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**V1934**  
**Complex Oral Rehabilitation**

Gordon J. Christensen, DDS, MSD, PhD

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**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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Gordon J. Christensen  
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Presented by: Gordon J. Christensen, DDS, MSD, PhD

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[www.ultradent.com](http://www.ultradent.com)
56. **VITA Toothguide 3D-Master**  
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## Program

### **V1934 Complex Oral Rehabilitation**

#### CLINICIAN RESPONSIBLE

**Gordon J. Christensen, DDS, MSD, PhD**

*Founder and CEO, Practical Clinical Courses*

*Senior Consultant & Previous CEO, CR Foundation*

*Practicing Prosthodontist, Provo, Utah*

#### GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Define an oral rehabilitation as discussed in this presentation.
2. List the diagnostic components suggested before accomplishing an oral rehabilitation.
3. Describe an exploratory appointment.
4. List five factors influencing the sequence of treatment for rehabilitative dentistry.
5. Describe patient-oriented treatment planning for oral rehabilitation.
6. Describe preoperative therapy before oral rehabilitation.
7. Discuss treatment sequence in the tooth preparation appointment.
8. Discuss soft-tissue management as advocated in this video.
9. Describe the suggested interocclusal record procedure for an oral rehabilitation not requiring opening of vertical dimension of occlusion.
10. Discuss and provide reasons for the use of the advocated type of impression trays for oral rehabilitation.
11. Compare addition reaction silicones and polyethers for oral rehabilitation impressions for fixed prosthodontic restorations.
12. Discuss face bow and articulator needs for a full-arch rehabilitation.
13. List the steps in the fixed prosthodontic restoration seating appointment for an oral rehabilitation.
14. Compare cement types for crowns and fixed prostheses included in an oral rehabilitation.
15. List the steps in seating multiple crowns in a full-arch oral rehabilitation.
16. Discuss methods to desensitize tooth preparations prior to cementation.
17. Discuss occlusal equilibration at the time of cementation of a full-arch of crowns.
18. Discuss the need for occlusal equilibration about six weeks after cementation.
19. Describe postoperative instructions for patients having many crowns cemented.
20. Describe the potential reasons for segmental rehabilitation vs. accomplishing all of the rehabilitation at one time.

## OVERVIEW

### **V1934 Complex Oral Rehabilitation**

Oral rehabilitation can be defined in many ways. Some dentists consider oral rehabilitation to include restoration or replacement of all of the teeth. This video emphasizes oral rehabilitation to be a range of restorative techniques from restoration or replacement of a few teeth to restoration of all of the teeth, depending on the needs of the patient. When patients can afford the financial expense of accomplishing all of the rehabilitation at one time, this is sometimes the best way. When they can't afford all of the rehabilitation at one time, dividing the rehabilitation into several segments often makes the treatment affordable for the patient.

The diagnostic suggestions for an oral rehabilitation as described in this video are:

- a. Informational forms
- b. Panoramic radiographs
- c. Bitewing radiographs
- d. Periapical radiographs
- e. Diagnostic casts
- f. Patient education
- g. TV demonstration of all areas of the patient's mouth
- h. Periodontal pocket charting
- i. Blood pressure recording
- j. Charting previous restorations and endodontic therapy
- k. Charting carious lesions
- l. Vitalometer testing
- m. Soft-tissue lesions
- n. Occlusal disease
- o. Charting missing teeth
- p. Other oral Pathosis
- q. Determining patient's desires for treatment

The treatment sequence for a typical oral rehabilitation is as follows. The duplicated numbers are procedures that can be accomplished in any sequence within the list of similar numbers.

1. Exploratory appointment
2. Oral surgery
3. Periodontal therapy
3. Endodontic therapy
3. Restorative dentistry
4. Implant placement
4. Orthodontics
5. Occlusion
6. Crowns & fixed partial dentures
7. Removable prostheses
8. Occlusion at completion of treatment
9. Periodontal maintenance
10. Repair or replacement

This video includes close-up live video of all of the clinical steps in accomplishing an oral rehabilitation of a maxillary arch for which opening of vertical dimension of occlusion is not necessary.



## **SUPPLEMENTAL MATERIALS**

### **V1934 Complex Oral Rehabilitation**

1. Nam J, Raigrodski AJ, Heindl H. Utilization of multiple restorative materials in full-mouth rehabilitation: a clinical report. *J Esthet Restor Dent* 2008; 20(4):251-63; discussion 264-5.
2. Lerner J. A systematic approach to full-mouth reconstruction of the severely worn dentition. *Pract Proced Aesthet Dent* 2008 Mar; 20(2):81-7; quiz 88, 121.
3. Groten M. Complete esthetic and functional rehabilitation with adhesively luted all-ceramic restorations—case report over 4.5 years. *Quintessence Int* 2007 Oct; 38(9):723-31.
4. Christensen GJ. Defining oral rehabilitation. *J Am Dent Assoc* 2004 Feb; 135(2):215-7.
5. Kemmet L. Full mouth reconstruction in two visits. *J Colo Dent Assoc* 2001 Winter; 80(1):14-7.
6. Schweikert E. Successful full-mouth reconstruction with laboratory-fabricated provisionals. *Dent Today* 1995 Apr; 14(4):80, 82, 84-5.
7. Binkley TK, Binkley CJ. A practical approach to full mouth rehabilitation. *J Prosthet Dent* 1987 Mar; 57(3):261-6.
8. Christensen GJ. Dentistry's mission and the high-fee practice. *JADA* 1999; 130(1):115-7.

## POST-TEST

### **V1934 Complex Oral Rehabilitation**

1. Oral rehabilitation may be accomplished:
  - a. one tooth at a time.
  - b. one quadrant at a time.
  - c. one arch at a time.
  - d. all at once.
  - e. any of the above.
  
2. A factor not limiting oral rehabilitation is:
  - a. age.
  - b. patient general health.
  - c. periodontal health.
  - d. occlusion.
  
3. The recommended soft-tissue management technique for oral rehabilitation was:
  - a. the single cord technique.
  - b. the double cord technique.
  - c. electrosurgery.
  - d. laser.
  - e. none of the above.
  
4. The initial tooth preparation was suggested:
  - a. after the second cord was placed.
  - b. before any cord was placed.
  - c. after the first cord was placed.
  - d. after the build-ups were placed.
  
5. The type of impression tray suggested for oral rehabilitation was:
  - a. stock metal tray.
  - b. custom polymethyl methacrylate tray.
  - c. custom light curing tray.
  - d. custom heat moldable tray.
  
6. The type of impression material suggested for oral rehabilitation was:
  - a. polyether.
  - b. vinyl polysiloxane.
  - c. polyether or vinyl polysiloxane.
  - d. condensation reaction silicone.
  
7. When accomplishing an oral rehabilitation and maintaining the original vertical dimension of occlusion, the interocclusal record was suggested to be made:
  - a. after prepping the anterior teeth only.
  - b. after prepping the posterior teeth only.
  - c. after prepping nearly all of the teeth but retaining centric stops on two anterior teeth.
  - d. after prepping every other tooth.

**POST-TEST (CONT'D)**

**V1934 Complex Oral Rehabilitation**

8. The type of articulator suggested for oral rehabilitation was:
- a. it doesn't matter which type.
  - b. fully adjustable.
  - c. hinge articulator.
  - d. semi-adjustable.
9. It was suggested to cement the restorations:
- a. one at a time.
  - b. two at a time.
  - c. one quadrant at a time.
  - d. all anteriors and then all posteriors.
  - e. none of the above.
10. The cement used for cementation of the oral rehabilitation in this presentation was:
- a. glass ionomer.
  - b. polycarboxylate.
  - c. resin.
  - d. resin-modified glass ionomer.

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