



OBI Foundation presents the Academy of Bioesthetic Dentistry NEWSLETTER

October 2007

A SMILE

It costs nothing, but creates much.

It enriches those who receive, without impoverishing those who give.

It happens in a flash and the memory of it lasts forever.

None are so rich they can get along without it and none so poor but are richer for its benefits.

It creates happiness in the home, fosters good will in a business, and is the countersign of friends.

It is rest to the weary, daylight to the discouraged, sunshine to the sad, and nature's best antidote for trouble.

Yet it cannot be bought, begged, borrowed, or stolen, for it is something that is no earthly good to anybody till it is given away!

If someone is too tired to give you a smile, leave one of yours.

For, nobody needs a smile so much as those who have none to give.

----Anonymous

What a privilege that we have the opportunity to help people enjoy a comfortable, confident smile. It's a symbol of goodwill and friendship that our patients may pass on to hundreds or thousands of others. Most of us seek different ways to explain the benefits of Bioesthetic Dentistry to our patients. Over the years I've noticed a few challenges—people often:

- Are not aware of how parts of the oral-facial complex are interrelated. Teeth are part of a **chewing system** that includes nerves, muscles, bones, ligaments, and the jaw joints. (Remember Dr. Wold's statement, "Mrs . . . , you have a problem that involves all your teeth.")
- Are not aware what **treatment options** are available.
- **Under-estimate** the value of a healthy smile for chewing, speaking, smiling, and communicating emotions.

Cosmetic dentistry is popular today, and some remarkable results can be achieved. But cosmetic dentistry may be a band-aid—a coverup, overlooking why premature dental **and facial** aging occurred. Porcelain veneers not harmonized with a proper bite and stable jaw position soon wear out, cause pain, or both. An attractive mouth is functional, and requires a healthy chewing system with relaxed muscles and joints.

I find myself reminding patients that cosmetic dentistry is useful if you want to improve the appearance of your teeth and all you do is smile. But if you like to talk and chew, and you also want to preserve the appearance of your face, bioesthetic dentistry is a better choice.

Tim Leary, Ed.

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President's Message

Greetings Fellow Academy Members,

I am pleased to report on two recent events for the Academy. First, the Esthetic Bonding class given by Dr. Alejandro James in Portland, Oregon was a huge success. This hands on experience was loaded with techniques that support the principles of Bioesthetic Dentistry and will be repeated in 2008. Second, Dr. Barry Hilligan presented a live one hour lecture via phone conference on "Finishing the case." All of us on the call were watching the Power Point presentation images as Barry talked. One of our members, Dr. Raymond Hsu of Seattle had this to say "*I cannot tell you how blown away I was at the quality of this experience. I learned so much in 45 min and have the pictures to remind me what to do! How cool is that? This was worth joining the ABD in the first place. Wow!*" This marks the beginning of ongoing lectures exclusively for Academy members. It is CE at it's finest from your living room.



The Foundation is also pleased to announce the appointment of a new member to our board. He is Gary Fichtner, whose dedication to the advancement of Bioesthetic Dentistry is known by all of us. Welcome Gary!

Next, I wish to write about our future.

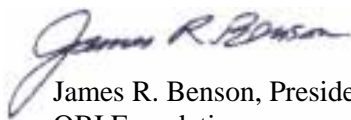
OBI Foundation for Bioesthetic Dentistry is making significant progress in its efforts to become an organization that attracts philanthropic support. To help us with this facet of the Foundation's mission, we have engaged the services of Stanley Weinstein & Co., a consulting firm that serves nonprofit organizations nationwide. Mr. Weinstein is the author of several books and articles concerning fundraising and nonprofit management.

In the next several weeks, Stanley will be calling people close to OBI who have helped shape the organization and who are committed to our work. Your candid thoughts and advice will help us refine our plans and the messages we convey to potential supporters.

The call will be informal. Stanley would like to hear your thoughts concerning your relationship to OBI, messages that would resonate with potential supporters, gracious and appropriate ways to engage affluent patients who might become OBI supporters, any ideas concerning research relating to Bioesthetic Dentistry . . . and any concerns you might have as OBI Foundation enhances its role as a leader in dental education and as a nonprofit organization worthy of volunteer and financial support.

Let me take this opportunity to thank every Academy member for what you have done for OBI Foundation. Your opinions and advice mean a lot to all of us at OBI. Thank you.

Sincerely,



James R. Benson, President
OBI Foundation

Report from the Chairman

Hi, All,

Welcome to the quarterly ABD newsletter. The *Academy of Bioesthetic Dentistry* is an integral part of our Bioesthetic learning process. The newsletter is also a wonderful vehicle to continue to communicate information to all of us.



Tim Leary offered to be in charge of the newsletter for one year. The end of that year is fast approaching. Great job Tim we all thank you. **The foundation is looking for a volunteer to step in and replace Tim as editor of the ABD newsletter.** Anyone interested should contact Kay.

Learning something new is a funny animal. Most individuals do not have any desire to learn something new until they are crowded into a corner and are in a position where they are forced to learn something. Only then does the wisdom begin. Examples of “forced learning” include; I have to get a PowerPoint presentation together for my Level II Session 2. I have Level IV patient coming in tomorrow and need to review EPO 1, EPO 2, and “Keys to the Kingdom”.

I would venture to say that if we placed the greatest educational library on the Bioesthetic web site only those with a need to know **now** would be using the material. Having said this, I feel it is our obligation as faculty to gather topics for our Level II, Level III and Level IV students for their access to assist them with their training. If the material is readily available, we within the organization have fulfilled our responsibility.

In addition, as new methods and materials and updates are introduced into the curriculum, they also would be added to our growing educational section of the ABD web site. For example, the ABD web site would also include the presentations such as the one given by Barry on finishing the case on September the 12th.

There is a wonderful education vehicle at our disposal. The software tool is called Camtasia. The software can be used in two ways. First, you can record your PowerPoint presentation as a live lecture in Camtasia, adding your voice. Once you complete the presentation, you can edit the production and then produce the presentation as audio video file format. Some examples for use of Camtasia are as follows; Barry sent some of us a PowerPoint presentation on waxing. I am continually asked by our students what setting do I use for my Cannon Rebel. PowerPoint presentations could be produced on these subjects in Camtasia, placed on the web and viewed by the dentist at his convenience.

A second option for using Camtasia is to teach how to use a specific application. For instance, one can open Lightroom or PowerPoint applications, be recording on the screen with Camtasia running in the background. One can discuss how to use the application, edit and produce the video to the web site.

There are enumerable education items that could be produced in Camtasia. **What are your suggestions as to what educational PowerPoint presentation should be produced in Camtasia that would benefit further development of Dr. Lee’s Bioesthetic philosophy?**

Obviously, these presentations would take time to produce. I am suggesting the educational chairman, Barry Hilligan, develop an itinerary of those educational topics identified as important. Volunteers interested in helping Barry produce these educational tools and or reviewing these suggestions submitted by the faculty would be greatly appreciated.

I am going to place an introduction and educational segment on how to use Camtasia on the web site for all to view. This educational video will show you how to bring your PowerPoint

presentation into Camtasia for production. I am presently going to developing a teaching aid for Lightroom, PowerPoint, Adobe Photoshop and camera setting for the Cannon Rebel.

Bioesthetics is an enfolding process; “the more we know the more we know we don’t know.” We are encouraging all Bioesthetic faculty to assist in this continual learning process. One of the goals of the **ABD is to aid in the educational advancement of the dentists’ training and progression in Bioesthetic dentistry.** The educational portion of the web site will give the tools to the Bioesthetic dentist and the opportunity to learn between the various Levels of his education. Camtasia provides a platform for all of us, as Bioesthetic dentists, to continue our learning experience.

Comments are greatly appreciated. Please e-mail me with suggestions.

Ken Hunt, Chairman

The Hero’s Journey ***By Dr Larry Bennett, OBI Faculty***

It is the practitioner with an uncommon understanding of the science, in other words an “expert”, that most people search out to treat their health issues and with good reason. If you are like me, the more you learn about a certain scientific discipline, the more you realize just how little the experts in the field actually know. The more we know, the more questions we have. Indeed, human beings are fearfully and wonderfully created.

When I was in dental school, the students were constantly told that the United States dental schools provided the best dental education in the world. We were led to believe that because of the advances in materials and techniques we were learning we would be some of the best-educated graduates in the history of dentistry and in retrospect we probably were. I’m sure this is also true of the latest graduate dentists. But one dental school professor made the statement that “one half of what we were learning would be proven wrong. The problem was that no one knew which half it would be”. This statement, while ignored by most of my classmates, had a great effect upon me and so it was with great humility and a commitment to continued learning that I graduated from dental school.

While in dental school, I had developed an interest in the study of occlusion and I decided that I wanted to become master this arena of dentistry. Within a year of establishing my practice in northern Wyoming, I attended a seminar presented by Dr. Niles Guichet. As an expert of gnathology, Dr. Guichet believed that stable condylar position could be obtained by gently guiding a patient’s lower jaw into a retrusive position by putting pressure on the patient’s chin with the thumb and forefinger while the patient retruded their jaw. He demonstrated the technique on me during the class. Unfortunately, despite my best efforts, he concluded that I was not properly cooperating and found a better subject. I wondered about the validity of the technique especially after trying so hard to be a “good patient” and failing to do so. So, I continued to search for an understanding of occlusion.

My next stop on my quest was a seminar presented by Drs. Farrah and McCarty. These dentists, a prosthodontist and oral surgeon respectively, were the first to show that the articular disc of the TMJ could displace in an anterior and medial direction and cause the clicking in the joint that was so common. At the time, this was a major advance in the science. They recommended using a “pull forward splint”



which repositioned the mandible forward so that the condyle remained on the disc at all times. After wearing the splint for a period of time, the patient's mandibular condyle was slowly allowed to retrude back into the fossa by small progressive adjustments of the appliance while at the same time maintaining the disc in its proper relationship with the condyle. This approach did not work consistently (if ever) in my hands, so I kept learning. Incidentally, Dr. Farrah died of "white lung disease" caused by years of breathing in acrylic while adjusting splints without using a mask.

I soon heard about neuromuscular dentistry. It was off to Seattle to take the series of courses taught by Dr. Barney Jankelson. He espoused using TENS to pulse the masticatory muscles to find the mandibular position where the muscles were most relaxed. This relaxed position, called myocentric, usually found the condyle translated down and forward on the eminence. He recommended building a splint in that position to get the patient comfortable and eventually restoring the patient there. I initially bought his equipment including a myomonitor and an EMG (electromyograph). I put off ordering a kinesiograph, which traced the movement of the mandible, because of the cost and eventually abandoned the approach because of concerns I had about the mandibular rest position becoming the work position.

I continued to attend almost any course that came along that dealt with occlusion. I attended lectures by the Chilean physical therapist Mariano Rocabado and found some great value in evaluating the musculo-skeletal relationship of the cervical vertebrae and the mandible/cranium in TMJ patients. Dr. Harold Gelb from New York City lectured about his splint design which covered the mandibular posterior teeth only and eliminated any contact of the anterior teeth. This approach helped some patients but did not seem to have a predictable result in my experience.

I then took a series of courses presented by Dr. Larry Funt, a Washington DC orthodontist/TMJ specialist, who had a working relationship with Janet Travell, MD. Dr. Travell was the foremost authority in the world on myofascial pain. She was at one time in her career the personal physician to John F. Kennedy. She gave JFK a rocking chair to exercise and stretch his back muscles which were damaged in WWII when his PT-109 torpedo boat was rammed by a Japanese destroyer. The rocking chair was a distinctive design that became known as a "Kennedy rocker". At the time I studied with her, Dr. Travell was 90 years old. She had never been married and was at the end of a long and incredible career. She was one of the greatest influences on my understanding of TMD/TMJ and my resulting philosophy of treatment. Her text book, "Myofascial Pain And Dysfunction: The Trigger Point Manual", should read by every bioesthetic dentist with special attention paid to chapter four which Dr. Travell considered by far the most important section of the book. Then perhaps every dentist could, like myself, have the experience of immediately eliminating a migraine headache (visual disturbances included) by giving a trigger point injection into the masseter muscle.

While Dr. Travell taught me so much, I found that I was still looking for a way to restore my patients so I could get them off their splint. At the time, the Pankey Institute was considered the best place to study the restorative aspects of occlusion. It took me three years to complete the five continuums available at the Institute. Over the next several years, I spent a week in a small group setting with Dr. Pete Dawson and Dr. Alvin Fillastre discussing restorative dentistry and occlusion. I attended a course presented by Dr. Dawson's oral surgeon associate Dr. Mark Piper on understanding and categorizing TM joint noises. (If anyone is looking for a TMJ Doppler for auscultation of the TMJ to diagnose internal derangements, let me know.) I had Dr. Henry Tanner, a former director of the Pankey Institute, come into my office to help me improve my skills in splint therapy utilizing a Tanner splint, which is the style of splint taught at Pankey.

In all, I spent seven years trying to understand and implement the clinical skills I learned at Pankey. Still, I noticed that many of the attrition cases that I was restoring with crowns on the anterior teeth ended up having great esthetics on the maxillary anterior teeth but the lower anterior teeth ended up looking like worn down crowns and the posterior teeth tended to be flat because I was taught not to open the vertical dimension of occlusion. I also noticed that many patients who had balancing side interferences removed through an equilibration would "redevelop" balancing side interferences. I decided that the splint therapy techniques I was using could not give me predictable results in finding stable condylar position. I eventually stopped treating TMJ by altering their occlusion because I found that no

matter whose philosophy I used it seemed like I could help about 60-70% of the patients. I began to think that anything that I would put in someone's mouth could give some degree of relief to a large percentage of my patients. So, why not do dental work in CO and make a nightguard afterward if the patient experienced any pain? My gut told me something was missing, so, I kept learning.

In 1996, I heard Dr. Lee speak at the Center for Professional Development. I immediately recognized that here was a method of reaching stable condylar position that I could confirm and getting permission to open the vertical dimension so that the form of teeth could be truly restored was especially exciting! I signed up immediately and devoured all the information available. Now, eight years later, I am finding that bioesthetic dentistry continues to be the philosophy that best meets my patient's needs when addressing TMJ/TMD and occlusion issues. I continue to be excited by learning the principles of biology and reading new research that challenges my paradigm of health. Bioesthetic dentistry has the best answers for treating the biomechanical stresses of the chewing system but, I have found that TMD/TMJ health and functional occlusion issues are usually multifaceted and a better understanding of the stress response, the endocrine system, nutrition, growth and development, anatomy and physiology and even the immune response helps me to understand and treat my patients more effectively. I have found after 27 years of study that the more I learn, the more questions I have. Such is the fate of an "expert".

Upcoming courses

2007 OBI Annual Meeting The Form and Function of a Successful Bioesthetic Practice

Nov 1, 2, 3, 2007

Embassy Suites (505-245-7100)

Albuquerque, New Mexico

Go to www.bioesthetics.com to print registration form, or call OBI at 1-800-438-6441 or in Salem 503-316-1366

Thursday: November 1, 2007

Introduction and Welcome

*Bill Gerace, DDS; Gary MacGraw, DMD;
and Jim Benson, DDS*

Bioesthetic Principles & The Dental Auxiliary

Barb Gentry

Do you trust me? Keys to establishing and
perpetuating great relationships with patients.

Brock Dumont

Developing Trust Relationships With Bioesthetic Patients

Jeff McClendon, DMD;

Danny Sector, DDS; and Ken Baker, DDS;

Q & A

Setting Fees for Bioesthetic Dentistry

Michael Schuster, DDS

Delivering the Bioesthetic Message Effectively

Tom Dawson, DDS; Gary Sanchez, DDS;

Tim Kelly, DDS; and Bill Cryderman, DDS

Q & A

Friday: November 2, 2007

Welcome

Bill Gerace, DDS; Gary MacGraw, DMD

Introduction

Jim Benson, DDS, Pres., OBI Foundation

Principles of Bioesthetics

"The Music of the Bite"

You won't want to miss this intro

Mitch Turk, DDS

Control Mechanisms for Stomatognathic Function

Ronald Auvenshine, DDS

One of the most complex activities of the
Central Nervous System is controlling the
function of the stomatognathic system.

This is guaranteed to be invaluable
information for all Bioesthetic Dentists. It
has been described by some as "the best
lecture I ever attended."

Seated Condylar Position – A Prospective Study,

Frank Cordray, DDS

Dick Steel, DDS

Learning Neuromuscular Response Through MAGO Therapy

Tom Dumont, DDS

Keys to Healthy Aging: Reviewing Recent Quantum Leaps in Anti-Aging & Life Extension Science & Technology, Free Radicals & Antioxidants

Ross Pelton, R.Ph., Ph.D., CCN

A renown pharmacological researcher will share with us the keys to healthy aging and educate us about free radicals and the important role of antioxidants.

Dinner Buffet

Saturday, November 3, 2007

Diagnosis & Treatment Planning of the Orthodontic / Surgical Case

Barry Hilligan, DDS; Joe Mauro, DDS

This wonderful morning of learning will prepare you to diagnose and plan Bioesthetic treatment for otherwise untreatable skeletal discrepancies. It is a must for those ready to tackle the most complex cases.

The Interdisciplinary Workflow of Bioesthetic Restorations

Bernhard Egger, BDT

Rescue Through Conservative Bioesthetic Treatment, Hal Stewart, DDS

V.O.T.E.: Vinyl Occlusal Test Exam

Jeff Henderson, CDT

Children Need Our Biologic Observations

Tim Kelly, DMD

Call to Action

Jim Benson, DDS, Pres., OBI Foundation

Next Auxiliary Workshop will be in Portland, Or May 2, 2008

Next L4 Final Presentation will be in Portland, Or May 3, 2008