

DENTAL TECHNOLOGY *Today*

SUMMER 2022

THE OFFICIAL PUBLICATION
OF THE DENTAL TECHNICIANS
ASSOCIATION OF BRITISH
COLUMBIA AND THE
ASSOCIATION OF DENTAL
TECHNOLOGISTS OF ONTARIO



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DENTISTRY DEPENDS ON TECHNOLOGY



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ADTO PRESIDENT'S MESSAGE

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



The Experience Age

Evolution of Digital Dentistry

We have reached an era where dentistry has been standardized. Can we still differentiate two products with the same composition and provide the same result but with a different sticker? How do we decide which one to choose if they are all the 'same?' – is cheaper, faster, better the way to go? What about profit margins? How can we create a process to make a sale that brings a surplus with returning customers?

The thought of "what if we can create a process that initiates solutions to reduce clinical chair time?" This brings us to solution-based dentistry, which will become extremely important for the future of dentistry. If an implant can be chosen and placed with a precise final dental prosthesis, all with a DICOM file and an intra-oral scan before the stage of surgery, this would mean that the future of dentistry is fitting patients to restorations rather than fitting restorations to patients. Digital technology is another method of transportation for solutions which create a result prior to dental treatment. Twenty-five years after the introduction of the world wide web, the information age is coming to an end; we are now in what is called the experience age.

ADTO's Awareness Campaign

Another successful year in bringing light to the profession of dental technology, your Board of Executive Directors have been working extremely hard to bring awareness to the public. In collaboration with the CDTO, we brought light to patient safety and the importance of choosing a Registered Dental Technologist (RDT) to create dental prostheses. You can visit the ADTO website to view the "Fabric of Good Oral Health Care" video; you can read the article, which was published in the Toronto Star, and visit www.healthinsight.ca, including our social media and digital article analytics, which are also available for you to view on pages 17-20.

As we move forward and continue to progress in advancing the profession, your Board of Executive Directors appreciates your constructive feedback. The ADTO will continue to remain the authoritative voice of Dental Technology in Ontario; we value your membership and are proud to promote our group identity as Registered Dental Technologists. ●

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

"How can we create a process to make a sale that brings a surplus with returning customers?"

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DTABC PRESIDENT'S MESSAGE

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



Taking Our Rightful Place as Part of the Oral Health Team

We are grateful that after two years of COVID-19, it is sailing off into the sunset. We miss having our in-person events and being able to network with our peers and colleagues. Some members are still quite hesitant to participate face-to-face because of COVID-19. At the same time, we are fortunate to have had the ability to conduct business through our video chats and streaming services. I am optimistic that we will be able to resume all our in-person networking events and educational sessions in the fall of 2022.

This year over 8,061 professionals participated in the virtual experience of our annual Pacific Dental Conference (PDC) that took place from March 14 to April 12, 2022. Also, 210 DTABC members registered and had an opportunity to attain their needed CE credits. In addition, DTABC members continue to have access to more CE credits through our partnership with the Palmeri Media Group. Members can access Palmeri Academy online seminar programs throughout 2022, free of charge.

This year (once again), we did not have a face-to-face AGM or lecture. We did hold an AGM via video conferencing and fulfilled our requirements of *The Society Act*. We approved past minutes, the year-end 2021 financial statements, and ratified the 2022 operating budget. We hope that, finally, we will be able to host next year's AGM in person, where we can discuss issues that affect our profession.

One of the most significant initiatives of 2022 is the launch of the British Columbia College of Oral Health Professionals in September. This new college amalgamates the four previously existing dental colleges in BC. This is both an opportunity and a challenge. This amalgamation will allow us,

as technicians, to take our rightful place as part of the oral health team in BC. We hope that this will allow us to attain changes to our Scope of Practice that we have been seeking for some time.

I want to welcome our new Executive Director, Lih-Fen Young, to the organization and, at the same time, thank our outgoing management team of Malcolm Ashford and Renata Cecconi for over a decade of service to the profession. Their commitment and professionalism have been much appreciated.

As we all prepare for the summer months in beautiful British Columbia, I trust that all labs have made inflationary adjustments to their fee schedules. Most of our supply partners have increased 3-5% in various categories. The BC College of Dental Surgeons and the BC Dental Association have increased 6-7% in various lab-related categories. Increasing your fees is reasonable; it just makes good business sense without sacrificing market share.

We strive to bring more value to all layers of membership. Stay tuned for these updates as the new British Columbia College of Oral Health Professionals ushers in all sorts of new regulatory changes.

The Board will strive to protect and prosper the membership in any and all ways.

On behalf of the Board and staff, I wish you a wonderful and restful summer break. Please feel free to contact me, our Board members, or staff with your feedback and questions.

Cheers! ●

James Neuber, RDT
President
Dental Technicians Association of BC

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How to Improve Productivity in the Workplace

Sally Abu-Samra, Public Relations Specialist, Peninsula Canada

Employers may be wondering what they can do to boost staff morale. Every business should have goals that focus on increasing productivity, as it is the key to a successful business. However, it must be done right. A few small changes may be all that is needed to maximize productivity in the workplace. Below are ten tips on how to improve productivity in the workplace.

1. Encourage Open Communication

If employers are wondering how to improve workplace productivity, why not ask employees? They can shed light on areas for improvement and share ideas on how they can be resolved. Additionally, asking employees for recommendations and opinions will make them feel heard and valued, which also plays a major role in productivity.

2. Provide the Necessary Tools

Staff cannot do their jobs successfully without the proper tools and equipment. Outdated technology can often cause staff to feel frustrated, slow down their work, and leave them unmotivated. The right tools keep workers productive by showing them you are invested in their success.

3. Consider Offering Flexible Working Options

Consider giving employees flexible options to best fit their lifestyle. This can entail working from home, four-day work weeks, or allowing them to perform their required working hours anytime during the day. This can help employees work during the hours or space where they feel the most productive.

4. Acknowledge Hard Work

Awards are a great way to recognize outstanding achievements within the workplace. Providing incentives to all employees to meet certain targets or expectations is a great way to encourage great performance.

“Rather than microimaging, which makes staff feel like you do not trust them, trust that they will do great in their job.”

5. Encourage Work Breaks

If employees work nonstop, it can lead to burnout. To prevent this from happening, encourage employees to go on a quick 15-min walk or create a break room where they can relax and recharge. This will leave staff feeling more energized and motivated to get the job done.

6. Commit to Deadlines

Regularly meeting deadlines not only demonstrates reliability but also shows the ability to stay focused on tasks. One of the major responsibilities of running a successful business is ensuring goals are met within a specified time. This will also help keep everything running smoothly and in an organized manner.

7. Avoid Booking Unproductive Meetings

Too many meetings a day can become tiring and waste valuable time that can be used to get more work done. If the meeting does not help the team accomplish much, avoid booking the meeting – schedule important meetings involving an important announcement, discussing strategies, or brainstorming ideas.

8. Check-in with Staff

If staff constantly work under highly stressful conditions, it can cause them to be less productive and disengaged. Show staff how much you care by having a simple conversation with them, something outside of work. It is also essential to build a solid relationship with staff.

9. Provide Opportunities for Training

Training is an essential part of increasing productivity. Providing opportunities for staff to progress will help keep everyone more engaged and keep their job more enjoyable. Additionally, if an employee is interested in learning a new skill, or a new position, provide them with the tools and resources to get there. Show employees that you care about their professional growth.

10. Avoid Micromanaging When Possible

Lack of trust in staff will make them feel unmotivated. Rather than microimaging, which makes staff feel like you do not trust them, trust that they will do great in their job. Once you allocate a task, set clear expectations and instructions on how best to get it done. Then make yourself available anytime they have questions or need guidance. ●

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Hiring Superstars

Janice Wheeler, President, The Art Of Management Inc.



You want a superstar team for your dental lab, right? But where are these people hiding, and how do you attract them to your lab?

Factually, there is no BIG SECRET technique to finding them. There are ten very vital steps that, if done correctly, will get you what you want, and THAT is the SECRET.

Here is an outline of these steps. Follow them carefully and find the exact person(s) you need for your team.

Note:

The first barrier to finding that special someone is to know that they are 'out there.' If you think it is impossible to find someone or are sure that it is extremely difficult, you

will be correct. So, changing your mind about that and thinking very positive is the essential first step.

The Ten-Step Hiring Process

1. Make Your Wish List:

You must carefully decide what exactly your candidate should be like and the requirements of the position. For instance:

- What skills do you want the candidate to have?
- No experience or plenty of experience?
- Languages that would be helpful?
- Personality traits?
- What are the hours and overtime required?

Name out all these wish list items and print them on a sheet with little boxes beside each

item. After you interview each candidate, you need to tick the box of each quality that the candidate met. When you have interviewed several people, you will look to see which one ticked the most boxes. This objectivity will help prevent you from hiring by 'gut feeling' despite all the negatives you may have observed.

2. Advertise the Position:

The key to attracting the vital people your practice needs starts with perfectly crafting standout ads. Here are six secrets that you need to know to make the perfect job ads: (A) Grab their attention at the start: When you visualize the ideal candidate, what message do you think would interest that person? You want to grab their attention

with alluring opening lines like, “Are you searching for a job that is perfect for a take-charge kind of person?” or “Are you searching for a job that will challenge you and give you the satisfaction of helping people at the same time?” In other words, write something attention-catching!

- (B) Fill in the details of the position: Name of position, concise summary, and how valuable it is to the lab; the requirements; full time or part-time; salary and benefits; location and your website; how to apply.
- (C) Keep it concise: Try to avoid a long wordy ad with tons of details. Save those for the interview.
- (D) What is unique about your lab? Where are you located in Canada? People will move across Canada for great positions, so sell your area. Here is an example: “Are you kidding? You want a safe, fun place to raise your kids with great schools, a low crime rate, and heavily into sports? Look no further; we are in Brandon, Manitoba, close to several beautiful swimming lakes and near a major national park where you can hike, camp, etc.” Or maybe your lab is full of the latest equipment and technology, or there is expansion happening in the lab and room to move up the ladder.
- (E) Include visuals: For instance, on the Indeed hiring platform, when you make your company page (which is free) before making your ad, you could include a photo of your team and your lab or even a video tour of the lab. This will grab a candidate’s interest over someone else’s ad, which only contains written words!
- (F) Inject personality: Put a little personality into the wording of the ad to show the culture of your practice. “Work with a fun bunch who really give a hoot about the quality of their product and take pride in their lab.”

3. Screen the Resumes:

In the ad, ask for resumes to be sent to you by email or fax. The layout and presentation of it can reveal a lot about the applicant. Look for the experience and training you require of them. Are there gaps in their work history? You can ask about those in the interview.

4. Conduct Interviews:

- See how they conduct themselves. Do they pay close attention to you and

“See how they conduct themselves. Do they pay close attention to you and what you are saying? Do they have the technical knowledge that the position needs?”

what you are saying? Do they have the technical knowledge that the position needs? What jobs have they done in the past that they are proud of?

- Watch out for a candidate saying bad things about the last boss or place of work.
- Watch out if the candidate is primarily concerned about hours, wages, benefits, etc.



Interview Questions:

- “Tell me about yourself.” Listen carefully to the reply.
- “Why did you leave, or are you leaving your current position?”
- “Can you work overtime?” (If that might be required)
- Ask questions that demand a thorough knowledge of the details or technical aspects of the position.

5. Check References:

References must be asked for and contacted. Try to ensure they are not ‘best friends’ or a relative. You want to verify the production record of the candidate. Find out their history with the previous job. Ask specifically for weaknesses, or you may not be told about them.

6. Trial Workdays:

Whenever possible, have the candidate or candidates you are interested in work in the lab for a day. This will allow you to verify for yourself how well they perform. It provides

you with additional information which you can use when making your final decision.

7. Hire the Best Candidate:

Look over your wish list sheets and the ticked boxes to see which candidate comes closest to your idea. Offer the position to them.

8. Sign Employment Contract:

On the first day of work, have a letter of employment and *Employment Standards Act* contract prepared, which clearly outlines the terms of employment. Get the new employee to sign them, keep one copy for your personnel files, and give the other to your employee.

9. Observe a 90-Day Trial Period:

While it is hoped that you have selected the best candidate, if things do not work out despite your best efforts to train and correct the person, you can dismiss them on the spot with no reason given and no severance pay required for up to 90 days from the commencement of their employment. Be sure it was mentioned in the employment contract. It is wise to cut the rope as fast as possible when you know that you have an uncorrectable problem.

10. Hire Permanently (or not):

If, as hoped, the candidate turns out to be a superstar and a great asset to your lab, then let them know at the end of their trial that they are permanent! Celebrate that day!

This is just an outline, and hopefully, it helps. ●

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.

2022 Virtual Pacific Dental Conference **Recap**

To ensure a safe and meaningful PDC experience, the PDC Organizing Group decided, as they did in 2021, to transition the conference to a virtual format once again for 2022. And while the PDC was held virtually, over 8,000 attendees participated, including DTABC member technicians and non-member technicians, denturists, dental therapists, dentists, hygienists, and certified dental assistants.

All the sessions were pre-recorded so attendees could view them at their leisure over 30 days. There were over 40 hours of educational content.

Two sessions that seemed popular for DTABC member technicians were:

- Jamie Stover, Additive Technology in Dentistry: Current Trends for Dental Lab Applications
- Michelle Glover, Digital Dentures Today... Ready to Print?

Next year's Pacific Dental Conference is scheduled for March 9-11, 2023, in person at the Vancouver Convention Centre. Early bird registration opens on October 15, 2022. Continue to visit www.pdconf.com for regular updates. ●

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Upcoming issues:

- Fall 2022: August 5, 2022
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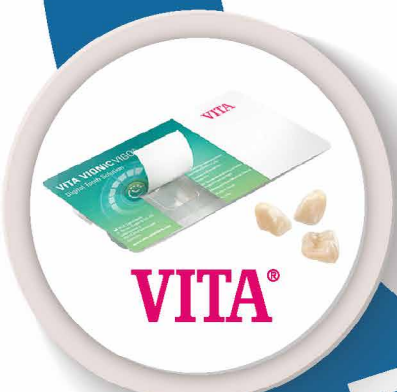


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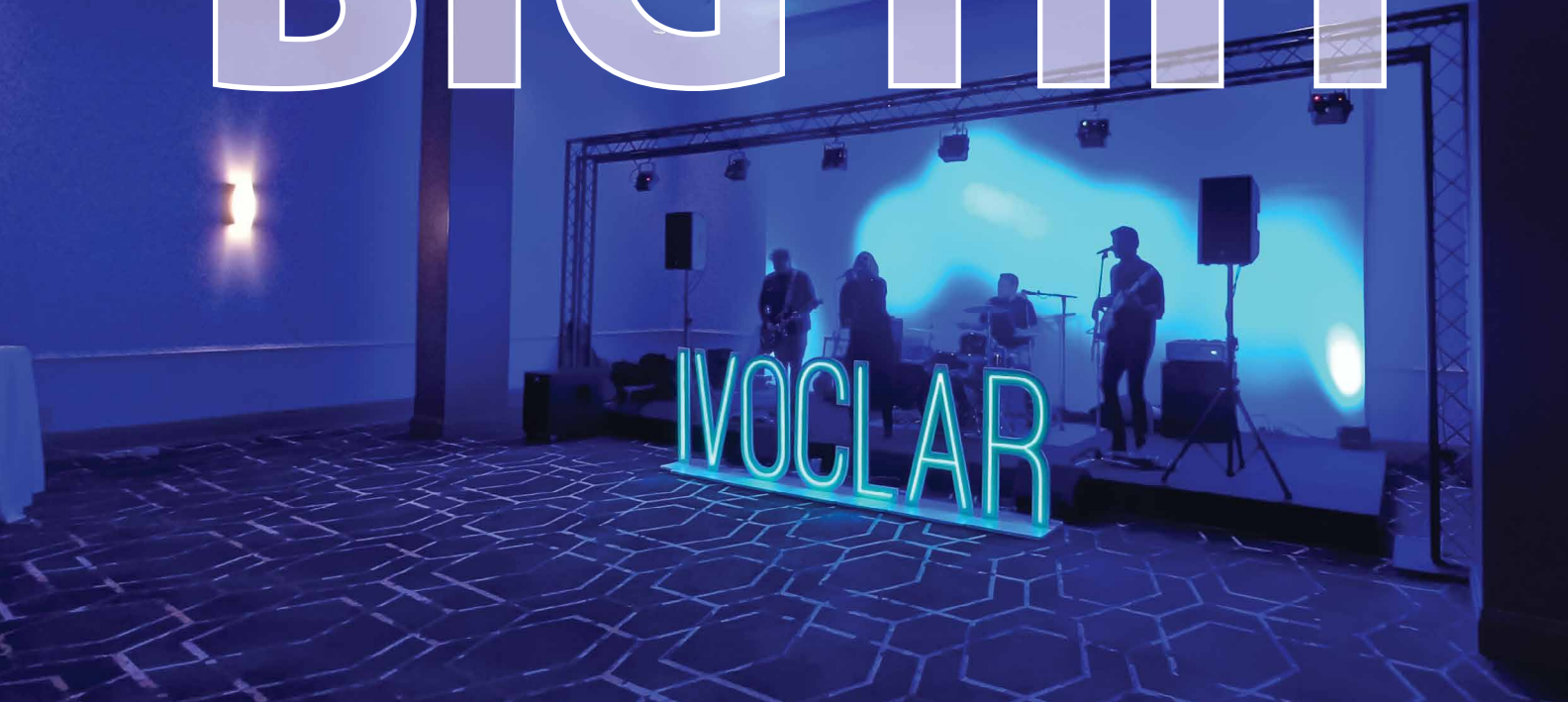


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2022 TECHNORAMA LAB & TECHNOLOGY CONFERENCE A BIG HIT



The annual Technorama Dental Lab & Technology Conference presented by the Dental Industry Association of Canada (DIAC) took place on April 8-9, 2022, at the Delta Toronto Airport Hotel and Conference Centre. After a cancellation in 2020 and a virtual conference in 2021, this year's event was a welcome return to the live trade show experience for both exhibitors and delegates.

"Although Technorama 2022 was a smaller event than past live shows, it certainly proved bigger isn't always better," said Henry Doyle, President of DIAC's Board of Directors. The event's exhibitors and delegates were united in their excitement to be back at a live event for the first time since 2019. "Our hard-working Technorama Committee and dedicated DIAC Executive Team knocked this one out of the park," said Doyle.

The show's 40 exhibitors found this year's delegates engaged in meaningful discussions about their products and services, and sales were as good or better than expected. The 13 live sponsored seminars featured dental subject matter experts from Canada, the United States, and Denmark. Over 650 delegates attended over the two-day conference.

The Friday night reception, co-sponsored by Ivoclar and DIAC, featured for the first time a live band and social media photo booth, in addition to the usual great food and refreshments delegates and exhibitors have come to expect. Friday's keynote address featured Mike Girard, President and Chief Operating Officer of The Aurum Group, which sponsored the presentation.

DIAC Executive Director Rhonda Lawson was gratified by the overwhelmingly positive feedback from delegates and exhibitors alike. "We are so proud we were able to present Technorama 2022 safely and successfully, and the Association and its members are already looking forward to next year's event," said Lawson. ●





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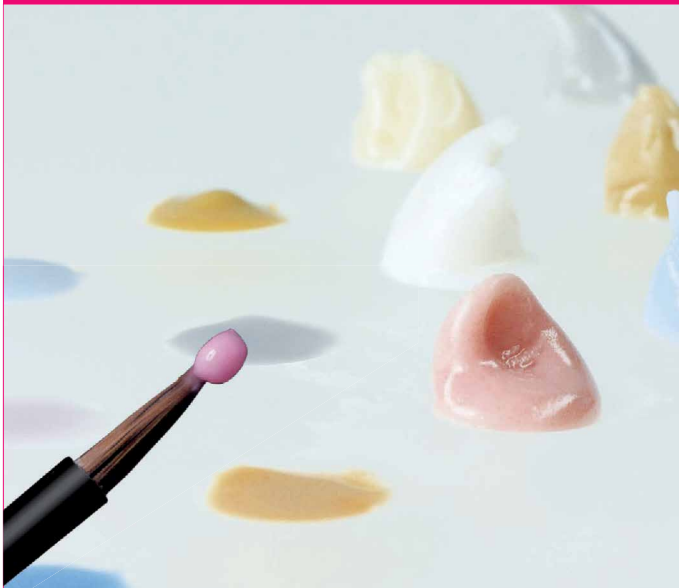
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Meet Your Registered Dental Technologist, the Health Care Professional Dedicated to Your Beautiful Smile



College of Dental Technologists of Ontario
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Devoted to oral health and giving you peace of mind, Ontario's Registered Dental Technologists stand behind every dental device they create

Originally published for www.healthyinsight.ca with re-print permission from the ADTO

Michele Sponagle

Did you know that your dentist relies on the technical and creative mastery of a registered dental technologist (RDT) to improve and maintain your beautiful smile? When you or your family members need a dental device, such as a crown or

denture, your dentist collaborates with an RDT to design and create it. An RDT's expertise is vital in ensuring that the device meets your unique needs.

RDTs are distinguished by strict qualifications, experience, and licensing requirements and

are regulated by a regulatory body in Ontario. They also have an association that advances and encourages excellence in dental technology. Woven together, they represent a dedicated group focused on a patient's oral health, which is one of the cornerstones of overall health.

Meet Your Registered Dental Technologist, the Health Care Professional Dedicated to Your Beautiful Smile

The True Value of an RDT: Professionalism and High Standards

Dentists seek out licensed dental technologists because they've worked hard to obtain the RDT designation and the right to apply the RDT Stamp. These convey an RDT's commitment to delivering professionalism and high standards. RDTs are a great asset to dentists in planning out cases to create an optimal treatment plan for the patient. They provide the dentist with technical solutions, material choices, and timelines that prioritize the unique needs of the patient.

Creating the final dental device is in the trusted hands of the RDT. The device must imitate or improve the beauty and function of the patient's natural dentition and be in harmony with the rest of the system. To achieve this, RDTs use their creative mastery and deep foundational knowledge of oral structures. They stay current with rapidly-advancing science and are at the forefront of new dental technology. This ensures that the safest materials are used, and the device has improved quality, which benefits the patient.

Be Informed, Be Part of the Decision, and Know Your Rights

You're your own best advocate when it comes to your oral health. Dental devices not only provide confidence, but they also provide life

your body. Nearby teeth can also be damaged when a crown is poorly designed.

As a patient, you have a number of important rights when it comes to your dental device. You have the right to ask questions about your treatment plan. You have the right to expect that your dental device will be safe and made of the right materials. You have the right to request that an RDT be involved in your care, and you have the right to verify it.

The RDT Stamp is a distinguishing mark of the profession. It signifies the commitment to standards of care and excellence. The Stamp is impressed on any document that authorizes the release of a case, such as laboratory invoices. You have the right to ask your dentist for a copy to verify if it has an RDT Stamp impressed on it. You have the right to expect peace of mind that an RDT is responsible and accountable.



“

The RDT Stamp is a distinguishing mark of the profession. It signifies the commitment to standards of care and excellence.

functions as critical as eating. Some dental devices, such as crowns, remain in your mouth for years and even decades. Proper choice of materials ensures that toxins won't leach into

True Professionals Held Accountable

Regulation is one of the main reasons that dentists and patients seek RDTs. It means

DIGITAL ARTICLE

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	924	19

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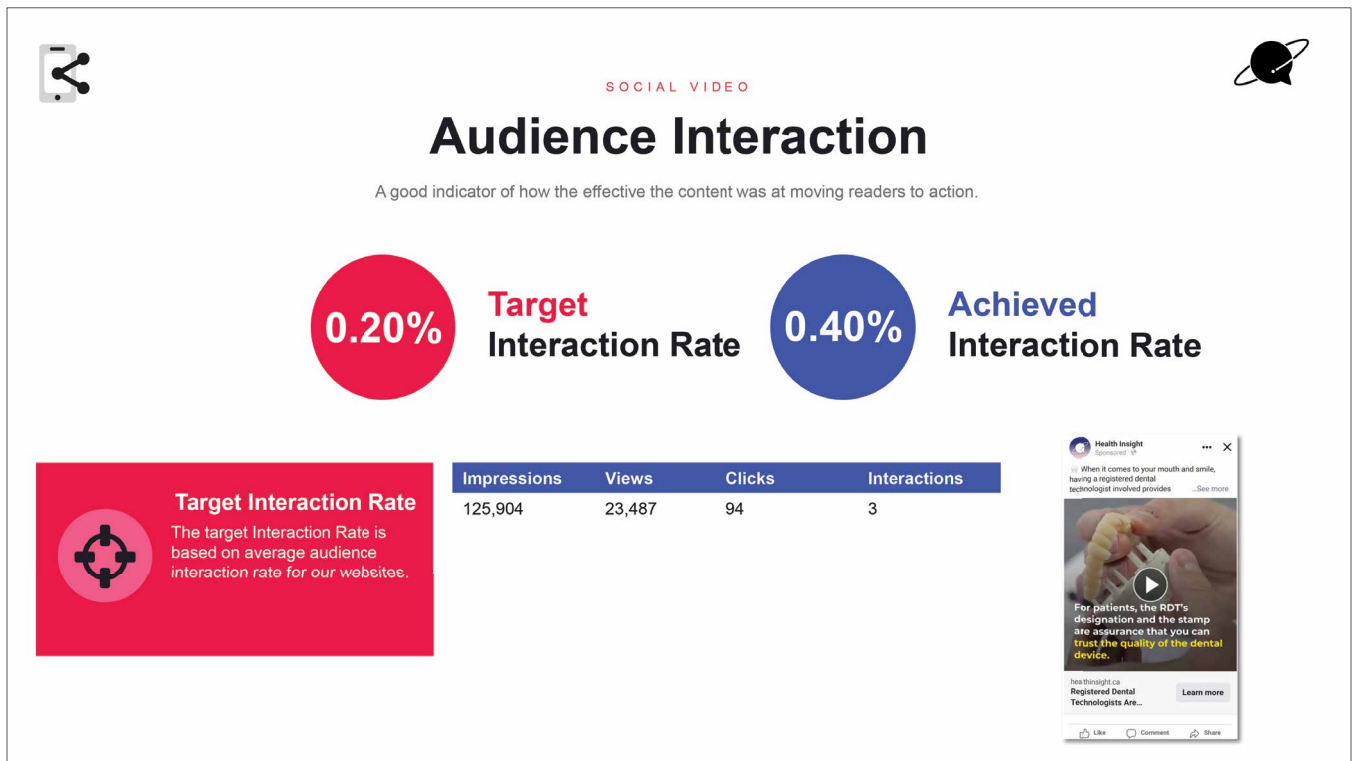


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RDTs are supported by the Association of Dental Technologists of Ontario (ADTO), whose mission is to advance the profession on behalf of its members. It provides members with professional development opportunities to improve the care that patients receive. The ADTO also provides professional liability

“

It's your right to be informed about who will make your dental device, from mouthguards to bridges. It's your right to demand that an RDT is involved in the design and creation. This starts with a conversation with your dentist.

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Visit www.adto.ca and www.cdto.ca to watch the "The Fabric of Good Oral Health Care" video, and learn more about how an engaged profession means commitment to quality care.

Individuality for "Individuals"

Customized Full Dentures Require Classical Craftsmanship as a Solid Foundation



While workflows in many areas of the dental laboratory are being transferred to digital processes, patient-customized full dentures would still appear to be unaffected by this. Instead, the legendary names of dentists and dental technicians dominate the field of full dentures. Their proven wisdom forms the basis for an individualized denture that can restore a person's quality of life. To achieve this, dental technicians should familiarize themselves with the laws of classical full dentures and utilize the most important source of information of all: the patient. The 12th International CANDULOR KunstZahnWerk Competition 2021 was accompanied by a top-class jury; three legends for whom the individuality of each patient remains the focus: Jürg Stuck, Max Bosshart, and Peter Lerch. The distinguished jury was the motivation for MDT Marcus Nau (Rötha, Germany) to participate in the KunstZahnWerk competition for the second time. He wanted to find out where he stands professionally and how his dental technical know-how in the field of full dentures is judged by the best.

MDT Marcus Nau, Rötha, Germany.

Sometimes a moment shapes more than a whole year. In dental technology, such moments can be the grateful smile of a patient or the words "... just like my own." Reconstructions in the edentulous jaw, in particular, pose a number of challenges. The biggest 'hurdle' seems to be the patient per se, as the individuality and variety of functional, anatomical, and aesthetic variables entail small and large stumbling blocks. These can be circumvented with a solid concept based on proven principles. In the same way, as veneering ceramics and brushes can be used to imitate naturalness to perfection, full dentures follow the same aspirations.

THE FASCINATION OF FULL DENTURES

Despite all the digitalization, the knowledge that has grown over decades is indispensable in the case of full dentures. If necessary, specific fabrication processes can be delegated to digital technologies, but the know-how in terms of function, statics, phonetics, etc., remains the foundation. When standing behind the workbench, it is always important to bear in mind that we are facing a human being on the opposite side with their own anatomical and physiological characteristics, whose quality of life depends on the actions of the prosthetic team. This universal task is what makes full dentures so fascinating: partitioning and filling an empty

space (edentulous maxilla and mandible) based on parameters that have been scientifically researched and clinically proven.

THE GERBER METHOD: CUSTOM MADE DENTURES

Good full dentures have the ability of restoring to the patient what has been lost intraorally: stable functionality and a harmonious orofacial appearance. It is not merely a matter of copying a fully edentulous jaw with prefabricated teeth. Since the chewing forces of the denture are borne by the edentulous ridge, a wide variety of parameters must be taken into consideration. Chewing stability (horizontal and vertical forces) makes the difference between success and

Individuality for “Individuals”

failure. The teeth must be set up such that the denture does not destabilize under chewing pressure. As a consequence of an unstable denture fit, patients often suffer from painful pressure points, inadequate denture retention, or restricted chewing function. This can be avoided. The clinical work, scientific findings, and sound wisdom of Prof. Dr. Albert Gerber still define full dentures to this day. Key features of the condylar theory he developed are a patient-specific implementation with lingualized, bilaterally balanced occlusion, tooth-to-tooth occlusion, and mortar-pestle posterior teeth.¹ Static and dynamic forces, as well as the shape and expansion of the denture base, are taken into consideration. As a result, the denture fits harmoniously into the anatomical and physiological situation of the masticatory system.

Some features of full dentures, according to Gerber:

- Registration of the patient's individual conditions (facebow, support pin, etc.)
- Sagittal and transversal compensation curves (are integrated in teeth with the mortar-pestle principle)
- Autonomous chewing stability on each pair of teeth to avoid tilting and levering forces
- Bilateral balanced occlusion

COMPETITION WORK

The Patient and the Task (CANDULOR KunstZahnWerk Competition 2021)

The patient had lost his upper anterior teeth in an accident when he was only 16 years old. Since then, he has been wearing various types of dentures, currently a full denture. The maxillary denture is 20 years old, and the mandible is fitted with modified telescopic work. The contour of the plane of occlusion is insufficient. Both dentures display strong deposits in the posterior region. The mimic musculature is relaxed, and opening of the mouth is possible without restrictions. Phonation is somewhat noticeable. The dental history revealed no orthodontic or surgical measures. There are no temporomandibular joint disorders, no flabby ridge, or other clinical abnormalities.

- *The task: full dentures based on a model analysis according to the dynamic occlusion concept resp. the condylar theory of Prof. Dr. A. Gerber.*

The patient attaches importance to dentures that can withstand chewing forces and do not affect phonetics, as well as to an age-

appropriate appearance with an individual design of the gingiva. Sufficient tongue clearance and good cleanability of the dentures should be possible. To optimize the bite height and position as well as the occlusal plane, splint therapy was performed prior to the new restoration with full dentures.

Preparatory Steps by the Dental Technician

As a first step, the duplicated models are transferred to the articulator (Fig. 1). The precondition is the three-dimensional alignment of the mandible with the cranium. The dentist is responsible for choosing the method of bite registration. Irrespectively, bite registration is no doubt one of the most difficult tasks and can only be implemented accurately with a high level of expertise. A facebow is generally used to determine the position of the upper jaw in relation to the base of the cranium. In the illustrated case, the models are transferred to the articulator (CA 3.0, CANDULOR) with a bite block using average values. The inclination of condylar guidance on the right and left is specified at 15° (Figs. 2 & 3).

The Individual as a Direct Source of Information

As in all areas of dental technology, the collection of information is a prerequisite for the fabrication of a customized denture. The most important source of information is the patient. Although full dentures, according to Gerber, follow a 'preconfigured' system (process steps), the individual building blocks are individually adapted to the patient.

Collecting Information: Model Analysis

The retention of the dentures in the mouth depends on the individual conditions of the jaw. The information gathered via a model analysis shows where the teeth are ideally set up according to prosthetic and static aspects without interfering with the muscular equilibrium (Fig. 4). Among others, the following parameters are assessed and outlined for orientation on the model:

- Markings of anterior teeth
- Static line resp. sagittal alveolar ridge centre
- Masticatory centre as the lowest point of the sagittal alveolar ridge profile
- Stop line – the setup ends at the point where the ascending branch is steeper than the inclination of condylar guidance²
- Inner and outer correction lines



Fig. 1 – Working models (edentulous maxilla and mandible) with bite templates.

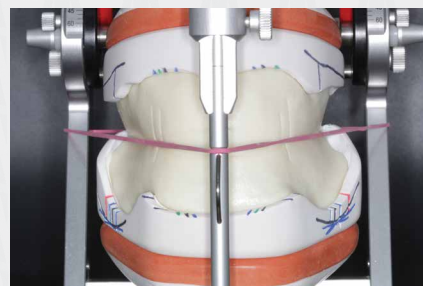


Fig. 2 – Orientation of the models in the articulator acc. to average values.



Fig. 3 – Functional relation of the models in the articulator according to the patient-specific specifications.



Figs. 4A and 4B – Model analysis (view from occlusal) with information for tooth setup (e.g., alveolar ridge centre, inner and outer correction).



Fig. 5 – From the intersection of the largest masticatory unit (mandible) to dorsal and an angle of 22.5°, the setup is limited at the point where the angle intersects the alveolar ridge.

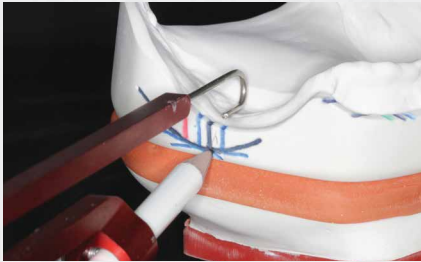


Fig. 6 – Transfer of the alveolar ridge profile to the model base with a profile compass.



Fig. 7 – Models in the articulator with the markings on the model base (e.g., stop line, alveolar ridge profile, lowest point).



Fig. 8 – The models in the articulator (view from dorsal) with the shared setup areas.



Fig. 9 – Angle class III bite. Eight anterior teeth are required in the mandibular anterior region. Anterior teeth: PhysioStar® NFC*: maxilla 776 and mandible 998 (shade A3).

In the maxilla, the centre of the alveolar ridge is defined in the area of the canines and on the centre of mass of the tuberosity. In the mandible, the centre of the alveolar ridge is determined in the area of the canines and on the basis of the centre of the trigonum retromolare. The points are connected.

If static principles are disregarded during setup, the denture will lose its retention, e.g., due to slipping and tilting movements. Therefore, each tooth should be set up in alignment with the alveolar ridge profile (Fig. 5). A profile compass is used to transfer the horizontal course of the alveolar ridge. By guiding the compass perpendicular to the model, the course of the alveolar ridge can be transferred to the model base (Fig. 6). The black line marks the deepest point of the alveolar ridge. The stop line (red) shows where the denture bearing rises, and the inclined plane phenomenon prevents a further setup (Fig. 7).

When determining the shared setup area, external and internal correction lines are taken into account. These lines limit the regions within which the setup of the posterior teeth may deviate without violating static principles.³

- In the mandible, the internal correction passes through the premolar position and the lingual border of the trigonum retromolare. In contrast, the outer correction is defined by the premolar position and the outer surface of the trigonum retromolare.
- In the maxilla, the inner correction is formed by the position of the second bicuspid and the plica pterygomandibularis. The outer line is determined by the second bicuspid position as well as the canine position transferred from the mandible.

The setup areas are viewed from dorsal. The outer correction line from the maxilla is transferred to the lower model, and the inner correction from the mandibular model to the maxillary model. The shared basic static (red line) is defined centrally³ (Fig. 8).

SETUP OF THE TEETH

Anterior Teeth

The time spent on thorough model analysis is well invested. Similar to a puzzle, the teeth can now be set up based on the information. The model analysis offers security and provides a good overview. When setting up the anterior

teeth, phonetic aspects provide essential information in addition to the model analysis and the bite class.²

Angle Class III

Angle classes (bite class) describe the relationship of the first upper molars to the antagonist. With regard to full dentures, this allows conclusions to be drawn about the position of the anterior teeth. In this case, it relates to an angle class III, a progeny, where the lower row of teeth is positioned too far mesial compared to the maxilla. This is often accompanied by a crossbite in the posterior region; however, not always, as the present case shows. A cross-bite cannot be detected when determining the shared setup areas and defining the setup line. This underlines the variance of the human system.

Individual Particularity: Eight Anterior Teeth

In the case of a progeny, a large anterior tooth arch needs to be accommodated in the mandible until chewing-stable zones are superimposed. This wide dimension is compensated here with an excess number of teeth (eight anterior teeth) (Fig. 9).

Posterior Teeth

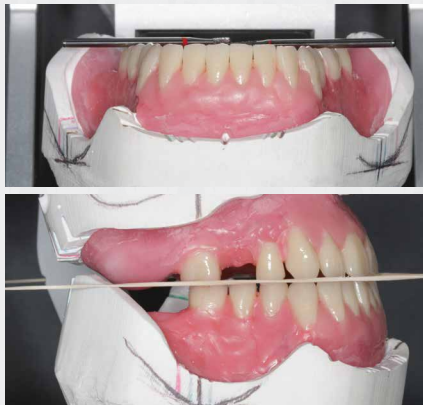
The setup of the posterior teeth follows the tooth-to-tooth relationship, which occludes lingualized according to the mortar-pestle principle. The teeth are positioned in an occlusally stable muscular balance between the cheek, lip, and tongue muscles. A tooth is autonomously occlusally stable if the forces arising in the functional close contact centre the denture on the jaw (hardly any tilting or shearing forces).³

The lower premolars with reversed mortar-pestle principle are set up such that the forces are shifted to dorsal. This increases the stability of the denture. Representing the largest masticatory unit, the first molar is positioned at the lowest point of the alveolar ridge. The buccal and lingual cusps of the first bicuspid and canine are flush with the plane of occlusion (Fig. 10). The second bicuspid is positioned slightly above with the tip of the buccal cusp, as it provides guidance in dynamic occlusion with the canine. Here, the first molar only has a slight shearing contact. A transverse compensation gradient does not need to be set up as the Condyliform masticatory surfaces take this into account.

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A Static Pointer is used for checking when setting up in the articulator, as it can only be surmised whether the occlusion is occlusally stable (Fig. 11).

Individual Particularity: Setup Stop
In the 2nd and 3rd quadrants, the largest masticatory units are located in the area after the second bicuspid.



Figs. 10A and 10B – Setting up the posterior teeth (lingualized according to the mortar-pestle principle). Posterior teeth: Condyliform® II NFC*: maxilla and mandible 36 (shade A3).

The setup stop line here only leaves room for one premolar after the first molar. Positioning behind the setup stop entails the phenomenon of the inclined plane; under masticatory load, the denture would be pushed sagittally, resulting in overloading of the mandibular anterior region (Figs. 12 and 13).



Fig. 11 – Checking occlusal stability with the Static Pointer.



Fig. 12 – Set up and fully modelled; when designing the denture base, attention must be paid to muscle tactility, among other things.



Fig. 13 – Special feature in the 2nd and 3rd quadrants; the first premolar is followed by the canine (largest masticatory unit). The first bicuspid marks the stop line.

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14A and 14B – Fine investment of maxillary and mandibular dentures for an accurately detailed implementation.



Fig. 15 – Boiled-out flask prepared for insulating the plaster surface.



Figs. 16A and 16B – Silicone wall for conditioning the prefabricated teeth.



Craftsmanship is just as indispensable as is the knowledge about the principles of full dentures. Well-founded knowledge on the fabrication of these small, fine unique pieces increases the feeling of security and satisfaction in everyday work.

FINISHING OF THE DENTURES

The transfer of wax dentures into resin is classic craftsmanship. By following a protocol, the risk of failures (e.g., severe bite elevation, incorrect pressing) can be reduced to a minimum.

FINE INVESTMENT

Fine investment is performed to protect gingival contouring and the teeth. This allows the dentures to be cleanly devested after packing (Fig. 14). To compensate for dimensional changes in the dorsal region, retention holes are milled in the model and covered with wax. At the same time, a connection is made with the dorsal area of the denture body.

OVERINVESTMENT, BOIL-OUT AND INSULATING

A class 4 plaster (super hard plaster) is used for investment purposes to transmit the pressure to the models without loss when

transferring them to resin. When boiling out in a 90° hot water bath, ensure that the wax does not liquefy. Liquefied wax can penetrate plaster and contaminate the surface. The models are placed in 60° warm water for 15 minutes and insulated with a brush (drying time at least 10 minutes) (Fig. 15).

Tip: If a silicone wall is created prior to investing, the teeth can be blasted well both circularly and basally before packing (Fig. 16). Roughening promotes bonding with the denture resin. The resin can bond optimally with the teeth at the gingival margin to avoid the formation of crevices. Fine crevices promote the risk of discoloration and brown margins on the necks of the teeth.

TRANSFER TO RESIN

The denture resin is mixed according to the manufacturer's instructions (CANDULOR) and placed in the flasks after maturing for 8 to 10 minutes. Intermediate pressing is performed to avoid a massive bite increase. The flasks are opened, and the press lugs are removed with a scalpel (Fig. 17). The flasks are then sealed together again, placed in the polymerization bath and polymerized.

FINISHING

In accordance with the standard procedure, the dentures are devested, the press lugs are removed, and the gingival margin is carefully corrected with a small brush in a handpiece (caution: do not use a rose bur), reworking of the denture bases with tungsten carbide burs, etc.

Tip: Prefabricated wax plates can be used to represent palatal folds. If customized texturing is required, a silicone impression of the palate, which is washed out with wax and transferred to the setup, is helpful.

Basically, the morphology of the dentures has been created in wax, so it is only a matter of slight reworking. Polishing is performed gently and carefully so as not to destroy the prepared morphology (Fig. 18). Translatory lateral movement, laterotrusion



Figs. 17A and 17B – Packing the maxillary denture by intermediate pressing.

Individuality for "Individuals"

The concept for good full dentures is: *individuality for "individuals."*

and protrusion – the final re-occlusion and grinding of the dentures follows the established protocol.⁴

CONCLUSION

Full dentures are based on cooperation within the dental technical team (Fig. 19). Craftsmanship is just as indispensable as is the knowledge about the principles of full dentures. Well-founded knowledge on the fabrication of these small, fine unique pieces increases the feeling of security and satisfaction in everyday work. The crucial factor, however, is a happy patient who has regained a significant part of their quality of life. The most important source of information which ought to be used in full denture dentistry is the patient themselves, with respect to their individual circumstances. And so, the concept for good full dentures is: *individuality for "individuals."*

LIST OF MATERIALS

- Prothetik-stone for master models – picodent
- Suppen-sockler for Splitcast – picodent
- Hydrostone plaster for investment and overinvestment – Dentona
- Teeth for setup:

- a) Anterior teeth PhysioStar® NFC+ – CANDULOR
 - b) Posterior teeth Condyloform® II NFC+ – CANDULOR
 - c) Base for setup Lightplast – Dreve
- Denture resin AESTHETIC RED – CANDULOR
 - Fine investment Flexistone – DETAX
 - Wall silicone for blasting teeth – Anaxdent
 - Artigips Zero – Dentona ●

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- ³ Karl-Heinz Körholz: *Totalprothetik in Funktion*, Quintessenz, Berlin 1999.
- ⁴ Aufstellsystem nach Prof. Dr. A. Gerber, Aufstellbroschüre (CANDULOR).

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Figs. 18A and 18B – Finished dentures. The incorporated palatal folds are clearly visible. This is very pleasing for most patients, as it provides orientation for the tongue when speaking.



Fig. 19 – Finished dentures with individually designed gingiva.

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Experienced Dental Ceramist Technician

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Dental Ceramist with five years of experience is required for a busy dental laboratory in Mississauga. This is a full-time position with a competitive salary. The salary depends on the candidate's experience. To apply for this job, please send your resume to butterflydental.ca@gmail.com or call 905-823-3238.

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Quality Crown and Bridge Dental lab for sale. 2021 revenue in excess of \$700,000. Modern equipment and excellent reputation. Please contact David by email at rourke@mbcbrokerage.ca or call 647-519-5775. ●




Highlights for DentalCAD/DentalDB

- Instant Anatomic Morphing
- Parametric Shape Adjustment
- New user interface design
- Advanced bridge connector tools
- Improved insertion direction control
- Virtual tooth extraction on optical scans



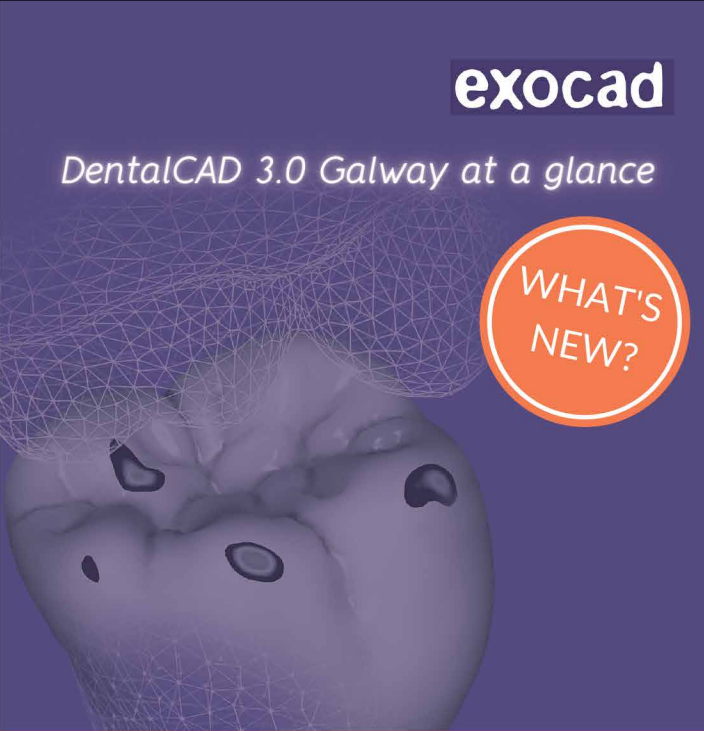
Smile Creator goes AI - (Artificially Intelligent)

- Artificial intelligence detects facial features
- Mock-up tooth setups improve patient communication



Improved Implant Module

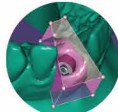
- Mix and match compatible scan bodies & prosthetic components across manufacturers
- Visualize accuracy & control rotation
- Vastly improved controls for setting angulation of screw channels
- Switch between abutments & screw-retained designs



exocad


DentalCAD 3.0 Galway at a glance

WHAT'S NEW?




News for Model Creator

- Digital wax-up model
- Customize and save printer presets
- Gingiva mask around removable dies for plateless models
- Flat gingiva mask base for plateless models
- Provisional crown stump models
- Improved support pins
- New attachment types, including drain holes



More new features

- **New** MyiTero connector
- Bite Splint Module includes tooth anatomy
- Easier and faster denture setups with **new presets**
- **New** generic denture libraries
- Virtual tooth extraction on scans
- **New** Library Manager
- **New** tooth libraries



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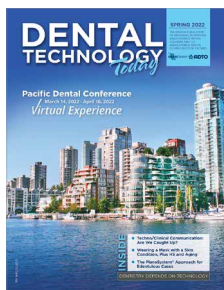
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CHAD MORRISON, Marketing Manager

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