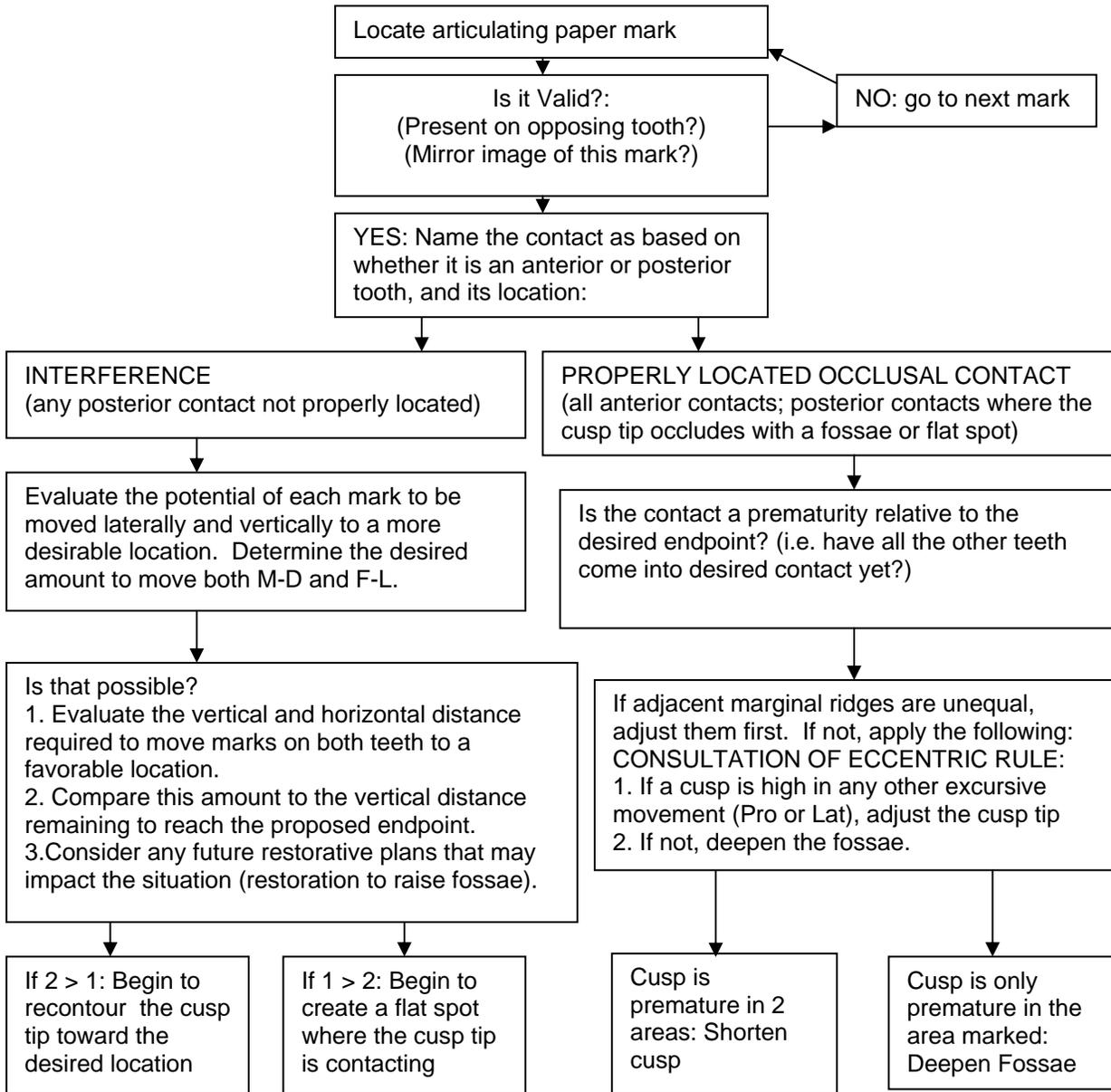


PROCESS FOR ADJUSTING AND EQUILIBRATING DENTITION FROM CO TO EQUAL MI VBH2011

1. Decide upon the intended endpoint of the adjustment from adjusted casts or clinical observation. This is a good distribution of stable, appropriately-located occlusal contacts on all available teeth, with anterior guidance in lateral movements, and no working or non-working contacts on posterior teeth. If working contacts exist, do not have contacts on inner inclines of mandibular lingual cusps or on the corresponding maxillary outer inclines of the lingual cusps.
2. Once the adjustment begins, do not allow the patient to close into maximum intercuspation (MI). Place a cotton roll or finger between the teeth when the patient needs to rest or swallow.
3. Dry the teeth with 2X2 gauze and air syringe, and mark with articulating paper. Use the cotton roll, leaf gauge, or bi-manual technique to manipulate. Start with articulating paper for large interferences, using Bausch red/blue paper, then shimstock.
4. Start at the same place in the arch, and work systematically, evaluating all marks before remarking.



Complete this process with all existing marks, then clean the teeth and re-mark. Continue with articulating paper until you have good locations on the teeth, a good distribution in the arches, and the proposed or a reasonable endpoint. Then use shimstock to verify contacts and adjust timing: Posteriors hold; Anteriors drag. Once MI(IP)=CR(CO), adjust lateral and protrusive movements. Do not grind on an MI (IP) contact (may mark function in red, then mark MI(IP) in blue), and watch for non-working interferences. Polish as needed (use of OS1 football carbide bur eliminates polishing need).

Patient Instructions: 1) Expect to feel tired. 2) Do not continue to tap teeth together rest of day. 3) wait 2-3 days to decide if something feels high, 4) may need a touch-up later as joint and teeth become accustomed to the new "bite" or as muscles relax more.