WELCOME TO SCOTTSDALE CENTER

SEATING
You’re sitting on an Aeron chair designed by famous chair engineer Herman Miller. It adjusts in 54 different ways to provide personal comfort throughout your time here. Enjoy!

LIQUID REFRESHMENT
Help yourself to coffee, water, and assorted beverages, which are served throughout the day in the Café.

BREAKS
Please feel free to wander around the facility. Be respectful of the closed doors as there may be meetings occurring. We ask that you take your seat a few minutes before the meeting resumes.

MICROPHONES
During question and answer sessions, each attendee has access to a personal microphone. You simply switch it on when called upon, and everyone can hear your question.

WIRELESS INTERNET
Access to our wireless network is complimentary and available at any time.

USERNAME: scottsdale
PASSWORD: center

ASSISSED LISTENING DEVICES
Should you experience any difficulty hearing the presenter, we have listening devices available.

MEALS
We’ve chosen a prominent, award-winning Scottsdale chef to cater this event. Michael, of Michael’s catering, and his amazing team have put together an exceptional & unique menu for you this weekend.

TRANSPORTATION
Shuttles run from the hotels to the center, along with car service upon request.

EVENT CONCIERGE
If you have additional requests, there is an event concierge in the lobby who can help you.
OCCL

Occlusion in Clinical Practice

SECTION 1
Presentation Notes

SECTION 2
Handouts
Occlusion Workshop

DAY ONE

7:00 AM  Breakfast  Café
8:00 AM  Occlusal Diagnosis  Lab  
          Dr. Frank Spear
8:45 AM  Models  Lab  
          Facebow  
          Dr. Lee Brady
10:30 AM  Break  Café
10:45 AM  Joint & Muscle Exam  Lab  
          Exam Demo  
          Dr. Gary DeWood  
          Dr. Dr. Lee Ann Brady
12:00 PM  Lunch  Café
1:00 PM  Exam on Partner  Lab  
          Dr. LeeAnn Brady  
          Dr. Gary DeWood
4:00 PM  CR Bite Records  Christensen  
          Dr. Frank Spear
5:00 PM  Celebration  Patio

DAY TWO

7:00 AM  Breakfast  Café
8:00 AM  Bite Records on Partner  Clinic  
          Protrusive Records  
          Mount lowers  
          Dr. Gary DeWood  
          Dr. Lee Ann Brady
11:00  Equilibration Cases  Christensen  
          Bite Plane Fabrication  
          Dr. Frank Spear
12:00 PM  Lunch  Café
1:00 PM  Compare Mounted Models  Lab  
          Functional Analysis  
          Fabricate Bite Plane  
          Dr. Gary DeWood  
          Dr. Lee Ann Brady
DAY THREE

7:00 AM  Breakfast  Café

8:00 AM  Deliver Bite Plane  Lab
   Dr. Lee Ann Brady
   Dr. Gary DeWood

9:15 AM  Break  Café

9:30 AM  Equilibration  Lab
   Dr. Lee Ann Brady

10:30 AM  Equilibration on Casts  Lab

12:00 PM  Lunch  Café

1:00 PM  Occlusal Tx Planning  Christensen
   Dr. Frank Spear

5:00 PM  Adjourn
Resident Faculty

Dr. DeWood earned his DDS from Case Western Reserve University and a Master of Science degree in Biomedical Sciences at the University of Toledo College of Medicine. He maintained a private restorative general dental practice for 22 years then left full time private practice to devote time to teaching. He holds or has held appointments as Assistant Professor at the University of Tennessee College of Dentistry, Clinical Director at The Pankey Institute and Director of Marketing and Publications at The Pankey Institute. He currently serves as Vice President of Clinical Education at the Spear Institute.

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Dr. Gary DeWood

Dr. Lee Ann Brady earned her DMD degree from the University Of Florida College Of Dentistry. She practiced in several private restorative practice models for seventeen years before leaving to devote her time to teaching. While in private practice, Dr. Brady taught part-time at the Santa Fe Community College Dental Hygiene program. In January of 2005 she joined The Pankey Institute as a full time faculty member, and became Clinical Director in 2006. Dr. Brady joined the Spear Institute as VP of clinical education in September of this year. In addition to her teaching responsibilities she maintains a limited clinical practice focused on comprehensive restorative dentistry. Dr. Brady is a member of the American Dental Association, American Equilibration Society, Academy of General Dentistry, American Academy of Cosmetic Dentistry, American Academy of Fixed Prosthodontics, American Association of Women Dentists and is a Fellow in the American College of Dentists.

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Fax: 818.462.9060  
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**OCCLUSION IN CLINICAL PRACTICE WORKSHOP 2009**

**Lecture Presentations**

<table>
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<td>Examination</td>
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<td>Centric Relation Bite Records</td>
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<td>Evaluation of mounted models</td>
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<td>Anterior Bite Plane</td>
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Section 1

The application of occlusion in practice

<table>
<thead>
<tr>
<th>EXAM</th>
<th>DIAGNOSIS</th>
<th>TREATMENT PLANNING</th>
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</thead>
<tbody>
<tr>
<td>History</td>
<td>Joint</td>
<td>No treatment</td>
</tr>
<tr>
<td>TMJ</td>
<td>Muscle</td>
<td>Splint therapy</td>
</tr>
<tr>
<td>Muscles</td>
<td>Dental</td>
<td>Mounted models</td>
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<tr>
<td>Dental</td>
<td></td>
<td>Equilibration</td>
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<tr>
<td>Perio</td>
<td></td>
<td>Restoration</td>
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<tr>
<td>Photography</td>
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</tbody>
</table>

DECISION TREE   Treatment Options - Treatment Sequence

OPTIONS FOR OCCLUSAL THERAPY AFTER THE EXAM

- No occlusal therapy, only esthetics, structure and biology
- Appliance therapy to aid in diagnosis
- Mount models to evaluate potential for occlusal change

After evaluating models:
- Choose no occlusal therapy
- Perform trial equilibration
- Perform the equilibration

After trial equilibration:
- Perform the equilibration

After evaluating models:
- Diagnostic wax-up to correct the occlusion
- Prepare teeth and equilibrate remaining teeth
- Prepare teeth and equilibrate the provisionals
- Restore teeth without altering the occlusion
**Common Treatment Protocols**

1. Exam
2. Mount Models
3. Appliance 14-90 days
4. Remount Models
5. Trial Equilibration
6. Equilibrate
7. Refine Equilibration
8. Remount Models
9. Wax up
10. Restoration

**Our Treatment Protocol for Asymptomatic Patients**

1. Exam
2. Mount Models
3. Trial equilibration and wax up
4. Prep and equilibrate
5. Complete restoration and refine equilibration

**Our Treatment Protocol for Symptomatic Patients**

1. Exam
2. Appliance therapy until symptoms are gone and repeatable bite records can be made
3. Mount models
4. Trial equilibration and wax up
5. Prepare teeth and equilibrate
6. Complete restoration and refine equilibration
SYMPTOMATIC PATIENTS

Diagnose the joint condition and know which treatment options are available
Diagnose the muscle condition and know which treatment options are available
Diagnose the dental condition and know which treatment options are available

Bill

50 y/o
Grinds teeth
Inadequate anterior guidance (guidance is on the balancing side)

What determines the disclusion of the POSTERIOR teeth
On the working side - joint stability, anterior guidance, and cuspal form
On the non-working side - angle of the eminence, anterior guidance, and cuspal form

How do I know what I can do to develop disclusion
Mount models - set the articulator - find out what’s possible
Section 2

EXQUISITE IMPRESSIONS

Alginate
- Hydrophilic
- Easy
- Accurate
- Patient friendly
- Economical

Alginate Substitute
- Hydrophobic
- Technique sensitive
- Less accurate than alginate
- Patient friendly
- Stable over time
- Multiple pours possible
- Economical

VPS
- Hydrophobic
- Technique sensitive
- Long set time
- Accurate as alginate
- Stable over time
- Multiple pours
- More expensive
Polyether
- Hydrophobic
- Technique sensitive
- Long set time
- Accurate as alginate
- Stable over time
- Multiple pours
- More expensive

FACEBOW
Transfer functional and esthetic information to the articulator for use in diagnosis and treatment planning

EXQUISITE MODELS
- Plaster
- Dental Stone
  - Buff
  - Mounting
  - Snap
- Die Stone
Pouring Models
- Clean impression
- Block tongue space
- Accurate measurement
- Vacuum mixer
- Suspend poured impression
- Base as necessary

Section 3

The Clinical Exam - TMJ and Muscle Screening

HISTORY

CLINICAL EXAM
- Muscle palpation
- Joint exam
- Tooth evaluation for wear patterns
Temporalsis Muscle

Trapezius

Suboccipital
Masseter

Medial Pterygoid Muscle

Lateral Pterygoid Muscle
PALPATE JOINTS

PALPATE CAPSULE

PALPATE CAPSULE UPON CLOSURE

TESTING SOURCE OF PAIN

BILATERAL MANIPULATION
LOAD TEST

Leaf Gauge

If the Load Test is Positive:

Lateral pterygoid
Retrodiscal tissue
Internal derangement

Cotton rolls - Lucia jig

If the patient is comfortable with load following it is most likely muscle

If the patient is not comfortable use a bite plane

Initial point of contact in centric relation
Functional occlusion

Anterior coupling

Contacts in excursions

Posterior clearance in protrusive
Is the current occlusion physiologic or pathologic?

**PHYSIOLOGIC**
- are you going to alter it?
- WHERE are you going to alter it?

**PATHOLOGIC**
- HOW are you going to alter it?

4 mandibular positions of tooth contact

- Maximum intercuspation (MIP, ICP ................. not CO unless coincident)
- Excursive pathways anterior and lateral to MIP
- End to End and crossover
- Retruded from MIP

Lateral pterygoid muscles are programmed by posterior teeth to permit closure into MIP

**CHARTING PATTERNS OF WEAR**

- Anterior - Posterior
- Right - Left - Forward
- Flat - Cupped
- Shiny - Satin
- Sharp - Rounded

**Areas of Occlusion - Areas NOT in Occlusion**

- Have teeth erupted
- Has VDO changed
Occlusion Diagnos is and treatment Planning

JOINTS

Where is the disk?

MUSCLES

Are any muscles sore or tender to palpation?

TEETH

Is the current occlusion physiologic or pathologic?

PHYSIOLOGIC  WHY are you going to alter it?
WHERE are you going to alter it?

PATHOLOGIC  HOW are you going to alter it?

4 mandibular positions of tooth contact

- Maximum intercuspati on (MIP, ICP ..................... not CO unless coincident)
- Excursive pathways anterior and lateral to MIP
- End to End and crossover
- Retruded from MIP
Section 4

Making Centric Relation Records for Functional Analysis

Functional analysis is always done using bite records made in centric relation or adapted centric posture.

What is Centric Relation?

How Do I Find It?

- The position of the condyle when the lateral pterygoid is relaxed and the elevator muscles contract, with the disk properly aligned.

Methods of Obtaining Centric Relation

- Bilateral manipulation
- Leaf gauge
- Lucia jig
- Appliance

Factors Affecting Centric Recording

- Joint pain
- Muscle "splinting"

KEY: Obtaining centric relation is not about forcing the patient’s mandible into a seated condylar position, but simply removing the tension in the lateral pterygoid muscle which prevents the condyle from fully seating.

Use of Bilateral Manipulation
The function of loading during manipulation is to stretch the lateral pterygoid and evaluate if it is released.

If your joint exam was normal and tension or tenderness is present upon loading, it indicates the pterygoid has not released. This will require some deprogramming or the use of an appliance.

**Use of Bilateral Manipulation**

**A. Advantages:**
- Efficient
- "Feel" seating of condyle
- Places anterior superior force
- Reproducible

**B. Disadvantages:**
- Learning curve
Some patient's muscles cannot be managed

C. Indications:
- Manageable muscles

D. Contraindications:
- Severely splinted muscles
- Joint pain on loading

Use of a Leaf Gauge

The key to making a record using a deprogrammer is to use the patients elevator muscles for the purpose of loading. This means the patient must be asked to squeeze prior to the record for the purpose of load testing and also during the record to assure seating of the condyle.

35 Simon and Nichols JPD July 1980  Centric relation as a range of positions in asymptomatic patients.

A. Advantages:
Easy  
Adjustable  
Reproducible  
Muscles seat condyles

B. Disadvantages:
• Lack of operator "feel"
• Can distalize condyle

C. Indications:
• Joints which are pain free when loaded
• Any muscle condition

D. Contraindications:
• Joints which are painful when loaded
• When pterygoids won't release after 5 to 10 minutes as evidenced by tension increasing or not being relieved

Use of a Lucia Jig

Lucia Jig placed L-R

Lucia Jig placed A-P

marks including CR

Smooth Injecting Paste
The key to using silicone as a recording material is proper trimming. Any sponginess in the models is indicative most often of poorly trimmed records or a distorted model, not the softness of the silicone.

A. Advantages:
- Reproducible
- Can verify bite at time it is made
- Does not distalize condyle
- Muscles seat condyles
- Can use with any patient

B. Disadvantages:
- Lack of operator "feel"
- Not adjustable

How Do I Decide Which To Use?
- Bilateral manipulation
Section 5

Equilibration of the Natural Dentition

Critical Questions: When Do We Choose to Alter an Occlusion?

To treat occlusal pathology
To provide predictable restorative dentistry
When the dentistry will destabilize the existing occlusion
When the tooth that is the CR point of initial contact is being altered
When enough teeth are being altered that intercuspal position doesn't exist

Goals of equilibration

Even stable posterior contacts in CR
Harmonious anterior guidance in lateral and protrusive excursions where possible
Lack of posterior tooth contacts in lateral and protrusive excursions
Lack of fremitus or mobility on guiding teeth

Trial Equilibration on Mounted Models

To verify the feasibility of the planned equilibration

Which cases benefit the most from a trial equilibration?

Anterior open bites
Lateral shifts from CR - MIP
Greater than 1 mm anterior shifts from CR-MIP
Whenever it is questionable that the anteriors can be coupled without restoration
Whenever you are in doubt about your ability to perform the equilibration

KAREN

37 y/o - doesn't like her smile
Kicked in the face at 19 and fractured right condyle
Must wear bite splint or has frequent severe headaches
Section 6

Evaluation of Mounted Models

Mounting and Evaluating Models

Step 1. Evaluate and clean up models

Step 2. Trim bite records
Step 3. Mount upper model using facebow
Step 4. Mount lower model using centric record

EVALUATION OF MOUNTED CASTS
How Do I Know My Mounting is Correct?

Verification

- Compare point of initial contact in CR in the mouth and on the models.

If They Match, Mounting is Likely Correct.

If They Don’t Match, Possible Causes:

- Distorted models; did bite record fit models?
- Laboratory error in mounting: check with split cast
- Incorrect point of initial contact in the mouth
- Incorrect bite record

Check Laboratory Mounting

- Remove magnet from upper plate
- Replace bite record \textbf{USED TO MOUNT} between models
- Close articulator while holding upper model in bite record. If split cast fits, mounting was done correctly. If it doesn’t fit, mounting was done incorrectly. Break off lower model and remount.
Use of magnetic plates and split cast to compare bite records.

- After verifying laboratory mounting
- Remove bite record used for mounting, and replace with other records
- Close upper member of articulator. If split casts line up, records match. If split casts don’t line up, records are different.

Compare other bite records using split cast to verify repeatability of position.

If records don’t match, patient may require appliance therapy for managing a muscle problem.

**NOTE:** if the points of initial contact don’t match the mouth but the records match, the laboratory mounting was done correctly.
NOTE: If the models aren’t distorted, the laboratory mounting was correct and both bite records are identical.

If the Marks on the Model are Anterior to the Mouth

• The mounting is wrong
• Redo the bite

If the Marks on the Model are Posterior to the Mouth or on Additional Teeth

• Trust the mounting

NAME: ____________________________

Bite Records and Mounting Exercise

COLLECT 3 BITE RECORDS ON EACH OF YOUR PARTNERS
  Bilateral manipulation
  Lucia jig
  Leaf Gauge

COLLECT 1 PROTRUSIVE BITE RECORD FOR EACH PARTICIPANT

Each participant will have 6 "OR" bite records and 1 protrusive record

If you are in a group of 2 rather than 3 doctors - ask your faculty mentor to gather a set of files from each of you so that there are 8 total files per participant

<table>
<thead>
<tr>
<th>BILATERAL MANIPULATION</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUCIA JIG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAF GAUGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M = Match
N = NO Match
U = Used to mount
Other Areas to Evaluate on the Models

- How close are all the teeth to contacting in CR?
- What is the posterior anatomy like? Flat or Steep?
- How do the midline and canines line up in CR?

Following Evaluation

- Appliance therapy
- Trial equilibration
- Diagnostic wax up
Section 7

Anterior Bite Plane

- Decreased elevator muscle activity
- Release of lateral pterygoid
- Seat condyle

Common Names

- Hawley appliance
- Sved appliance
- NTI
- Best bite discluder

Indications

- Any muscle condition
- Immediate protection of porcelain
- Clenchers with healthy joints

Contraindications

- Joint pain on loading
- Any patient whose symptoms get worse
Risks

Anterior migration or posterior extrusion with excessive use
Mandibular repositioning
Clinical and Functional Examination

Evaluation of Joints, Muscles, and Occlusion for Spear Education Workshops.

NOT a complete exam form - significant information has been omitted from this evaluation

Data for ____________________________ Collected by ________________________________________

HISTORY

P = Past   N = Now

PERTINENT CONTRIBUTORY MEDICAL HISTORY and MEDICATIONS

__________________________________________________________

Headaches ___ per week Location _______________________________

☐ Clenching ☐ DAY ☐ NIGHT ☐ Grinding ☐ DAY ☐ NIGHT

☐ Had/Have Ortho ☐ Wear Splint ☐ Been Equilibrated ________________

☐ Trauma ☐ External Signs of Trauma _____________________________

Sleep Time to fall asleep ____ min  Awaken ___ times  Fall back asleep in ____ min

Hrs per Night _____  Awaken Rested  Y  N

☐ Jaw Joint Pain  R  L  ☐ Jaw Joint Noise  R  L  ☐ Jaw Joint Locking  R  L

☐ Facial Pain __________  ☐ Limitations ______________________________________

Notes:

__________________________________________________________

__________________________________________________________

__________________________________________________________
**CLINICAL FUNCTIONAL EXAMINATION**

**MUSCLE ASSESSMENT**

Score Muscle as $0 = \text{NO PAIN}$, $10 = \text{WORST PAIN IMAGINABLE}$

<table>
<thead>
<tr>
<th>Muscle</th>
<th>Score</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Temporalis Anterior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporalis Posterior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trapezius</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suboccipital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternocleidomastoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digastrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyoids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masseter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medial Pterygoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral Pterygoid*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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**TMJ EXAMINATION**

<table>
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<tbody>
<tr>
<td>Lateral pole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retrodiscal tissue</td>
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</table>

**MANDIBULAR RANGE OF MOTION**

<table>
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<tr>
<th>Score</th>
<th>Notes</th>
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</tbody>
</table>

- Mandibular deviation with opening
  - NO
  - YES

- Mandibular deviation in protrusion
  - NO
  - YES

- Overbite ___ mm
- Overjet ___ mm

- Maximum opening _____ mm
- Movement measurement to R _____ mm to L _____ mm Protrusive _____ mm

- PAIN with movement
  - Location

**PAIN present with mandibular stabilization**

- YES
  - NO

**MANIPULATION**

Easy | Difficult | Impossible

**AUSCULTATION**

(manual / stethoscope / Doppler)

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<th>Notes</th>
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</table>

- Noise with Rotation
  - __R__ __L
  - __R__ __L

- Noise with Translation
  - __R__ __L
  - __R__ __L
LOAD TEST

Leaf Gauge  R - +  L - +  □ Load Test NOT appropriate
□ Cotton Rolls Placed  After Cotton Rolls  R - +  L - +
□ Lucia Jig Placed  After Lucia Jig  R - +  L - +

CENTRIC RELATION

□ Unable to Verify CR with Load Test
First Tooth Contact  □ ALL Teeth Contact  □ Right  □ Left  Teeth ___/___/___  ___/___
Degree and Direction of slide  Right ___  Left ___  Anterior ___  Posterior___  Vertical ___

FUNCTIONAL OCCLUSION

Anterior Coupling  □ YES  □ NO … most ANT teeth in contact ______________
Posterior Interferences in Excursions _________________________________________________
Posterior Clearance in Protrusive End-to-End  L ___  R ___ (Condylar Inclination Setting)

WEAR  □ Anterior teeth  □ Posterior teeth  □ Left side  □ Right side
□ Worn areas flat  □ Worn areas cupped
□ Worn surfaces shiny  □ Worn surfaces satiny
□ Worn areas sharp  □ Worn areas rounded
□ Worn areas in occl  □ Worn areas NOT in occl
□ Teeth have erupted in areas of wear
□ Teeth have NOT erupted in areas of wear  □ Vertical dimension appears closed

OCCLUSAL SIGNS

Thermal  □ WNL _________  Fracture  □ WNL _________  Mobility  □ WNL _________
Fremitus  □ WNL _________  NCCL  □ WNL _________  Crazing  □ WNL _________
Cracks  □ WNL _________  Percuss  □ WNL _________
## JOINTS

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>LEFT</th>
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<tbody>
<tr>
<td>![Image] Comfortable</td>
<td>![Image] Comfortable</td>
</tr>
<tr>
<td>![Image] NOT comfortable</td>
<td>![Image] NOT comfortable</td>
</tr>
<tr>
<td>![Image] disk __ in place</td>
<td>![Image] disk __ in place</td>
</tr>
<tr>
<td>![Image] ligament laxity on lateral pole</td>
<td>![Image] ligament laxity on lateral pole</td>
</tr>
<tr>
<td>![Image] disk off lateral pole</td>
<td>![Image] disk off lateral pole</td>
</tr>
<tr>
<td>![Image] disk off medial pole</td>
<td>![Image] disk off medial pole</td>
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</tbody>
</table>

- ![Image] Unable to verify CR

## MUSCLES

<table>
<thead>
<tr>
<th>![Image] Comfortable</th>
<th>![Image] NOT comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image] Elevator ![Image] + Positional ![Image] + Cervical ![Image] +</td>
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</table>

## OCCL

<table>
<thead>
<tr>
<th>![Image] Inadequate anterior guidance</th>
<th>![Image] VDO closed</th>
<th>![Image] Significant signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image] Wear from erosion (chemical)</td>
<td>![Image] GERD ![Image] Other ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

## OCCLUSAL DIAGNOSIS

- ![Image] Physiologic Occlusion
  - ![Image] NO treatment required
  - ![Image] Treatment required - occlusion not effected
  - ![Image] Treatment required - occlusion effected
- ![Image] Pathologic Occlusion
Bite Records and Mounting Exercise

COLLECT 3 BITE RECORDS ON EACH OF YOUR PARTNERS

- Bilateral manipulation
- Lucia jig
- Leaf Gauge

COLLECT 1 PROTRUSIVE BITE RECORD FOR EACH PARTICIPANT

Each participant will have 6 "CR" bite records and 1 protrusive record

*If you are in a group of 2 rather than 3 doctors - ask your faculty mentor to gather a set of bites from each of you so that there are 6 total bites per participant*

<table>
<thead>
<tr>
<th>BILATERAL MANIPULATION</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUCIA JIG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAF GAUGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M = Match
N = NO Match
U = Used to mount