

# CLINICAL TOPICS IN DENTISTRY PROGRAM • QUÉBEC



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**Clinical Topics in Dentistry** is a series of educational programs designed to enable dental professionals to learn independently. The Clinical Topics have been recorded from live procedures performed at the Midwinter meetings of the Chicago Dental Society and the Hinman Dental Society Meeting.

All programs were carefully edited for effective learning. The year the program was produced is in brackets after the number of credit hours. Each program includes a comprehensive study guide, which has objectives for the program, references for further study and a post-test to be completed to earn Provincial and/or AGD credit. Continuing Dental Education, Faculty of Dentistry, The University of British Columbia is an ADA C.E.R.P provider.

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## PROTAPER ROTARY SHAPING AND CLEANING – LIVE DEMONSTRATION

John D. West, DDS, MSD  
2 hrs. credit (2003)  
Video Order: EN-147



Dr. West demonstrates use of the ProTaper files and new advances in endodontics on a maxillary molar. This safe and simple system has transformed our thinking about root-canal system preparations. The program covers: diagnosis; isolation; access; the thinking and the technical game of endodontics; five mechanical objectives; restrictive dentin removal, including envelope and balanced motions; slide (glide) path; Rotary Shaping—conserving energy and increasing efficiency; cone fit; mutli- and singlewave 3-D obturation system, capturing maximum cushion of vertically warmed gutta-percha and Kerr sealer; 3-D backpacking; and the rest of the seal.

# ESTHETICS, RESTORATIVE AND PROSTHODONTICS

## PRACTICAL ACCELERATED RESTORATIVE TECHNIQUES

David A. Garber, DMD  
2 hrs. credit (2002)  
Video Order: RO-143



The public demand for esthetic restorations makes it important to achieve an excellent result more rapidly and with increased predictability. This program focuses on accelerated approaches to restorative dentistry. Topics include using new innovative instrumentation; a rapid, predictable, yet simplified approach to developing the optimal preparation; finishing the configurations — what to use and why; impression materials and methods; temporization — new products for esthetic success; new all-ceramic systems; new cements with less sensitivity; alternative ceramometal framework designs to avoid dark gums and inflamed tissue; and soft tissue procedure to achieve esthetic harmony.

## NEW TECHNIQUES AND MATERIALS IN ADHESIVE DENTISTRY

John A. Kanca III, DMD  
2 hrs. credit (2002)  
Video Order: RO-145



This program consists of several demonstrations on live patients, which illustrate the most current use of adhesive materials. Among the demonstrations are: the placement of Class V and Class II composites on live patients; a technique for desensitization; sealing crown preparations; the use of several types of impression materials; and how to reduce, if not eliminate, white lines at the margins of posterior composites.

## MASTERING ADHESIVE AND ESTHETIC DENTISTRY

Jeff J. Brucia, DDS  
2 hrs. credit (2002)  
Video Order: RO-142



A full spectrum of options for bonding indirectly created restorations greatly expands dentin bonding's role in contemporary restorative practice. This live patient case presentation reviews the careful planning and systematic coordination of the preparation; temporization; laboratory fabrication; and placement of the restorations. Attendees observed a partial coverage tooth coloured restoration seated in a clinical setting. Live interaction with the operator allowed questions to be asked during the procedure. This program is a must for any member of the dental team having questions in this area.

## VENEERS — A DEMONSTRATION IN PREPARATION, DESIGN AND CEMENTATION

Peter Rinaldi, DDS  
2 hrs. credit (2000)  
Video Order: RO-132



In the first section, Dr. Rinaldi covers preparation, smile design diagnosis, arch form, preparations for different materials, armamentarium, how and when to use certain materials, temporary fabrication, use of the Diode Laser for esthetic recontouring, and laboratory communication. The second part of the program presents seating porcelain veneers — rubber dam placement, bonding systems, placement, easy clean-up techniques and correct polishing procedures.

## NATURAL SHADED COMPOSITES

James R. Dunn, DDS  
2 hrs. credit (2001)  
DVD Order: RO-138



A new “family” of small particle hybrid composites having multiple enamel translucent shades, body shades, and dentin opacities is demonstrated. Composite restorations duplicate the “clear coat” effect of enamel-over-dentin, and can rival highest quality ceramics. Many of the new composites can be polished to a high surface gloss, using new diamond particle abrasive technology. Natural shaded composites are used to restore space and fracture defects on anterior teeth. Shade, translucency, form and finishing are also demonstrated.

## PRACTICAL, PREDICTABLE RESTORATIVE EXCELLENCE WITH ESTHETIC INLAYS & ONLAYS

Ronald D. Jackson, DDS  
2 hrs. credit (1998)  
Video Order: RO-124



Esthetic inlays and onlays can meet the requirements of the restorative dentist for conservative preparation and tooth reinforcement while satisfying the patients desire for esthetics. Dr. Jackson prepares, impresses and temporizes a tooth to receive an indirect esthetic inlay/onlay, using state-of-the-art adhesive technology. Dr. Jackson discusses indications / contraindications; materials — resins versus ceramic; when to onlay; cracked teeth and teeth with cracks; treating endodontic teeth; repairs/renewals; and longevity expectations.

# ESTHETICS, RESTORATIVE AND PROSTHODONTICS

## POSTERIOR DIRECT AND INDIRECT TOOTH COLOURED RESTORATIONS

Kenneth A. Neuman, DDS  
2 hrs. credit (2002)  
Video Order: RO-144



Learn how to "put it all together" for patients who ask for non-metal, tooth-coloured restorations. Using both intra-oral cameras, and cosmetic imaging systems, patients will not only see up close the condition of old restorations, but also have an opportunity to look into the future, and see what their restorations will look like — before we put a handpiece in the mouth. Both a direct bonded restoration, and an indirect bonded restoration are demonstrated. The indirect bonded restoration is made using the Cerec 3 unit; and the restoration is made out of a ceramic block and milled using a Cerec 3 machine. Issues of cost vs. return on investment are discussed and you are shown how anyone can afford to own this technology.

## ESTHETIC CORRECTION OF ANTERIOR CROWDING NON-ORTHODONTICALLY

Robert Nixon, DDS  
2 hrs. credit (1994)  
Video Order: RO-98



When conventional orthodontics is not possible, a viable alternative to orthodontic tooth movement is the correction of anterior crowding in the maxilla by tooth recontouring, adhesive augmentation and porcelain veneers. Case selection, procedural conceptualization and clinical techniques are demonstrated on two patients. The first patient illustrates tooth recontouring, resin augmentation and porcelain veneer preparation. The second patient receives porcelain veneer placement and finishing. Dr. Nixon explains the keys to achieving predictable tooth colour, bilateral similarity and tooth individualization.

## THE (UN)HAPPY COMPLETE DENTURE PATIENT

Glen P. McGivney, DDS  
2 hrs. credit (1992)  
Video Order: RR-75



Dr. McGivney presents an in-depth demonstration of complete denture treatment. Included are: recognition and treatment of abused tissues, systemic problems, effects of medication, attitude problems, preprosthetic surgery, and ridge form. Also shown are: impression technique, materials, forming casts, vertical and horizontal jaw relations, and tooth selection — including the insertion phase.

## IF IT AIN'T BROKE, WHY FIX IT: RATIONALE & METHODOLOGY FOR DIAGNOSING AND TREATING CUSP FRACTURES

A. Keith Phillips, DDS  
2 hrs. credit (2003)  
Video Order: RO-148



This program focuses on providing modern conservative restorative dentistry treatment focusing on the recognition of tooth fractures. The clinical situations presented in two patients direct the dentist's attention to recognize and diagnose incomplete tooth fractures; and recommendations are provided for definitive clinical treatment. Transillumination, using a LED light-curing unit safely discloses internal fractures. Teeth are prepared for restorations, which are placed after the program. Post-operative views of the completed cases are shown.

## PREDICTABLE, RESTORATIVE AND ESTHETIC EXCELLENCE USING PORCELAIN LAMINATE VENEERS

Bruce Small, DDS  
2 hrs. credit (1999)  
Video Order: RO-128



Dr. Small seats an anterior case of porcelain laminate veneers while explaining details of the clinical steps taken. The presentation includes: rubber dam application, tooth surface preparation, insertion of the veneers, finishing, and polishing. Occlusion is addressed in detail to attain proper anterior guidance. Use of a diagnostic wax-up, review of preliminary steps is presented with regard to exact design of the case from both functional and esthetic aspects. Dr. Small shows how to achieve long term restorative and esthetic excellence.

## BAR OVERDENTURE CONCEPTS IN EDENTULOUS IMPLANT PROSTHODONTICS

Charles E. English, DDS  
2 hrs. credit (1991)  
Video Order: RR-67



Dr. English demonstrates clinical procedures including various transfer impression techniques, concepts of bar design, retention concepts, occlusion, esthetics, cold-cure pick-up technique, and simple, low maintenance concepts. Removable implant prosthodontics comprise the majority of treatment for edentulous patients. Approximately 60% of the edentulous implant cases are treated as bar/overdenture concepts. This program is a classic which illustrates and explains bar overdentures in detail.

## TOOTH PREPARATION — THE FIRST STEP TOWARDS ESTHETIC NEOGENESIS

David A. Garber, DMD  
2 hrs. credit (1999)  
Video Order: RO-129



Increased demand for esthetic restorations to enhance appearance makes tooth preparation critical. The evolution in ceramics and dental adhesives allows for restorations which are indiscernible from natural teeth. Accelerated approaches to tooth preparation using new and innovative instrumentation are shown. Topics include: a rapid approach in developing optimal preparations, finish line configurations, impression materials and methods, and temporization. The all-ceramic systems (ProCera, Empress, and others) are covered, along with partial tooth coverage, new cements, and new ceramometal framework designs. Management of full coverage vs. partial coverage restorations; all ceramic vs. ceramometal restorations; and implant supported vs. tooth supported restorations are also discussed.

## THE USE OF COMPOSITES TO RESTORE ANTERIOR TEETH TO BOTH ESTHETICS AND FUNCTION

James R. Dunn, DDS  
2 hrs. credit (1997)  
Video Order: RO-118



Direct placement composite resin materials are the most conservative esthetic restorations for anterior teeth. Class III-IV and V restorations, incisal lengthening, diastemas and facial veneering can be restored with composites. The esthetics, shade, translucency, and anatomy is completely controlled by the dentist. The use of composites to restore anterior teeth to both esthetics and function is demonstrated. Case selection, preparation design, bonding systems, material selection, anatomical placement and finishing is also shown. The use of multiple types, shades and translucencies of composites is emphasized to restore the tooth to natural shade and form.

## ORAL SURGERY

### WHAT THEY DIDN'T TEACH YOU IN DENTAL SCHOOL ABOUT ORAL SURGERY

Fabian D. La Tocha, DDS  
2 hrs. credit (1998)  
Video Order: OS-125



This course will be helpful to general dentists who perform dentoalveolar procedures in their office. Medical evaluation, informed consent, radiographic indicators, treatment planning, and instrumentation are reviewed. Live surgery includes a ten year old girl whose maxillary cuspids are exposed and orthodontic brackets placed; the removal of four third molars on another patient; the removal of impacted #1 and #32 on a third patient; and the fourth patient shows removal of remaining maxillary teeth and alveolectomy, in preparation for a denture. Postoperative pictures are shown.

### A RELAXED TEAM APPROACH TO ORAL SURGERY

Fabian D. La Tocha, DDS  
2 hrs. credit (2001)  
Video Order: OS-139



This course demonstrates an effective surgical protocol for dentist and staff. Instrumentation, set-up, and assisting principles are reviewed to help the dental assistant anticipate the dentist's needs. Three patients are treated, including one for the removal of dentition in the maxilla, with placement of an immediate denture; removal of roots in both maxilla and mandible in another patient; and removal of third molars in a 17-year-old patient. This course should ensure that both the dentist and dental assistant are more at ease during oral surgery procedures.

### ORAL SURGERY FOR THE GENERAL PRACTITIONER MADE SIMPLE

Michael R. Stohle, DDS  
2 hrs. credit (1997)  
Video Order: OS-119



The program is designed for the general practitioner and staff who perform minor outpatient dentoalveolar surgery. Includes a review of medical histories, radiographic and surgical analyses, surgical pitfalls and live surgery. The first patient required complete removal of the lower dentition and all teeth from the maxilla except the anterior incisors. The second patient had four third molars, partially impacted, requiring surgical removal. The third patient had all remaining teeth in both maxilla and mandible removed in preparation for complete dentures.

### ORAL SURGERY PROCEDURES FOR THE RESTORATIVE DENTIST

Roger H. Kallal, DDS  
2 hrs. credit (1999)  
Video Order: OS-130



There are many situations where the restorative dentist is called upon to perform surgical procedures when a specialist is not available. Dr. Kallal demonstrates several procedures, including an excisional biopsy technique in the buccal mucosa; removal of four impacted third molars from each of two patients; maxillary torus palatinus removal; and closure of oral antral fistulas. Dr. Kallal stresses that the procedures demonstrated are amenable to both the specialist and the general practitioner, if the dental practitioner functions in his/her own comfort zone based upon knowledge, experience and training.

### SURGICAL MANAGEMENT OF ECTOPICALLY POSITIONED OR UNERUPTED TEETH

Robert L. Vanarsdall Jr., DDS  
2 hrs. credit (2000)  
Video Order: OS-133



Problems treating unerupted teeth include devitalizing, reexposure, ankylosis, marginal bone loss, and gingival recession can be prevented with proper management of the periodontal tissues at the time a tooth is surgically uncovered. This presentation demonstrates the proper surgical procedure to uncover labial as well as palatally positioned teeth. Localization and methods to determine the exact position of the unerupted tooth are reviewed, along with brackets or other attachments that are bonded to the tooth 7 to 10 days after the surgical procedure to begin tooth movement.

### PEDIATRIC ORAL AND MAXILLOFACIAL SURGERY, OFFICE PROCEDURES

Mark Erickson, DDS  
2 hrs. credit (2001)  
Video Order: OS-140



This course concentrates on oral and maxillofacial surgery procedures done in the office setting under local anaesthesia. Initial evaluation, differential diagnosis, working clinical diagnosis are discussed and management of the problem outlined. Surgical procedures demonstrated include: removal of fibroma; correction of a partial ankyloglossia and removal of a stone from Wharton's duct; exposure of #27 and placement of a bracket for orthodontic treatment. Four implants were placed in the mandible of a female patient who previously had undergone removal of a giant cell tumor and placement of a bone graft.

## PEDIATRICS

### THREE TIMES THE FUN WITH KIDS

Marvin H. Berman, DDS  
Cissy K. Furusho DDS, MS  
Kirk B. Kollmann, DMD  
2 hrs. credit (2003)  
Video Order: PD-151



Treating children effectively is a tremendous advantage for any dental practice, yet many dentists shy away from working with children because they lack the confidence or skills. Three paediatric dentists with a total of 60 years of experience, combine their talents and energy as they discuss and demonstrate an array of dental procedures on 14 children of varying ages and demeanors. Dr. Berman provides commentary and a wealth of information dealing with restorative techniques and materials in paediatric dentistry; shaping children's behaviour, and creating a positive dental environment for the children in your practice.

### GOOD MORNING CHILDREN! ARE WE HAVING FUN YET?

Marvin H. Berman, DDS  
2 hrs. credit (1997)  
Video Order: PD-121



Dr. Berman is a staunch advocate of drug free dentistry. His no nonsense practical approach to patient management is shown in the treatment of twelve children. Procedures include first visit, prophylaxis, partial pulpotomy, complete pulpotomies, local anesthesia (the shot), extractions, stainless steel crowns, open-faced crowns, amalgams, composites, fractured incisors and space maintainers. Dr. Berman and his auxiliaries employ teamwork techniques to convert the reluctant patient into a cooperative one.

## OSSEOINTEGRATION

### TEETH IN 5 DAYS: IMPLANT PLACEMENT AND INSERTION OF A FIXED DENTURE 5 DAYS AFTER SURGERY

William Becker, DDS  
2 hrs. credit (2003)  
Video Order: OS-149



The presentation presents the diagnosis and treatment steps necessary to take an edentulous mandibular patient, place 4 implants, and deliver a fixed denture in 5 days. One patient receives the surgery and steps necessary for denture fabrication. A second patient, receive his implants 5 days prior to coming to the meeting and the fixed denture is placed at this time. Program highlights: diagnosis and treatment planning for implant placement and fixed denture delivery within 5 days of surgery; importance of the dental laboratory; supplies necessary for treatment; how to use the surgical guide; steps for implant placement; the pick-up impression and bite registration; post-operative instructions; delivering a fixed denture to a patient who received implant surgery 5 days previously; and interviewing the patient.

### IMPLANTS TO ELIMINATE MANDIBULAR DENTURE PROBLEMS

Jack A. Hahn, DDS  
2 hrs. credit (1994)  
Video Order: OS-106



Placement of implants in an edentulous mandible for over-denture prosthesis is presented in this program. Step-by-step surgical techniques are followed, stressing that the prosthesis determines the implant placement. Anatomical consideration and proper manipulation of hard and soft tissues are detailed. Indications for treatment and diagnostic principles are also discussed.

### DIAGNOSIS, SELECTION OF CRITERIA AND SURGICAL PLACEMENT OF THE OSSEOINTEGRATED DENTAL IMPLANT

Richard J. Lazzara, DDS  
2 hrs. credit (2000)  
Video Order: OS-114



Placement of osseointegrated dental implants is demonstrated, using the Implant Innovations System (3-I Implants). Implants are placed in #4, #5 and #12 on one patient and a single implant is placed in #6, augmented site on the second patient. Pre-operative evaluation, surgical flap design, flap evaluation is shown and implant selection is discussed, followed by a step-by-step surgical procedure. Bone preparation, implant placement, suturing techniques, post-operative medications, instructions, and patient management during osseointegration is also covered.

## PERIODONTICS

### THE PERIODONTAL RESTORATIVE RELATIONSHIP: THE ULTIMATE IN PERIO-RESTORATIVE-ESTHETICS FOR THE GENERAL PRACTITIONER

Robert M. Pick, DDS, MS, FACD, FICD  
2 hrs. credit (2002)  
Video Order: PE-146



The perio-restorative-esthetic relationship is changing rapidly. We have seen new advances and procedures that have changed the way we treat various conditions. Preparing the gingival and osseous procedures is of paramount importance. Periodontal plastic surgery allows us to predictably cover exposed root surfaces, cover crown margins, augment ridges and most importantly, to correct for excessive gingival display. Creating proper gingival architecture to yield correct and esthetically perfect restorations is highly predictable. It involves team communication between the dentist and the periodontist, the patient and the dental laboratory. The use of new hitech equipment, such as computer assisted intraoral cameras, surgical-restorative imaging, the internet and a videoconference/ consultation is shown.

### WHAT, WHEN AND HOW — PRACTICAL SOLUTIONS TO EVERYDAY PERIODONTAL PROBLEMS

Stephen B. Towns, DDS  
2 hrs. credit (2000)  
Video Order: PE-135



Periodontal disease is prevalent in 90% of the population and the major cause of adult tooth loss. Dental professionals are routinely faced with treatment decisions that have a long-term impact on the periodontal health of their patients. This program focuses on scaling and root planing instrumentation; the use of various sonic and ultrasonic scaling devices; instrument care and demonstration of the use of various localized delivery systems. The limitations of nonsurgical care are also discussed and demonstrated (soft tissue management versus definitive care), along with the management of mobility and sensitivity problems.

### SITE SPECIFIC, PREDICTABLE PERIODONTAL SURGERIES FOR THE GENERAL PRACTITIONER

Patrick J. Angelo, Jr., DDS  
2 hrs. credit (1999)  
Video Order: PE-131



Three areas of special concern to the general practitioner are demonstrated: crown lengthening, esthetic anterior flap surgery, and non-flap conservative access surgery. Topics include a step-by-step "crown lengthening" surgery; esthetic tissue management and treatment of periodontal disease in the maxillary anterior; and a procedure with debridement of the deposits and bacteria, yet enhancing gingival attachment and papillary conservation. A simple non-flap surgery, permitting access and debridement of the root surface in cases with pocketing and horizontal bone loss is also demonstrated. Simplified diagnosis and post-operative care is discussed along with the conservative access therapy.

## PERIODONTICS

### BACK TO THE BASICS

Bernard W. Murray, DDS  
2 hrs. credit (2000)  
Video Order: PE-136



Common reasons for repositioning the gingival height in a more apical direction are subgingival tooth fracture, subgingival caries and short clinical crown length. A crown lengthening procedure on tooth #4 is shown. Phase I: treatment of periodontal disease is also covered and microbial culture and antibiotic therapy are discussed. Phase II: therapy is demonstrated, showing osseous recontouring for elimination of early to moderate pockets. The latest concept in postoperative care is given. A detailed and illustrated study guide make this program a valuable experience.

ROOT COVERAGE: A COMPARISON OF TECHNIQUES — THE FREE GINGIVAL GRAFT VS. THE SUBEPITHELIAL CONNECTIVE TISSUE GRAFT

Michael K. Sonick, DDS  
2 hrs. credit (1999)  
Video Order: PE-127



Rapid changes in the field of periodontics give us the ability to regenerate lost gingival tissue while halting disease activity without loss of esthetics. Two soft tissue grafting techniques for root coverage are shown: the free gingival graft and the subepithelial connective tissue graft. Indications for and the precise techniques for both grafts are shown. Dr. Sonick demonstrates how to perform these techniques with an appreciation for predictable regeneration of soft tissue for health and esthetics.

### PERIODONTAL PROCEDURES MADE EASY

Nolen L. Levine, DDS  
2 hrs. credit (2001)  
Video Order: PE-141



A series of simple surgical procedures that are the foundation of contemporary periodontics are demonstrated. "Tricks of the trade" that make predictable results that are atraumatic and reproducible are shown. Dr. Levine demonstrates: an efficient technique for flap entry with osseous recontouring for pocket elimination and/or crown lengthening; complete and predictable root coverage, utilizing subepithelial connective tissue grafting; osseous grafting as indicated and immediate implant placement as a one stage procedure with or without previous ridge augmentation.

## ORAL DIAGNOSIS

### DIFFERENTIAL DIAGNOSIS OF ORAL LESIONS

Leslie B. Heffez, DMD,MS  
2 hrs. credit (2003)  
Video Order: OD-150



Pathologic lesions of the mouth are common and may reflect underlying systemic diseases. The dentist is often the first to identify oral lesions, many of which are pre-cancerous. Dr. Heffez demonstrates the basic oral head and neck examination and, on the first patient removes a lesion from the lip. The tissue is carefully removed to prevent distorting the vermilion border and causing unesthetic results. The second patient presents with an interesting sessile lesion on the palate near the tuberosity, which is removed. Biopsy methodology and completion of the appropriate pathological forms are carefully explained.

## MEDICAL EMERGENCIES

### MEDICAL EMERGENCIES IN THE DENTAL OFFICE

Stanley F. Malamed, DDS  
2 hrs. credit (1996)  
DVD Order: ME-50



This course covers the three cardinal points for any emergency situation — Prevention — Recognition — Addressing the Problem. The tape, "Emergency Medicine in Dentistry", was produced for Health-first Corporation by Dr. Malamed to assist the dental team in the management of medical emergencies. Eleven simulated emergencies are shown which the dental team should be prepared to treat. The DVD and study guide provide a review of the physical and emotional symptoms to look for and their treatment. An excellent way to prepare for the medical emergencies which may occur in your office.

## TM DISORDERS

### SCREENING FOR TM DISORDERS AND THE FABRICATION OF A CHAIRSIDE OCCLUSAL APPLIANCE

Jeffery P. Okeson, DDS  
2 hrs. credit (1993)  
Video Order: TJ-94



Dr. Okeson demonstrates a detailed examination on a 26 year old female with temporomandibular disorder problems. This type of examination is being done at the University of Kentucky Oral Facial Pain Center. It includes patient history and type of pain including neurological musculoskeletal-periodontal. A discussion on the categories of pain, which bring patients to the dental office is given. The first category is pulpal; the second is periodontal; and the third largest category is musculoskeletal. A simplified technique for fabricating an occlusal appliance is shown.

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