

Getting a Jumpstart to Excellence



**NORTHWEST
DENTAL
MENTORS**

NOW OFFERING:

1-3 day on-site sessions for new dentists

- Focusing on general dentistry
- For dentists and dental assistants

Sessions conducted by

Dr. William Rosendahl & Staff

45 years of experience in dentistry

10+ years in dental education

Call 206-972-5134

Northwest Dental Mentors

Outline of Mentorship Services

- I. New Patient Experience
 - A. Visual Exam- teeth, tissue, TMJ
 - B. Intra Oral Photos (print 2 copies)
 - C. FMX (double film)

- II. Treatment Conference
 - A. Display FMX on view box
 - B. Give patient copy of Intra Oral Photos
 - 1. Show highlights and explain problems
 - C. Discuss Treatment – Ideal
 - 1. Worst 1st
 - 2. Use insurance maximum
 - a. Spread out Treatment if needed
 - D. Give Patient copy of Treatment Estimate
 - E. Business/Treatment Coordinator
 - 1. Payment arrangements
 - a. Introduce payment options – outside financing i.e. Care Credit
 - 3. Sedation/Travel arrangements
 - a. Have available someone familiar i.e. friend or relative

- III. Dental Office
 - A. Anesthesia – Local
 - 1. Topical, ice on palatal
 - 2. Go Slow Especially Maxillary anteriors
 - 3. Maxillary 30 ga.
 - 4. Mandibular 30 ga. 1st then 28 ga.
 - 5. Carbocain 2%
 - B. Rubber Dam - Use for all procedures
 - 2. Hole requirements
 - a. Punch Type Miltex 76-10
 - b. Frame Youngs
 - c. Surgical scissors
 - d. Rubber Dam clamp forceps
 - e. Clamps W8A, W4, 9, 00

C. Composite

1. Burs
 - a. 330
 - b. Diamond – fine/ultrafine
 1. Football
 2. Flame
 3. Round cylinder
 4. Occlusal finishing bur
2. Matrix Systems – Trio Dent, clear plastic for anteriors
 - a. D-1 University of Washington
3. Wedges direction of placement
 - a. Plastic
 - b. Wooden
4. Bonding
 - a. Amalbond (also for amalgam)
 - b. Air only syringe
 - c. Separator for instrument
 1. Unfilled Resin
5. Type of Composite
 - a. Hybrid – Heliomolar
 - b. Microfill – Cosmodent
6. Delivery of Composite
 - a. Compule
 - b. Small Tip – Orange opaque
 1. Lube with unfilled resin
7. Instruments
 - a. Coltene T179S
 - b. IPC - Hu-Friedy x 2 CVICP
 - c. Plugger
 - d. Gold knife – Suter UW B51
 - e. Anterior Instrument – Safident sculpturing
8. Light Cure – Flashlight 1401 Discus Dental
9. Finishing
 - a. Compo disk – opens tight contacts
 - b. Diamonds – use water spray to prevent “white” line
 1. Football – Occlusal Neo 1916C
 2. Flame – interproximal
 - c. Interproximal strips
 1. Flexi Strip Wide Coarse/Med, Fine/ExtraFine
 - d. Discs – Coarse Cuttle
 - e. Rubber Cups – Cosmodent

1. Grey/Green for Microfill
 2. Blue/Pink for Hybrid
10. Dam & Clamp Removal
11. Occlusal Check – Parkell marking paper
- a. Red – Lateral & Protrusive
 - b. Black – Centric
 - c. Green Occlusal Indicator Wax – Kerr
 1. Light Vaseline both sides

D. Crown Prep

1. Anesthetic
2. Temporary pre-impression
 - a. Wax tray
 - b. Discus Vanilla Bite Registration
3. View Occlusion
 - a. Check opposing teeth – Right & Left
 - b. Shorten Li of Upper? B of Lower?
4. Diamond
 - a. Neo 1512.8 F, 12107C
 - b. Prior Crown removal
 1. 330, Diamond for Porcelain removal
5. Bellglass prep
 - a. Like gold onlay except no bevels, only shoulders & remove 1 – 2mm on Occlusal.
 - b. Fill in all undercuts with bonded composite before impression
6. Impression
 - a. Pack cord size 7 & 8
 - b. Tray quadrant or full arch for multiple preps
 - c. Impression Material
 1. Prep - Precision Lite Discus Dental
 2. Tray - Precision Heavy Discus Dental
 - d. Opposing arch
 1. Check Bite Tray – Precision Heavy Discus Dental
 2. Bite Registration Tray – Mega Bite Discus Dental
7. Temporary
 - a. Try in impression
 - b. Fill with resin – PerfectTemp Discus Dental
 - c. Trim with highspeed diamond (old 12107.C)
 - d. Blue Rubber Wheel to shape

- e. Seat with tempbond & antibiotic tetracycline powder
- f. flowable composite for repair

E. Bellglass Seat

1. Anesthetic – Carbocaine 3%
2. Place rubber dam
 - a. place clamp on tooth if necessary
3. Try-in crown, adjust contacts
4. Acid etch interoral, Silinate
5. Mix resin cement (Insure – Cosmodent)
6. Seat Crown
 - a. Vibrate with amal-pac rubber point to seat completely
 - b. Cure B & L for 5 sec each
 - c. Remove flash with gold knife
 - d. Floss carefully to remove resin
 - e. Complete curing form all sides
 - f. Re-check with gold knife for any excess
7. Remove dam
8. Check occlusion
9. Finish with appropriate cuttle disc
10. Polish with composite finishing cups
11. Have patient run tongue over crown to check for any excess or sharp edges.

F. Endodontics

1. Diagnosis
 - a. Patient subjective symptoms; ie. Sensitive to bite, hot, cold
 - b. Responsive symptoms
 1. Tap teeth vertical & horizontal
 2. Hot compound (Kerr impression compound)
 3. Endo Ice
 4. Pulp test
 5. Check occlusion with marking paper
 6. Test cavity, unanesthitized; older teeth may not be sensitive even though vital.
2. Treatment
 - a. Anesthetize

- b. Place Rubber dam – Full Quadrant
- c. Open & Instrument
- d. View x-ray to establish shape & size of pulp chamber
- e. Enter into canals of tooth with a bur if natural, diamond if porcelain & bur though metal – use quiet air handpiece turbine is less likely to break
- f. Use endo explorer to locate orifice
- g. Use #10 K-file to explore canals
- h. Use Gates Glidden drills to enlarge coronal aspect of canal. Emphasis in direction of – name of canal to get straight-line access
- i. Use Endomate 2 – 4 handpieces, with taper Piezo file GT Nickel-Titanium rotary file; sizes .06,.08,.10,.12
- j. Use EDTA paste, instrument with light pressure using larger to smaller sequence
- k. Irrigate with hot bleach & repeat instrumentation
- l. Have assistant set stops and examine tips of instrument to see if any signs of unwinding occurs- if so discard & use new rotary file.
- m. When length of canals is shaped, irrigate with bleach, H₂O₂, dry with paper points.
- n. Use liquid EDTA, after 3-4 minutes irrigate with 70% Isopropyl Alcohol
- o. Dry with paper points
- p. Try in sized gutta percha points
- q. Take digital x-ray to check fit
- r. Select System B point 5mm short of apex
- s. Assist mixes Kerr Sealer
- t. Coat gutta percha point with sealer and place in canal, remove and check gutta percha for roll back at tip
- u. Re-coat and replace in canal.
- v. System B plugger 200 degree place in canal, activate to length, hold to place (w/o heat) for ten seconds, reapply heat & remove plugger
- w. Place finger plugger (confirms fill) to length of System B plugger. If post is to be place no back-fill is needed.
- x. For backfill use Obtura hold silver point in canal for 5 seconds before extruding gutta percha to avoid voids.
- y. Clean cement from inside tooth and post space.
- z. Bond with Amalbond
- aa. Build up with core paste or composite.

G. Nightguard Fabrication

1. Select tray size & try in mouth
 - a. Must not hit teeth.
 - b. Place wax stops- maxillary NG in palate & periphery
mandibular NG periphery & labial anterior

2. Fast-set Alginate
 - a. Firm mix using 70° water
 - b. Assistant place alginate in tray but not in palatal area
 - c. Doctor places in mouth – must not touch teeth with tray.
 - d. Remove tray after set
 - e. Take opposing arch alginate and pour in die stone

3. Maxillary/Mandibular Relationship
 - a. Soften red stick impression compound in hot water
 - b. When thoroughly soft (but not runny) place on maxillary teeth inciso-lingual
 - c. Guide lower jaw into compound. Have patient close until posterior teeth are 1 1/2 - 2 mm apart.
 - d. Assistant cools compound with air
 - e. Inject megabite (discuss dental) completely between posterior teeth on both sides (while patient remains closed on compound stop)

4. Pour models in die stone
 - a. Rinse impression with water and shake off excess moisture to avoid air bubbles

5. Pack and send models to lab. Use lots of bubble wrap

6. Lab prescription
 - a. Please fabricate acrylic maxillary nightguard
Mandibular if patient has class III occlusion or severe anterior open bite)
 - b. Use bites to mount
 - c. Anterior & cuspid disclusion

H. Nightguard Insertion

1. Materials
 - a. Acrylic bur HP
 - b. #2, #4 round bur HP
 - c. Green Occlude
 - d. Red, Black articulating paper (Parkell)
 1. Mounted in articulating paper holder
2. Try in Nightguard
 - a. Spray Occlude on internal surface
 - b. Check for seating completely
 - c. Check for resistance to removal
 - d. If appliance is too tight relieve area indicated
 - e. Repeat until appliance seats and removal is easy (so teeth will not be sensitive) and appliance has some resistance to dislodging
3. Occlusion
 - a. Grind appliance so that opposing teeth touch appliance in centric relation on all lower Buccal cusp tips
 - b. Check space between upper and lower anteriors if any - centric grinding may be necessary (to posterior areas to bring anteriors into contact)
 - c. Using Red articulating paper have patient close and move right to left and left to right, forward and back, using black articulating paper have patient tap, tap, tap
 - d. Repeat adjustment until there are black centric contacts for all teeth and are no excentric (balancing) contacts in posterior
 - e. Protrusive – appliance should contact lower anteriors at least 3-4 teeth
 - f. clean out green Occlude and instruct patient on removal and cleaning of appliance (use denture cleaning tablets)

I. NTI (Nociceptive Trigeminal Inhibition tension suppression system)

1. Materials

- a. NTI blank
- b. Plastic resin liquid and powder (Snap – Parkell)
- c. Dappen dish
- d. Plastic spatula
- e. Articulation forceps with red and black articulating paper
- f. Vaseline
- g. Narrow acrylic bur HP
- h. Large acrylic bur HP

2. Procedure

- a. Lightly Vaseline maxillary incisors
- b. Mix firm mix of resin
- c. Place resin in NTI blank
- d. Place over maxillary centrals
- e. Remove excess soft resin after initial set. Remove and replace NTI several times
- f. Replace appliance on teeth until resin completely sets

3. NTI adjustment

- a. Adjust internal until appliance seats with out undo pressure and can be removed in/out under pressure
- b. Occlusal adjustment using large acrylic bur and marking paper adjust in centric and lateral until upper and lower cuspids remain just slightly out of contact in eccentric movements

Post Grad Education

- Join a study group
- Practice Management with NW Dental Mentors
- Enroll in continuing education
 - Cliff Ruddle – Santa Barbara CA
1-800-753-3636
 - John D. West – Tacoma WA
Center for Endodontics 1-800-900-ROOT (7668)
 - Stephen Buchanan – Santa Barbara CA
www.endobuchanan.com
Created by Rosendahl
 - John C Kois – Seattle WA
1-206-621-5310
 - Gordon Christianson – Provo UT
1-800-223-6569
 - Scottsdale Center for Dental Education
www.scottsdalecenter.com

CAN'T LIVE WITHOUT – LIST

- Electrosurge
- Crown and bridge remover
- Pulp tester
- Many W-4, W8A, #9, 00, some 2A (for small 2nd molars)
- 1401 Discuss Flashlite cordless curing light
- Occlude
- Kerr green Occlusal indicator wax
- Fit checker
- Gold knives
- Gates Glidden 2-5
- Endomate-2 NSK 4 handpieces
- System B
- Obtura
- Root ZX
- Biosonic ultrasonic
- Midmark 11 autoclave
- Statim autoclave
- Interoral camera
- Digital x-ray
- Rubber dam