Attendees of previous years’ sessions presented by Meg Soper have had so much fun that the Pacific Dental Conference has her returning this year — for the fourth time.

But this time Soper is doing what might best be described as a stand-up health-care routine.

“It’s going to be a stress-busting, laughter-filled hour that will set the tone for the final day of the conference,” Soper said.

Acknowledging that dentistry can be extremely stressful, Soper said: “We have to be able to laugh at ourselves and at what life tosses our way. And we can bring that energy with us to our relationships and to our dental practice.” Soper offered this guarantee to all attendees, especially spouses: “You will remember it for quite some time!”

“With single-visit scanning, designing and milling — in house or with your lab. In the OCO Biomedical booth, No. 1444, Victor Bianchi was showing visitors how easy it is using just hot water to custom fit the Larell One Step Denture. He said the denture system is a perfect match with OCO Biomedical’s immediate-loading implantology on small-diameter implants, which takes only an hour. The resulting breakthrough: chairside dentures on implants in just two hours. ‘It’s a match made in heaven,’ Bianchi said.

“It adds business to your practice and serves your anatomically and financially compromised patients.”

In the Patterson Dental booth, Joe Andrasko was in the Carestream Dental booth, No. 928, providing live presentations on CS Solutions, Carestream’s comprehensive system of tools and resources that simplifies and improves efficiencies with restorations — with single-visit scanning, designing and milling — in-house or with your lab.
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‘Occlusion is for everyone’

Key principles equally applicable to single crowns or full-mouth restorations

By Robert Selleck, Managing Editor

Many dental professionals when hearing the terms “occlusion” or “occlusal dysfunction” immediately think of full-mouth reconstruction, rehabilitation or some other intensive case. John Kois, DMD, who has earned a global reputation for his knowledge of and teachings on occlusal dysfunction, wants to end that.

“The problem is,” Kois said, “that patients who receive that level of dentistry are a small percentage of a typical practice’s patients. In reality, occlusal concepts apply to all of your patients.”

Simply put, Kois said, “Occlusion is for everyone.”

And that’s the heart of his presentation, “Functional Occlusion,” on Saturday from 10:00 a.m. to 12:30 p.m. and continuing from 1:30 to 4:00 p.m. Kois spoke with today prior to his PDC presentation.

Can you summarize your session?

The core of the presentation involves shifting perception to understand that emphasis needs to be on the physiology of the occlusion, not on the mechanics. Once we understand this, and what we are really trying to treat, there may be some simpler solutions we can generate. A big problem is that most dentists were trained to diagnose occlusal problems by looking only at patient morphology.

My presentation highlights the difference between a morphologic occlusion and functional malocclusion. Just because the occlusal relationships do not appear to be ideal, that doesn’t mean a patient can’t have a healthy functional occlusion. Treatment can achieve what seems to be a morphologically ideal occlusion, but the patient ends up being miserable, with discomfort and instability in tooth position. Why is this? My presentation answers that question.

So, sometimes what seems to be dysfunctional occlusion is better left alone, and what appears to be acceptable occlusion might not be what it seems?

What we are dealing with is a system that does four things: It chews. It swallows. It speaks, and it’s involved in breathing. When there’s a problem with any one of those four things, the system has to adapt or work around the problem. In the process of adaptation, the patient may develop symptoms – or ways of compensating for the problem that are normal to the body but abnormal in the way we examine the patient.

So what we’re really trying to do when we see occlusal problems is reduce adaptation or the rate of adaptation, which represents compensation by the body. When we look at it this way, often these are not true diseases, they are what the body does to make the system work better. The human body is always trying to heal itself. That’s what homeostasis is all about. You’re always trying to correct things so that you can function in a more protected way. Weightlifters get callouses on their hands. That’s not called callous disease. That’s a response to the roughened equipment and doing things in a different way that prompts a response from the body. You may not like callouses, but they’re not a disease, they’re normal.

With occlusal problems, it’s very