounced in the posterior area. Together

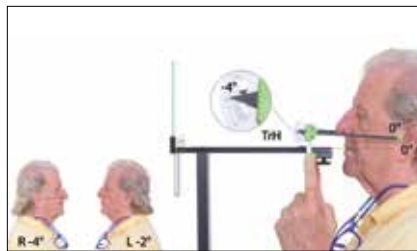


Figure 8 – The patient in his Natural Head Position with the PlaneFinder®. Based on the '0° line' and the previously defined ala-tragus line, it was then possible to define the patient's specific occlusal angle, which was measured as flat or even negative.

with the occlusal height information, an Aqualizer was also used (Fig. 9). The Aqualizer, composed of two cushions filled with liquid connected and linked with each other after interocclusal placement, is used to neutralize and 'reset' the occlusion between the upper and lower jaws. Indeed, with this device, muscles reposition themselves automatically in their natural functional position, highlighting any bite distortions. By using a jig, such values have been recorded and transferred into the PS1 articulator together with the models. Resetting such values is essential to make the diagnosis even safer. After virtual representation of the dimensions between the upper and lower jaw, it was possible to determine with high accuracy the distance that had to be filled with the tooth restoration (Fig. 10).

The Therapeutic Prototype

First, a diagnostic set-up was prepared for the try-in in the patient's mouth, placing the teeth conventionally (Figs. 11A, 11B). Then, the patient tried the set-up to check function and aesthetics together with the dentist.

After patient and dentist approval of function and aesthetics, the prototype is scanned in the S600 ARTI scanner and matched with the patient's 3D facial scans captured at the beginning of the patient diagnostics. Through a special transfer tool (Transfer Fork), the maxillary model could then be transferred in the correct position into the facial scans, in a 1:1 ratio and with no loss of information. In the Zirkonzahn's scan software, the reference planes were captured, such as the '0° line' and the ala-tragus line were also reproduced, in order to create the restoration as if working on the real patient. Indeed, the Zirkonzahn.Scan software in combination with the PlaneSystem® allows the dental team to work on the 3D virtual patient with many advantages. Thanks to the 3D virtual reproduction of the patient's face and reference information in a 1:1 ratio, the dental technician and the dentist can work on the patient as if he was in the lab, with no time or space limitations, while the patient can benefit from the reduction of chair-side appointments (Figs 12A, 12B).



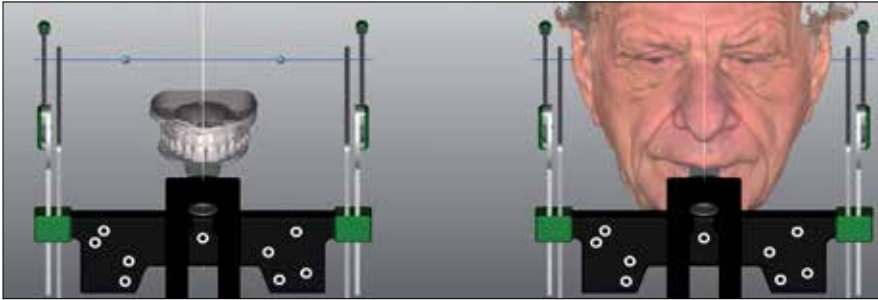
Figure 9 – The patient with the Aqualizer in the mouth. The Aqualizer is used to neutralize and 'reset' the occlusion between the upper and lower jaws to find the correct lower jaw position. When the temporomandibular balance is restored, the patient's face appears more relaxed. With a jig, the patient-specific information is transferred to the physical articulator.



Figure 10 – The display of the distance to be filled with the tooth restoration.



Figures 11A, 11B – The patient with the old denture (left) and wearing the diagnostic set-up (right).



Figs. 12A, 12B – In the Zirkonzahn.Scan software, all patient data captured with the PlaneFinder® can be transferred 1:1 into the virtual world with no loss of information for a realistic preview of the final, custom-made restoration.

Theoretically, the digital planning of implants would have been carried out at this point. However, since the maxillary was already provided with implants, the CBCT data, together with the facial and model scans, were imported into the Zirkonzahn's implant planning software and matched



Figure 13 – The patient's CBCT and STL data matched with the 3D facial scans in the Zirkonzahn.Implant-Planner software. The therapeutic prototype was designed on the diagnostic set-up (white teeth).

for analysis purposes only (Fig. 13). Taking the old fixed mandibular restoration into account and the diagnostic set-up previously created, the new maxillary restoration was planned and milled in resin (polychromatic Multistratum® Flexible resin, with natural colour gradient to be veneered with composites on the gingival area only). The prototype was then occlusally screwed onto the six implants in the patient's mouth.

Adjusting the Mandibular Restoration to the Occlusal Plane

The maxillary therapeutic prototype corresponded to the registered, physiological occlusal plane, unlike the mandibular restoration, which still reflects the old, incorrect occlusal plane. In order to adjust the mandibular restoration to the new occlusion, the restoration had to

be increased in the molar area. For this purpose, table-tops were manufactured and glued onto the existing lower restoration. The patient wore the therapeutic prototype and the table-tops for about six months, checking comfort, hygiene, functionality, speech motor skills, and aesthetics. After the test phase, the therapeutic prototype turned out to be optimal in all aspects. At this stage, all acquired data could then have been reproduced in a final restoration design. ●

¹Xie J, Zhao Y, Chao Y, Chao Y, Luo W.A cephalometric study on determining the orientation of occlusal plane. *Hua Xi Yi Yi Ke Ke Da Xue Xue Xue Bao.* 1993, 327 (24): 422-5.

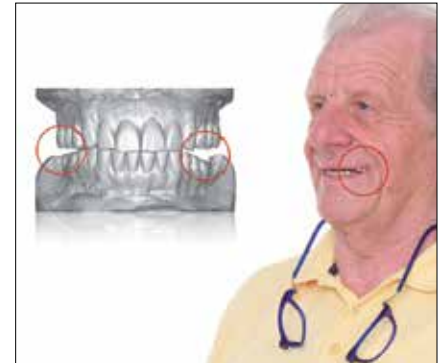


Figure 14 – The maxillary therapeutic prototype corresponded to the registered, physiological occlusal plane, unlike the mandibular restoration, which reflects the old, incorrect occlusal plane. In order to adjust the mandibular restoration to the new occlusion, table-tops were created and applied to the existing mandibular restoration.



Figure 15 – The patient wearing the therapeutic prototype made with Multistratum® Flexible resin in the maxillary arch and the table-tops in the mandibular existing restoration.

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British Columbia

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Coquitlam

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- Able to understand and speak English
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self-motivated and works well in a collaborative team. Prior dental lab technician experience and knowledge of 3Shape and assorted CAM is preferable for this position. Prior experience in customer service or support and/or group and one-on-one training is valuable but not necessary for someone with the right combination of initiative, interpersonal skills, enthusiasm, flexibility, and resourcefulness. If you are interested in this position, please apply online at <https://lovehr.recruitee.com/o/equipment-support-specialist-trainer-ontario>.

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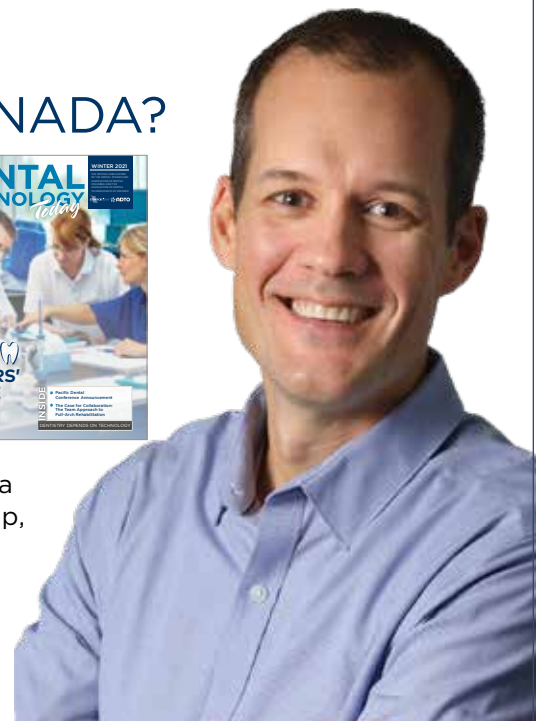
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