25 Clinical tips for general practice: Part 1
Dr Ashish B Parmar discusses the first 12 of 25 ways to improve your clinical dentistry for the benefits of patients

One of the best ways of becoming a better dentist is to learn from and be mentored by top dentists. I have been fortunate to be mentored by world-class dental educators.

I recently did a webinar for Smile On. This article is a follow up on this well attended webinar; I will share some tips and advice to allow you to offer a higher standard of dental care in your practice. I will be talking about a range of clinical techniques and dental materials.

DISCLAIMER: I am not paid for promoting or mentioning any dental materials.

TIP 1: Wearing Dental Loupes (Fig 1)
I have been wearing dental loupes for many years. The magnification I use is 2.5x. This gives me ample magnification to do better general dentistry, as well as a wider field of view when doing Smile Makeovers (i.e. treating a patient with 8-10 units of porcelain restorations). I use the Orascoptic loupes, and can recommend you contact Chris Minall on 07740 922136 for an initial consultation to help and advise further. Also visit www.surgicalacuity.com to find out more about loupes in general. So, if you want to have better posture and protect your health long-term, have better vision when doing your dentistry, and want to offer your patients the best you can, then you cannot be without dental loupes!

TIP 2: Digital Photography (Fig 2)
A modern private practice cannot be without a digital SLR camera. Dental photography is a powerful tool to communicate with your patients the condition of their mouth. Photography is also essential in cosmetic dentistry whether you are documenting teeth whitening results or doing a Smile Makeover. Digital photographs (before and after), as well as Makeovers at the end of treatment can be used for marketing reasons eg website, demonstration albums, marketing flyers, adverts in magazines, etc. It is much better to “show off” your own work, with a testimonial from the patient, rather than use stock pictures from a photo library. The two most common makes of camera in dentistry are Nikon and Canon. You will need an SLR camera body, a macro lens, a ring flash, and some camera accessories. The investment should be about

Honigum.
Overcoming opposites.

Often times, compromises have to be made when developing impression materials. Because normally the rheological properties of stability and good flow characteristics would stand in each other’s way. DMG’s Honigum overcomes these contradictions. Thanks to its unique rheological active matrix, Honigum yields highest ratings in both disciplines.

I will simply explain the preferred products that I use in daily practice, as well as on my training courses.

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£1,500. An excellent comparison website for the latest camera equipment is www.dpreview.com. I bought my Nikon camera from an American company called Photomed. Their service is excellent! Visit www.photomed.net to find out more.

**TIP 3: The Comprehensive Dental Assessment**
(Figs 3, 4, 5)
This is perhaps the most important tip I can give dentists. I have devised one of the most comprehensive dental assessments available in the UK. The advantage of doing a detailed initial examination for your private patients is that it builds up incredible trust and confidence in the dentist. Also, by capturing all the important diagnostic data before any treatment is done allows the dentist to make accurate diagnoses, treatment plan better, and therefore advise and look after patients in the ideal manner. It is also comforting to know that you have a “gold standard” of record keeping in case there are any medico-legal issues in the future. I spend an entire day on my signature eight-day Hands On Course on this important topic! Visit www.theacademybyash.co.uk to find out more.

**TIP 4: Excellent Periodontal Health**
(Figs 6, 7, 8)
Having excellent periodontal health before restorative dentistry is an essential requirement for long-term success. We have a detailed initial screening protocol that includes six-point pocket charting, measuring per cent scores of plaque and bleeding, analysing recession and mobility scores, etc. An essential part of this treatment plan with the Hygienist and/or Periodontist is then recommended so that the patient can be motivated and treated to achieve healthy gums and very good oral hygiene. The use of a sonic cleaning brush (I use Diamond Clean by Philips), and daily and regular cleaning between teeth with floss and interdental brushes, as appropriate, is highly recommended. For many patients, Airfloss (by Philips) is also a great adjunct to their daily hygiene regime.

Finally, I also recommend the Ultradex range of mouthwashes and products (from Periproducts). This mouthwash has chlorine dioxide and is the best product in my opinion for fresh breath. I always encourage my patients to use this when they are in the temporary stage during a Smile Makeover case. I find the gum health to be excellent with no bleeding when I come to fit the porcelain restorations eg porcelain veneers, upon removal of the temporaries. You can find out more by visiting the following two websites: www.philips.co.uk/e/electric-toothbrushes/150855/cat and also www.periproducts.co.uk.

**TIP 5: Digital Calipers**
(Fig 9)
A digital caliper is essential to measure teeth very accurately in cosmetic dentistry. You can take measurements very quickly and easily with accuracy to 0.01mm! This will definitely raise the standard of your treatment, as well as keep your technicians on their toes as to what you expect from them! These can be easily bought for about £15 from Amazon or eBay.

**TIP 6: Pre Planning on Study Models**
(Figs 10, 11)
When doing a Smile Makeover, it is very useful to plan accurately on models regarding the preparation changes that are required. Areas where occlusal adjustments are to be made can be marked, as well as changes such as centre line shift, gingival height (zenith position) changes with lasers, finishing lines of porcelain veneers, etc. Thus, in conjunction with a trial preparation model, excellent wax ups and putty indices from an experienced laboratory technician
will really help the dentist a lot.

**TIP 7: Articulating Papers**
(Figs 12, 15, 14, 15)
Visit www.bauschdental.com to find out a lot more about the different products and papers I use in my private practice. In particular, the big tip I can give dentists is to use the two-phase articulation paper technique. This involves first marking the occlusal contacts with a 100-micron thick blue paper with trans-occlusal bonding agent in it. Then, you should use a 8-10 micron red articulation foil to precisely mark the exact areas that will actually need adjustment. You will see a blue wider diffuse mark, a halo, and a red dot in the middle. It is this “bullseye” that you have to aim for – simple!

Another great tip is the use of Shimstock foil to record “Shimstock hold positions”. This means making a note of the teeth that are in tight contact and prevent the release of the Shimstock foil inter-occlusially when the teeth are in contact in centric occlusion.

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This can then be written on the laboratory dockets. You can then expect accurate articulations, and restorations that are precise regarding occlusal anatomy and occlusal contact. This will save a lot of time and hassle when fitting crown and bridge work!

**TIP 8: TMJ Assessment**
(Figs 16, 17, 18)
Before embarking upon a vertical dimension course in dental treatment, it is vital that the dentist knows how to do a clinical assessment of the temporomandibular joints (TMJ) as well as the important facial and neck muscles. The dentist can detect if there are potential TMJ problems and refer the patient to a TMJ specialist. I also strongly recommend Joint Vibration Analysis (or JVA), which is computerised equipment and software that is excellent at diagnosing the health of each TMJ. There are special sensors that measure the vibrations of the TMJ on opening and closing. The data is then presented within the computer software and within a few minutes, the dentist can use the Piper Classification of TMJ Health and reach a diagnosis (which supports the clinical findings). I also recommend the use of T Scan, which I think is one of the best occlusion assessment computerized techniques in the world. To find out more about JVA and T Scan, contact David Holland on 07812 201818 or visit www.tekscan.com. There are also some great You Tube videos on occlusion topics that I have posted on my teaching website at www.theacademybyash.co.uk/Ash-s-Gems/occlusion.html.

**TIP 9: Facebow Records**
(Figs 19, 20)
It is quick and easy to take a facebow record accurately when you know how to. I recommend the Denar system, as well as the Kois Facial Analyzer. I take the Denar facebow when I am planning bigger cases (eg wear cases that require a new vertical dimension), if I am doing two or more crown/bridge units, and also during a Smile Makeover case. I use the Kois Facial Analyzer if I am doing a Mini Makeover, ie only treating the upper four incisors with porcelain restorations, as well as when I am taking the centric relation bite record for making a Michigan/Tanner type of hard acrylic appliance. If a dentist is thinking of buying an articulator or a facebow, I highly recommend the new Mark 520 Denar Articulator from Whip Mix Corporation. Call Peter Nutkins (on 07714 458215) from Prestige Dental (www.prestige-dental.co.uk) for more advice and a demonstration.

**TIP 10: Taking an accurate Centric Relation Record**
(Figs 21, 22, 23, 24, 25, 26)
Many dentists lack the confidence to do a “full mouth case”. Once you understand how to do a comprehensive dental examination, diagnose accurately and verify that the vertical dimension has been altered ie a REORGANISED approach in restorative dentistry, then it becomes essential to carry out an accurate bite registration in centric relation. I teach practical and easy to follow methods in taking this important record using a variety of techniques, which include the use of a “composite ball” on the lower incisal edges, a leaf gauge, and the bimanual manipula-
The bite registration paste of choice that I use is Luxabite (DMG). This is a blue coloured material that sets very hard. This is the most accurate material that I am aware of, and requires precise and careful trimming in the dental laboratory. The other great bite registration paste that I use a lot is O Bite (DMG). This is orange in colour and not as rigid as Luxabite.

TIP 11: Accurate Silicone Impressions using Honigum (DMG) (Figs 27, 28)
Honigum (DMG) has been the material I have been using for all my crown/bridge work and Smile Makeovers, as well as open tray implant fixture head impressions, for many years. It is a very accurate, easy to use material and the simple way I can validate its superiority is the quality of the impressions and the accuracy of the marginal fits I get. I use two techniques of impression. The first is the two-stage putty and wash technique. My nurse mixes one scoop each of the rigid putty base and catalyst, ensuring non-latex gloves are used. The mixed putty is then loaded in to the tray (I use Borderlock trays), and a thin layer of cling film is placed on top. I then seat this down hard over the arch and wait about two minutes to ensure that the material is rigid. I remove the tray and dispose of the cling film. My nurse then places some Honigum Light body material in to the set putty in the tray, as I inject some Light body material around the prepared teeth. I then seat the tray again fully and wait four-five minutes.

The alternative technique I use is the one-stage Honigum Heavy body material (dispensed from the Mix-
star machine (DMG)) and the Honigum Light body material being simultaneously syringed around the teeth. Again, the tray is held in place for 4-5 minutes before being removed.

For managing the tissues, I use a soft tissue diode laser, Expasyl (Kerr) or retraction cords from the Tissue Management System (Optident).

TIP 12: CEJ-CEJ Measurements (Fig 29)
This is an important reference measurement that is taken with a digital caliper. It is an accurate measurement in mm taken between two diametrically opposing teeth. In this case, I was opening up the vertical dimension in centric relation till a measurement of 15.06mm. Using my “molar control bites” made with O

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Bite, I could take accurate bite registrations with Luxabite during the preparation stage of the worn anterior twenty teeth. I could then verify that the temporary restorations were made at the correct vertical dimension (from laboratory made wax-ups) by again using the digital caliper CEJ-CEJ measurements. In this way, a precise control can be maintained throughout the treatment stages.

About the author
Ashish B Parmar is a private dentist and has a state-of-the-art practice in Chigwell, Essex called Smile Design By Ash (www.smiledesignbyash.co.uk). Ash is a national and international lecturer and was one of the main dentists on the three series of Extreme Makeover UK, and also on The Only Way Is Essex. He offers an outstanding eight-day Course which includes training on leadership, vision creation, goal setting, step by step techniques in doing Smile Makeovers, treating advanced cases (e.g. wear cases), lasers, fibre-reinforced composite dentistry, photography, communication, case presentation skills, team development, occlusion, etc. Ash has written numerous clinical articles in dental journals and is well recognised for his passion in cosmetic dentistry—using both composite and porcelain techniques. To find out more about the unique training Courses run by The Academy By Ash, visit www.theacademybyash.co.uk, or send an email to training@theacademybyash.co.uk.