

focus



Fighting Form

How to Be A
Level 5 Manager

Tag Team Esthetics



Tag Team Esthetics

A Communication-Action-Communication Process

By Barbara Wojdan, CDT



Modern fee-for-service dentistry is truly in an exciting era of highly customized functional esthetics. Advanced materials technology coupled with increased patient demand has led to an ever-increasing need for a refined level of understanding. Along with that is the need for the associated skills necessary to meet this growing trend of smiles by design.

Equally important is the willingness and ability, from both a clinical and technical perspective, to continuously improve the processes of communication that are so crucial to the overall success of the completed case. If knowledge is power, then information is the fuel that drives it. The more complex and comprehensive the case, the more complex and comprehensive the information is required to meet the case goals. This single element of the laboratory-dentist relationship is the building block for business and personal growth, if not the very essence of contemporary dentistry.

This article will highlight the five most important communication steps necessary to help achieve total team power in tag team esthetics. Each step of the communication-action-communication process must present easily verifiable and recognizable information that relates and dictates the necessary action for subsequent clinical and technical restorative processes and vice-versa, regardless of case complexity. After all, good information only gets better, and more meaningful, as the case progresses.

1. Know the Patient

Because the laboratory rarely has the opportunity to see the patient, we must rely on other means of getting to know the patient. Knowing what the patient expects is certainly a key to case success, but how this information is collected and verified by the dentist and how it is incorporated into the design phase of the communication process is absolutely crucial to eliminating variables in function, tooth shape, tooth position and tissue relationship and thus, ultimately meeting these expectations. During the initial consultation with the patient, the dentist should determine what the patient wants to change in his or her smile versus what needs to be accomplished restoratively. The dentist should record all information a detailed diagnostic prescription, which offers a simple, consistent means of organization.

Also, during this appointment, accurate, full arch impressions should be acquired along with corresponding bites. Additionally, high quality images should be acquired utilizing current American Academy of Cosmetic Dentistry guidelines to further aid in visualization and understanding of the preliminary case complexities and potential issues (**Images 1, 2 and 3**).

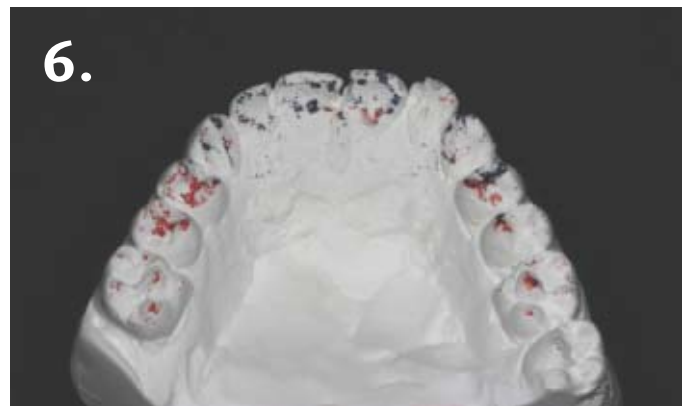
2. Team Talk

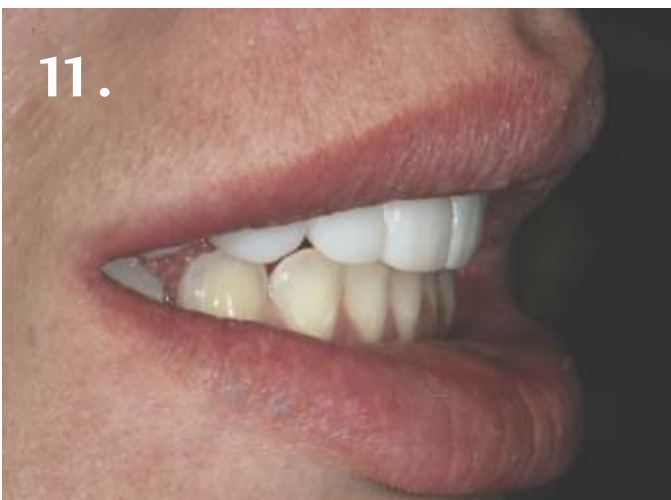
Once the technician receives the preliminary diagnostic information at the laboratory, the technician should duplicate all models and mount them on a semi-adjustable articulator according to the bite information. (Note: Always work on duplicated models, saving the originals for future reference and as a preliminary case record.)

The technician should conduct a thorough review of the mounted models and images and call the dentist to discuss case requirements, material options, preliminary color objectives and potential issues as well as to assist, perhaps most importantly, in the planning and coordination of the preparation appointment. This call takes approximately 10 minutes to accomplish, during which the technician should record an overview of all verified functional esthetic information and any changes from the diagnostic prescription onto a diagnostic case plan form for easy reference by the diagnostic technician that will be designing the case. This step helps to ensure mutual case understanding by all team members (**Image 4**).

3. The Precision Communication Wax-up

The next, and arguably most necessary, step in the communication-action-communication process is the





diagnostic wax-up. The old cliché, “Any job worth doing is worth doing well,” certainly applies here. The procedure’s primary purpose is to accurately represent the final restorations both functionally and esthetically.

Although the additional benefit of providing a visual effect of the final case can, in many instances, aid in case acceptance by the patient, it quite elegantly provides the dental team with verification of case requirements. More importantly, if done properly, it serves as the ultimate 3D design element that will accurately communicate and dictate final preparation design, margin placement, anterior and posterior function, tooth position, shape and form and tissue harmony. Indeed, approximately 80 percent of the entire case is completed at this stage, prior to tooth preparation (**Images 5, 6 and 7**). Further, it provides the foundation for highly accurate provisionals, with which every previous element of planning can be verified and fine-tuned intra-orally (**Images 8 and 9**).

4. Gaining Approval

The preparation appointment is here. The dentist will utilize and verify information and communications from all of the previous case planning and design efforts at this stage. Studying the diagnostic wax-up, the dentist has a clearly defined, visual plan as to how to proceed with tooth preparation.

Dictated by the selected restorative materials, which have already been determined, he or she should quite easily accomplish preparation by design utilizing the communication tools generated by the wax-up, such as silicon index and/or clear acrylic matrix.

The provisionals the dentist generated provide a key verification that the dental team has met both the functional and esthetic goals. This is the first time the patient gets to experience his or her new smile and any necessary adjustments such as occlusion, incisal edge position and gingival embrasures/incisal embrasures, can be easily accomplished either through additive or subtractive means, to positively influence the final restorations (**Images 10 and 11**).

Once verification and patient approval is complete, an impression should be acquired of the approved provisionals as well as images of the provisionals in place. This will provide final, detailed communications for fabrication of the final restorations. The only consideration left to be made at this point is final artistic enhancement, shade/color effect and surface detail (**Image 12**).

5. The Grand Finale

In this particular case, the technician selected IPS Empress Esthetic (Ivoclar Vivadent) as the material of choice for the final restorations. Once the technician completes all model work, he or she will make a silicon index of the approved provisional. The technician will make preliminary full contour wax-ups from this index. Once pressed, all final functional elements are verified, esthetic shape/shade/color elements are incorporated further utilizing the index and final surface detail is added (**Images 13 and 14**). The completed case is delivered and placed at the seating appointment (**Images 15 and 16**).

The communication-action-communication process is a total system that requires a higher level of understanding and organization to implement. Each dental team member must be thoroughly committed to excellence throughout the process. The benefits, such as significantly reduced chairtime, high patient satisfaction, increased production and functional esthetic accuracy such a system offers to both the dentist and technician from are well worth the initial efforts to establish. ✨

About the Author

Wojdan serves as the senior vice president of esthetics at Knight Dental Group, CDL, DAMAS, in Oldsmar, Fla. She has more than 20 years of experience in laboratory technology. Her current focus is the development and direction of high profile functional-esthetic dentistry and advanced laboratory-dentist communications.



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“Tag Team Esthetics A Communication-Action-Communication Process”

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1. Equally important is the willingness and ability, from both a clinical and technical perspective, to continuously improve the processes of communication that are so crucial to the over all success of the completed case.
 - a. True
 - b. False
2. The article highlighted the _____ most important steps of communication.
 - a. 2
 - b. 3
 - c. 4
 - d. 5
3. According to step 1 _____ is certainly a key to case success...
 - a. Full arch impressions
 - b. High quality images
 - c. Knowing what the patient expects
 - d. organization
4. During the initial consultation with the patient, the dentist should determine what the patient wants to change in his or her smile versus what needs to be accomplished restoratively.
 - a. True
 - b. False
5. According to the article, the technician should always work on the original models.
 - a. True
 - b. False
6. After reviewing the mounted models the technician should discuss which of the following with the dentist?
 - a. Material options
 - b. Case requirements
 - c. Preliminary color
 - d. None of the above
 - e. All of the above
7. According to the article which is arguably the most necessary step in the communication-action-communication process?
 - a. Know the patient
 - b. Team talk
 - c. The precision communication wax-up
 - d. Gaining approval
 - e. The grand finale
8. The primary purpose of “The precision communication wax-up” is to accurately represent the final restorations both functionally and esthetically.
 - a. True
 - b. False
9. After studying the diagnostic wax-up, the dentist has a clearly defined, visual plan as to how to proceed with tooth preparation.
 - a. True
 - b. False
10. Once all model work is complete the next step is for the technician to make full contour wax-ups.
 - a. True
 - b. False

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