

The **Complete Dentist** Manual

Peter E. Dawson, DDS
John C. Cranham, DDS

Widiom Publishing llc.
ISBN-10: 0-9985336-0-2
ISBN-13: 978-0-9985336-0-5

The Complete Dentist Manual
First edition.
Copyright © 2017 by Widiom Publishing llc
Printed by CreateSpace, An Amazon.com Company

ALL RIGHTS RESERVED. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law. For permission requests, write to the publisher, addressed "Attention: Permissions Coordinator," at the address below.

Widiom Publishing, LLC.
116 26th Avenue NE
St.Petersburg, FL 33704
www.WidiomPublishing.com

NOTICE

Readers are advised to rely solely on the advice of their dentist or physician when making decisions regarding treatment. The field of diagnosis and treatment is constantly changing as new developments and new research provide information that may not have been available when this text was published. It is the responsibility of the practitioner to rely on their own experience and the information received from the patient when making decisions regarding treatment. It is only through careful direct examination and history of each individual patient that any treatment modality, drug dosage or use of a device or material can be ascertained accurately. Practitioners should utilize every appropriate safety precaution in prescribing or instituting any and every treatment. Patients should feel free to ask practitioners for evidence of competency before undergoing treatment. To the fullest extent of the law, neither the publisher nor the authors nor The Dawson Academy for Advanced Dental Study assumes any liability for any injury and/or damage to persons or property arriving out of or related in any way to information expressed in this textbook.

ISBN-10: 0-9985336-0-2
ISBN-13: 978-0-9985336-0-5



Peter E. Dawson, DDS

Founder and Director

The Dawson Academy for Advanced Dental Study

John Cranham, DDS

Clinical Director

The Dawson Academy for Advanced Dental Study

Foreword by Kim Daxon, DDS

First, let me start by saying what an honor it is to be asked to write the Foreword for a textbook that has as its primary purpose, helping good dentists to rise to the next level of patient-centered care.

What is so exciting for me about *The Complete Dentist* text, is knowing from my own experience, how much it can change the practice life of any dentist who follows its advice. What is even more exciting, is how the concepts and principles presented, reach beyond the dental practice and into the everyday lives of dentists who place a high priority on balance between a satisfying practice and a good family life.

As a wife and a mom, I will be forever grateful that dentistry, done the right way, has afforded me a lifestyle that I could never have had without the knowledge I gained from The Dawson Academy, and that is so graphically explained in this text. Before my Dawson perspective, the extensive training that I thought had prepared me for a rewarding practice experience, fell short. Too many critical pieces were missing for the kind of predictably successful clinical care I now produce with confidence and great satisfaction. I could have easily missed out on that model of practice success.

I went to a reputable dental school. Then I followed graduation with a general practice residency. Wanting to be as prepared for practice as possible, I then completed a grueling residency in prosthodontics at one of the most prestigious dental schools. I considered myself to be a pretty Complete Dentist. How wrong I was. The worst part was that I did not know what I did not know. And much of what I did know, was wrong.

My training led me to believe I would have success in treating all my patients. Early in my career, I became aware that the best I could do left too many patients with results that required them to “get used to” the dentistry I had worked so diligently to perfect. I realized I didn’t have answers as to why some teeth were so sensitive to cold, or sore after being restored. I became frustrated with the lab because I had to spend so much time grinding on crowns or bridges to make them fit the bite properly, or what I thought was a proper bite. I did not know why some patients needed repeated occlusal adjustments, but still never got completely comfortable. Why was it that some cases were finished so predictably while others were draining the life out of me?

My experience as an associate in a general practice exposed me to the kind of stress that I knew I didn’t want to experience for the rest of my practice years. I went from being excited about becoming a true professional to feeling defeated. I began to look for answers.



The Dawson Academy provided those answers in a very logical and practical way. As soon as I got into the beautifully organized learning process of the “Concept of Complete Dentistry®” curriculum, my eyes were opened to an entirely new outlook. Becoming a Complete Dentist meant I had to learn some underlying principles that were new to me. But I also had to unlearn some things that had been foundational pillars in my graduate training.

For the first time, I started seeing sound reasons for everything I did – principles that made the learning process easier and faster and always based on objective criteria for success. I now see my patients through a different lens. I no longer have to explain away orofacial pain problems as “psychosocial stress.” I no longer have to use some of the verbiage I learned in graduate school to calm patients who weren’t completely satisfied with their treatment. I now have a real reason for everything I do. And I have learned how to explain those reasons to patients so they understand and accept my treatment decisions.

Complete Dentistry is the new world of dentistry. It is understanding total masticatory system health so we can accurately and predictably solve our patients’ problems. Complete dentistry teaches us quality control measures with the laboratory, so we no longer have to settle for random successes. It’s a common language. When spoken by every member of the team, it creates a practice culture where patients trust and feel well taken care of. Complete Dentistry is not elitist dentistry. It is doing what is in the best interest of every patient: Always...every time.

Because Complete Dentistry always starts with a complete examination and treatment plan designed to achieve long-term health, and because everything taught at The Dawson Academy is “patient-centered” and based on total integrity, the role of the dentist is to be an advocate. The goal is not to sell every patient a complete mouth reconstruction. The goal is to help patients make right decisions that work for them. And as you will see advocated in the text, goal one is always: first, get the mouth healthy. I feel very fulfilled about practicing this way.

Complete Dentistry is a way of life. It’s a stress reducer. Having three active daughters and a husband who travels frequently for his career, life balance is a constant struggle. A Complete Dentist can confidently equilibrate an occlusion, treatment plan a complex case, place six anterior veneers and attend a soccer game in the same day. Complete Dentists sleep well at night because we know we are doing the right thing for the right reasons.

Complete Dentistry is a choice. And it’s the best choice I have ever made.

Enjoy your journey... and welcome to the world of Complete Dentistry! The faculty members that have contributed their time and experience to bring this text to completion are exceptional role models with teachers’ hearts, and they are genuinely passionate about “making good dentists even better.” No one is invited to be a senior faculty member at The Dawson Academy who has not demonstrated expertise in what they are teaching. So you can trust both their experience and their judgement.

As Dr. Dawson would say, “Onward and upward.”

Kim Daxon,
DDS

THE DAWSON ACADEMY
Senior faculty
 Contributors

Glenn DuPont, DDS
 St. Petersburg, FL



DeWitt Wilkerson, DMD
 St. Petersburg, FL



Andrew Cobb, DDS
 Washington, D.C.



Scott Finlay, DDS
 Annapolis, MD

Ian Buckle, BDS
 Wirral, United Kingdom



Kim Daxon, DDS
 St. Petersburg, FL



Raj Upadya, DMD
 Florham Park, NJ



Leonard Hess, DDS
 Monroe, NC



Laura Wittenauer, DDS
 Newport Beach, CA



Jeff Scott, DMD
 St. Petersburg, FL



Dedication

The faculty of The Dawson Academy for Advanced Dental Study dedicates this book to all the dentists in the world who truly want to serve their patients with integrity and expertise, and who are willing to rise above “usual and customary” care, wherever it can be improved.

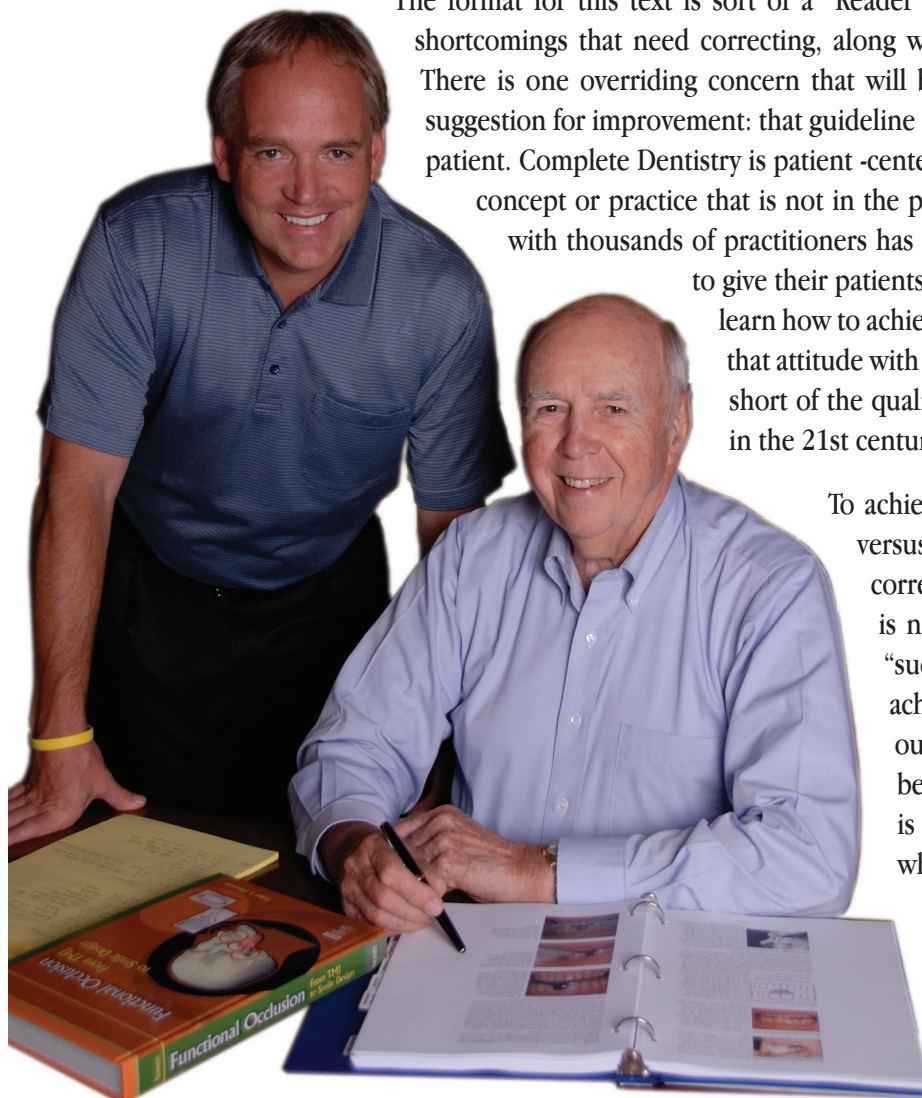
Introduction

The art and science of dentistry has seen improvements in patient care that could not have even been imagined a few decades ago. As the “tooth dentists” of yesteryears has progressed to the “physician of the masticatory system,” the gap between what is known versus what is being practiced grows wider. It is true that “usual and customary” dentistry is better today than it has been in the past, but it falls woefully short of what it could be. Today the concept of Complete Dentistry is more achievable than it has ever been, and the purpose of this book is to explain how good dentists can become exceptional dentists by a clear understanding of the difference between complete versus incomplete dental care.

There are many problems that dentists could be solving that are not being addressed by usual and customary dentistry. The Dawson Academy for Advanced Dental Study is in a unique position to use its worldwide influence for championing improvements that will be very beneficial – both to practicing dentists and to the patients they serve. Through its more than 50 years of interacting with dentists in seminars, and its more than 30 years of multidisciplinary think tank analysis of all phases of dental practice, no one is in a better position to speak with authority on how to elevate the quality of care. Faculty participation in this endeavor spans all specialties, but with a definitive interdisciplinary viewpoint that is aware of the Concepts of Complete Dentistry® that have been tested and retested in practice. In the chapters that follow, you will find a model in which an entire range of specialists are all on the same page regarding optimal patient care.

The format for this text is sort of a “Reader’s Digest” approach to pointing out common shortcomings that need correcting, along with suggestions for changes that are needed. There is one overriding concern that will be the guiding compass for every critique or suggestion for improvement: that guideline is based on what is in the best interest of every patient. Complete Dentistry is patient -centered dentistry. We will be openly critical of any concept or practice that is not in the patient’s best interest. Our seminar experience with thousands of practitioners has convinced us that most dentists have a desire to give their patients the best care possible...and they are eager to learn how to achieve that goal in daily practice. We want to honor that attitude with total honesty about what we consider as falling short of the quality of care that should be the goal of dentistry in the 21st century.

To achieve the objective of openness about complete versus incomplete dentistry, the type of political correctness that accepts “whatever works for you” is not good enough. Our objective standards for “success” are rigid but definable, and they are achievable. The criteria for success will be spelled out and all evaluations of treatment success will be measured by those objective standards. There is a common response that we see repeatedly when dentists learn the principles of Complete Dentistry. It is amazing at how predictable treatment success can be, and how treatment that is predictably successful leads to higher productivity with reduced stress.



What if you almost never have to waste time grinding on a newly placed restoration.

What if you could eliminate postoperative sensitivity.

What if you never have to guess at why a tooth gets sore, wears excessively, fractures or shifts out of position.

What if you never have to tell a patient they must “get used to” the dentistry you’ve done . . . regardless of what it is.

What if you knew the reason for every symptom, including TMJ pain, tension headaches, hypersensitive teeth, or post-op phonetic problems.

What if you could observe early signs of damage or dysfunction before they become symptoms.

What if your methods of communication with patients is so powerful, acceptance of treatment plans becomes routine and completely non-stressful.

What if extensive, complex reconstruction dentistry could be done with the same ease and predictability as routine dentistry.

What if you could be so precise in developing treatment plans, you could work effectively with a team approach with other specialties such as surgeons, orthodontists or periodontists.

What if you had such control of total office management you could avoid wasted time while increasing efficiency.

What if you and your orthodontist could agree on the same concepts of occlusal harmony, including centric relation, anterior guidance and posterior disclusion.

What if you could totally eliminate all guesswork in determining exactly correct position, inclination and contour of anterior teeth, whether the treatment is restorative or orthodontics.

What if you could promise a patient they will be completely comfortable after you equilibrate their occlusion.

What if you could know with certainty that equilibration is the correct treatment choice before you start.

What if you could classify oro-facial pain with such accuracy you would know whether you can treat it predictably . . . or know when and why to refer it.

What if you could predictably solve over 90% of TMD pain/dysfunction problems in a general practice.

New materials, new technologies, new equipment and new imaging capabilities have dramatically expanded opportunities for exceptional patient care. Digital impressions and CAD/CAM restorations have made production of restorations easier and faster. But without sound principles of masticatory system harmony, a precise understanding of occlusal function, and an ethical concern for what is in the patient’s best interest, new technologies allow an uninformed or unethical practitioner to create more problems faster.

There has never been a time when integrity and sound principles of practice have been as critical as they are in the 21st century. The clinical principles explained in this text are presented as tried and true guidelines for both dentists and the patients they serve. They are presented with enthusiastic best wishes for a happy and fulfilling future as a Complete Dentist.

Acknowledgments

A little history... a lot of appreciation!

The Bible says, “Everything that is good comes from above.” When you have been blessed with much success, it is easy to take too much credit for accomplishments that could not have happened without a head start from others. We share our thoughts with a special insight that we are never closer to failure than at the moment of our greatest success if we fail to acknowledge God’s role in our accomplishments. As we look back on our lives, many of the circumstances that had profound influence on our paths of progress were truly gifts from above. We are grateful for those gifts that include families that gave us direction and provided opportunities. And we acknowledge with gratitude that the early influencers of our professional directions allowed us to start at a higher level because of those who came before us and shared their successes and failures. We feel an obligation to “pass it forward,” so the next generation can start at the level of patient care we have been privileged to achieve!



From my (Pete's) perspective:

Understand that when I graduated from dental school in 1954, dentists, for the most part, “worked on teeth.” We either repaired them, pulled them or replaced them with dentures. There was no understanding that dentists had a higher calling as physicians of the total masticatory system. For me, the stimulus to move to a higher level came my first year in practice from Dr. L.D. Pankey, who convinced me that dentistry was a far nobler profession than the way it was being practiced. I can’t explain why Dr. Pankey took such an interest in me, but he invited me to be part of a little study group he was leading. Through him, I developed close relationships with Dr. Clyde Schuyler, Arvin Mann, Henry Tanner, Harold Wirth and many other leaders in forward-thinking dentistry. The stimulation from this group was a tremendous encouragement to find “a better way” to do almost everything we were doing in dental practice.

About the same time, I was also benefiting from a new clinical insight that would change the direction of my professional life forever. Dr. Sigurd Ramfjord opened my eyes to a new understanding of occlusion. It was his shoulders I stood on as my starting place for the advancements we were eventually able to make, not only in treating occlusal problems, but also what that direction meant in developing better concepts of diagnosis and treatment of TMJ disorders and orofacial pain problems. Also, it was only through the insights in how to perfect occlusal harmony that we were able to develop such predictability in the thousands of complex restorative cases I eventually treated.

As my reputation grew for solving problems of occlusion and TMJ-related pain, the complexity of referred problems increased. At this time, Dr. Parker Mahan was my most valued friend and source of unlimited knowledge about the anatomy and physiology of the masticatory system. But there were still many voids to be filled in both diagnosis and treatment of TMJ disorders and orofacial pain. This void was filled by Dr. Mark Piper, the most brilliant surgeon/diagnostician and clinical thinker of our time. Mark became my closest collaborator for deeper clinical understanding, as well as one of my closest friends. No one in my career contributed more in shared knowledge about diagnosis, classification and treatment of TMJ disorders and the complexities of pain diagnosis. I am deeply grateful for all he contributed.

One of the characteristics of a high-quality restorative practice is that it must have as its foundation, all the principles of total masticatory system harmony that we espouse in this text. But in addition, the role of the laboratory technician cannot be minimized. I am grateful for all the great technicians I have been privileged to work with, but one who stands out as a dynamic force in incorporating the “Concept of Complete Dentistry®” into the education of technicians

has been Buddy Schafer. I am grateful for his efforts and for his friendship. I am also grateful for the dedication of exceptional partners in practice: Doctors Pete Roach, Glenn Dupont and Witt Wilkerson. Also for Doctors Jeff Scott and Kim Daxon, and JoAnn Bailey, RDH. All of the above not only practiced with me, but also helped teach the concepts to others. They were also excellent partners in much of the clinical research that we did in our practice and through the “think tank” operation of The Dawson Academy.

To cover all the people who have been so loyal and helpful over a 60-year career would leave no room for a text, so just let me say “thank you” to all my past great staff people, technicians and supporters. I wish I could name each one of you here.

My most special gratitude... I made the best decision of my life when I asked Jodie to be my wife. Together, early in my practice, we made a commitment to never let our family take second place to my professional obligations. With such a busy schedule that combined practice, lecturing and writing, keeping balance would have been impossible without a partner in life who was not only a great influence on how I balanced my time, but who also made our family life so pleasant and so loving, there was no incentive to trade it off for any alternative that diminished it.

Jodie has been the love of my life, my best friend, helpmate and a major reason why Mark, Anne, Kelly and Cary were such great kids, who turned out to be very special adults and parents of the eight grandchildren we adore. I am grateful beyond measure for the blessings my family has brought to me. Without the relationship I have with my children and their children, any professional success would be empty.



From my (John's) perspective:

My introduction to Complete Dentistry came while visiting my brother, Philip, in Richmond, Virginia. He introduced me to his dentist, W. Baxter Perkinson, in 1983, one year prior to entering dental school. I spent a few days with him, and my view of dentistry was forever changed. As a student, I worked with him every Tuesday afternoon in the clinic of Virginia Commonwealth University, and in my senior year, he gave me a copy of Dr. Dawson's first

book. It was a “must-read” prior to doing a compete mouth reconstruction on my mother, something we would do together during my final spring semester. Baxter has been my constant supporter, mentor and friend my entire professional life. There is no way I would be doing what I am doing without him. I am eternally grateful.

Upon leaving school, I was introduced to Buddy and Rick Shafer (the owners of Bayview Dental Lab). They made it possible for me to attend my first Seminar One. Hearing Dr. Dawson six months out of dental school, would forever change the trajectory of my career. Learning the information, having the opportunity to join Bayview's local Dawson study club, being invited into Dr. Dawson's private “focus” group, and teaching part-time at VCU School of Dentistry, all happened in a short period of time. I spent my first 10 years surrounded by some extremely talented dentists who were generous with their time. I am grateful to Chris Hooper, Bob Steadman, Bill Brennan, John Clary, Greg Ceraso, Les Richmond, Greg Schrumpf, Jim Pauly, Jim Baker, Jerry Caravas and the other members of those early study clubs. We shared knowledge, saw incredible speakers, and made each other better.

The restorative dentists who I admire most are Glenn Dupont, Drew Cobb, Lenny Hess, Scott Finlay and Ian Buckle. Their ability to provide incredible patient care, as well as teach others how to become better, is inspiring. They also have personally provided me more support than they will ever know. For that, I can't thank them enough.

The lab technicians who have consistently worked tirelessly to make me look good also need to be mentioned. Shoji Suruga, Rick Shafer, Buddy Shafer, Walt Richardson, Eddie Von Schlickting, Jeff Stubblefield and Mike Felgenhauer all have had a huge impact on my understanding of doing what I do at the highest level.

In recent years, the time I have had with my interdisciplinary team has been invaluable. Albert Konikoff (Periodontist), Mike Magauri (Oral Surgeon) and Carl Roy (Orthodontist) are exceptional clinicians and close friends. Their expertise not only provided exceptional care for my patients, but they have significantly expanded the scope of my treatment planning. They also introduced me to Bill Arnett and Doug Knight, who both have had a profound impact on my understanding of the orthodontic and orthognathic options. My hope is the other members of my interdisciplinary team have valued our time together as much as I have. I cannot thank them enough.

I would be remiss not to thank my family. My mom, dad, sister and brothers have always been there at the important moments to cheer on the youngest member of their family (me). My stepdad (HD) had a profound impact on my life, teaching me many things, but primarily that while we can't control most of the things that happen to us, we can control how we react. Second to my son, he is the most positive person I have ever known. I miss him dearly.

To my kids, Cornell, Kaitlyn and Kristen. Being committed to the profession of dentistry like I have, does come at a cost. While I have worked very hard to put you all first, I am acutely aware that I missed some things. Of all the things in my life, I am most proud of you. I thank you for your support, love and patience with my professional life.

Lastly, none of this would matter, if I wasn't able to share it with my beautiful wife, Kim. She was there in the beginning when we dreamed big dreams about building a family, a practice, and maybe, someday being able to teach side-by-side with Dr. Dawson. It never would have happened without her perpetual faith, love and support. This journey would have been meaningless without her.

From the both of us...

The international reputation of The Dawson Academy could never have happened without the dedicated leadership of our CEO, Joan Forrest. She has been tireless in her relentless pursuit of excellence and the influence she has had on a wonderful staff is tremendously appreciated. Anne Dawson has served the Academy for over 25 years and contributed immeasurably to its successful early years before a complete staff was there to help. Our gratitude also goes out to our loyal team members Sallie Bussey, Jody Booth, Virginia Bussey, Corey Horton and Britton Daughtrey. Sarah Alexander also contributes in a big way from the Virginia location.

A very special thank you goes to our creative director, Greg Sitek. His influence on the quality of presentations, manuals, online publications and the organization of this textbook are just part of what he contributes for the good of the Academy on a daily basis. It is tremendously appreciated.

By showcasing our faculty as contributors to this textbook, we are demonstrating how important their dedication to the "Concept of Complete Dentistry®" has been to thousands of dentists. We are extremely grateful for their continuing loyalty and their extraordinary efforts in promoting quality patient-centered care. No one becomes a faculty member at The Dawson Academy who does not practice what they teach. Nor do they have that position unless they demonstrate a "teacher's heart." A big thank you goes to that very special group. We also include those dedicated dentists who serve as teaching assistants, ambassadors and leaders in our study clubs.

A special accolade goes to Dr. Doyle Freano for his thoughtful efforts in organizing The Dawson Alumni Association, and in providing ongoing programs of value for the members.

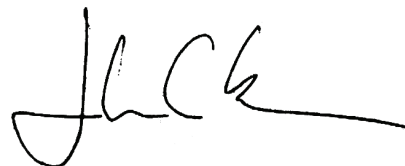
A handwritten signature in black ink that reads "Pete Dawson". The script is fluid and cursive, with the first name "Pete" being more prominent than the last name "Dawson".A handwritten signature in black ink that appears to be "JLC". The letters are stylized and connected, with a long horizontal stroke extending from the end.

Table of Contents

1. The Complete Dentist as a Masticatory System Physician	21
<i>By Peter E. Dawson, DDS</i>	
2. Wrong Thinking About Complete Dentistry	29
<i>Peter E. Dawson, DDS</i>	
3. The Complete Dentist Evaluates Teeth Differently	31
<i>John C. Cranham, DDS</i>	
4. Complete Dentists Measure Success with Objective Criteria	37
<i>Peter E. Dawson, DDS</i>	
5. Complete Dentists Avoid The 10 Most Common Ways to Screw Up an Occlusion	45
<i>Peter E. Dawson, DDS</i>	
6. Goal One: Get the Mouth Healthy	49
<i>Lenny Hess, DDS</i>	
7. The Clinical Game Changer: Centric Relation	57
<i>Lenny Hess, DDS</i>	
8. Centric Relation: What It Is and What It's Not	59
<i>Lenny Hess, DDS</i>	
9. Complete Dentists Record Centric Relation Precisely	65
<i>Lenny Hess, DDS</i>	
10. The Articulator War	77
<i>Peter E. Dawson, DDS</i>	
11. Complete Dentists Use Articulators Wisely.....	79
<i>Peter E. Dawson, DDS</i>	
12. Adapted Centric Posture	97
<i>Peter E. Dawson, DDS</i>	
13. The Complete Dentist Evaluates the TMJs on Every Patient	101
<i>Andrew Cobb, DDS</i>	
14. Treating Unstable or Uncomfortable TMJs	115
<i>Andrew Cobb, DDS</i>	
15. Complete Dentists Achieve Occlusal Harmony	131
<i>Peter E. Dawson, DDS</i>	
16. Complete Dentists Classify Conditions.....	133
<i>Peter E. Dawson, DDS</i>	
17. End the Guessing Game for Front Teeth.....	143
<i>Peter E. Dawson, DDS</i>	
18. Complete Dentists Get the Anterior Guidance Right	145
<i>John Cranham, DDS</i>	
19. Complete Dentists Create Beautiful Esthetics	151
<i>Scott Finlay, DDS, FAGD, FAACD</i>	
20. Complete Dentists Develop Optimum Treatment Plans	159
<i>Glenn DuPont, DDS</i>	
21. Streamlining the Treatment Planning Process: The Dawson Diagnostic Wizard	165
<i>John Cranham, DDS</i>	

22. Complete Dentists Use Quality Controls.....	171
<i>John Cranham, DDS and Glenn DuPont, DDS</i>	
23. Complete Dentists Diagnose Orofacial Pain	181
<i>Peter E. Dawson, DDS</i>	
24. Complete Dentists Use Vertical Dimension Wisely	189
<i>Ian Buckle, BDS</i>	
25. Complete Dentists Don't Violate the Neutral Zone	201
<i>Ian Buckle, BDS</i>	
26. Complete Dentists Know When the Occlusal Plane is a Problem	205
<i>John Cranham, DDS</i>	
27. Complete Dentists Stay Current on Diagnostic Modalities.....	211
<i>Peter E. Dawson, DDS</i>	
28. Dental Imaging in Transition.....	213
<i>Gayle T. Reardon, DDS, MS</i>	
29. Complete Dentists Use Imaging Wisely	217
<i>Mark Piper, DMD, MD</i>	
30. A Restorative Dentist Looks at Orthodontics	241
<i>Peter E. Dawson, DDS</i>	
31. Orthodontics for Complete Dentistry	247
<i>Andy Girardot, DDS</i>	
32. GP and Orthodontist Collaboration	269
<i>Doyle Freano, DDS & Doug Knight</i>	
33. Complete Dentists Use Removable Partial Dentures Wisely	273
<i>Peter E. Dawson, DDS</i>	
34. Dental Implants in The Dawson Philosophy	291
<i>John Cranham, DDS</i>	
35. The Complete Dentist's Expanded Role.....	303
<i>Peter E. Dawson, DDS</i>	
36. Complete Dentists are Gatekeepers for General Health	307
<i>DeWitt C. Wilkerson III, DMD</i>	
37. The Complete Dentist Develops a Coordinated Interdisciplinary Team.....	323
<i>John Cranham, DDS</i>	
38. Complete Dentists See New Patients Differently	329
<i>Peter E. Dawson, DDS</i>	
39. Complete Dentists Attract and Keep New Patients.....	331
<i>Larry Guzzardo</i>	
40. Put Your Patients Second	345
<i>Kirk Berhernt</i>	
41. Transitioning The Legacy Practice.....	349
<i>Raj Upadya, DMD</i>	
42. Making Sense of the Literature	357
<i>Peter E. Dawson, DDS</i>	
43. Resources for Complete Dentists.....	365
<i>Mike Verber, DDS and Virginia Bussey</i>	

Perspective of the CEO

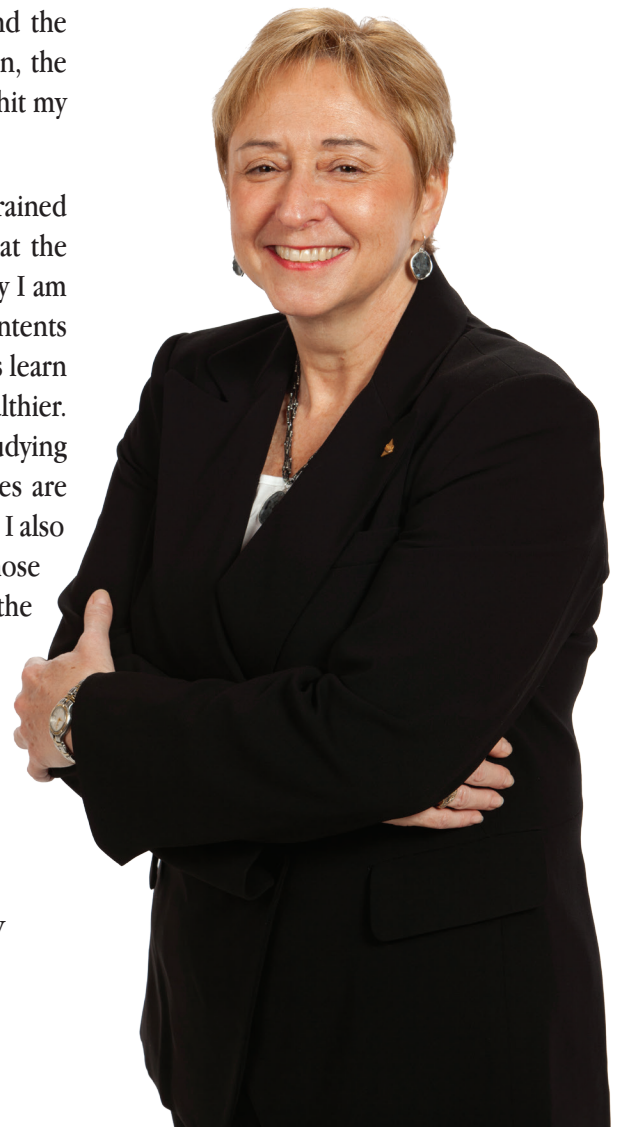
When Dr. Dawson asked me to become the Executive Director of his teaching institute in 1993, my only experience in dentistry was as a patient. I had my teeth cleaned every six months, had a few crowns in the back of my mouth, a root canal in a back tooth, and as I imagine most patients do, believed every dentist learned the same things in dental school and treated teeth the same way. At almost 40 years old, I had taken care of my oral health to the best of my ability.

I also had a history of a clicking joint dating back to elementary school and vividly remember my parents telling me to stop “popping my joint” as if I were popping knuckles. I had my first crown placed in junior high school after a molar cracked and a long history of headaches. Never in my dental experience had any dentist examined my temporomandibular joints or done a thorough screening history. It was when I sat in the back of the lecture hall and heard Dr. Dawson teach dentists about signs preceding symptoms and the principles of occlusal harmony that I realized that the popping joint, headaches and broken molars were all symptoms of occlusal disease. I became a patient of Pete’s partner, Dr. Glenn DuPont, and subsequently, Dr. Mark Piper, and learned that both discs had completely displaced and the condyles were beginning to breakdown. To the best of my recollection, the initiating trauma to my joints occurred when I was four years old and hit my chin on the bathtub.

I now know that if the dentists I saw earlier in my life had been trained in The Concept of Complete Dentistry,[®] there is a strong chance that the damage to my joints and teeth could have been minimized. This is why I am passionate about the work of The Dawson Academy and about the contents of this book. From my personal experiences, I know that when dentists learn these concepts and apply them in their practices, patients will be healthier. I also know from having worked with and observed the dentists studying at The Dawson Academy during my 20-year tenure, that the principles are learnable and can be implemented by any dentist who makes the effort. I also have seen the joy, happiness and fulfillment in dentistry achieved by those who seek to learn and practice this way. It is my hope that by applying the teachings of this book, you will love dentistry more than ever before, and that your patients will achieve optimal oral health.



Joan Forrest
CEO, The Dawson Academy



My story

Dentistry has always been an integral part of my life. My father was a dentist and educator, juggling both a dental practice and teaching at Georgetown University's Dental School. I grew up with many of my father's colleagues as role models. The dentists I came to emulate were all practicing dentists, educators and many were also volunteer dentists for those in need. I saw firsthand the many ways dentistry could change someone's life, whether it be a patient or student.

I received a fabulous dental education and practiced the way I was taught in dental school. It provided me with a great foundation. I was fortunate as a young dentist to start out into private practice with a busy schedule. I practiced dentistry this way for about 12 years. As time went by, I began to notice that some patients who had been in my care for a number of years were slowly getting worse. It was not bacteria-driven problems, but rather a combination of problems I did not fully understand. My stress level and dissatisfaction with the practice of dentistry was high. I began to wonder how much longer I could work this way.

Fortunately, while I was in dental school, I had heard Dr. Dawson lecture. I decided that I needed to hear Dr. Dawson again and took one of The Dawson Academy's introductory courses. It changed my life.

For the three days I attended the course, it was as if Dr. Dawson knew everything about my practice and the problems I was facing. The message was clear and based on a proven foundation. It provided me with the answers I was missing and also the avenue for predictable success.

I was committed to the process, completed The Dawson Academy curriculum and implemented what I learned. The stress and dissatisfaction with the practice of dentistry vanished and my passion returned. It was the best decision I have made in my career. Since becoming part of The Dawson Academy faculty, I can attest that our main goal is your success. To be successful, you must implement what you learn. This book is another avenue for your success and to hopefully make the process easier for you. I have no doubt that if you commit yourself to the process taught at The Dawson Academy and implement what you learn, not only will you become one of the go-to dentists in your area, but will also become passionate about providing your patients with the best possible care.

Andrew Cobb
DDS



Why I contributed to this book and what Complete Dentistry means to me....

The greatest passion in my professional life continues to be helping my patients achieve the smile of their dreams. Dental esthetics is an underestimated asset to an individual's self esteem and sense of self worth. These professional skills that are entrusted to us, as the restorative dentist, can be life changing. Mastering smile design hinges upon our understanding of the sophisticated composition found in nature. It is a creative process that takes complete dentistry to the highest level in our attempt to emulate what God has created. To do so within the protocol of complete care provides a predictable enhancement not only to the patient's appearance, but an improvement to their health.

The turning point in my professional life came with the appreciation and understanding of the modulation of esthetics to the relationship of dental health and function. It transformed dental esthetics into a virtuous pursuit of health. It made dentistry fun and enabled patients to want to improve their smiles.

When Dr. Dawson invited me to participate in this project to describe how I approach the process of designing smiles for my patients, I was honored. Within the concepts of complete dentistry, esthetics is never an afterthought. It is our responsibility to make recommendations to restore not only the health and function of our patients, but to provide the best esthetics possible. Although beauty lies in the eye of the beholder, there are measurable standards and criteria that allow us to critically evaluate the needs for our patients. These same criteria help us to measure the success of our treatment, allowing us to grow and learn with every smile we manage.

Scott Finlay
DDS, FAGD, FAACD



Why this book?

Making the decision to contribute to this book was very simple. It was an obligation as a member of this great profession and as a faculty member of The Dawson Academy. We as dentists have a professional obligation to constantly learn and improve. As an educator, I also have an obligation to share and help improve the lives of my students and indirectly, their patients. This book will no doubt help any dentist who reads it.

Possessing the ability to properly diagnose the stomatognathic system and treat it completely is a career changer. It was for me. The Complete Dentist can improve the lives of so many people in so many ways. People inherently want the best for themselves and their health. It is the job of the dentist to properly diagnose and educate so that people have that option. All I want as a dentist is for treatment to be predictable for me and the patient. Practicing Complete Dentistry makes this the rule and not the exception.

One of the true honors of my life has been my time with Dr. Peter Dawson and Dr. John Cranham. They have inspired me to learn more and work harder not only in dentistry, but in life. It awes me to witness the passion of Dr. Dawson even in his eighth decade of life. Instead of sitting back relaxing, he is asking what can still be done better, taught better, and how the profession will move forward. He is the most humble person I know, yet he has accomplished more than anyone I know. Think about that! The chance to be part of a book with Dr. Dawson was perhaps the easiest decision of my life. Who would say no to a living legend?

I am not sure where dentistry would be without Dr. Dawson and his passion. But I do know I am a better person and dentist because of him. I hope that this book will help bring out the best in all its readers.

Lenny Hess
DMD





My Story

John Cranham, DDS

Clinical Director: the Dawson Academy

I was introduced to Dr. Dawson's first book *Evaluation, Diagnosis, and Treatment of Occlusal Problems* when I was a freshman in dental school in 1984. It, along with the second edition which was published in 1989, became the clinical and philosophical bedrock of the practice I would begin in the same year. These books, along with Dr. Dawson's dental seminars, taught me how the teeth, joints and muscles are designed to work together. It taught me how to recognize occlusal as well as biologic dental disease, and know with confidence how to resolve problems of masticatory system dysfunction. Dr. Dawson's writing as well as his spoken word, taught me how to practice dentistry predictably.

As time has evolved and his third book came to press, *Functional Occlusion: From TMJ to Smile Design*, dentistry has undergone enormous changes. It can be said that it is the best time ever to be a dentist and at the same time, it is one of the most challenging. It is the best time because we know more about the etiologies and solutions to dental disease than ever before. TMD, occlusal problems, complex esthetic issues and biomechanical complexities all have specific diagnoses and excellent choices for treatment. Patients are living longer, keeping their teeth longer, and do not want to live without teeth. Our ability to diagnose, treatment plan and utilize adhesive dentistry with a variety of ceramic materials allows us to restore teeth back to unbelievable lifelike form, color and incredible strength.

At the same time, knowledge has been greatly expanded on how to diagnose and treat a broad range of masticatory system disorders, including many orofacial pain problems that have been a mystery to most practitioners. At a time when so many dentists are being courted to join expanded corporate practices, knowledgeable Complete Dentists still have exceptional opportunities to thrive in private practice. But as we have produced this text for dentists who want to rise above "usual and customary", the theme of Complete Dentistry should not be misconstrued. Complete Dentistry is a concept that benefits all patients and any practice that believes in patient-centered care.

Starting with my purchase of a substandard, outdated practice, the principles outlined in this text have enabled me to change such a practice into a highly successful one that has brought tremendous fulfillment to my total life as a dentist. I and the other faculty members involved in sharing the principles that have been life-changing for us, want you to know how true success as a Complete Dentist can enrich your life as well your patients, your staff and your family.

John Cranham

DDS



“The Complete Dentist,” The Dawson Academy for Advanced Dental Study and the ‘Concept of Complete Dentistry’™

Since 1961 when Dr. Peter Dawson presented the first “Concept of Complete Dentistry” Seminar, more than 50,000 dentists have attended postgraduate seminars on how to become a complete dentist. As the seminars evolved into a multidisciplinary curriculum, an expanded faculty and staff was needed to keep up with the demand.

Because only dentists and technicians who are practicing the principles of complete dentistry are considered for faculty positions, the faculty has become an exceptional resource for keeping up with practice trends, new materials and changing technologies. Through interdisciplinary “think tank” analysis, focus groups, Dawson Study Club members, and exposure to thousands of practitioners in seminars and “hands on” classes, Dawson Academy faculty members have a clear picture of what “usual and customary” dentists know and practice. And they know from their own experience, how the principles of “complete” dentistry can change their practices and their lives.

The main purpose of this text is to share the accumulated knowledge gained from the faculty’s experience in following the “Concept of Complete Dentistry”. The pages that follow have been designed as a Readers Digest kind of supplement for the Dawson Academy curriculum. But all are invited to participate in what is intended as a resource for fulfilling the Academy’s stated objective of “making good dentists even better.”

We love to make good dentists into “complete” dentists.



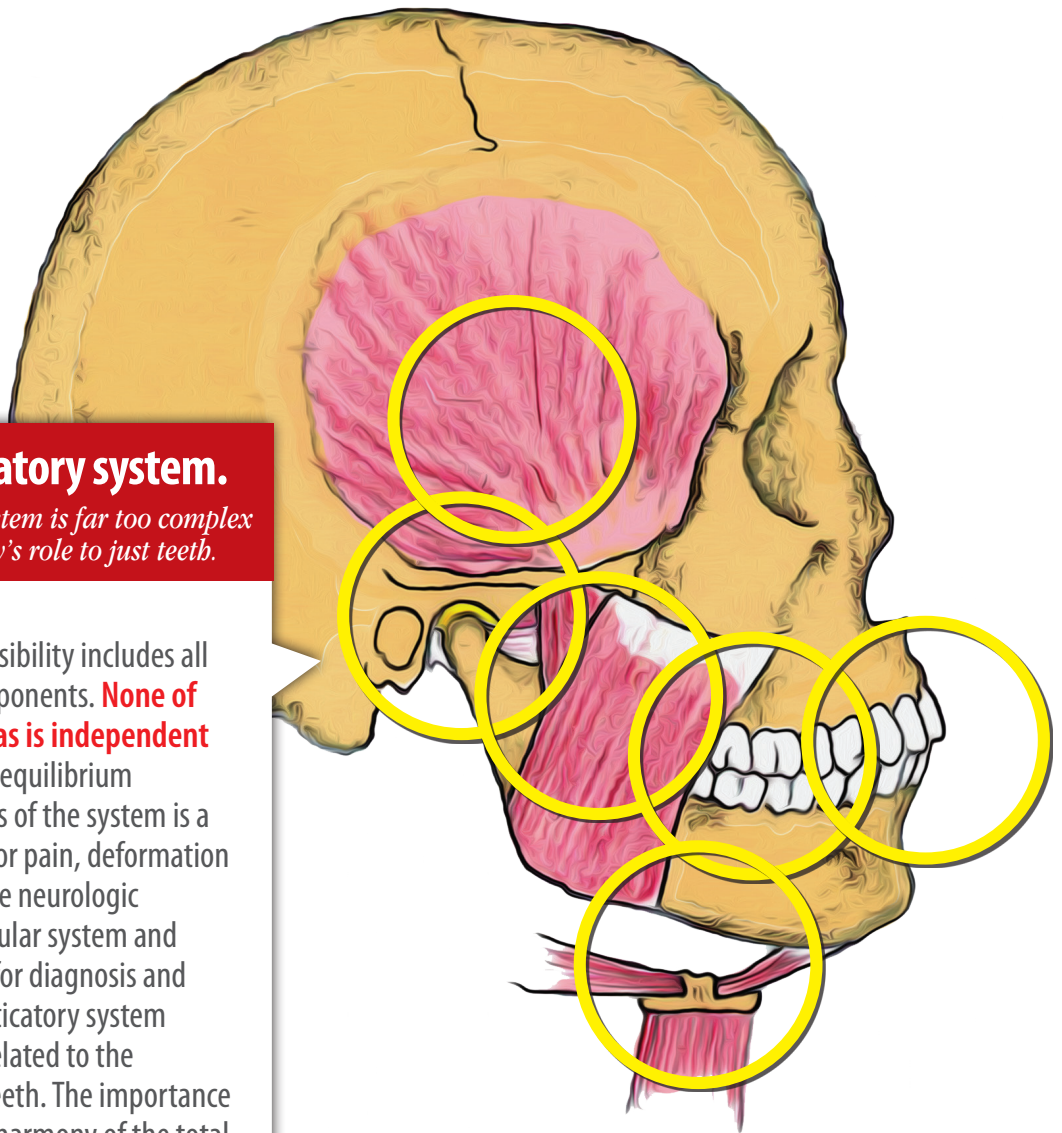
The Complete Dentist as a Masticatory System Physician

By Peter E. Dawson, DDS

The masticatory system.

The masticatory system is far too complex to limit dentistry's role to just teeth.

Dentistry's responsibility includes all of the circled components. **None of those circled areas is independent of the others.** Disequilibrium between any parts of the system is a common trigger for pain, deformation or dysfunction. The neurologic complex, the vascular system and the cellular basis for diagnosis and treatment of masticatory system disorders are all related to the influence of the teeth. The importance of harmony or disharmony of the total system cannot be overemphasized.



A dentist who sees only teeth and gums as an isolated focus of dental practice will not only fall short in overall care of patients, it is a certainty that such a dentist will also fall short on responsible care of teeth.

The ramifications of occlusal disease, including excessive tooth wear, sore or sensitive teeth, loose teeth, shifting teeth and fractured restorations have an almost certain relationship to disharmony between the teeth, the TMJs and the masticatory neuro-musculature. Ignoring such disharmony results in incomplete resolution of occlusal disease, the most prevalent cause for patient dissatisfaction, discomfort and continuing damage to the dentition.

As far-fetched as it may sound to those uninformed about the importance of total masticatory system harmony, expertise in smile design cannot be focused on front teeth only. **Naturally beautiful smiles are directly related to how all the parts of the system must be integrated in functional harmony.** Dentists without an understanding of how anterior teeth relate to the TMJs, to the posterior teeth and to the variations of neuromuscular functions, including phonetics and facial expression, will not know how to determine the essential anatomical harmony that produces the most naturally beautiful smiles.



A Complete Dentist recognizes the signs of occlusal disease.

Complete Dentists must understand causes of pain within the masticatory system.

Both esthetics and masticatory system harmony are dependent on a balance of forces. As an example: outward pressure from the tongue versus inward pressure from the cheek and lip muscles creates a horizontal neutral zone of stability for teeth. Dentists who ignore this relationship of the teeth to the neutral zone can only guess where teeth should be positioned for best function and stability. They are also at a loss to explain why patients have a problem with speech or lip function or have anterior teeth that just don't look right or feel right.

Anatomic and functional harmony is much more, however, than just an esthetic concern. Total (complete) masticatory system harmony is a requirement for long-term stability of the dentition. If the anterior guidance does not fulfill its required function, the posterior teeth pay the price in functional (or para-functional) overload. That price is called "occlusal disease." The signs and symptoms of occlusal disease that go undiagnosed and untreated in most dental practices is evidence of the incomplete dental care that results from failure to recognize the importance of total masticatory system harmony.

Structural disharmony within the masticatory system is a primary cause of a variety of pain problems.

As the only health professionals trained in the relationship of the teeth to masticatory system harmony or disharmony, it is essential that dentists must be reliable in diagnosing whether any pain within the system is, or is not, related in any way to a masticatory system disorder.

Because the teeth are formed primarily from neurogenic origin, they act as exquisite sensors that affect the neuromuscular system. Occlusal disharmony allows teeth to interfere with physiologic function of the TMJs and can have a profound effect on masticatory muscle activity. The signs and symptoms that result from hyperactive, incoordinated muscle contraction can produce a variety of different pain problems. This includes a high percentage of tension headaches, TMJ region pain, and other head, neck and orofacial pain that is directly or indirectly related to teeth.

Failure to recognize actual cause and effect problems related to masticatory system disharmonies has two opposite consequences. It either results in failure to treat treatable problems in a timely manner, or it leads to overtreatment that is unnecessary and often counterproductive.

One of the most obvious examples of overtreatment is unnecessary bite raising for treatment of TMD (temporomandibular disorders). Subjecting patients to complete mouth restorative treatment when a simple occlusal equilibration may be all that is necessary is a too-common abuse. Overtreatment is either “justified” by failure to understand the requirements for masticatory system harmony or it is flagrant dishonesty. Achieving Complete Dentistry should never be associated with unnecessary overtreatment. Complete Dentists understand exactly what is required to achieve optimal oral health by doing the minimal amount of dentistry required to satisfy the requirements for long-term stability; a goal that requires understanding of total masticatory system harmony plus the requirements for maintainable health of the supporting tissues around the teeth.



Dentists who do not recognize fundamental principles of masticatory system function are prone to embrace unsound treatment approaches because of exaggerated claims of success. It is disheartening to see large numbers of patients victimized by high profile advertising of costly procedures that cannot fulfill the false promises of superior care. Dentists who understand sound principles will recognize the flaws in false promotions.

All Dawson Academy faculty members practice and teach that treatment results must fulfill seven OBJECTIVE criteria for treatment success (see Chapter 4). Complete Dentists use these criteria as treatment goals, as well as for objective evaluation of all old or new concepts, techniques or instrumentation.

The role of the dentist as a health professional

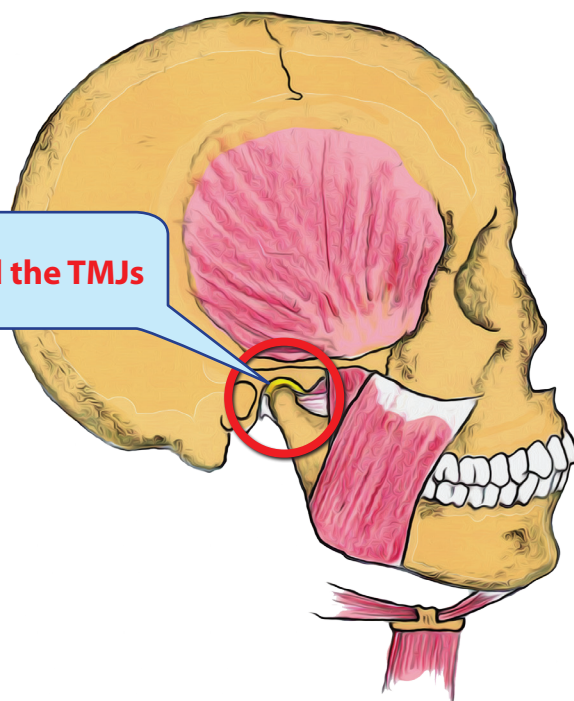
has changed dramatically as the complexity of the masticatory system has become better understood. That role has taken on greater importance with recognition of the connection between oral health, cardiovascular health, diabetes and osteoporosis. Also the role of dentistry in airway disorders requires special expertise and responsible cooperation with medical specialists.

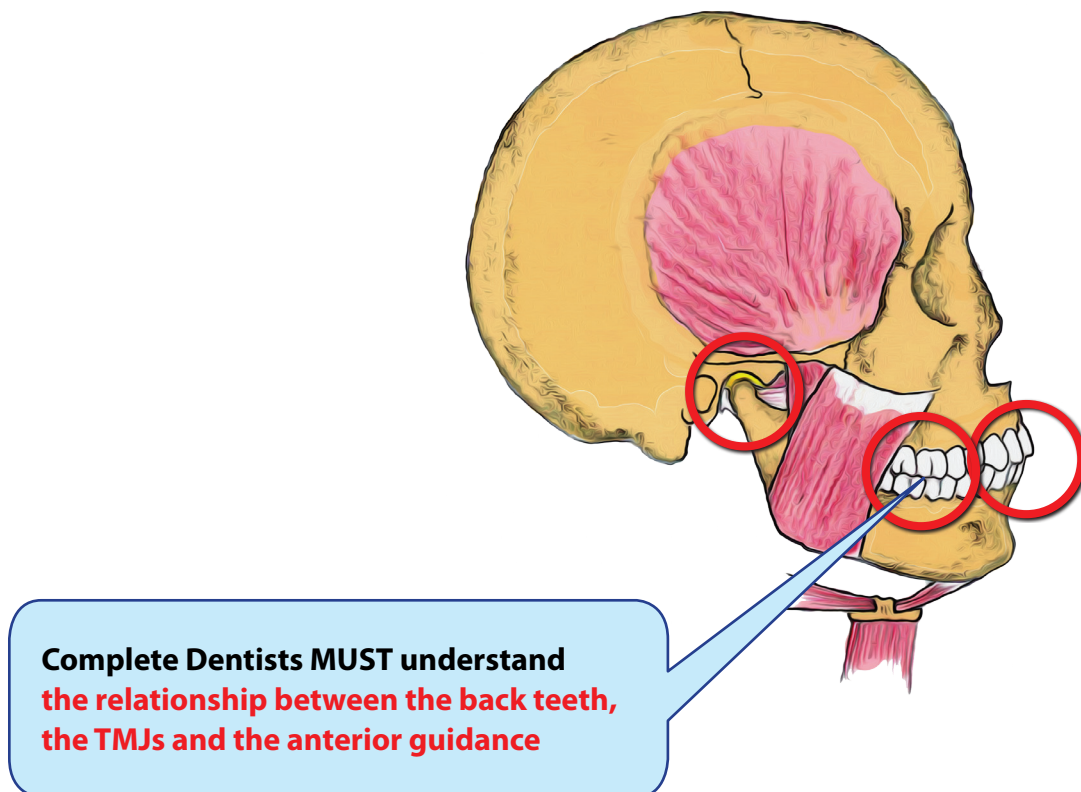
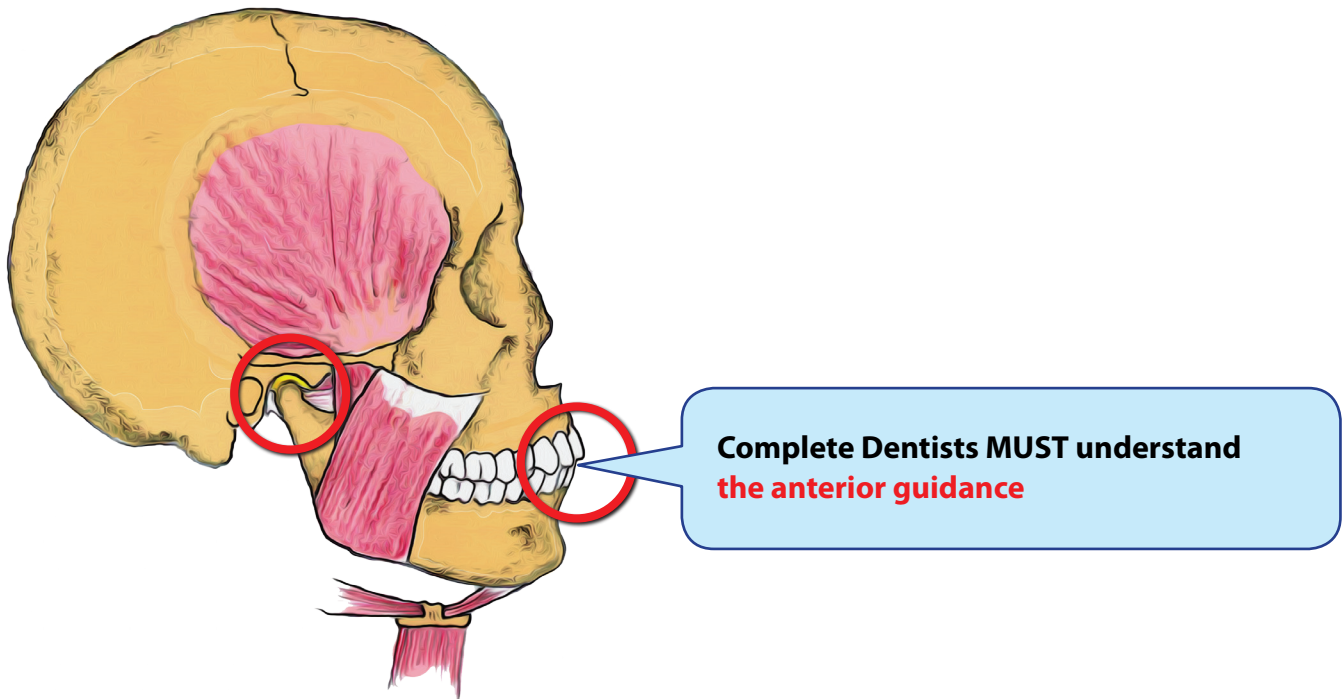
Because dentists routinely see their patients on a regular schedule, their role as a gatekeeper has become more important in monitoring blood pressure, drug interactions and nutritional analysis. Routine examinations for oral cancer are also a requirement for responsible care (see chapter 34).

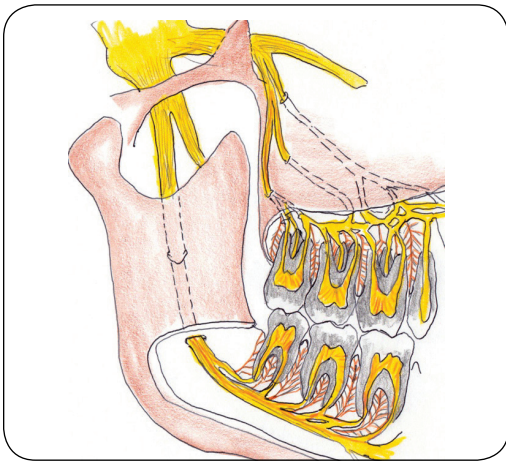
The masticatory system is a very complex combination of structural components that are dependent on harmonious interrelationships with the teeth. Complete dentists must develop proficiency in evaluating each part of the system as well as its interrelationship with other parts. Analysis of dysfunction or deformation within the system requires this expertise.



Complete Dentists **MUST** understand the TMJs





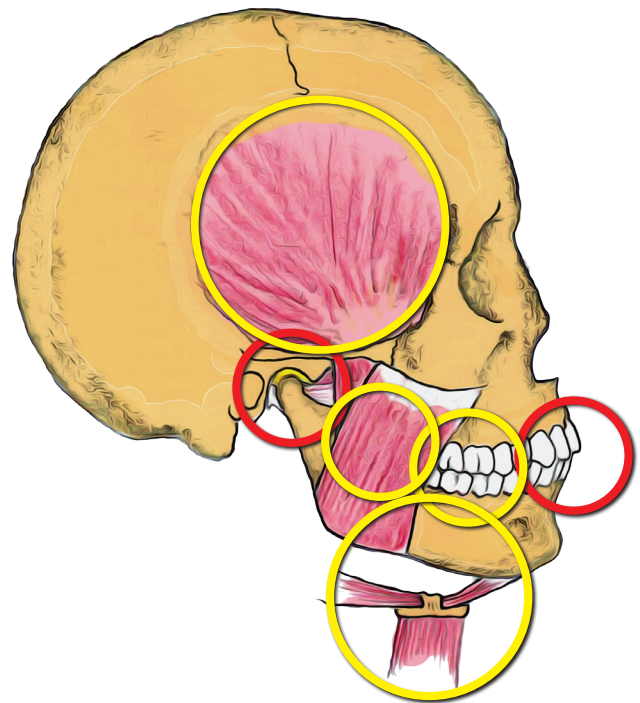


The innervation to teeth provides the exquisite sensitivity that turns the teeth into a sensor system for the neuromuscular function. **The goal of all occlusal treatment is a peaceful neuromuscular system.** When that peaceful function is disrupted by disharmony within the system, muscle becomes the great destroyer of teeth and a major source of discomfort or pain.

Any disharmony that disrupts the relationship between the TMJs and the anterior guidance (the two red circles) has an important effect on the yellow circled structures. Problems start with the back teeth (occlusal disease) and trigger neuromuscular hyperactivity and discomfort (occluso-muscle disorders).

Complete Dentists recognize this disharmony as a common factor in many problems with teeth, such as excessive wear and sore teeth, but also the most common cause of TMD-related pain and a variety of other oro-facial pain/discomfort symptoms.

Dentists are the only health professionals who are trained in masticatory system disorders. **Complete Dentists** must accept that responsibility and be prepared as reliable diagnosticians and physicians of the total masticatory system.



There are many other factors that Complete Dentists must understand, but disharmony within the masticatory system is related to signs and symptoms of so many different patient problems, effective diagnosis and treatment requires knowledge of the total system.

Whether it is a sore tooth, a tension headache, severe tooth wear, an orthodontic failure or any of the myriad of reasons why patients seek advice or solutions from their dentist, an understanding of the causes or effects of masticatory system disharmony is essential for predictable resolution of the problems.

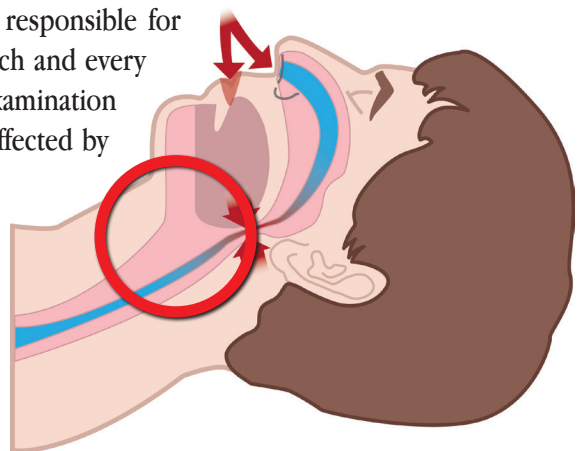
Just looking at teeth is not good enough.

The chapters that follow are designed to clarify the examination process that is always directed at finding every sign and symptom that explains why there is discomfort or dysfunction. Meticulous attention to periodontal disease and control of caries is a given. But in addition, patient dissatisfaction with any treatment will be more often than not related in some way with a violation of the principles of masticatory system harmony.

Complete dentists add another circle

As physicians of the masticatory system, complete dentists are responsible for how structures within the system affect the general health of each and every patient. In addition, it is an essential requirement of a complete examination to determine when and how structures within the system are affected by factors of health, disharmony or dysfunction that can disrupt masticatory system harmony.

Clinical observation plus research has clarified the role of airway problems as both a cause and an effect of masticatory system disorders. So complete dentists must gain expertise in the possible interrelationships between a variety of airway related disorders and a variety of symptoms. It is not enough to just have a “one size fits all” mentality that prescribes a cookie-cutter appliance as treatment. Airway problems require adherence to a standard of the Dawson Academy that has persisted for decades: “First make a diagnosis”



The added airway circle is often a critical part of the diagnostic puzzle related not only to airway but also to occlusion, arch contour, bruxism and wear problems. It is also frequently related to problems of general health that go undiagnosed. The dentist's role as a gatekeeper for patients' health is an important dimension made practical because of frequent opportunities to observe patients in the typical dental practice.

CAUTION... New understanding of the varied effects of airway disorders does not diminish in any way the importance of occlusal disharmony as a factor in occlusal disease, including wear problems and certain types of orofacial pain such as occluso-muscle pain. Airway disorders should be considered as an additional focus of diagnosis, never as a substitute for occlusal analysis.



Wrong Thinking About Complete Dentistry

Peter E. Dawson, DDS

Before we get into the “hows and whys” of Complete Dentistry, let’s expose some myths that keep many dentists from advancing beyond “usual and customary” dentistry.

First and foremost: Complete Dentistry is not just for rich people. It is not “elitist dentistry.” Complete Dentistry is not selling every patient a complete mouth reconstruction. Complete Dentistry is not “all or nothing” dentistry.

Complete dentistry does not fit the all too-common belief:

“You can’t do that kind of dentistry in my town.”

What complete dentistry is...

Complete Dentistry is patient centered. It is doing the minimum required for achieving optimal oral health. It considers the patient’s desires, but always helps patients to understand what is needed to get their mouth maintainability healthy. To do otherwise is considered “incomplete” dentistry. **Complete dentists do complete treatment plans so alternative solutions can be selected if the patient’s circumstances require it.**

Complete Dentistry requires complete examinations to find every cause for every sign or symptom of disease, dysfunction or discomfort.

Complete Dentists believe that every patient is entitled to know the implications of not treating any, and every problem in a timely way.



Complete Dentists know how to solve problems of occlusal disharmony, TMJ disorders and orofacial pain, and they can determine the best treatment plan for achieving the most beautiful smile design that also provides long-term stability and comfort of the **complete masticatory system.**



The Complete Dentist Evaluates Teeth Differently

John C. Cranham, DDS

Evaluation of the teeth requires much more than a sharp explorer. Teeth tell a multifaceted story about the health, harmony and history of the entire masticatory system. Teeth also have a story to tell about the patient who owns them. It is a sad omission when those stories are missed because of a shortcut, an incomplete-examination process that fails to detect important information clearly displayed on teeth.

Teeth are the main players in an exquisitely precise sensory system that affects the entire masticatory neuromuscular system. When there is disharmony, dysfunction or discomfort in the system, the teeth present visual evidence of what is wrong. Teeth tell an observant clinician about potential problems before the patient is aware of the damage being done. The story teeth tell is through signs, which are observable by the dentist before the cause of the damage produces symptoms.

Patients rarely complain about signs of damage until it has progressed to a point that symptoms bother the patient's comfort or become severe enough to be unsightly to appearance. Complete Dentists do not wait for patients to complain about symptoms that cause discomfort or signs that have advanced to a degree where more extensive treatment is required.

*Complete Dentists look for **signs** so the cause of problems can be corrected before greater damage can be done that requires more extensive and more costly treatment.*

Every sign that is observable on teeth has a potential for progressive damage if the cause of the damage is not corrected. Dentists who do not recognize the signs displayed on teeth as clear indicators of what is wrong will also miss the implications of progressive problems that should be intercepted.

The teeth are like an open book about each patient. Complete Dentists recognize how the signs displayed on teeth guide treatment decisions and often even guide the dialogue between doctor and patient.

Even though a Complete Dentist may be aware of the cause and effects of disharmony within the total masticatory system, the typical patient has a limited vision of concern that is isolated on the teeth - so the clinician's initial concentration should be focused on how the patient's teeth can be kept healthy and comfortable for a lifetime. Patients should be informed that there are only two ways that their teeth might be lost:

- The teeth themselves break down.
- The supporting structures around the roots break down.