

# focus

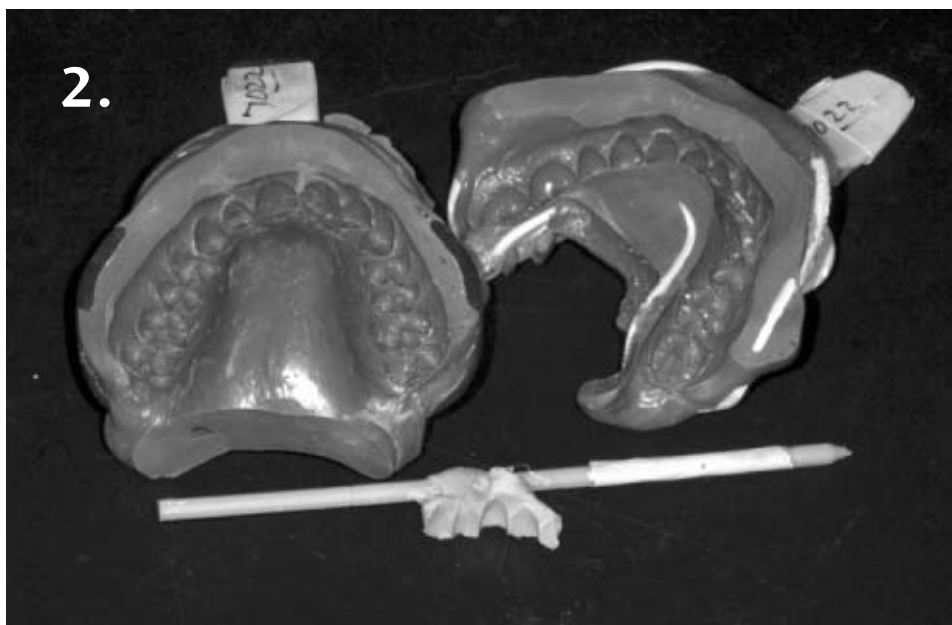
**Diagnostic Evaluation  
& Case Planning –  
A Systemized Approach for  
Business Growth**

**2007 Legislative  
Updates**



# Diagnostic Evaluation & Case Planning – A Systemized Approach for Business Growth

By Barbara Warner Wojdan, CDT



**C**urrent thinking within the dental laboratory profession indicates that increasingly larger capital investment in new, state-of-the-art methods of restoration processing is a key, necessary element for business growth. While many of these new technologies, systems, and materials can lead to increased productivity in many instances, lower labor cost and sustained business, personal observation of the current state of the industry might suggest that they are providing little toward any significant increase in the number of restorations made, and merely tend to provide multiple ways to produce the “same” restoration.

Indeed, today most US laboratories are feeling the “pinch” of offshore price competition for the “bread and butter” restorations... single-unit, posterior PFM crowns. This trend is predicted to continue and, as education and experience continues to expand within this competitive environment, coupled with related insurance demands on the dentist-client, so to will their effects on our industry.

One major question remains: “How can we increase business... overall?”

Most certainly, quality-oriented, fee-for-service dentistry continues to thrive even in this climate. It is becoming increasingly more important that dental laboratory owners build sound relationships with those practices that demand a significantly higher understanding of function as it applies to and integrates with the esthetic demands of the contemporary dental patient. These consumers, who quite often view their personal desires for a more vibrant, youthful smile at least equal to that of their clinical needs, continue to account for the majority of out-of-pocket, dental-related spending. Over thirty years ago, Dr. Harold Werth of the renowned L. D. Pankey Institute stated: “People in America have money for what they want - not necessarily what they need - and it is dentistry’s challenge to help them [get] want what they need.”

Thus, a more practical question might be: “How can we better position our laboratory to take better advantage of this market segment?”



5.



6.



7.



8.



One such area is in that of diagnostics & treatment planning services. Although this is not a quick-fix solution to the overall business conditions, if organized properly with a high degree of knowledge and application in functional-esthetic dentistry, it can be regarded as a viable resource for increased growth.

This article will attempt to offer a better understanding of this growing segment through the presentation of a very "simple" anterior tooth case study. Keep in mind that these services often result in multiple-unit anterior and posterior restorative cases that are designed for success prior to the preparation appointment and can provide extremely valuable and highly accurate tools for preparation, provisionalization and final restoration design.

## Case Study

The patient, in her early thirties, presented with maxillary tooth numbers 7, 8 9 & 10 (image 1) as somewhat crowded and esthetically unappealing in shape and color. Furthermore, as the daughter of an oral surgeon, she demanded a minimally invasive procedure that would be functionally stable for long-term clinical reliability. She also wanted to be able to visualize the final result and discuss in detail the treatment plan prior to committing to any procedure.

As a preliminary step, the patient's occlusion and function was thoroughly evaluated and full-arch impressions of both arches were recorded with highly accurate PVS impression material (image 2). High quality digital Images were then taken to better provide a visual perspective of tooth, tissue and lip orientation, facial symmetry and plane orientation. Detailed information was recorded onto a Diagnostic Rx (image 3) and these materials were sent to the lab.

Once received in the lab, two casts of each arch were produced from both the maxillary and mandibular impressions with high quality die stone and each set was mounted on a semi-adjustable articulator with the bite registrations provided (image 4). One set of mounted casts was evaluated for anterior and posterior interferences and

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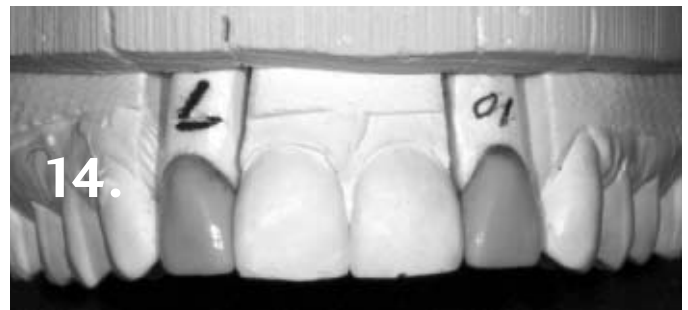
if necessary, would be adjusted and marked accordingly for future reference and subsequent chair-side adjustment

The Images and Rx were evaluated and notes were made on a Diagnostic Worksheet (image 5). The results of the functional-esthetic evaluation were discussed with the dentist and a final diagnostic plan was agreed upon. The patient would be bleaching for 2-3 weeks, then crown preparations would be made on 7 & 10, enamoplasty would be performed on 6, 8, 9 & 11 and moderate tissue contouring would be performed on 7, 8 & 9.

The second, working set, similarly adjusted if necessary, was prepared according to the Diagnostic Worksheet (precisely as would be required of the final tooth preparations) for a functional-esthetic wax-up.

Note that the tissue symmetry of 7, 8 & 9 and tooth width/shape adjustments were made (distals of 8 & 9 - mesials of 6 & 11) to provide for more ideal tissue and tooth form/dimension of both the restorations and natural teeth. Once the wax-up was completed, all design elements were reviewed for accuracy to insure that each goal was met according to the final case plan (image 6,7,8). Finally, a silicon matrix (image 9) was fabricated from the final wax-up to aid in tissue preparation (image 10), tooth preparation (image 11) and final provisionalization (image 12).

Upon patient acceptance of the case plan, all clinical work was performed and a PVS impression was made of the approved provisionals to be utilized as the laboratory functional-esthetic guide for fabricating (image 13,14) the final restorations (image 15,16,17). ✨



## About the Author

Barbara Warner Wojdan, CDT serves as the Sr. VP of Esthetics at Knight Dental Group, located in Oldsmar, FL. Ms. Wojdan has over 20 years experience in laboratory technology. Her current focus is the development and direction of high profile functional-esthetic dentistry and advanced laboratory-dentist communications.





## **FOCUS Magazine Article Quiz 1<sup>st</sup> Quarter 2007**

### **“Diagnostic Evaluation & Case Planning – A Systemized Approach for Business Growth”**

by Barbara Warner Wojdan, CDT

1. It is current thinking within the dental laboratory profession that larger capital investment in new, state of the art methods of restoration processing is a key, necessary element for business growth :
  - a. True
  - b. False
2. It is suggested that new technologies merely tend to provide multiple ways to produce the same restoration.
  - a. True
  - b. False
3. Consumers, quite often view their personal desires for a more vibrant, youthful smile \_\_\_\_\_ that of their clinical needs.
  - a. More than
  - b. Less than
  - c. At least equal to
4. “People in America have money for what they \_\_\_\_\_ - not necessarily what they \_\_\_\_\_ ...”
  - a. Need, want
  - b. Want, need
5. Although the article presented a very “simple” anterior tooth case study, these services often result in \_\_\_\_\_ restorative case(s)
  - a. Single-unit anterior
  - b. Multiple-unit anterior
  - c. Multiple-unit anterior and posterior
  - d. Single-unit posterior
6. Mandibular tooth numbers 7,8,9 & 10 were presented for this case study.
  - a. True
  - b. False
7. According to this case study two casts of the maxillary arch are made and one of the mandibular.
  - a. True
  - b. False
8. One set of mounted casts should be evaluated for anterior interferences only.
  - a. True
  - b. False
9. The second, working set should be prepared according to the
  - a. First mounted cast
  - b. The function-esthetic wax up
  - c. The Diagnostic Worksheet
  - d. All of the above
10. A final wax up should be fabricated from a silicon matrix.
  - a. True
  - b. False

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