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Connecting the Dots

INTRODUCTION

Presenting to and educating patients about high-quality, comprehensive esthetic dentistry requires not only advanced team knowledge about communication and critical thinking skills, but also advanced knowledge of the masticatory system. The interconnectedness between visual and functional disharmony and visual and functional deterioration cannot be recognized if it is not first understood. Becoming knowledgeable enough to recognize patient's signs, symptoms, and opportunities requires understanding of the links and lines that run between the multifaceted aspects of the masticatory system and then communicating them; in other words, "connecting the dots." Likewise, co-diagnosis and case acceptance by patients is dependent on them understanding and connecting the dots. We cannot successfully present comprehensive care if we cannot first recognize the signs and symptoms ourselves.

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Most of us learned as children how to "connect the dots" in coloring books. The process is simple: Trace from one numbered dot to the next and, before you know it, a bigger picture emerges...a picture that was not apparent until you connected all the dots.

SEEING THE BIGGER PICTURE

This childhood exercise actually is good preparation for adulthood, as the same principles are utilized in critical thinking, reasoning, and problem solving. However, to be a critical thinker it is necessary to have as much information in as many areas as possible, so as not to limit your point of view. Lack of information and even overspecializing in one area may limit a person's ability to see the "bigger picture." For that reason, mastery of our profession requires gathering and processing a wide range of information, understanding the relationships between one area of study to another; and then, using a step-by-step

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critical thinking approach to see the bigger picture. In other words, connecting the dots.

By the same token, co-diagnosis by patients (the process by which patients discover for themselves that they have a problem) also depends on connecting the dots. Patients often have no idea of the scope of their dental needs. They often also are not aware of the many opportunities and options available to them. It is very difficult to present a comprehensive treatment plan to a patient who does not even perceive they have a problem. Presenting to and educating patients about high-quality comprehensive esthetic dentistry requires a team that is educated to understand dentistry from the bigger picture. An educated team must also understand the communication and educational processes necessary to lead patients to co-diagnose themselves through observation, exploration, and self-discovery.

There is an old adage stating, "The eye does not see what the mind does not know." The interconnectedness between visual and functional disharmony, and visual and functional deterioration cannot be recognized if it is not understood. Becoming knowledgeable enough to recognize patients' signs, symptoms, and opportunities requires understanding of the links and lines that run between the multifaceted aspects of the masticatory system.

Curricula in dental schools have always strived to provide dentists a complete and in-depth study of the masticatory system. However, formal training for dental hygienists and other auxiliaries has rarely included a working knowledge of all the core concepts relating to this system, thus

limiting many in their ability to see the bigger picture.

The ever-growing challenge of providing more comprehensive and more esthetically pleasing dentistry for patients has led many dentists to pursue even more advanced training in these subjects. There are, however, fewer such courses available to team members.

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With today's greater utilization of auxiliaries for co-diagnosis, education, and case presentation, it would seem highly beneficial to hygienists, treatment coordinators, and assistants to have additional advanced training. Mentoring partnerships between dentists and auxiliaries can facilitate the exchange of information. Periodontists, orthodontists, and endodontists often are willing to take on a collaborative role with general dentists in mentoring their teams. Collective knowledge and information sharing creates not only a better-educated team; it also creates an alignment of professional people with an increased opportunity for mutually beneficial interaction. Higher-performance teams may recognize more patient needs and opportunities, and these may channel productivity to specialists and general dentists alike.

CREATE YOUR OWN CURRICULUM—CREATE A PARTNERSHIP

The question is, how can you "fast track" your practice to create a collaboration of information/learning

partnerships? A possible beginning might be to rethink and realign the practice vision and the objectives of each department. You might assume that this is already a given. However, just as a prerequisite, have a discussion of what comprehensive care means to each of you and what role each department has traditionally assumed. As a rule, in the hygiene department, we tend to look primarily at the gingival tissues, bone, and patient home care; whereas the restorative department focuses more on tooth restoration, smile design, and occlusion. The administrative department's focus usually has been on systems for efficient scheduling and financials. However, does this traditional departmental segmentation keep us from seeing the bigger picture? How can we realign our vision and views?

You might be surprised to see realignment occur automatically as you discuss what comprehensive care really consists of, and its relationship to the masticatory system. (The common threads between periodontal breakdown and occlusion; parafunctional habits and destruction of anterior and posterior tooth structures and joint pain; gingival inflammation and violation of biologic width.) Better understanding of the reasons and rationales for comprehensive care might give the entire team—including administrative members—additional conviction of purpose and vision. It is always easier to "sell" something you truly believe in.

Next, consider creating your own in-office courses for better understanding of the masticatory system. Utilize some of your weekly or monthly meeting time for educational purposes. Contact and



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network with other offices, particularly specialty practices you refer to. Many of these doctors may already have prepared presentations they use for patient and/or community education. Begin teaching the terminology associated with all aspects of the masticatory system. With better understanding of terminology come more team opportunities to accompany doctors to more advanced courses at dental meetings and scientific sessions. Understanding terminology also allows team members to benefit more from books, tapes, and on-line courses. Remember that information sharing works both ways; if some team members attend educational courses or programs that the doctor and/or other team members cannot, be sure to communicate the valuable information later with those who were unable to attend.

Develop a guidebook of advanced information for your team. It would be helpful to create team objectives, as well as some new objectives by department, to help blur the boundaries that might have kept care and training segmented in the past. It also might be beneficial to personalize some of the curriculum, so as to identify and individualize a portion of the training based upon each member's evaluation of his or her specific needs and desired knowledge.

SUGGESTED TOPICS

- components of the masticatory system (teeth, bone, gingivae, temporomandibular joints [TMJs] and muscles)
- axial alignment and its relationship to a balanced occlusion
- the importance of cusp-to-fossa relationships

- causes of abfraction and recession
- parafunctional habits (clenching, bruxing)
- understanding of the violation of biologic width and how it affects the surrounding tissues; also, considerations for crown lengthening
- axial forces/lateral forces
- understanding of the concepts of anterior guidance: cuspid/canine rise in lateral excursions, protrusive, group function, and disclusion
- centric relation/centric occlusion
- vertical dimension
- anterior stops/centric stops
- the forces of occlusion (interferences/prematurities)
- opposing forces and the neutral zone
- extrusion
- delayed passive eruption
- vertical bony defects versus horizontal bone loss
- deprogramming muscles
- widened periodontal ligament, and what it signifies
- mobility is not always from bone loss
- equilibration
- TMJ breakdown.

DISCUSSION

Without advanced knowledge, for example, a hygienist might assume that all recession and abfractions are related only to toothbrush abrasion; and not to the interconnection between axial alignment, prematurities, and/or other occlusal disparities or parafunctional habits.

Without an understanding of the interconnection between chronically inflamed crown margins and a violation of the biologic width, it could be assumed that the only causes are poor patient hygiene or the need for root planing.

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Without an understanding of how the lack of anterior guidance is related to anterior and posterior tooth wear/breakage and/or abfraction, it might be assumed that a simple restoration will solve the problem. Many team members are not aware that veneers are sometimes the best treatment from a functional standpoint, not just an esthetic one.

Discussion of the masticatory system and its adaptability will help team members understand the concept of balance and the system's continual need to recreate harmony.

It is important to understand that muscles always try to recapture masticatory system harmony if there are interferences, by means of the following:

- Deviating around the area causing muscle fatigue, headaches, neck aches, or temporomandibular breakdown.
- Grinding it away (bruxing).
- Clenching, which may move the tooth laterally out of the path or exfoliate it through bone loss.
- Breaking the tooth cusp or restoration, creating more clearance.

PUT THE PIECES TOGETHER— CONNECT THE DOTS

More advanced knowledge gives teams a greater opportunity to better coordinate information, to watch for red flags, to analyze signs and symptoms and find the common threads. The eye *can* see what the *mind knows*. For example, patients who have experienced first bicuspid extractions may have many signs and symptoms of breakdown, and should be closely observed. Red flags in some of these individuals might be teeth that are tipped lingually, creating poor axial alignment and resulting in a cusp-to-cusp occlusal relationship. Often these patients will clench and may have recession, abfractions, headaches, and neck aches. There also is the possibility of a lack of anterior guidance or group function. Esthetically, they may have narrow buccal corridors, resulting in a small, child-like smile and the appearance of a collapsed vertical dimension. This is the kind of advanced knowledge that is crucial in connecting the dots and seeing the bigger picture

This kind of knowledge also is necessary for patients to connect the dots. Be aware of the questions you ask patients in order to create co-diagnosis. The questions should be designed to provoke thought and take them back to past experiences; this is called *reflective thinking*. Questions you might ask in a situation such as first bicuspid extractions noted above include the following:

- *Did you have orthodontics?*
- *Did they remove some of your permanent teeth?*
- *Were you happy with the result of the orthodontics?*
- *Do you like your smile?*
- *On a scale of 1 to 10, how would you rate your smile? [and, if the answer is not 10] What would it take to make it a 10?*
- *Do you think you may be clenching your teeth?*
- *Do you frequently have headaches or neck aches?*
- *Do you presently wear any type of nightguard?*
- *Are you aware of these areas of recession?*

By asking the right questions and allowing patients to observe signs and symptoms in their own mouths, we give them the opportunity to discover that problems exist before we offer treatment. This is the foundation for elimination of need-based case presentations and the creation of want-based case acceptance.

Of course, all of this will take time and effort; mastery always does. It will take a committed team, one that is dedicated and open to experiencing more in-office advanced educational opportunities; and, possibly, even developing shared knowledge networks with other practices. Some might find it quite challenging, but many highly motivated people enjoy a challenge. In fact, some might even consider it fun, like child's play—like connecting the dots! *AG*



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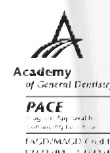
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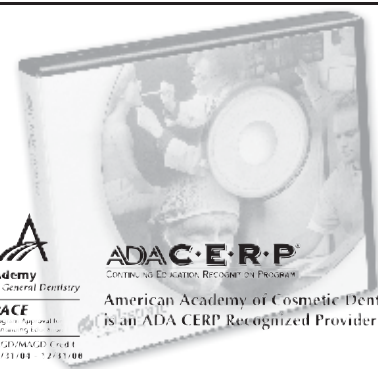


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