



DAY 1

PLAN & PREP

(dental photography, DSD, aesthetic treatment planning, mock-up preparation, shoulder/shoulderless, rubberdamology, bonding)

- Basic principles of dental photography Equipping the dental office and photo studio
- Photo protocols for documentation using different sources of light
- Photographs essential for DSD planning and design
- Photography of lab work
- Artistic photography
- Introduction to treatment planning for MIPP technique
- Principles of aesthetics in smile (soft and hard tissues)
 - -Advanced dental photography for treatment planning “Live Show on patient on how to shoot the right photos”
 - -Simple DSD for treatment planning
 - What we really need from DSD ?
 - -Parameters to put in mind before starting full mouth reconstruction cases
- Principles of minimally invasive preparation of single crowns and veneers.
- VERTIPREP. Preparation with or without shoulder. We overthrow the myths.
- Preparation principles for full mouth reconstruction.
- Bite registration methods with full reconstructions.
- Fiber glass or metal post ? We overthrow the myths.
- Ferrule effect - when the rim is important.
- Impressions for prosthetic work - TIPS & TRICKS
- Temporary veneers that do not fall off and do not compress the gums.
- Bonding:
 1. activities before we set up a rubber dam
 2. rubberdamology - different methods of rubber dam isolation
 3. preparation of porcelain for bonding
 4. TIPS & TRICKS - easy cementing and cleaning of veneers.

- Day Two

- The “fashion” for occlusion and physiotherapy – how it has changed over the decades.
- The impact of occlusion on the temporomandibular joint – evidence based data
- Centric Relation – a measure of success (?), the definition of which has already changed 26 times. What is it and in what situations does it play an important role for us.
- Stability of the temporomandibular joint (TMJ) – when can it be achieved.
- Everyone is worried about the position of the condyle – but what about the position of the articular fossa?
- The construction and significance of different TMJ structures from a diagnostic and treatment viewpoint.
- STMJ - the concept of the synovial temporomandibular joint
- Restricted mandibular movement – what are the norms and why we should not “train” jaw opening in the vertical dimension
- The 4:1 Principle in TMJ treatment.
- The Rocabado pain map – knowledge that enables an accurate diagnosis of the TMJ as well as a diagnosis of premature occlusal contacts and which also prevents complications from arising when creating a new bite.
- **WORKSHOP ROCABADO MAP OF PAIN**
- The influence of cervical vertebrae and their rotation on occlusal problems and TMJ disorders.
- Diagnosing C1 and C2 rotation.
- Therapy of a locked disk and what should be the care of the patient after the treatment.
- Equilibration on the splint with the aim of stabilising the TMJ.
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- Condylar Vertical Dimension (CVD) and its importance for achieving the correct occlusal plane.
- Taking the patient’s history – why properly phrased questions are key to establishing a proper diagnosis.

KOIS QUESTIONARY ANALYSIS - each participant fill his own questionnaire.

- Causes of damage to teeth, taking into account in particular erosion (distinguishing between GERD, bulimia, perimolysis, low pH from nutrition)
- Acceptable function, restricted path of closure, dysfunction, parafunction, bruxism and neurological disorders:
 - Risk assessment and prognosis for the future
 - How to diagnosis and treat different groups of patients
 - How to tell when someone is “clenching” and when someone is “grinding”
 - Clinical case studies
- Adaptation – what is it and what are its effects, how to determine whether a patient is already adapted and how to treat patients in cases involving aesthetic-functional reconstruction of the bite.
- Chewing patterns and engrams – can we change them and what is their significance for treatment prognosis.

What is deprogramming and what are the criteria for achieving full deprogramming.

Facebow. What is it used for – what are its drawbacks, benefits and limitations based on EBD.

DFA as a genuine alternative to the traditional face bow.

Ways of transferring the position of the maxilla in the digital world – is this already possible today?

1. An asymptomatic patient
2. A patient with high muscle tension
3. A patient with muscle pain

- 4. A patient with joint pain.
- • When do we need CR and when MIP suffices.
- • At what stage and in what way do we register a bite in different groups (methods such as Dawson's bimanual manipulation and the gothic arch right through to the leaf gauge, Lucia jig, and the Kois deprogrammer and splint registration – the indications and contraindications for different methods)
- • At what stage do we make a diagnosis for particular patients.
- • Which group requires physiotherapy and how long can such treatment last.
- • Clinical case studies
- The Kois deprogrammer, Leaf gauge, Lucia Jig
- • When should we use it and when should it be avoided.
- • Making a deprogrammer in a lab.
- • Adjusting the deprogrammer in the patient's mouth – what is important and what are the most common mistakes made.
- • Bite registration.
- Materials for registering a bite – which ones should we avoid and which ones make life simpler for us and our technicians.
- Demonstration of how to mount a model in an articulator using CR and DFA registrations (video).

DEMONSTRATION OF KOIS DEPROGRAMMER ADJUSTMENT AND REGISTRATION, FACEBOW AND DFA

Day 3

- Vertical dimension of occlusion (VOD).
- How much can we raise it and what is the dentoalveolar compensation.
- The effect of raising VOD on the cervical spine and pain in the trigeminal nerve nuclei.
- Cephalometric analysis of the cervical spine (analysis of intervertebral spaces and the cranio-cervical angle) and the position of the hyoid bone – crucial for achieving muscle balance and making it possible to raise occlusion successfully.
- Cranio-cervical disorders. Analysis of the cervical spine and TMJ using CBCT.
- Basic photo protocol for aesthetic planning.
- Establishing the height of the deprogrammer platform using a modified DSD protocol.
- DSD in patients with significant tooth abrasion (teeth not visible when patient smiles). How to establish the right aesthetics at the preliminary stage.
- Transfer of CR registration in changing conditions during the course of treatment (maintaining correct position).
- Adhesion or retention, elastic or rigid restoration. Prosthetic dilemmas in patients with significant dental abrasion.
- Treatment of temporomandibular disorders (TMD).
- How does knowledge of the Rocabado pain map help us from the viewpoint of treatment and prognosis?
- Splint therapy – making different splints depending on the diagnosis (different kinds of Rocabado pain – different splints for treating them)
- Splint equilibration and different stages of TMJ stabilisation Individual settings in the articulator and individual measurements on a condylograph - what are the actual benefits and limitations.
- Canine guidance and incisal guidance – facts and myths.
- P1, P1, P3 – the code for stable occlusion.
- Individual and semi adjustable articulators, hinge axis and complicated appliances that were supposed to make our occlusion better.
- Occlusal equilibration. How to adjust the crown properly and how to use the best articulator on Earth - TMJ
- • Indications, contraindications
- • Instruments • Step-by-step protocol
- **QUIZ IN GROUPS TO SUM UP THE KNOWLEDGE**

