TREATMENT OF THE WORN DENTITION

OCCLUSION MATERIALS PARAFUNCTION MANAGEMENT

Lido Beach Resort & Hotel Sarasota, Florida February 7-8, 2014
Dear Friends and Colleagues,
Without a doubt, one of the most popular topics in restorative dentistry is the restoration and/or management of the worn dentition. It is always a top question during question and answer sessions at meetings and remains a confusing dilemma for the restorative dentist. Of special significance is the “pain/restorative disconnect”. This is the gap of connection between the TMD/facial pain specialists and the reconstructive restorative dentist. The void in understanding the differences in occlusal treatment modalities for patients diagnosed with a tempo-mandibular disorder/facial pain or a dentition in need of reconstruction for dental or cosmetic reasons. In other words, what is the correlation between TMD and occlusal reconstruction? Do occlusal interferences warrant equilibration? Is there one particular condylar position or vertical dimension that is best for a reconstruction? And so importantly, does joint or muscle pain mandate occlusal reconstruction?

The worn dentition presents a unique set of cofactors and clinical issues requiring consideration. If one scours the literature, there is much in the way of case presentation, anecdote and dogma. However, a current, evidence based and scientific look at the restoration of the worn dentition has rarely been presented. Yet, fear and reservation remains in the hands and minds of many clinicians with regards to topics such as the interrelationships between reconstruction and TMJ issues. vertical occlusal dimension, esthetic determinants, occlusal philosophies, articulator systems and current state of the art in dental materials. At the forefront of the confusion are the legendary assumed relationships between occlusal interferences, occlusal wear, equilibration, reconstruction and the resolution of TMJ and facial pain issues. This ground-breaking 2-day program will answer all of today's challenging questions regarding the relationships between the TMJ, muscles, teeth, parafunction and detail the evaluation, diagnosis, treatment and post operative management of the worn dentition. A foundational discussion of the anatomy, physiology and neurobiology of the masticatory system will be presented. It is a must for anyone wishing to become comfortable with advanced fixed prosthodontics. We hope you can attend and will look forward to seeing you in Sarasota on the beautiful and sunny Gulf Beach.

Dr. Howard Chasolen graduated from the University of Medicine and Dentistry of New Jersey in 1991. He earned a specialty certificate in Prosthodontics and a fellowship certificate in Implant Prosthodontics from the University of Pittsburgh School of Dental Medicine from 1991 to 1994. He is a Diplomate of the American Board of Oral Implantology and a Fellow of the American Academy of Implant Dentistry.

He is Past President of the Florida Academy of Cosmetic Dentistry, The Florida Prosthodontic Association and The Sarasota County Dental Association as well as being appointed to the faculty at the University of Florida in the Graduate Prosthodontic Residency Program. Dr. Chasolen has restored over 15,000 crowns and 850 full arches. His practice is limited to Prosthodontics and is located in Sarasota, Florida.

Dr. Barry Glassman was graduated from the University of Pittsburgh in 1973. After a stint in the United States Army, he began a journey to learn how we, as dentists, could help our patients who suffered pain and/or joint dysfunction. His sometimes tortuous path through continuing education experiences began with Niles Guchet, continued to the office of Harold Gelb, and hit a temporary destination with a tour through neuromuscular training with BioRESEARCH. Finally, having his fill of the “kool aid” approach to each ideology, he took the path less traveled by and decided to study the science and determine the true role of occlusion. Unshackled by the mythology, he began to understand that occlusion matters when teeth are occluding, and that, even continuous teaching of a myth cannot make that myth a reality. He began talking about the key role of parafunction as opposed to function.

Howard M. Chasolen, DMD  Barry Glassman, DMD
### FRIDAY FEBRUARY 7, 2014

- **7:15**  
  Registration and Breakfast

- **8:00 | 9:00** *(Chasolen)*  
  The Problem of the Worn Dentition & The Restorative/Pain Disconnect

- **9:00 | 10:00** *(Glassman)*  
  The Detailed Evaluation

- **10:00 | 10:15**  
  Coffee Break

- **10:15 | 12:00** *(Glassman)*  
  TM Joint and Muscle Anatomy

- **12:00 | 1:00**  
  Lunch

- **1:00 | 3:00** *(Glassman)*  
  Philosophies of Occlusion and Function

- **3:00 | 3:15**  
  Coffee Break

- **3:15 | 5:00** *(Glassman)*  
  Pathophysiology and Neurobiology of Parafunction and Sleep Bruxism

### SATURDAY FEBRUARY 8, 2014

- **7:30**  
  Breakfast

- **8:00 | 9:00** *(Chasolen)*  
  Treatment Planning and Vertical Dimension

- **9:00 | 10:00** *(Chasolen)*  
  The Envelope of Function and Parafunction

- **10:00 | 10:15**  
  Coffee Break

- **10:15 | 11:00** *(Chasolen)*  
  Wax up and Provisionalization for Wear

- **11:00 | 12:00** *(Chasolen)*  
  Wax up and Provisionalization for Wear

- **12:00 | 1:00**  
  Lunch

- **1:00 | 2:00** *(Chasolen)*  
  Philosophies of Occlusion and Function

- **2:00 | 3:00** *(Chasolen)*  
  Philosophies of Occlusion and Function

- **3:00 | 3:15**  
  Coffee Break

- **3:15 | 4:00** *(Glassman)*  
  Occlusal Appliance Theory and Design

- **4:00 | 5:00** *(Chasolen)*  
  Cases
 Detail the new patient experience and learn why the initial experience CAN’T be in a dental chair.

 Learn the steps in a comprehensive examination and how to organize your thoughts when you see a patient with extensive tooth wear.

 Understand the progression of wear and the consequences of leaving wear untreated.

 Is there a relationship between worn dentition and TMD? We will dispel the dogma and review the science.

 Understand the role of the craniomandibular system and why it does NOT start in the joints.

 How to relate cosmetics and wear in your treatment plans…. The influence of incisal edge position, occlusal plane, vertical dimension and compensatory wear and eruption.

 Understand all the current reconstructive philosophies and which ones fit your patient specifically.

 Learn the anterior and posterior determinants of reconstruction. The rules for understanding when anterior guidance or condylar pathways determine the occlusal design.

 Understanding parafunction: Sleep bruxism and daytime parafunction and how it affects wear and reconstruction.

 Do occlusal interferences need to be equilibrated? Understand the relationships between occlusal interferences, parafunction, wear, TMD and the value of equilibration.

 Cosmetic planning and the worn dentition.

 Learn how to select an articulator for wear cases.

 Learn a quick and simple algorithm to determine if your patient’s joint is safe to proceed with reconstruction.

 Joint sounds? Episodic locking. Clicking. Stable joint? Degenerative joint and condylar resorption? Learn to incorporate this information into your restorative plan so you never have to guess at the long term effect the joint will have on your reconstruction.

 What is the relationship of occlusion to headache? (It’s not related to anterior temporalis hyperactivity)

 Understand the peripheral mechanisms of bruxism and why a bite adjustment won’t stop the grinding.

 Exam forms, informed consents, treatment plans and treatment reports for your patients.

 Learn to compose the exact documentation to educate your patient and protect you from future problems with large reconstructions.
Learn how to synchronize the information from the aesthetic and occlusal evaluation to detail the appropriate specifications for a diagnostic wax up.

Apply the “Complete Denture Set Up” philosophy and understand how cosmetic tooth position is integrated with function and parafunction to drive the determinants of a fixed reconstruction.

Learn the techniques and philosophies to deprogram and register bite records for preliminary blue print wax ups.

Understand how to select a condylar position for reconstruction.

Learn why many authors have scared us about vertical dimension and what the real science tells us about how to select or alter VDO and its relationship to pain and wear.

Blending aesthetic and occlusal parameters is THE single most important skill to learn in order to plan a reconstruction of worn dentition.

Detail the process of creating a new occlusal scheme through temporization.

Understand the appropriate sequence to temporize and how to schedule patients for such major occlusal changes.

Learn when an interim occlusal appliance is necessary and when the provisional restorations will serve the purpose.

Pre-operative worn dentition

Temporized and completed at a new vertical dimension

Understand static occlusal contact design to minimize ceramic fracture.

Learn how to program disclussion patterns and how to determine disclusive pathway angles.

Anterior guidance? Anterior group function? Is it okay to pick up a premolar or more in working excursions?
Learn the work flow of complex ortho, perio, restorative and cosmetic cases.

Restoring class 1, class 2 deep, class 2 anterior open bite and class 3 occlusions.

- Understand the decision process in restorative material selection for the bruxing patient. Zirconia? Emax? Is PFM or full gold still a good choice? A thorough review of the literature on material success as well as my own personal experience in restoring over 750 full arches.

- Learn 8 things to help prevent porcelain fracture on your new restorations.

- Restoring anterior wear with no posterior wear

- Restoring posterior wear with no anterior wear

- Learn what to do when there is no anterior guidance

- Understanding horizontal and vertical patterns of parafunction.

- Constricted envelopes? During function or parafunction and where to place the “freedom” component? Anterior cingulums or posterior occlusal surfaces?

- Learn when to crown lengthen, when endo, when increase incisal edge based on cosmetics and vertical all based on lip at rest image.

- Gain confidence in restoring mechanical and chemical wear cases.

- Determining when horizontal wear requires a change in vertical dimension to safely restore.
OCCLUSION & PERIO

- Parafunctional and the periodontally involved patient. Is occlusion a cofactor that exacerbates tooth loss in the presence of periodontal disease? What occlusal philosophy is best and is splinting indicated?

OCCLUSION & IMPLANTS

- Parafunctional and the implant reconstruction. Is the implant patient at risk when parafunction is an issue? We will explore the science, our clinical experiences and propose an algorithm of treatment strategies to address this critical topic.

THE SHORTENED DENTAL ARCH (SDA)

- Do we need molars? Is posterior support a scientifically validated requirement for healthy TM joints? This topic is critically important in periodontally involved patients as well as implant patients considering extensive posterior bone grafting to facilitate posterior implant placement. An extensive literature review will answer these questions.

MANAGEMENT OF THE CAUSE & THE EFFECT

- Post operative management of bruxism
- How to deal with the patient that always needs an adjustment.
- Dealing with positive occlusal sense.
- Parafunctional control - the Occlusal Appliance
- The pharmacologic management of parafunction. The what and when of meds.
- Post operative management of ceramic fractures. Who is responsible?
- Creating appropriate patient expectations. How long should the reconstruction last and what is a reasonable approach to the inevitable replacement of ceramic dentistry?
- A complete review of habits to avoid.
- Are there specific dietary contra-indications? We will discuss this in detail.

How to control occlusal/parafunctional forces on splayed and weakened periodontally involved teeth.
THE LIDO BEACH RESORT & HOTEL
700 Ben Franklin Avenue
Sarasota, Florida 34236
P: 941-388-216
www.Lidobeachresort.com
Ask for the “Chasolen Dental Group Rate” for discounted rates

LOCATION

AIR TRAVEL

Sarasota International Airport (SRQ)
Sarasota International Airport is approximately 15 minutes from the Lido Resort and provides easy ground transportation to local hotels.

Tampa International Airport (TIA)
Tampa International Airport is approximately 70 miles from the Lido Resort. It may offer lower ticket prices, however, the ground transportation to and from the airport may be in excess of $50. each way.

ALTERNATIVE HOTELS

- Homewood Suites Sarasota  www.homewoodsuites.com
- Holiday Inn  www.lidobeachholidayinn.com
- Ritz Carlton  www.ritzcarlton/sarasota.com

RESTAURANTS & ENTERTAINMENT

Sarasota is rich in culture, beaches and restaurants. The Ringling Museum, Burns Court Cinema, The Van Wezel Preforming Arts Theatre, Sarasota Opera, and The Sarasota Orchestra offer some of the finest entertainment.

If you are looking for shopping and restaurants, St. Armands Circle is located minutes from the Lido Resort and shuttle service is provided. A wide variety of high end, whimsical and beach shopping as well as dozens of fine restaurants and ice cream shops can be found on The Circle. The Circle is a great place to walk and unwind. A 2 minute stroll puts you on the Lido Beach sand overlooking the beautiful Gulf of Mexico.

Siesta Key Beach has been rated America’s #1 beach and is world renowned for its white sand and turquoise Gulf water.
Restoration of the Worn Dentition  
February 7-8, 2014  
Lido Resort  
Sarasota, Florida

$1695. Dentists and Technicians  
745. Staff Members

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All seats are guaranteed with payment. Payment in full is needed to hold the seat for the program.  
Cancellation Policy: Full refund less $100, administration fee if cancelled earlier than 30 days prior to the program. If the cancellation is within 30 days of the program, no refund will be given but tuition may be applied to a future seminar.

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