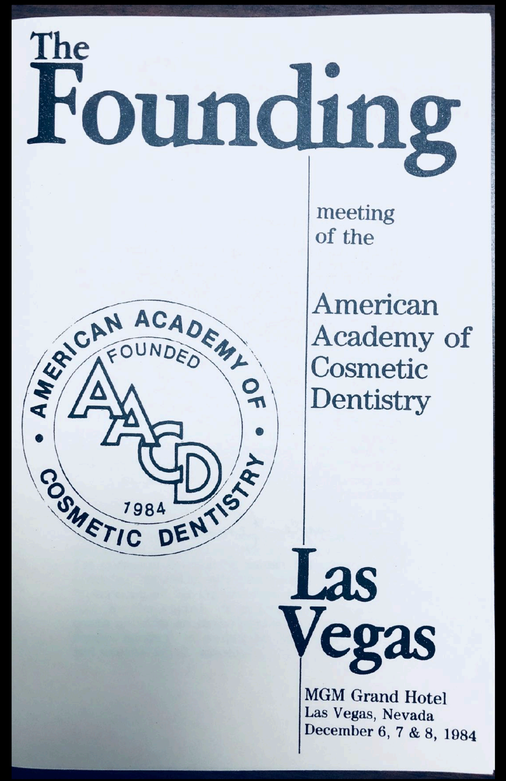
Managing the Elements of Complex Cosmetic and Restorative Dentistry

★William C. Strupp, Jr., DDS, FAACD
★Michael Brumm DMD, FAACD, CDT

The Founding Meeting Of The AACD



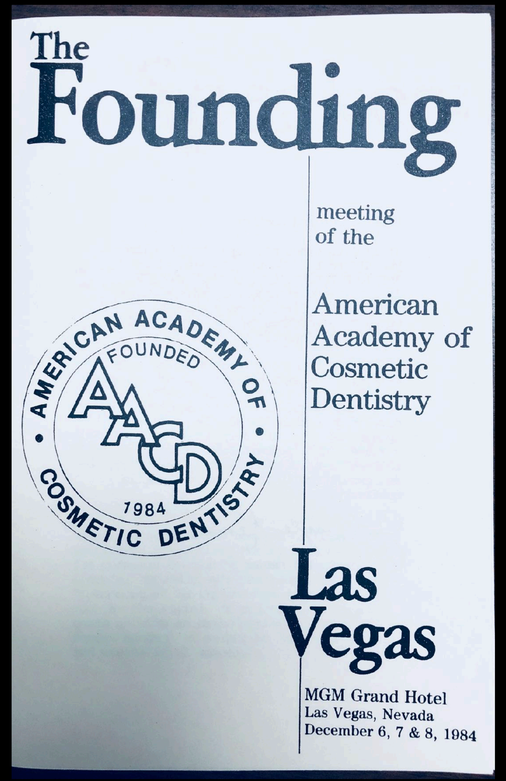
- Jack Kammer DDS was solely responsible for Founding The American Academy of Cosmetic Dentistry

American Academy of Esthetic Dentistry

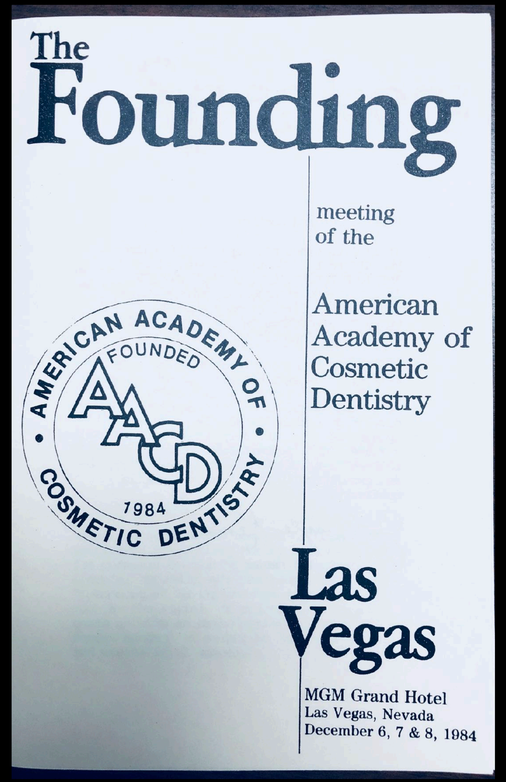
- Wanted to join the very **EXCLUSIVE** American Academy of Esthetic Dentistry

American Academy of Esthetic Dentistry

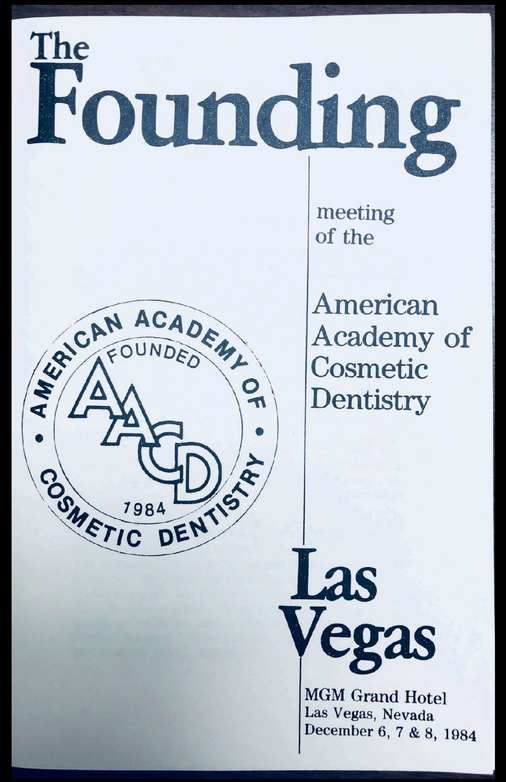
- 1975
- "Invitation-only organization **FOR** the most accomplished professionals in the field of esthetic dentistry"



- He believed an Academy of Esthetic Dentistry should exist for **ALL** Dentists
- Decided to Start His Own Academy: The AACD

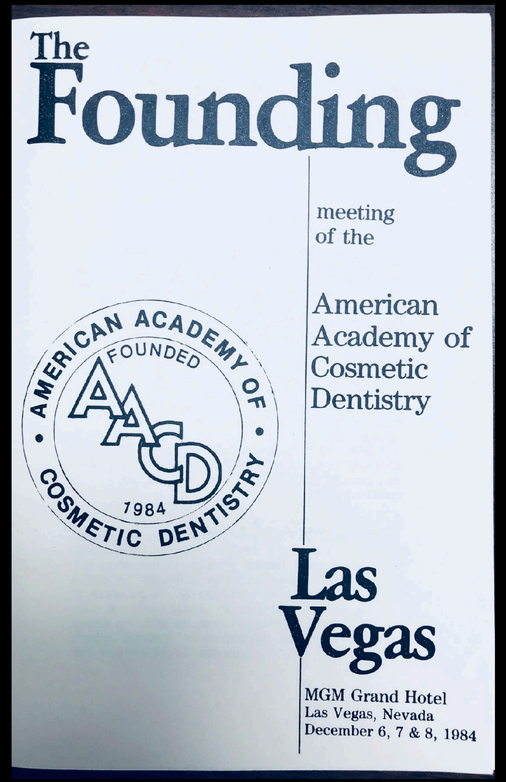


- Ask Every Major Speaker
- Everyone refused
- Afraid of offending AAED

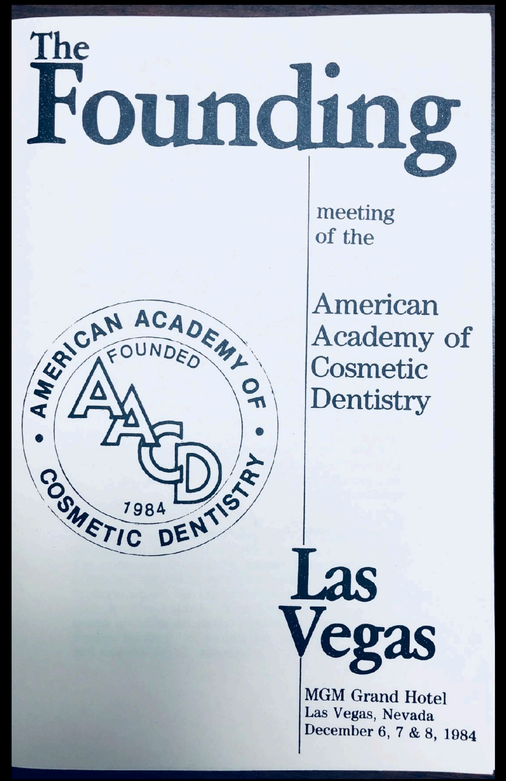


ADA Kansas City 1981

"HOW COSMETIC DENTISTRY CAN BUILD YOUR PRACTICE"

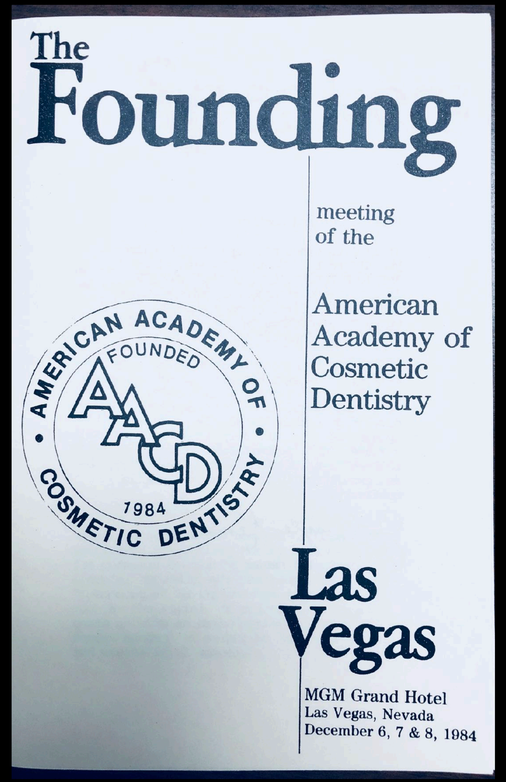


Early 1984 Founding Speaker?

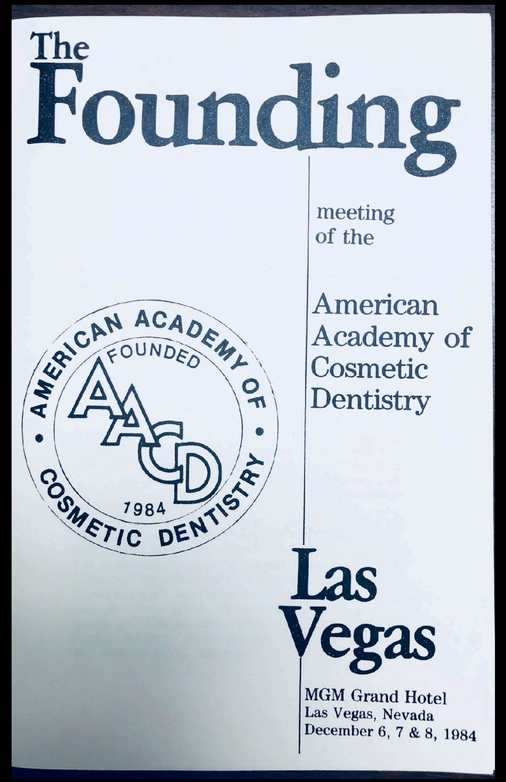


- No Honorarium
- No air fare
- No hotel
- No expenses
- Life Member
- ~~Founding Father~~

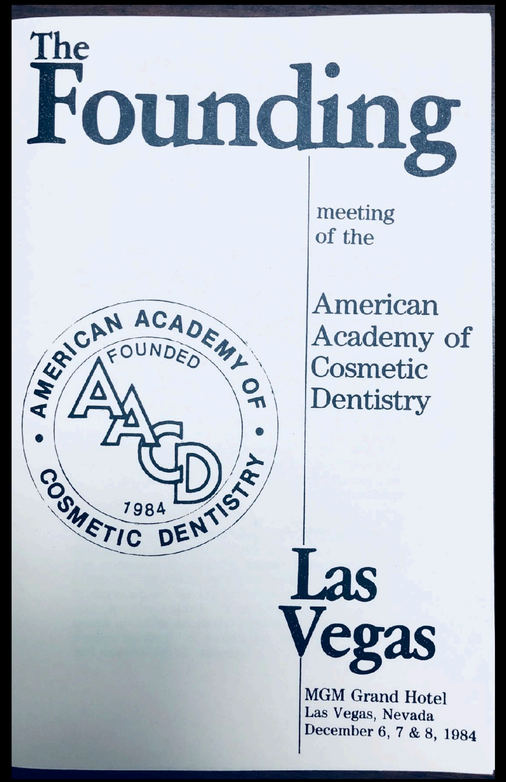
25 y Later

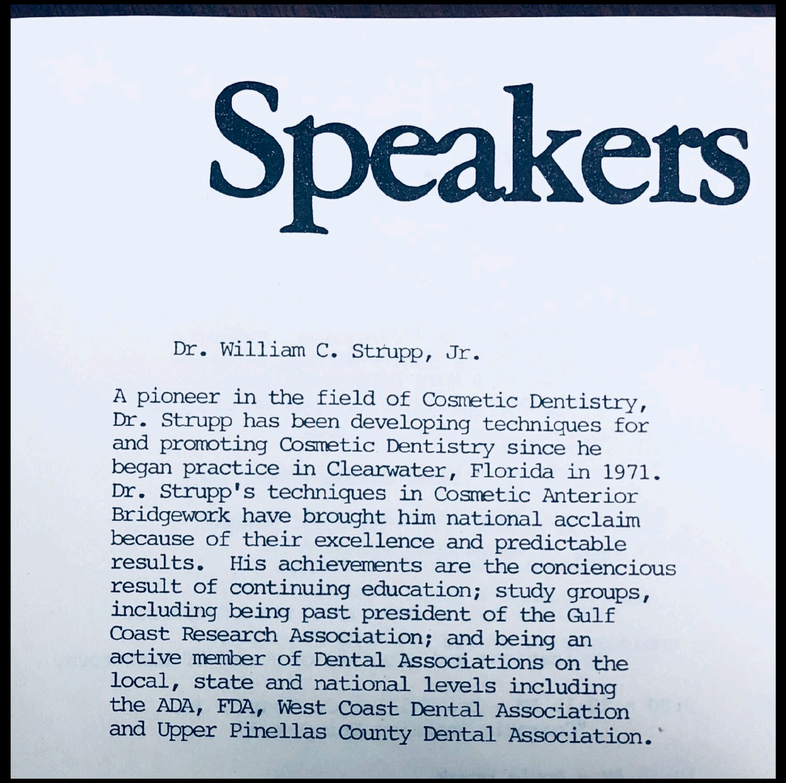


With A Gentleman's Agreement I Became The Founding Speaker



The Dental Profession Needed The AACD

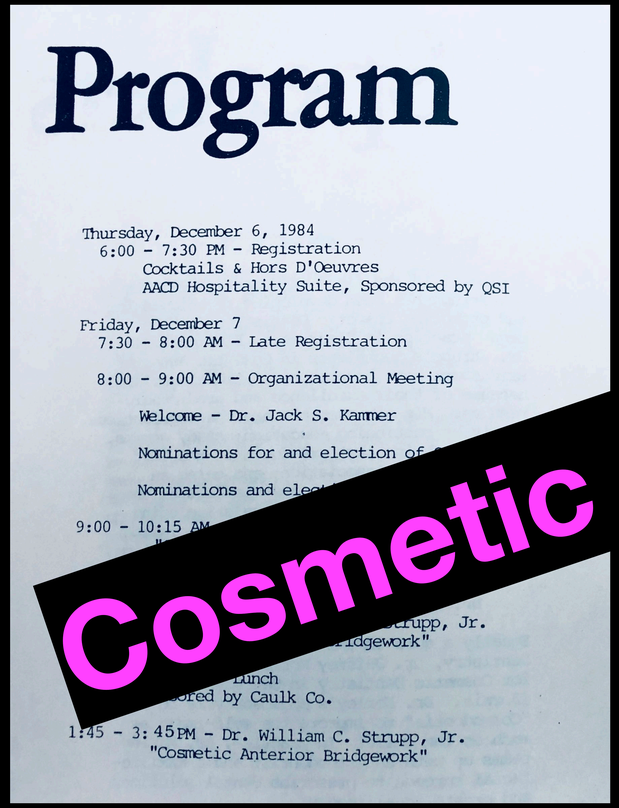




First AACD Brochure No Ad Copy Or Design Awards

- Dr. William C. Strupp, Jr.
- A pioneer in the field of Cosmetic Dentistry, Dr. Strupp has been developing and promoting Cosmetic Dentistry since he began practice in Clearwater, Florida in 1971. Dr. Strupp's techniques in Cosmetic Anterior Bridgework have brought him national acclaim because of their excellence and predictable results. His achievements are the conscientious result of continuing education; study groups, including being past president of the Gulf Coast Research Association; and being an active member of Dental Associations on the local, state, and national levels including the ADA, FDA, West Coast Dental Association and Upper Pinellas County Dental Association

HOW COSMETIC DENTISTRY CAN BUILD YOUR PRACTICE



Program

Thursday, December 6, 1984
6:00 - 7:30 PM - Registration
Cocktails & Hors D'Oeuvres
AACD Hospitality Suite, Sponsored by QSI

Friday, December 7
7:30 - 8:00 AM - Late Registration

8:00 - 9:00 AM - Organizational Meeting

Welcome - Dr. Jack S. Kammer

Nominations for and election of

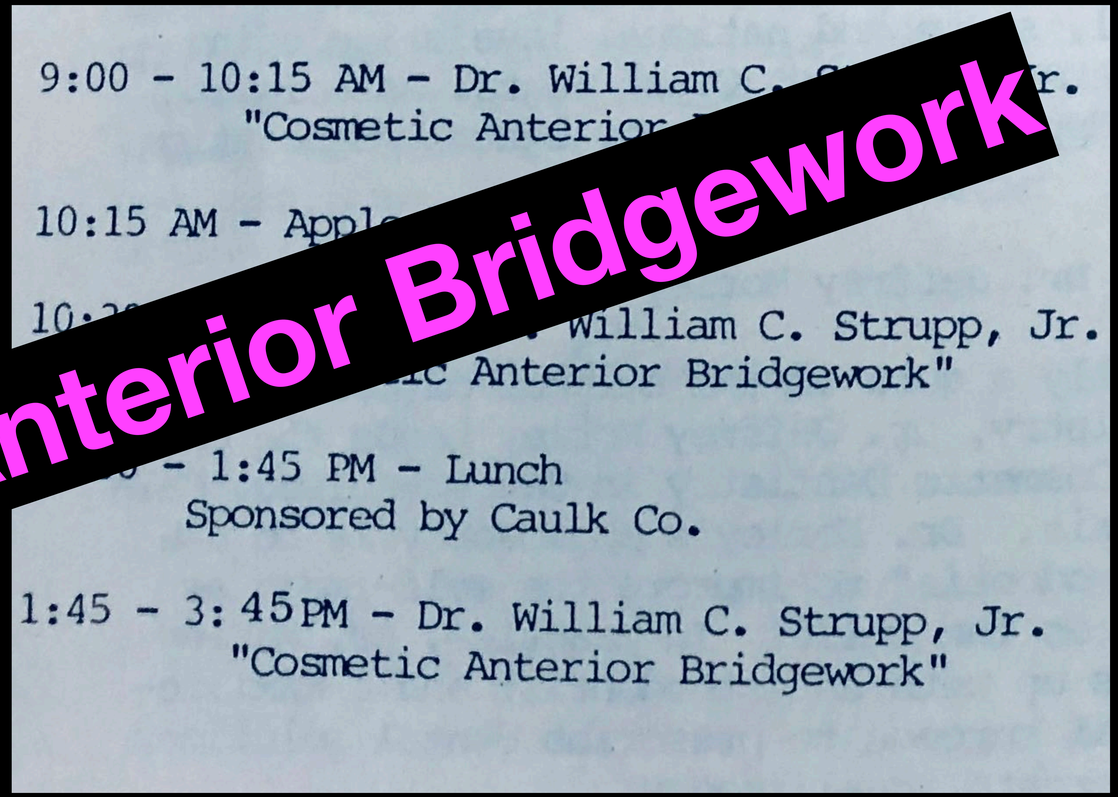
Nominations and elec

9:00 - 10:15 AM

Strupp, Jr.
idgework"

Lunch
ored by Caulk Co.

1:45 - 3:45PM - Dr. William C. Strupp, Jr.
"Cosmetic Anterior Bridgework"



9:00 - 10:15 AM - Dr. William C. [illegible] Jr.
"Cosmetic Anterior [illegible]

10:15 AM - Appl[illegible]

10:[illegible] William C. Strupp, Jr.
[illegible]ic Anterior Bridgework"

[illegible] - 1:45 PM - Lunch
Sponsored by Caulk Co.

1:45 - 3:45PM - Dr. William C. Strupp, Jr.
"Cosmetic Anterior Bridgework"

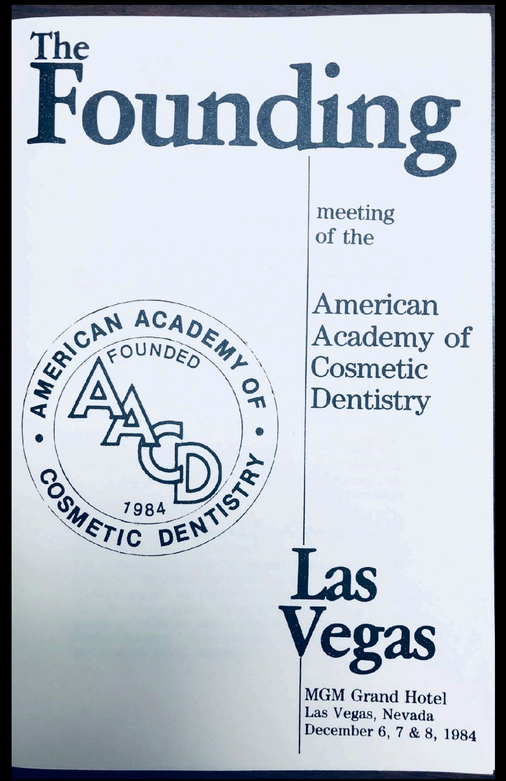
Cosmetic Anterior Bridgework

P/G 45 Year Post Op

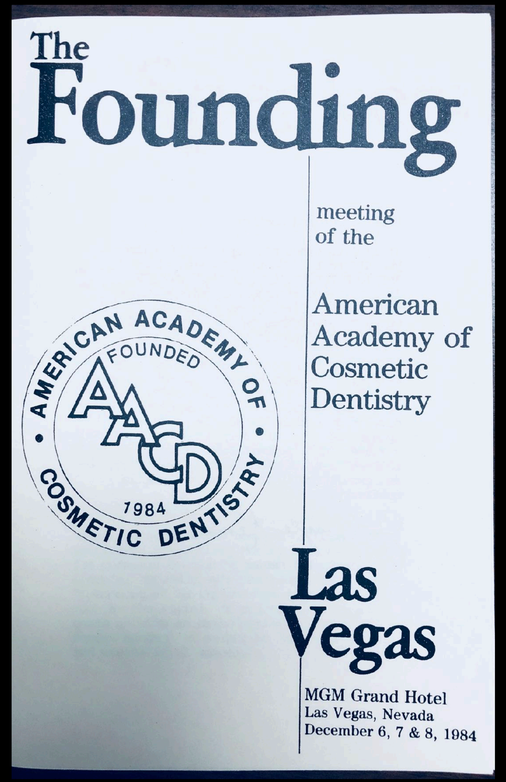
Composite Bonding

Tissue Health

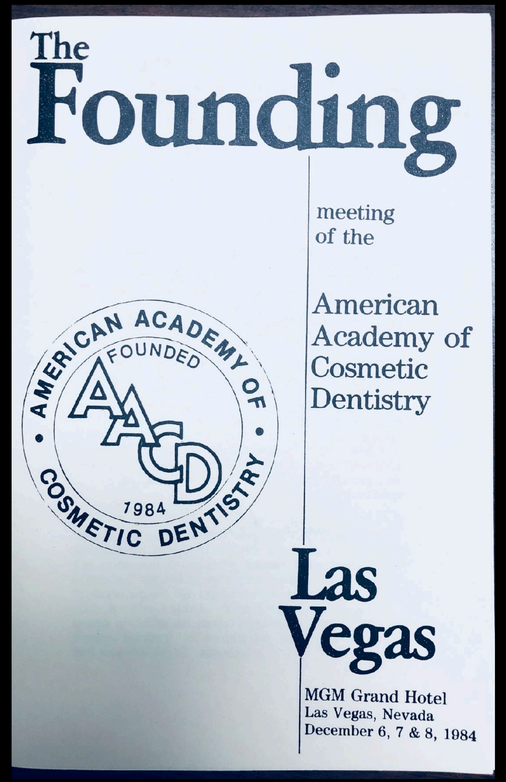
The Idea of The Program Was Not Comprehensive Cosmetics



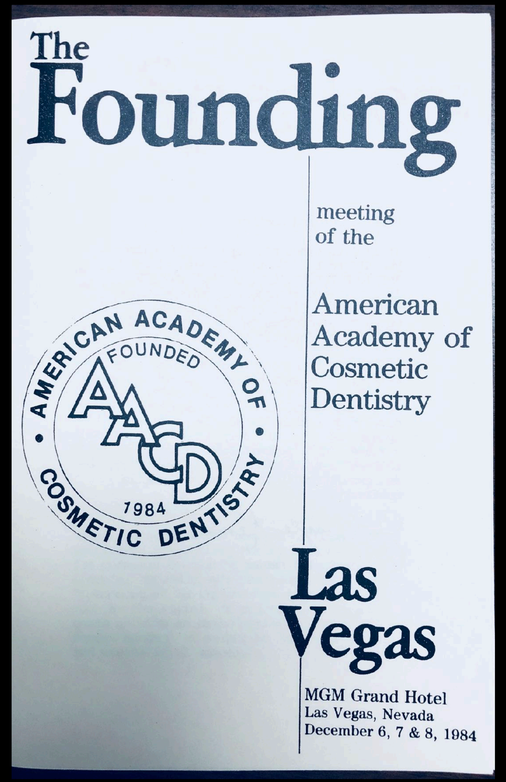
- "Board" Meeting After The Program
- Jack asked me to be President
- Foundation for Accreditation laid out



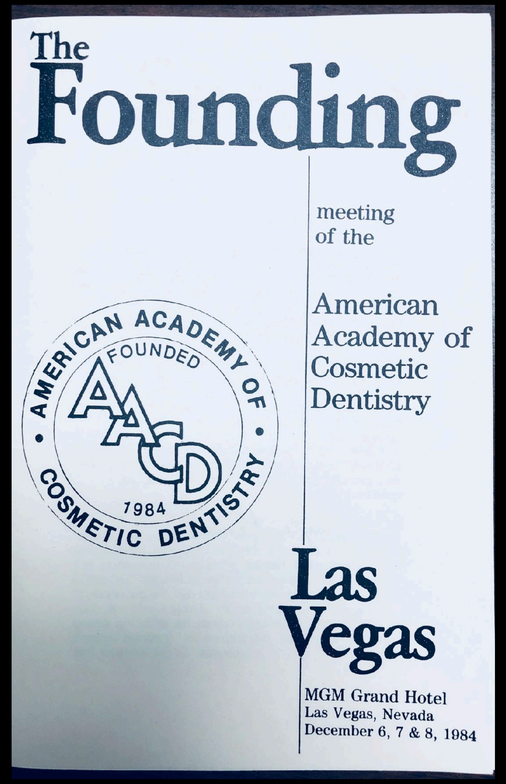
- 10 of the 80 or so became presidents of the Academy
- Jack credited me for the quality of attendees but the desire to learn cosmetics was the draw



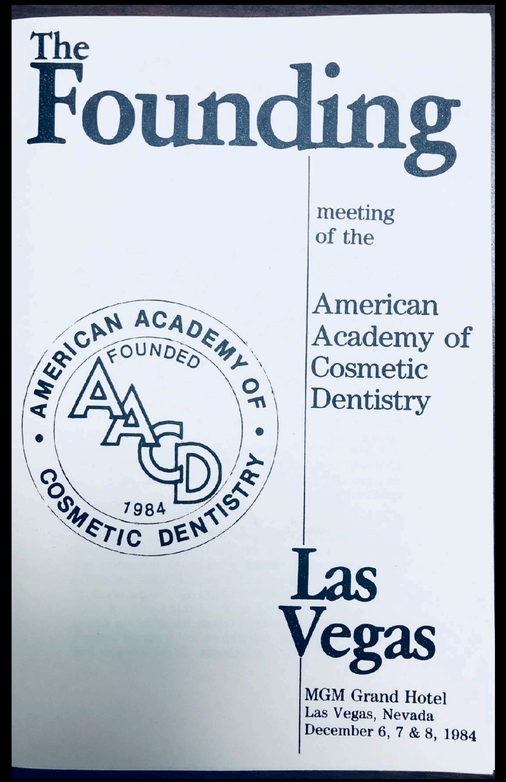
- The Academy grew exponentially
- 1984-2000 lectured to 30,000 dentists



- After dinner
- Post Seminar High
- Ray Cooley DDS



- I wanted to learn to play craps
- Little Caesars
- $0.25 Craps



- MGM Grand
- $500 chips
- Up $35,000

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★Michael Brumm DMD, FAACD, CDT

PDF Free To Download At
www.strupp.com

★All slides of Today's Presentation
★Core Buildup Protocol
★Post & Core Buildup Protocol
★Products List

727-560-4999

★Text any questions about today's presentation

★Answers on our Facebook Group

★Strupp/Brumm Dental Protocols

The Elements Of Complex Cases

Are Different (Unique)

Than The Elements Of Simple Cases

Primary Elements Exist For All Restorative Cases

★Dx and Tx Planning
★Tissue Health
★Core Buildups
★Preparations
★Occlusion
★Implants
★Impressions
★Provisionals
★Cementation
★Maintenance

Unique Elements Of Complex Cosmetic Restorative Cases

- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Unique Elements Require Special Management

Jayne's Compromised Complex 28 Units

Primary Elements Jayne's Compromised Complex

Core Buildup Protocol To Rebuild Jayne's "Hopeless" Teeth

Post/Core Buildup Protocol To Rebuild Jayne's "Hopeless" Teeth

Impression Protocol For Jayne's "Hopeless" Teeth

Protocol To Create Tissue Health For Jayne's "Hopeless Teeth"

Proper Management Of The
Unique Elements
Is Crucial For
Long-Term Success

Or Jayne's "Hopeless Teeth" May Actually Become Hopeless

- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Excessive Wear/Erosion

Excessive Wear/Erosion

Cosmetics, Phonetics And Function

Inadequate Space For Restorative Materials

First: Determine The Specific Increase In VDO

Make Study Casts

Record Existing VDO In CO

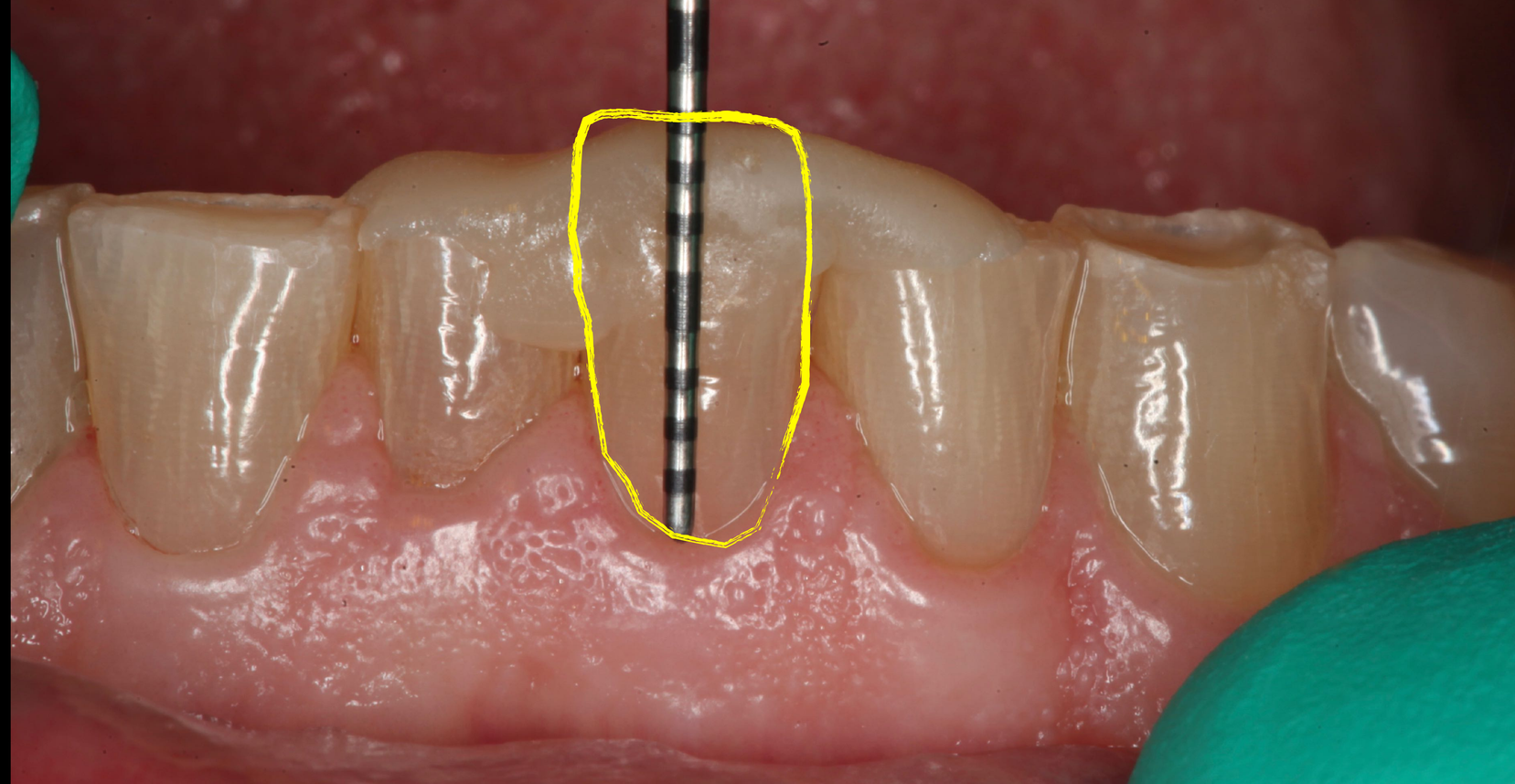
Starrett Spring Divider

Measure Cuff of Tissue To Cuff of Tissue

Record Existing VDO In CO

Build An Ideal Central Length 7–9 mm

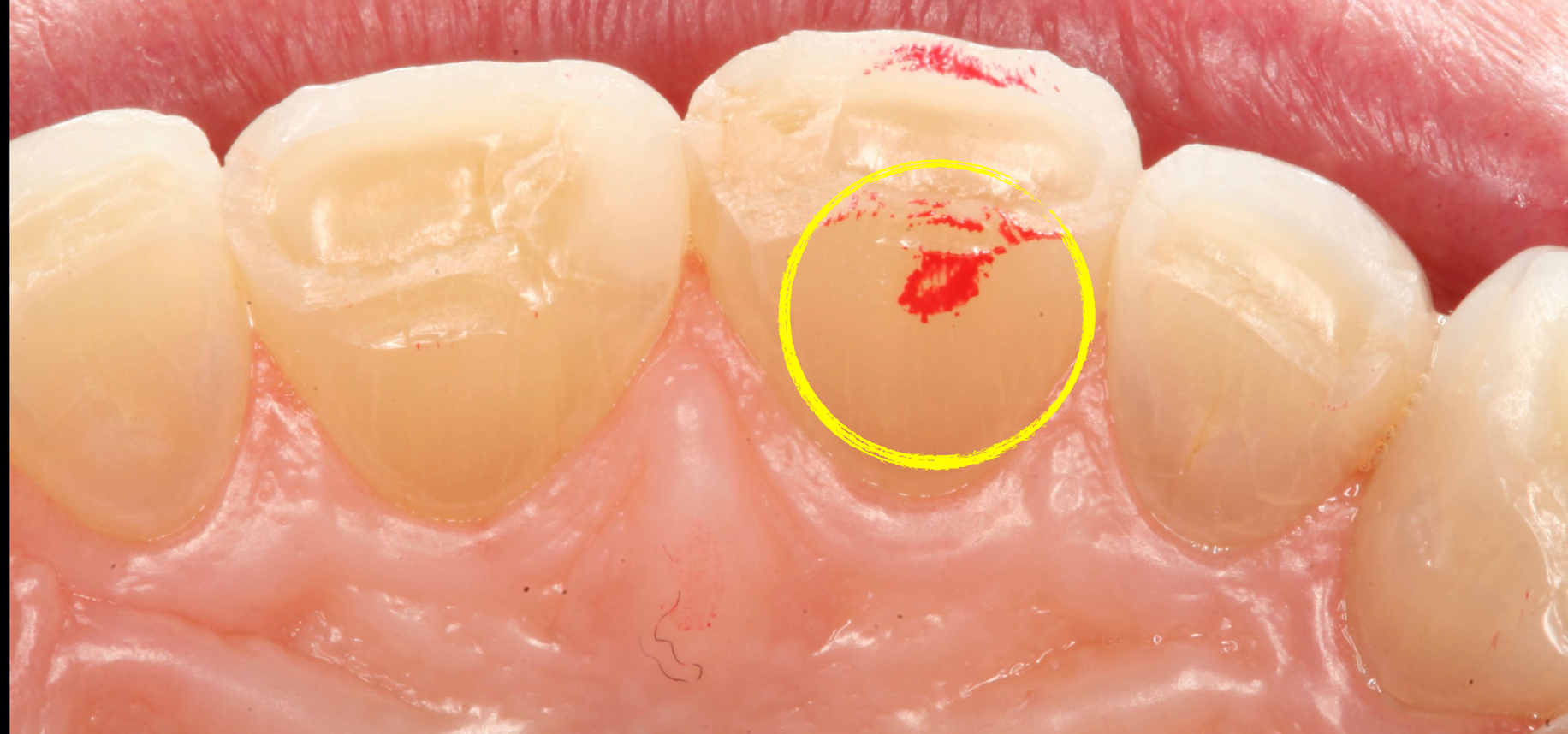
Roughly Shape The Incisal Edge



-Manipulate Into CR0
-Check Space
-Adjust PRN
-Common Sense

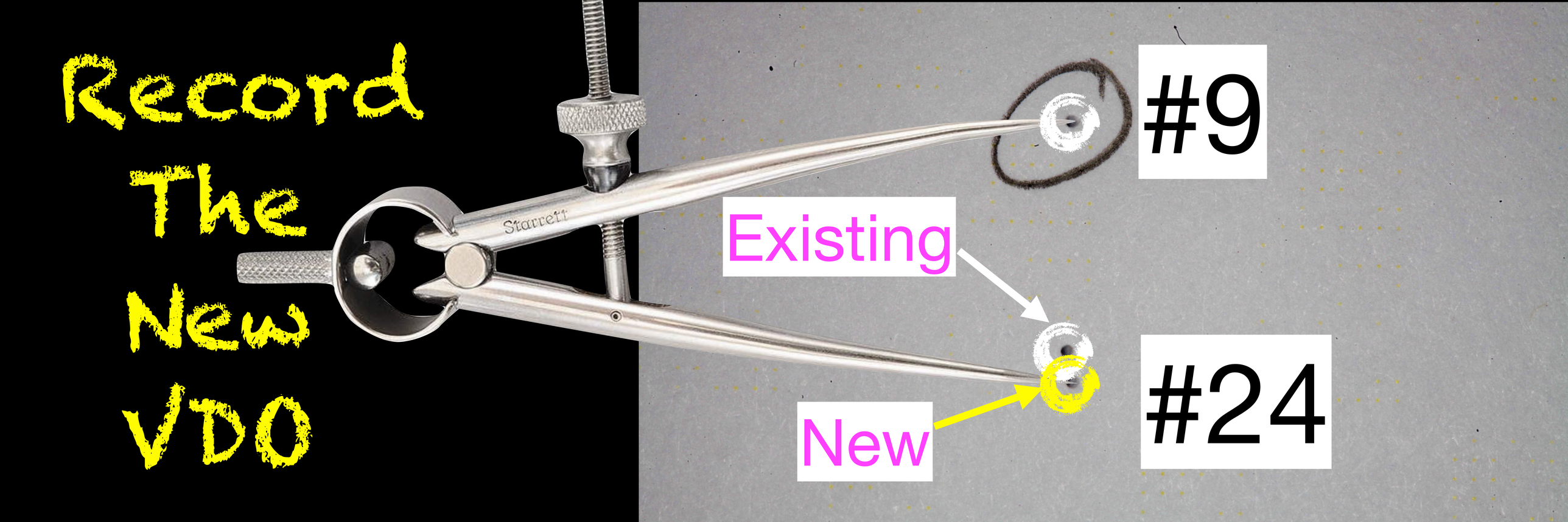
Mark With Ribbon To Determine Palatal Stop

Rebuild Opposing Central's Palatal Contour PRN



Measure

Record


Record
The
New
VDO
Starrett
#9
Existing
New
#24

VDO
Opened
Approx
2 mm

#9

#24

Myth: Opening The Vertical

- 3.0 mm in the anterior = 1.0 mm in the posterior

Fact: Opening The Vertical

- 3.0 mm in the anterior
- 2.19 mm in the posterior

Interocclusal Space Gained From Opening VDO

J Prosthet Dent 2019 Aug; 122(2):115-118.
DOI: 10.1016/j.prosdent.2018.10.010

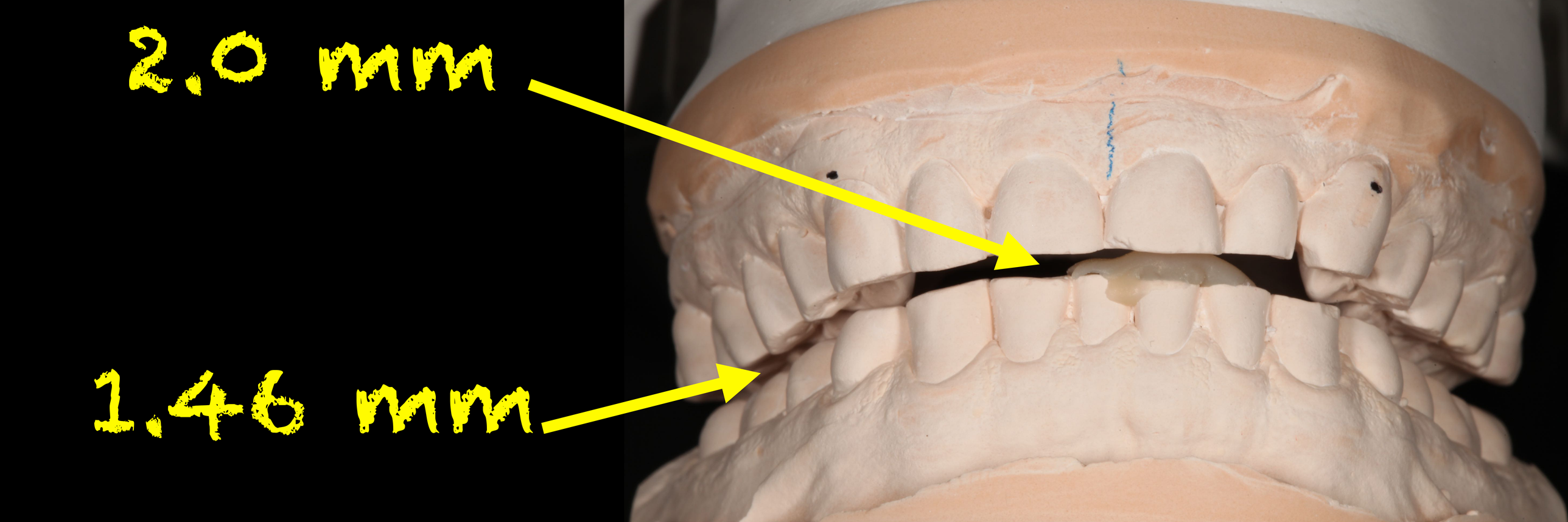
Influence of jaw opening on occlusal vertical dimension between incisors and molars

Eldad Sharon [1], Nurit Beyth [2], Ami Smidt [3], Mordechai Lipovetsky-Adler [4], Nir Zilberberg [5]

J Prosthet Dent 2019 Aug; 122(2):115-118. DOI: 10.1016/j.prosdent.2018.10.010

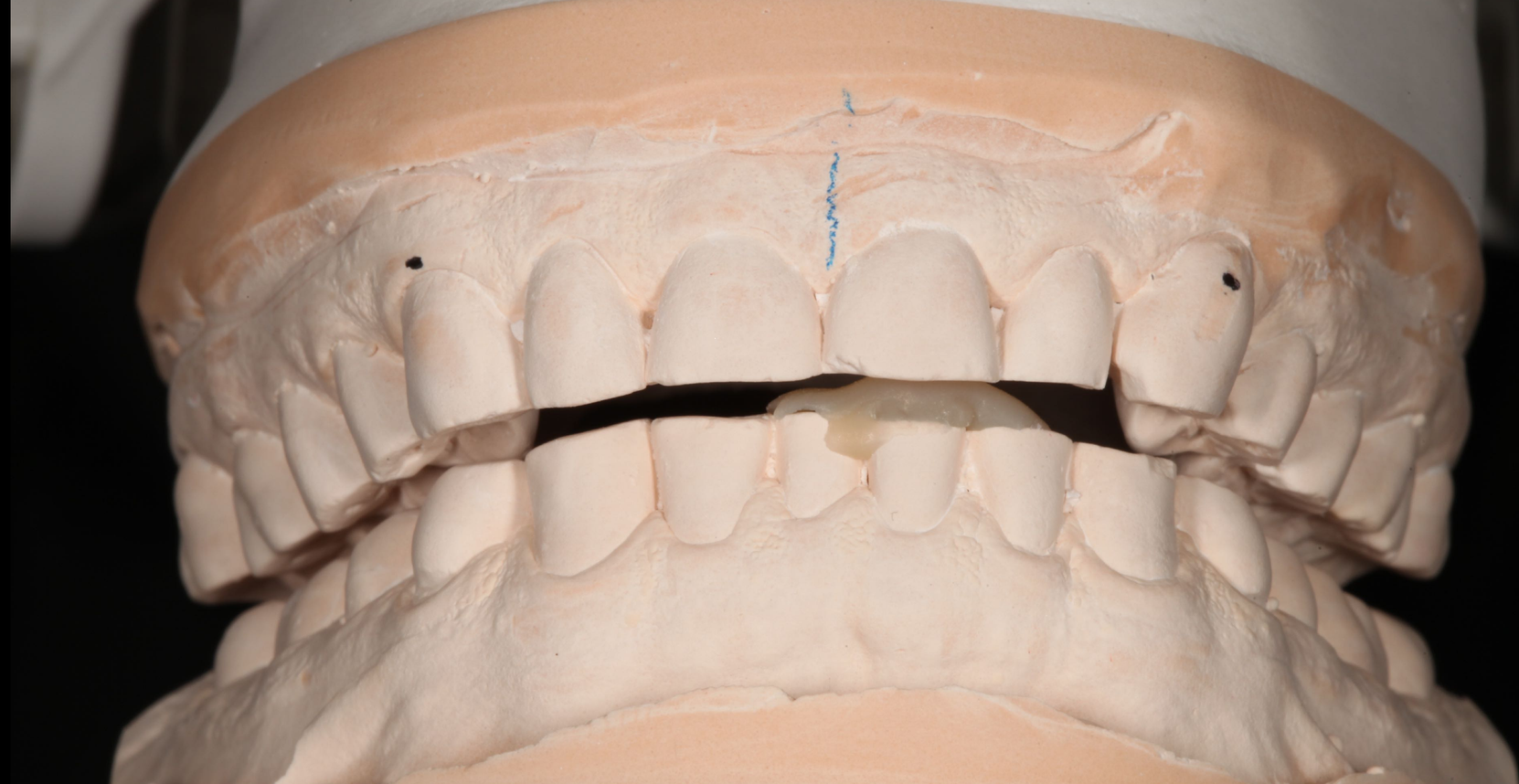
Influence of jaw opening on occlusal vertical dimension between incisors and

Conclusions: A vertical dimension opening of 1 mm between the central incisors resulted in 0.73 mm of occlusal clearance in the first molar region and 0.95 mm in the canines.


2.0 mm
1.46 mm

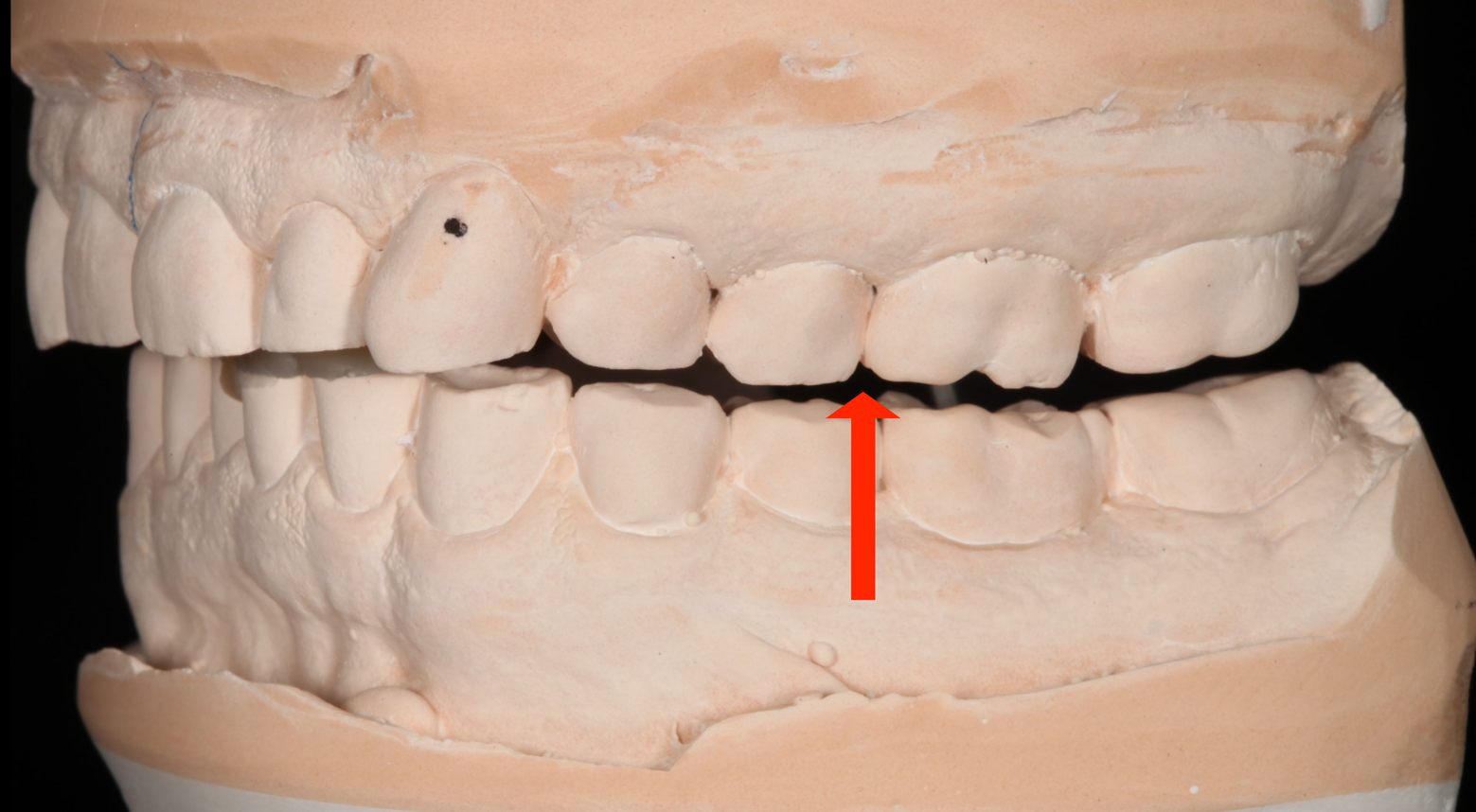
Close & Make A Bite Record At The New VDO

Mount The Case And Assess Space And Tooth Position

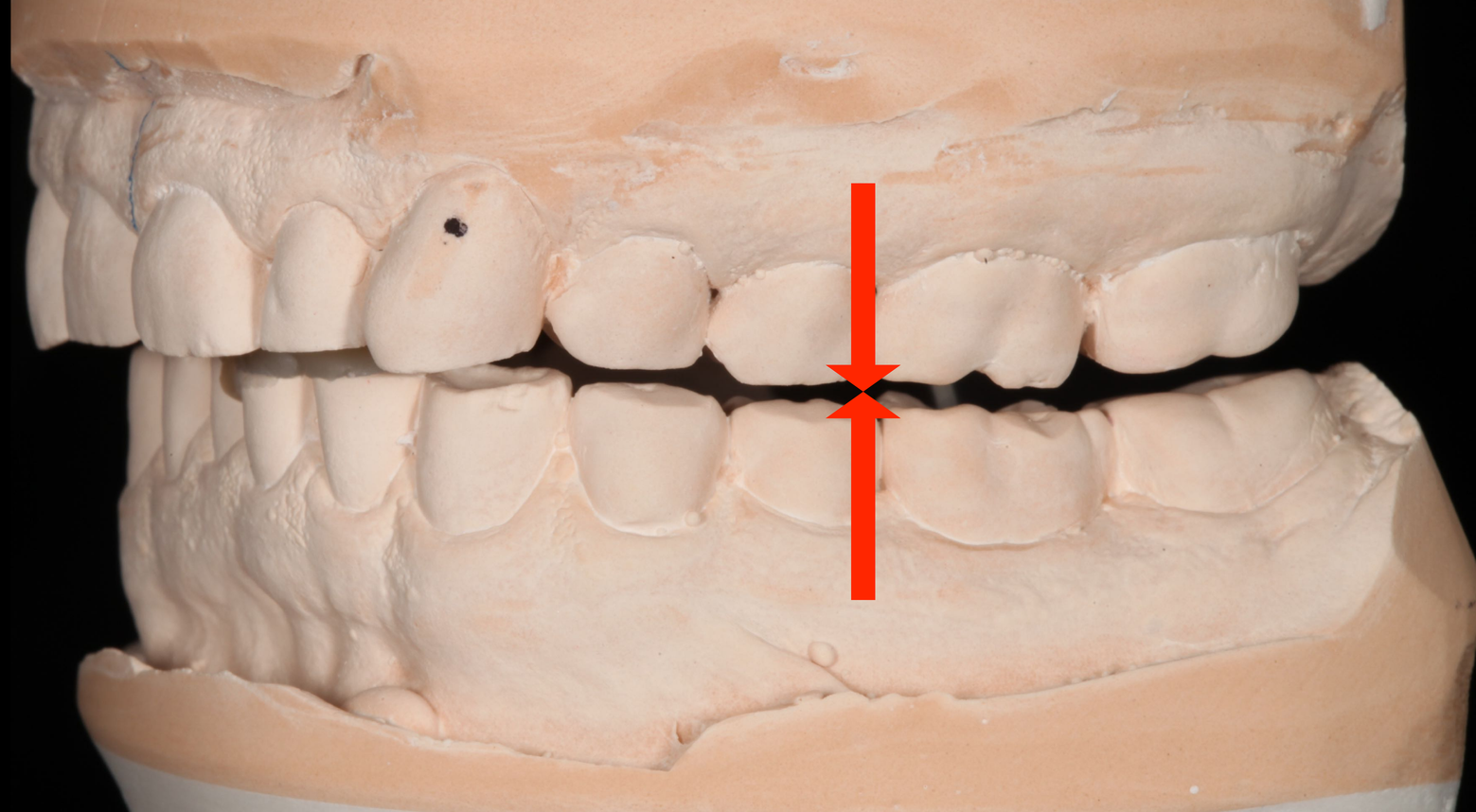


Wax Case According To Biological Support

Use Half Of The 1.46 mm Interocclusal Space Gained On The Lower



Use The Other Half Of The On The Upper



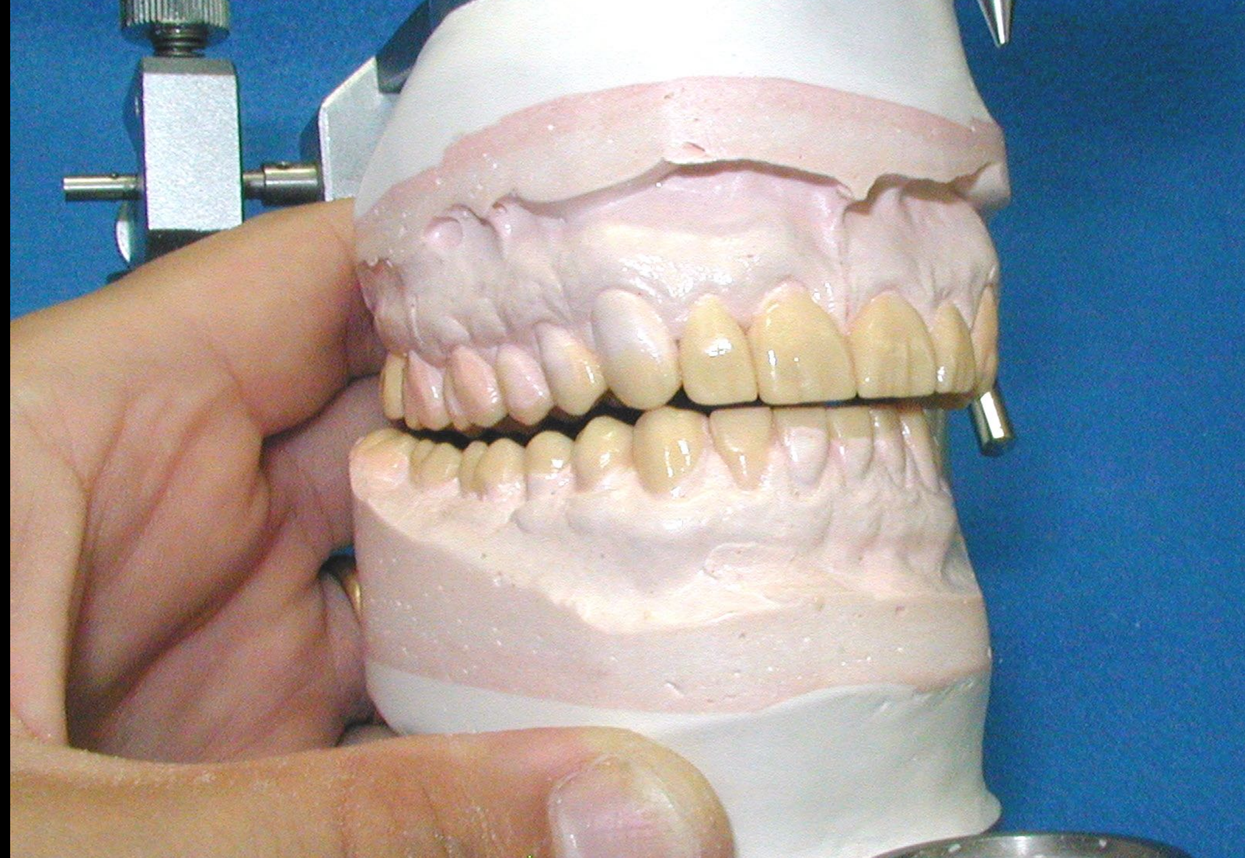
Testing The Opened VDO Is Unnecessary And Often Detrimental To Success

Compromised Biology

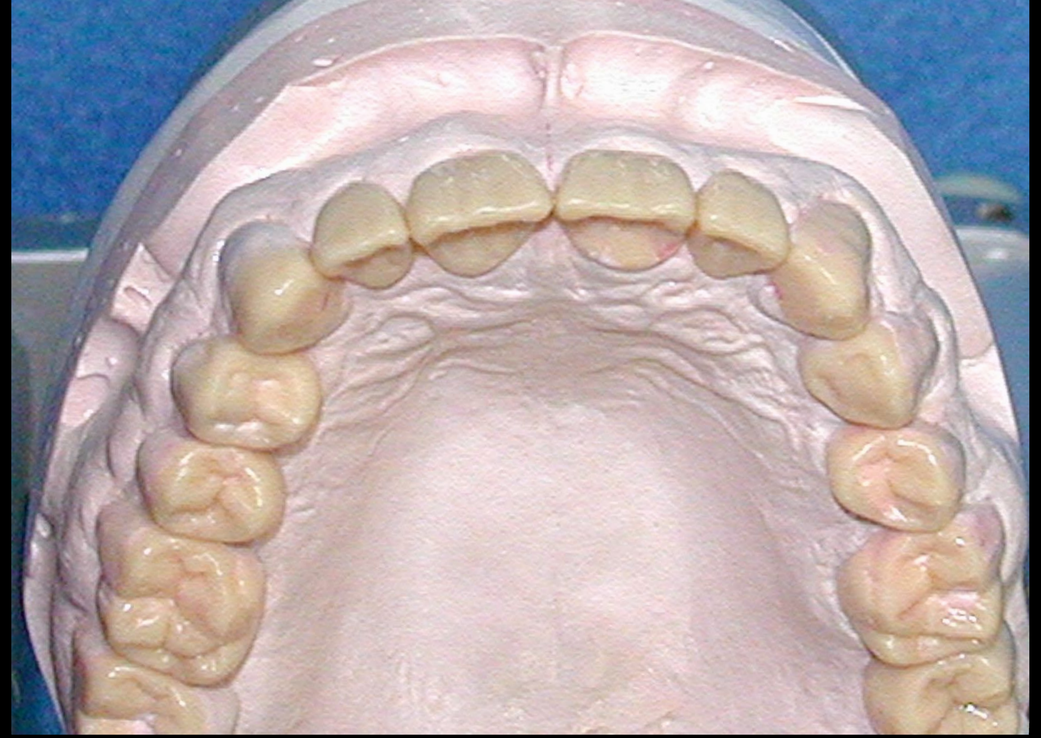
Opening VDO Provides Intraocclusal Space

- ★Room for Restorative Materials
- ★Manage the Envelop of Function
- ★Manage the Envelop of Phonetics

Angles Matter In The Envelopes Of Function

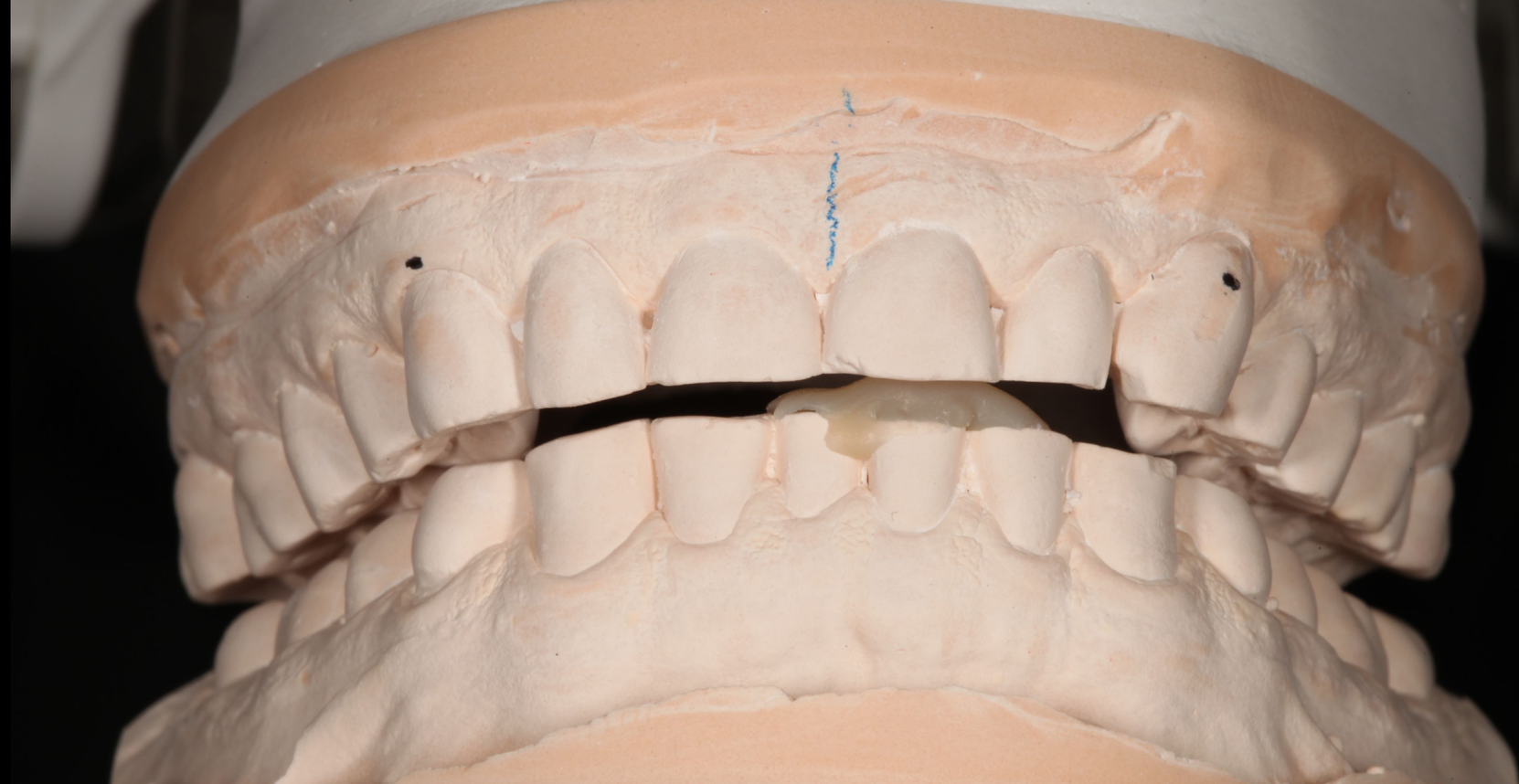


Cusp Placement And Size Matters



Lower Buccal Cusp Tip Move Lingually

Lower Buccal Cusp Fit Better In Upper Fossa

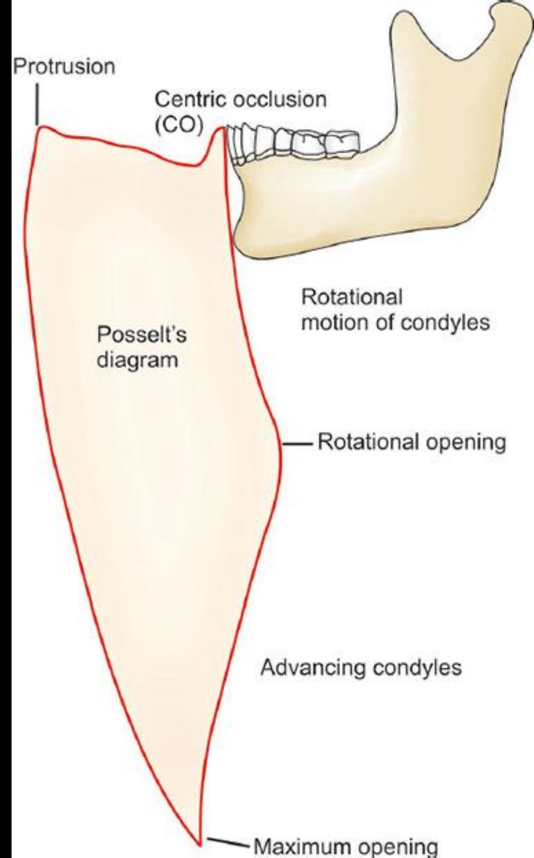


Shrink The Width BuccoLingually

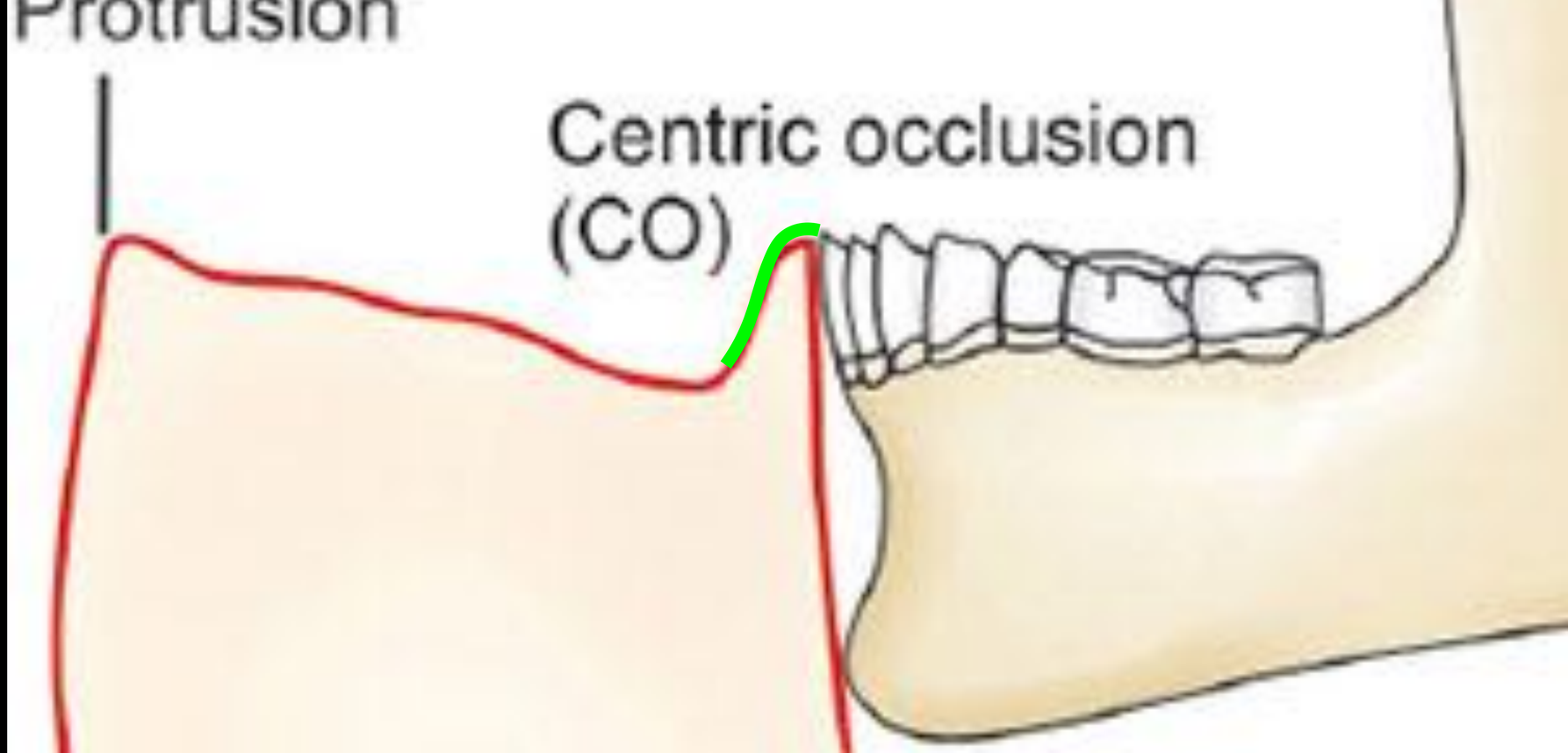
Opening The VDO Allows Us To Design The Anterior And Posterior Envelops Of Function To Fit The Available Biology

Posselt's Envelop Of Function

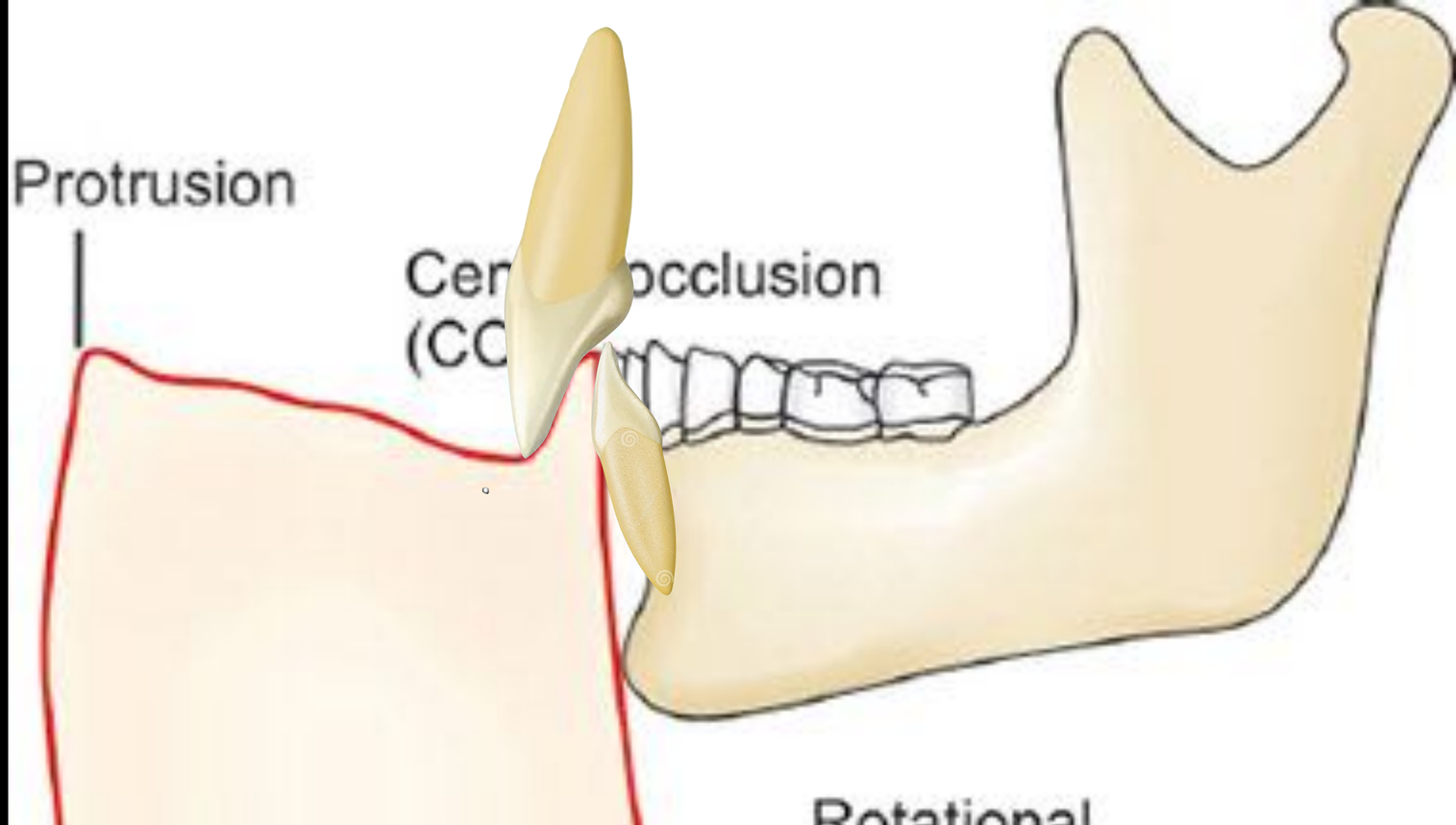
Mandibular Border Movements



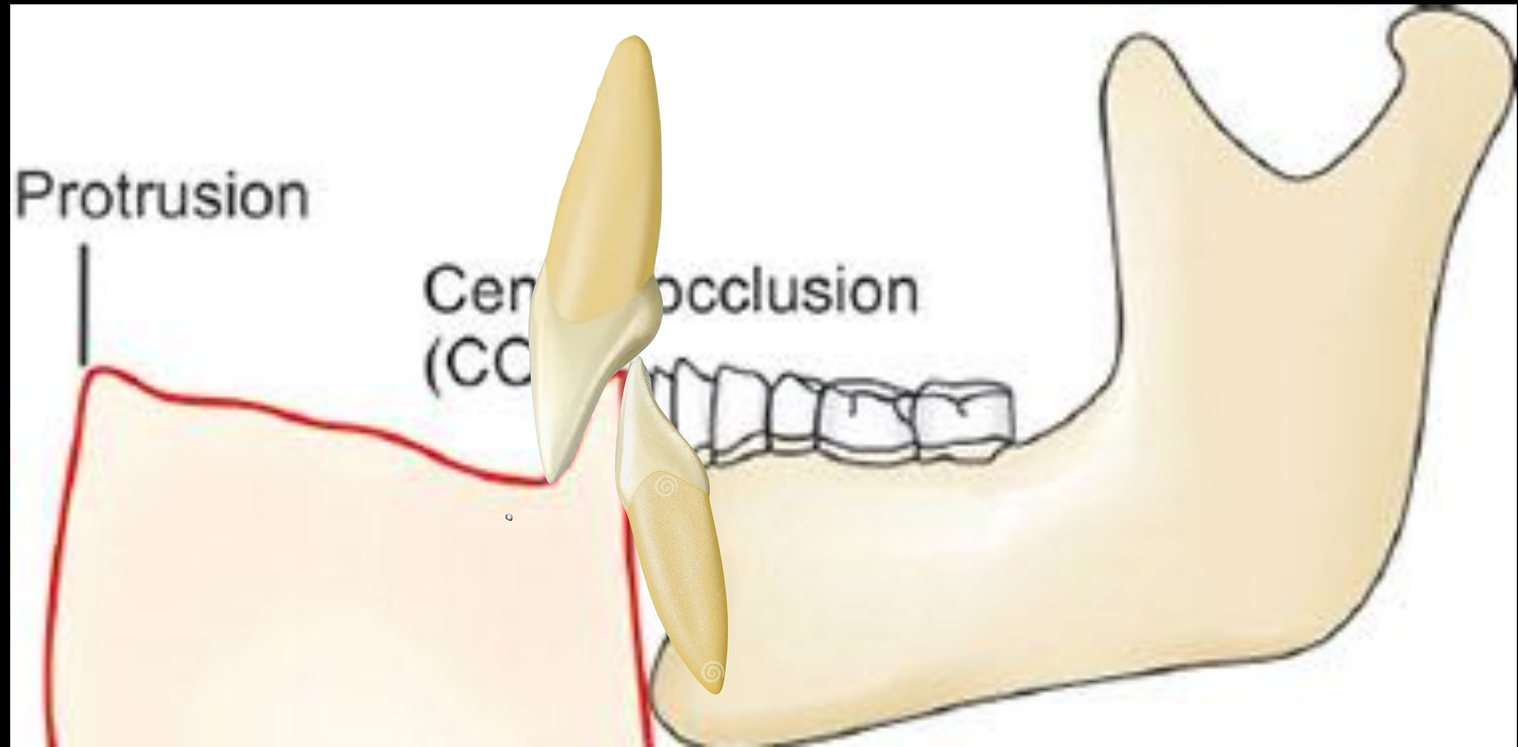
Increased VDO Allows Flatter Guidance Angles



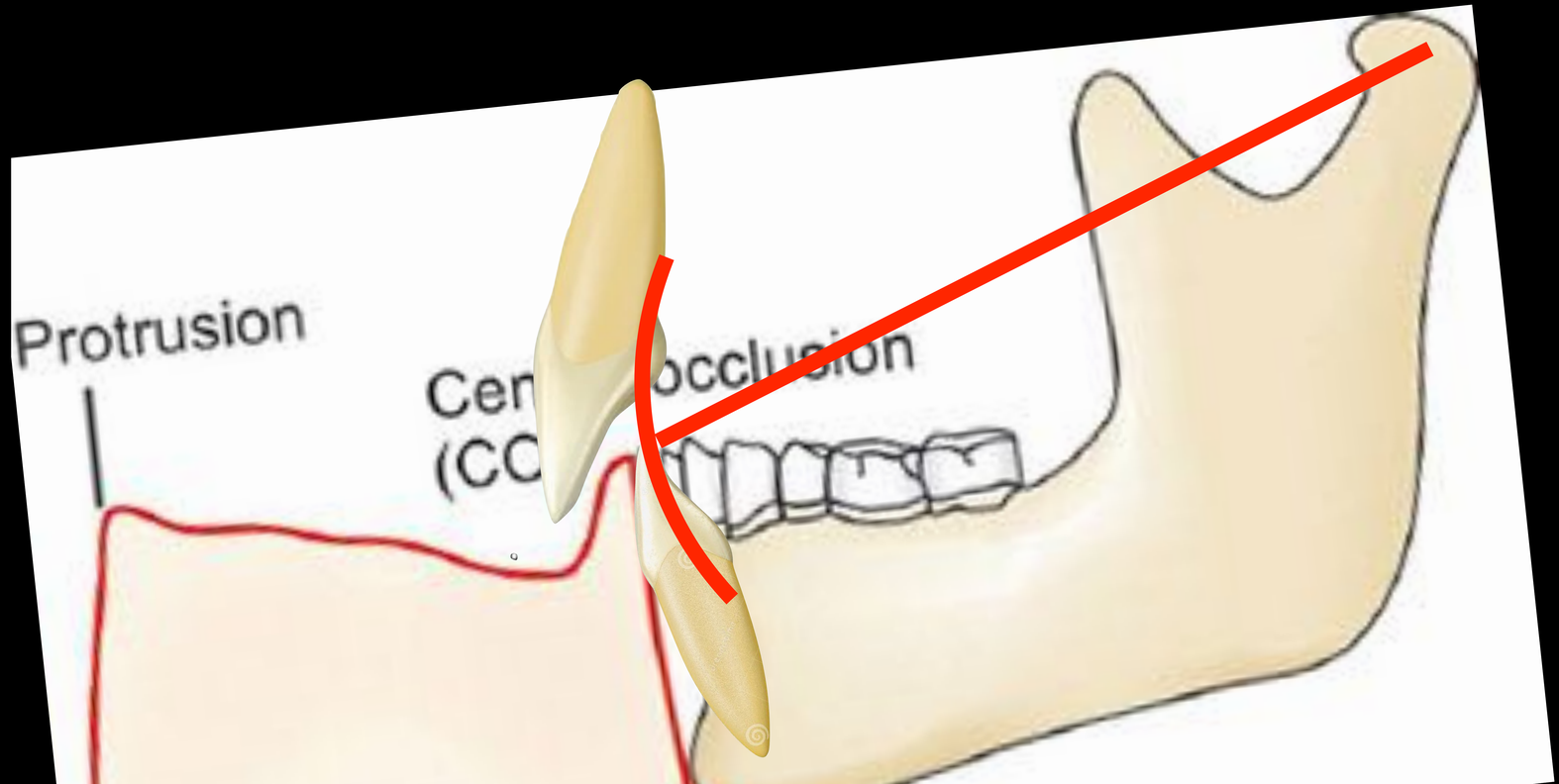
Increased VDO Better Cosmetics



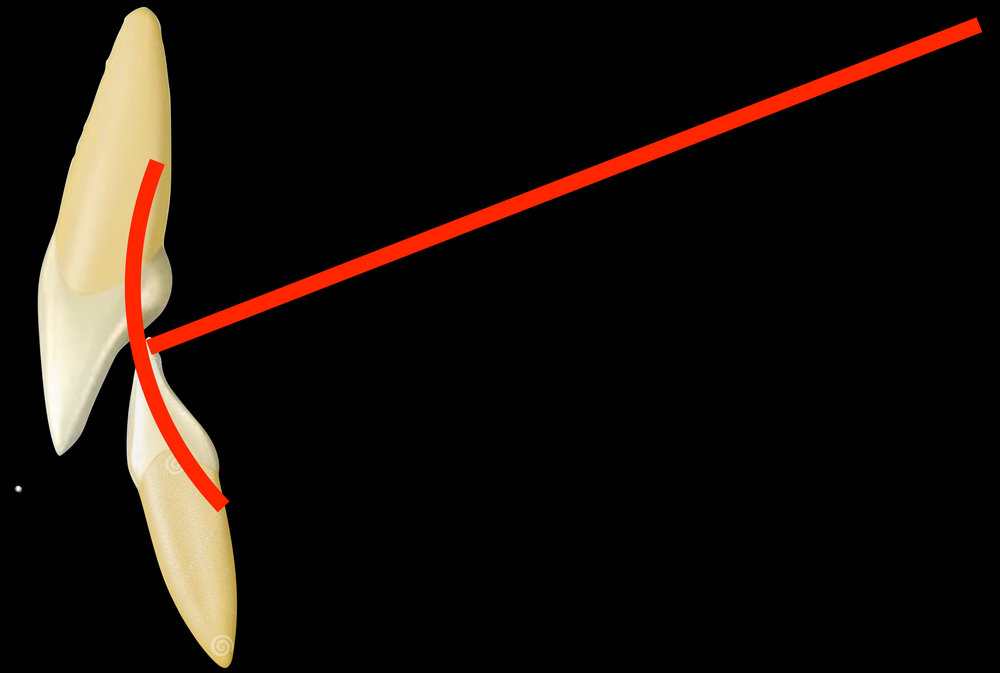
Arc of Closure



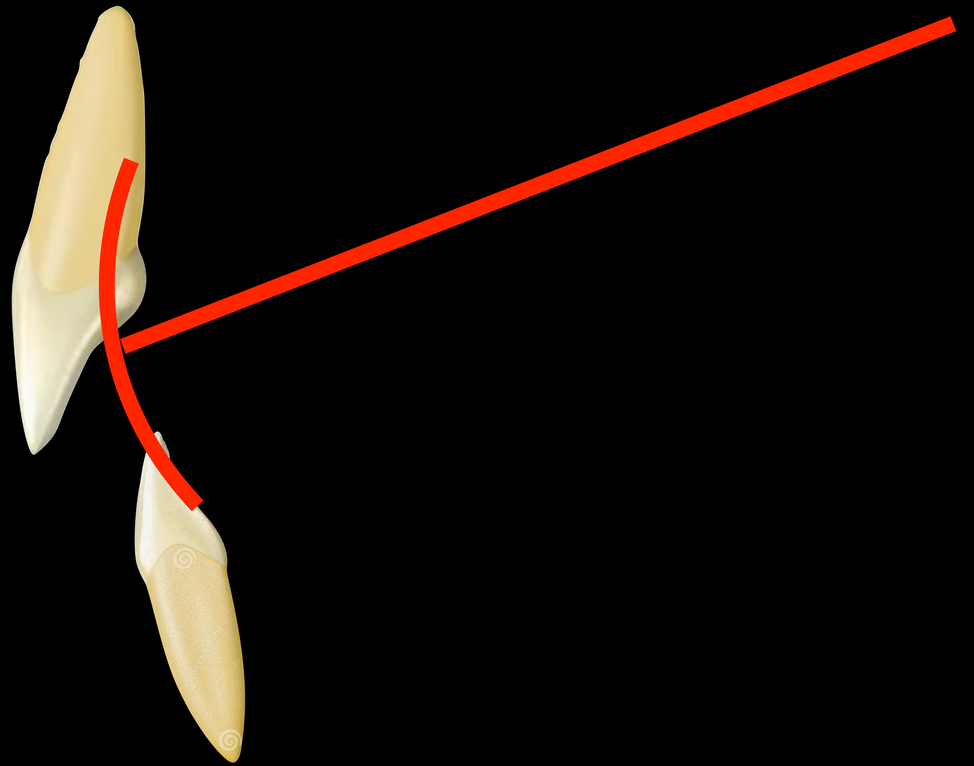
Arc of Opening



The Arc of Opening Moves The Lower Incisal Edges Apically & Lingually

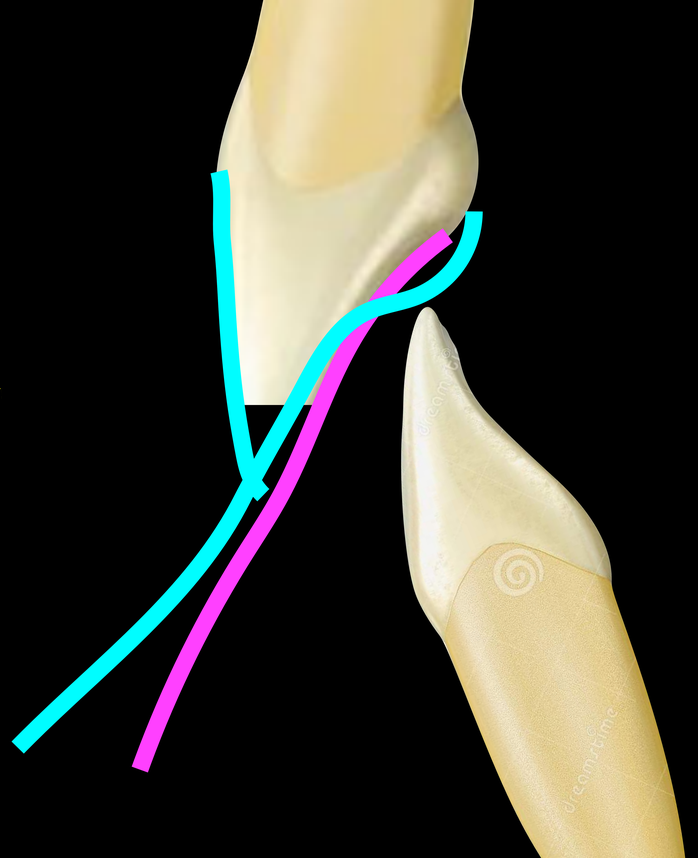


Gives More Space
To Provide Better
Cosmetics And Flatter
Guidance Angles

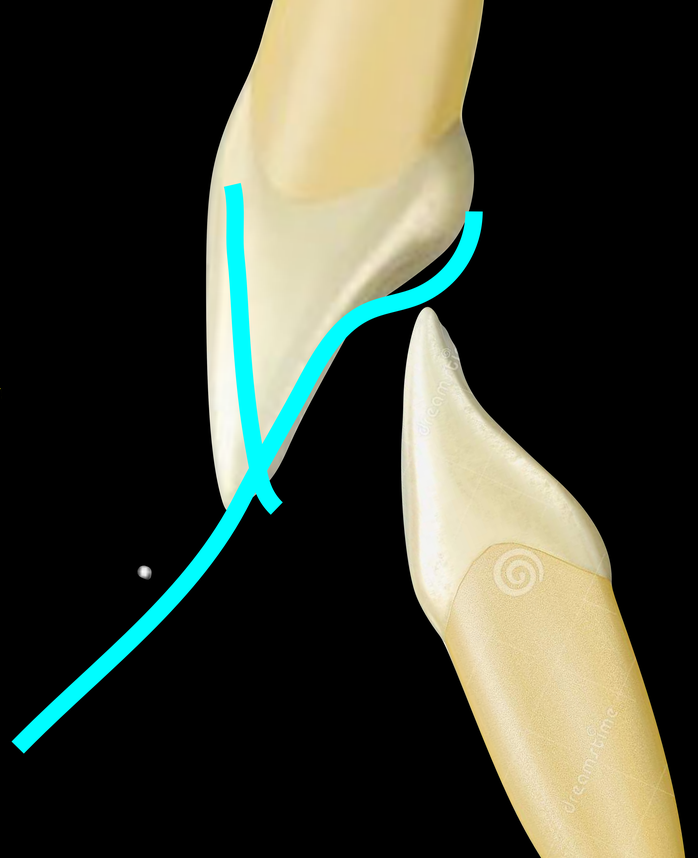


Better Cosmetics

Flatter Guidance Angles



Flatter Guidance Angles



Compromised Biology

- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Centric Relation \sĕn´trĭk rĭ-l"a´shun\: acronym is CR; a maxillomandibular relationship, independent of tooth contact, in which the condyles articulate in the anterior-superior position against the posterior slopes of the articular eminences; in this position, the mandible is restricted to a purely rotary movement; from this un- strained, physiologic, maxillomandibular relationship, the patient can make vertical, lateral or protrusive movements; it is a clinically useful, repeatable reference position

CR Most Stable

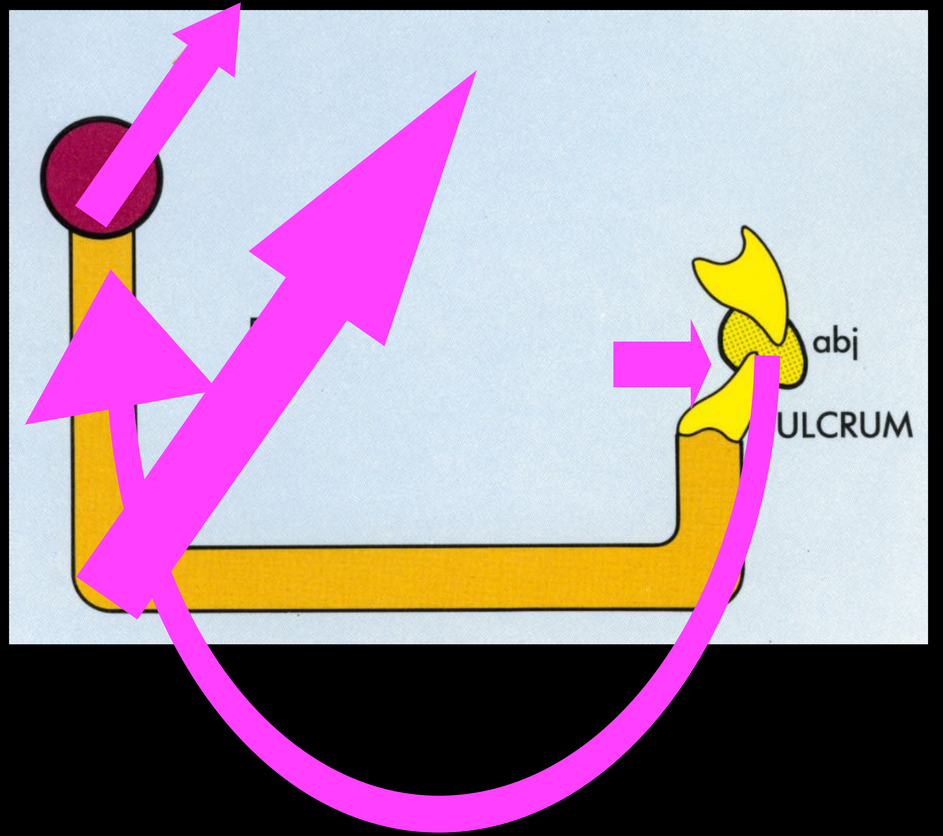
- J Prosthet Dent. 2004 Feb;91(2):171-9. Related Articles, Links
- **The effect of clenching on condylar position: A vector analysis model.**
- **Radu M**, **Marandici M**, **Hottel TL**.
- Department of Restorative Dentistry, College of Dental Medicine, Nova Southeastern University, Fort Lauderdale, Florida, USA. mradu@dentalart.com
- STATEMENT OF THE PROBLEM: Clinicians often disagree about the acceptable position of the condyle in the articular fossa. Agreement as to what position the condyle-disk assembly assumes on the articular eminence while subjected to the forces of the elevator muscles of the mandible is important. PURPOSE: This simulation study investigated the position of the condyle-disk assembly on the articular eminence while subjected to the forces of the elevator muscles of the mandible during clenching. MATERIAL AND METHODS: Using the 2 conditions of static equilibrium, a vector analysis of a 2-dimensional model of the temporomandibular joint was developed. The dynamics of the condyle-disk assembly during muscle loading were analyzed. The vector sum of the masticatory muscle forces was determined by assuming that the maximum force developed by each contributing muscle was proportional with the physiologic cross section of the muscle. The effect of the resultant force vector of the combined muscle action applied to the condyle was analyzed for the orthogonal and acute angle situations. RESULTS: When the vector sum was orthogonal on the eminence, the condyle was in stable equilibrium. The stable equilibrium was found in the anterior-superior position in the fossa. When the vector sum was at an acute angle to the eminence, the condyle was subject to a translation force that displaced it into the anterior-superior equilibrium position. CONCLUSION: Within the limitation of this study, vector analysis suggested that the anterior-superior position of the condyle-disk assembly on the eminence was the most stable equilibrium position. All other tested positions of the condyle were less stable and maintained at the expense of other structures.

- J Prosthet Dent. 2004 Feb;91(2):171-9. Related Articles, Links
- **The effect of clenching on condylar position: A vector analysis model.**
- **Radu M, Marandici M, Hottel TL.**

- CONCLUSION: Within the limitation of this study, vector analysis suggested that the anterior-superior position of the condyle-disk assembly on the eminence was the most stable equilibrium position. All other tested positions of the condyle were less stable and maintained at the expense of other structures.

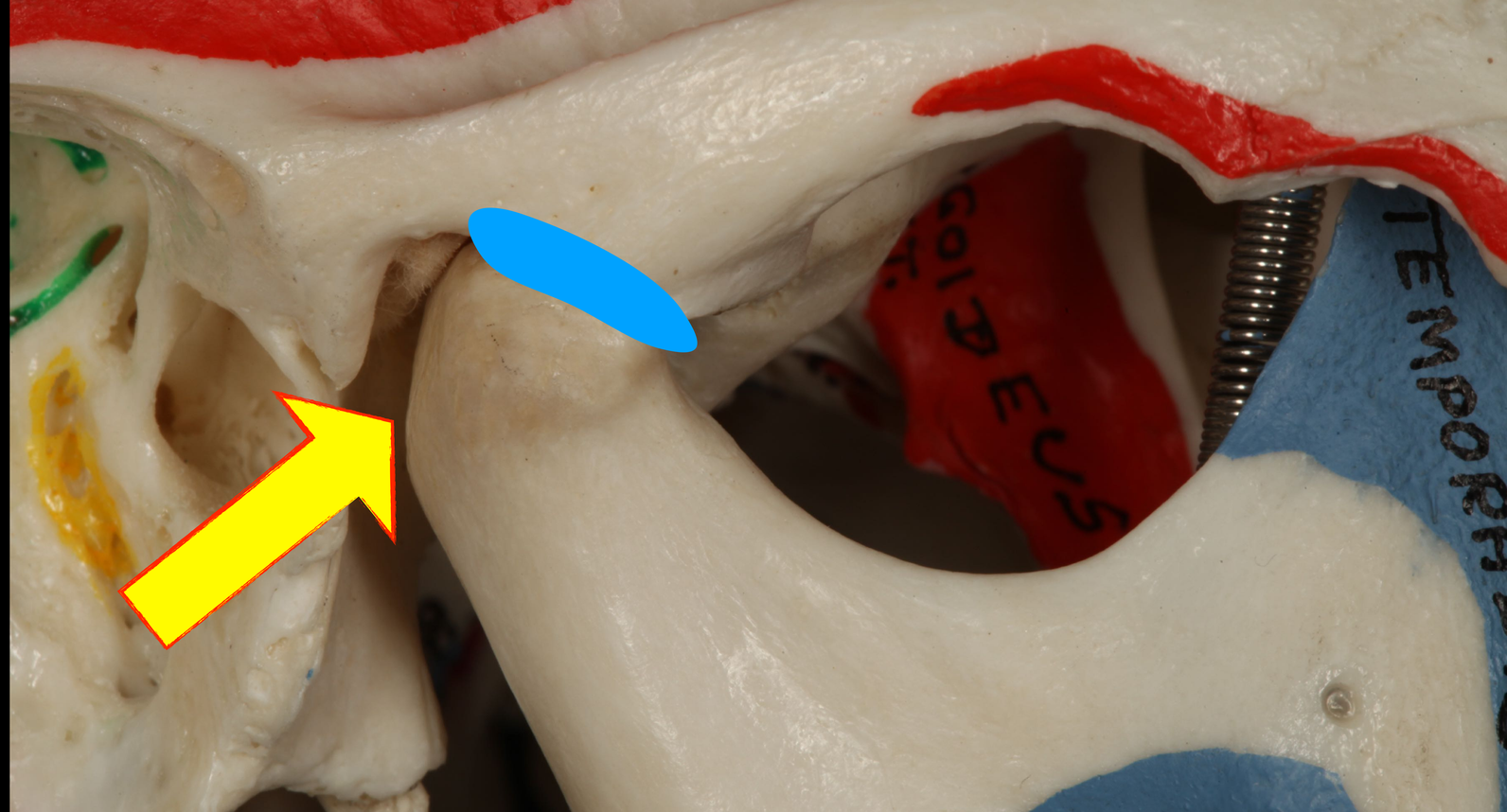
Centric Relation The Anterior Biting Jig For Recording The Clenching Position

- Edward Levinson
- Int J Perio Rest Vol 2 No 2 1982



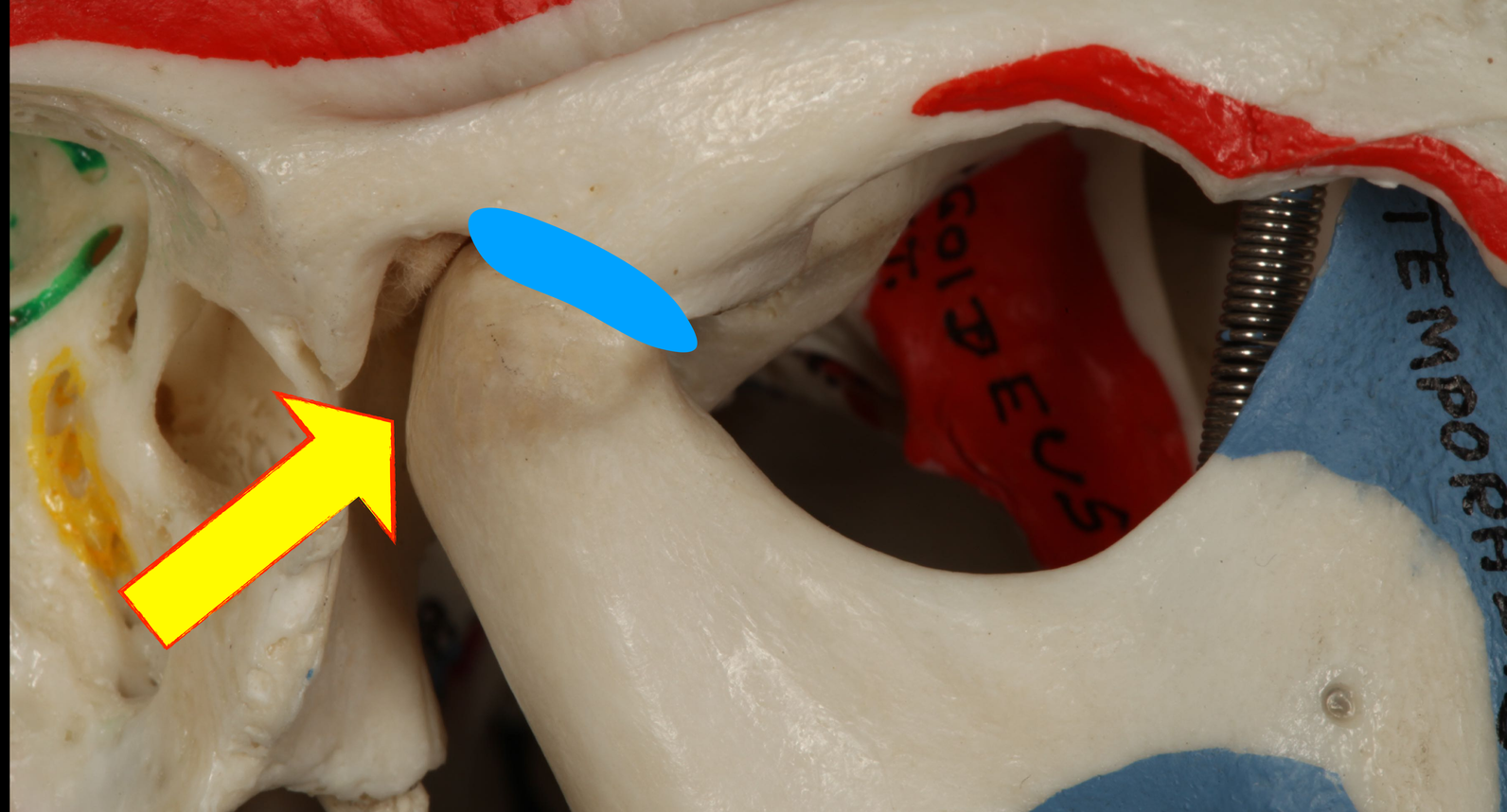
MAJOR
MASSETER
BUCCINATOR
The Lower Incisor
Must Be
Locked In Place
So Only Rotation
Of The Mandible
Can Occur

Centric Relation Results When Clenching in the Absence of Interferences



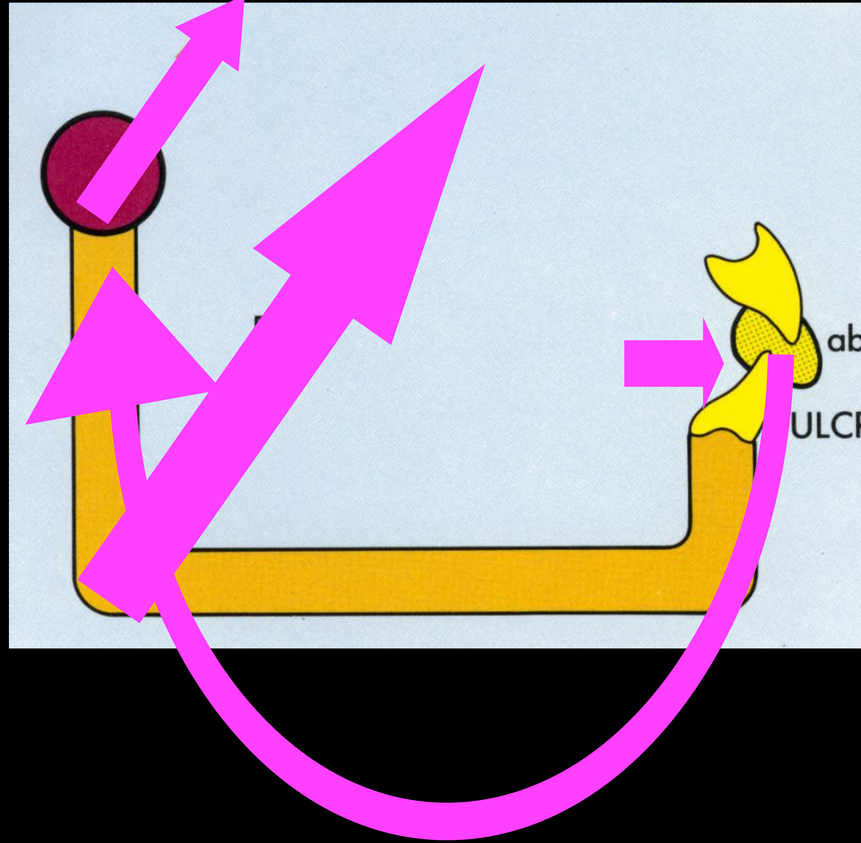
Clenching Compresses The Discs

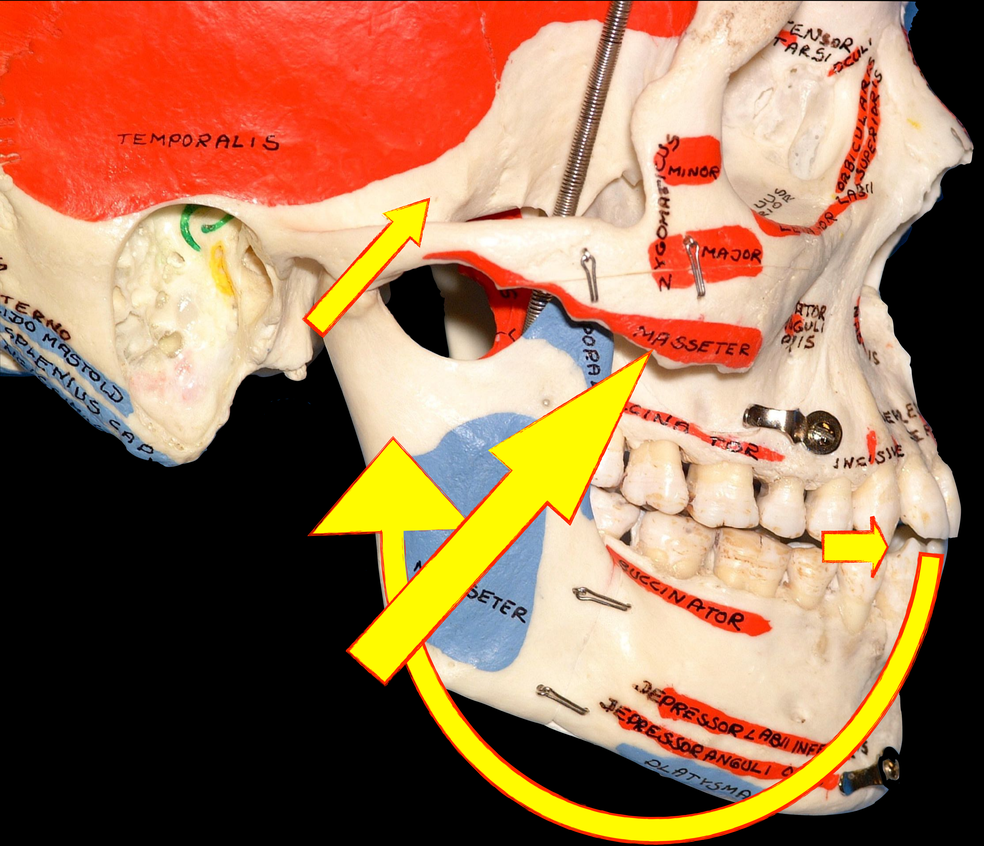
True CR!



Comparing condylar positions achieved through bimanual manipulation to condylar positions achieved through masticatory muscle contraction against an anterior deprogrammer: a pilot study.

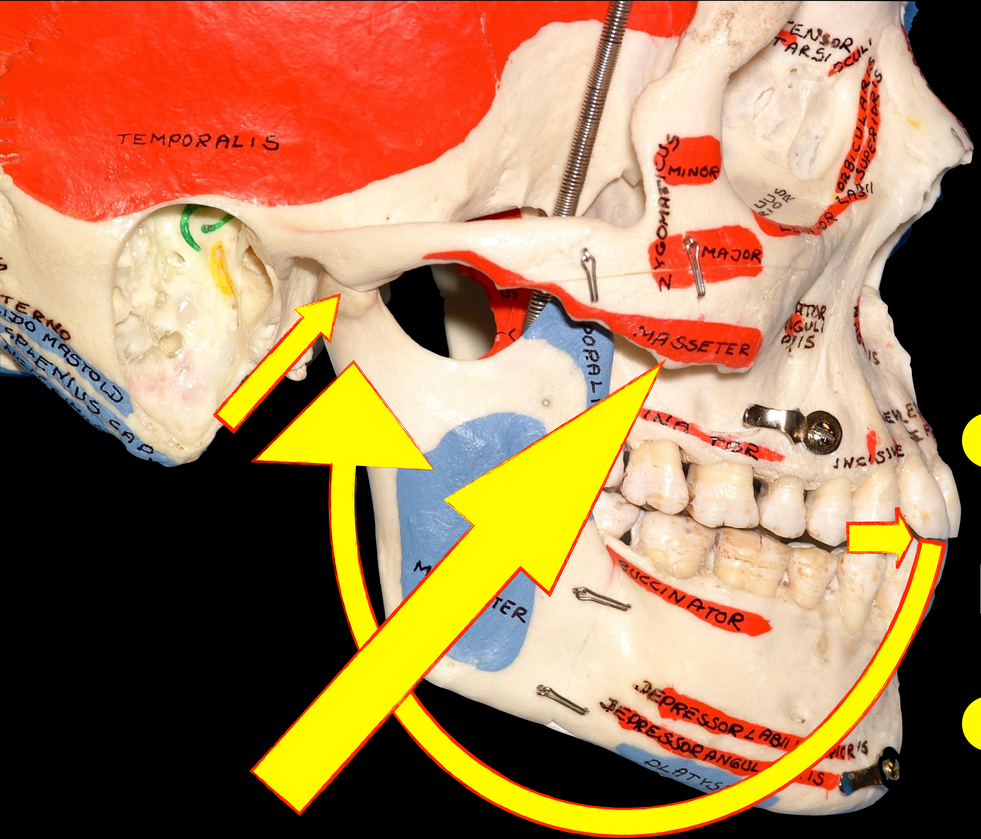
- McKee, JR
- J Prosthet Dent. 2005 Oct;94(4):389-93.





Bite Record Protocol

- The patient's muscles of mastication should be used to make the bite record just as they use them to function



Objective: Record CR at the Correct VDO

- Allows for the biological management of occlusion
- Eliminates need for a facebow

The Clinical Protocol Is Easy And 100% Predictable

Prep ALL The Upper Teeth

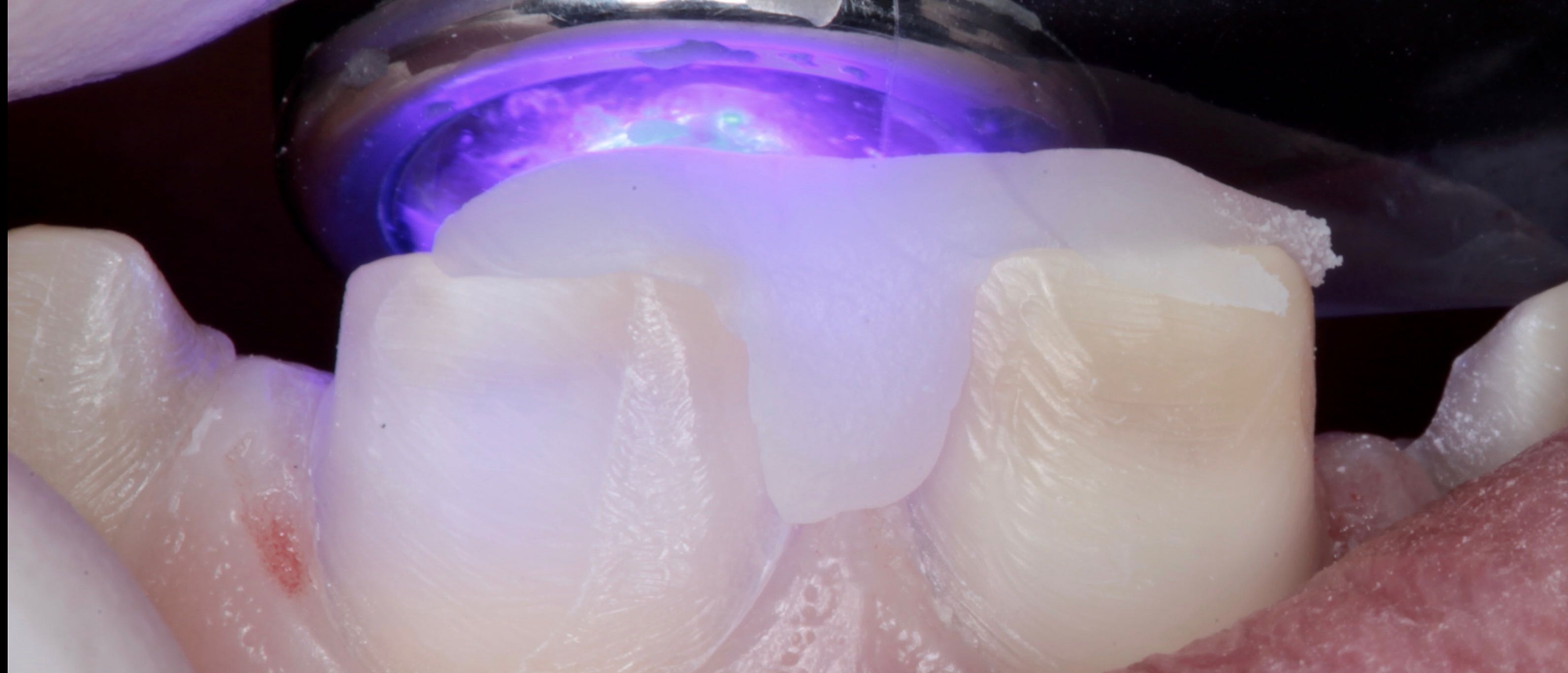
Build A Flat Anterior Stop

Finger Support

Inject Composite On Dry Preps

Locked In

Light Activate 40 Seconds



Excess!

Have Patient Close: Compare To Existing Vertical

Overbuild VDO

Manipulate Into CR

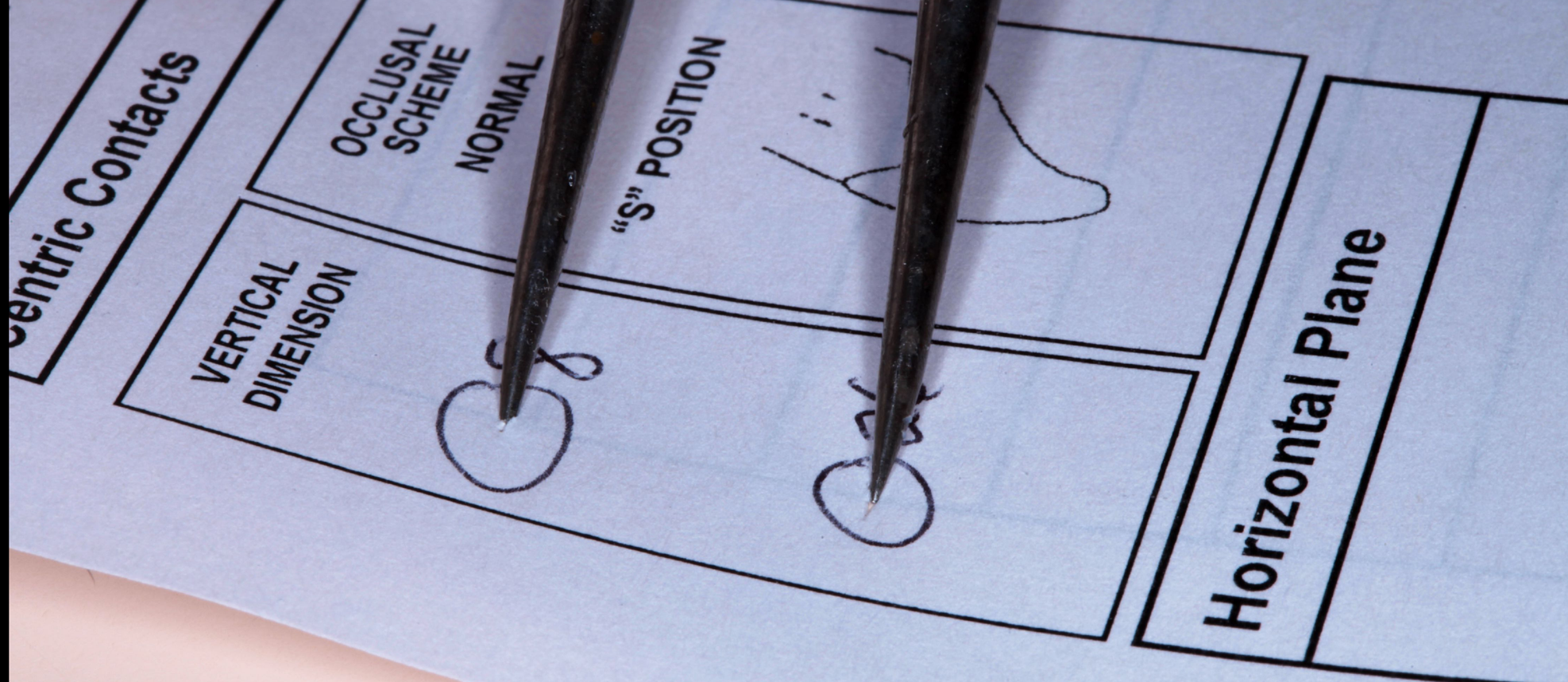
Mark It

Adjust To A Flat Anterior Stop

Flat And Equal In CR @ Chosen VDO

Assess Space: Restorative Materials & Envelopes Of Function Space

Record VDO on Lab Rx



VDO Equals Original

Add
Fresh
Flowable

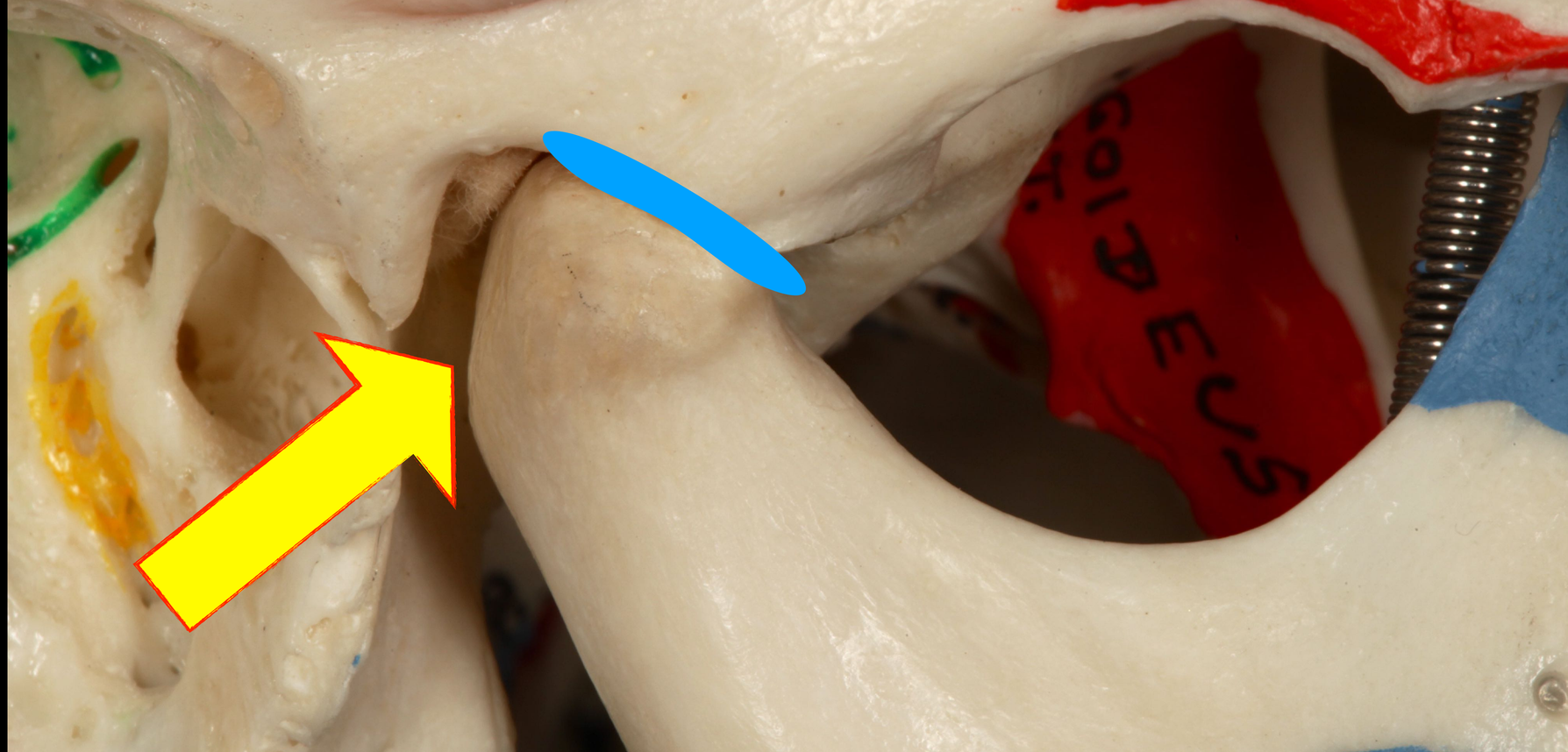
Gently Manipulate Into CR & Light Activate

The Mandible Is Locked In & Can Only Rotate

Sit The Patient Upright "DO NOT OPEN"

Have Them Clench: "ON YOUR BACK TEETH"

Disc Will Compress: True CR



Inject VPS Bite Record Material

Must Be Completely Set Before Removal

Remove Composite & Mount In The Correct HPC

- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Three Occlusal Parameters Controlled By The Restorative Dentist In A Complex Case

- 1) Vertical Dimension Of Occlusion
- 2) Condylar Position
- 3) Tooth Position

Tooth Position In The Correct Horizontal Plane Is Crucial For Successful Cosmetics

The Correct Horizontal Plane Is Determined By The Face And Dental Biology

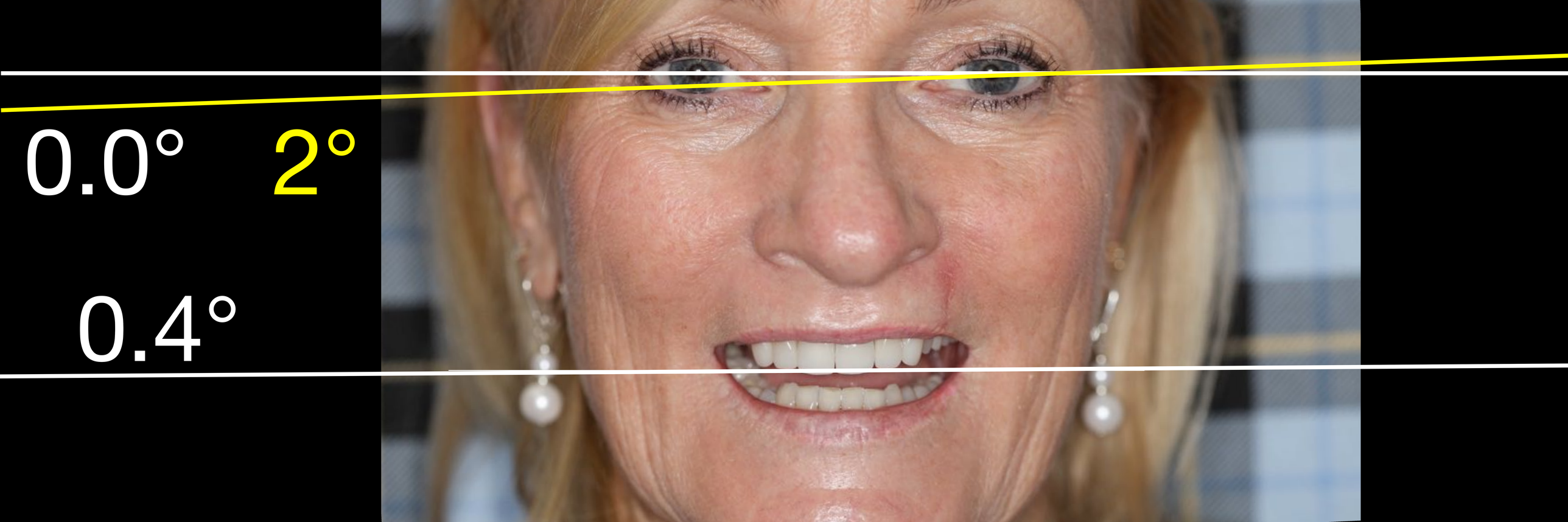
Biology Determines Force Management

Biology Can Compromise
An Ideal Horizontal
Plane Of The Case

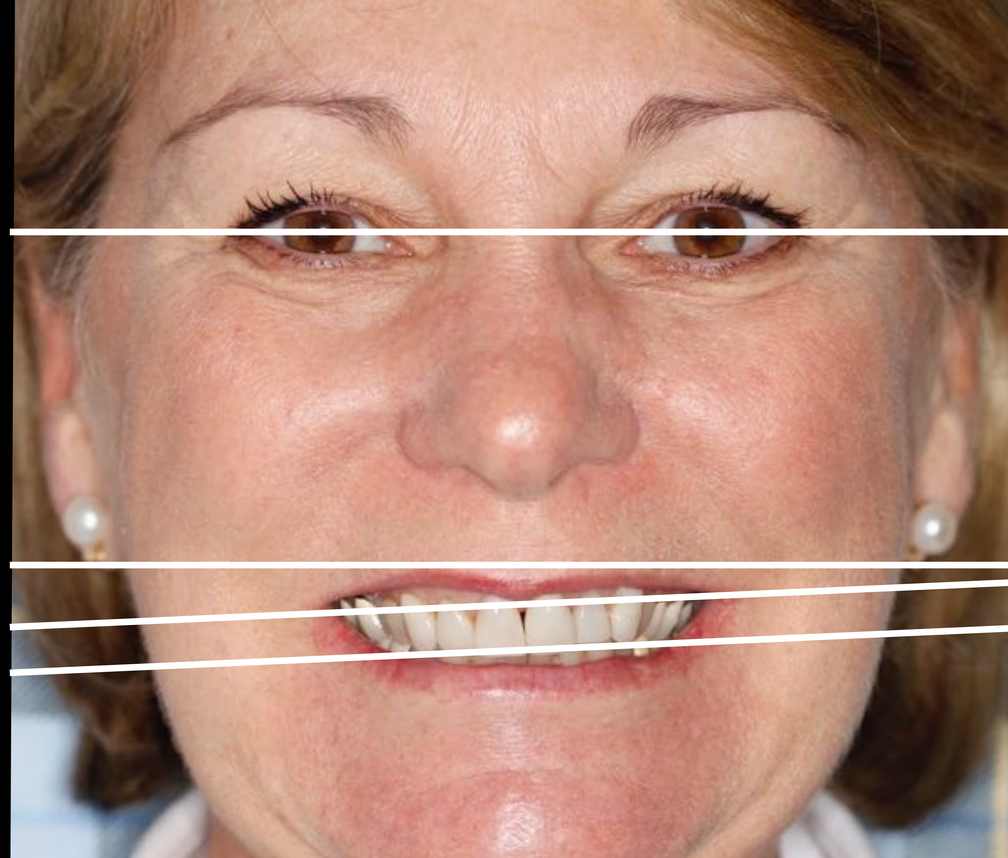
8°
2°

Biology: Missing Teeth Arch Position Bone Support Tooth Volume

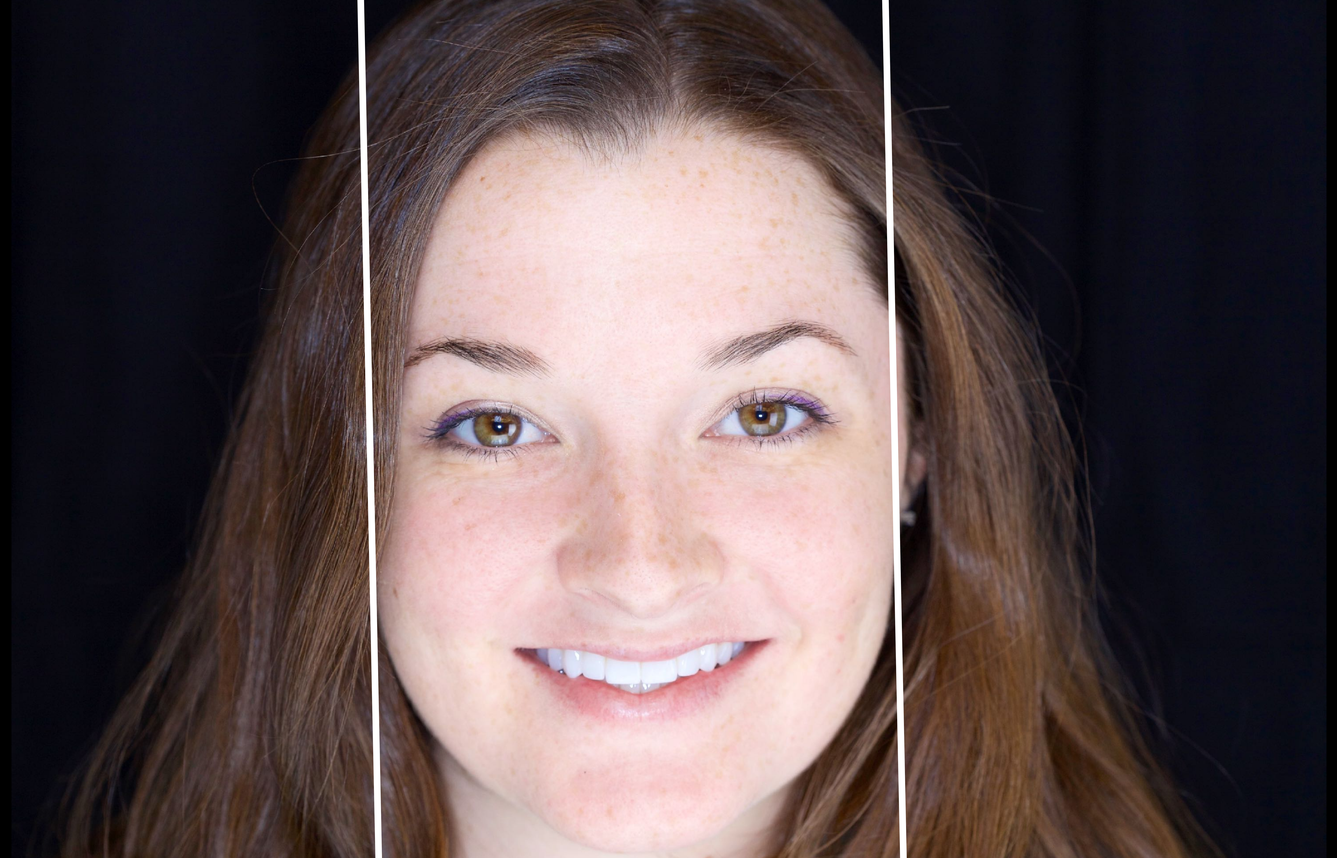
HPC Not Determined By The Background In A Photo


0.0°
2°
0.4°

The HPC Is Determined By The Dentist's Evaluation Of The Face And Oral Biology



Square Camera Angles Mandatory For Full Face Photos



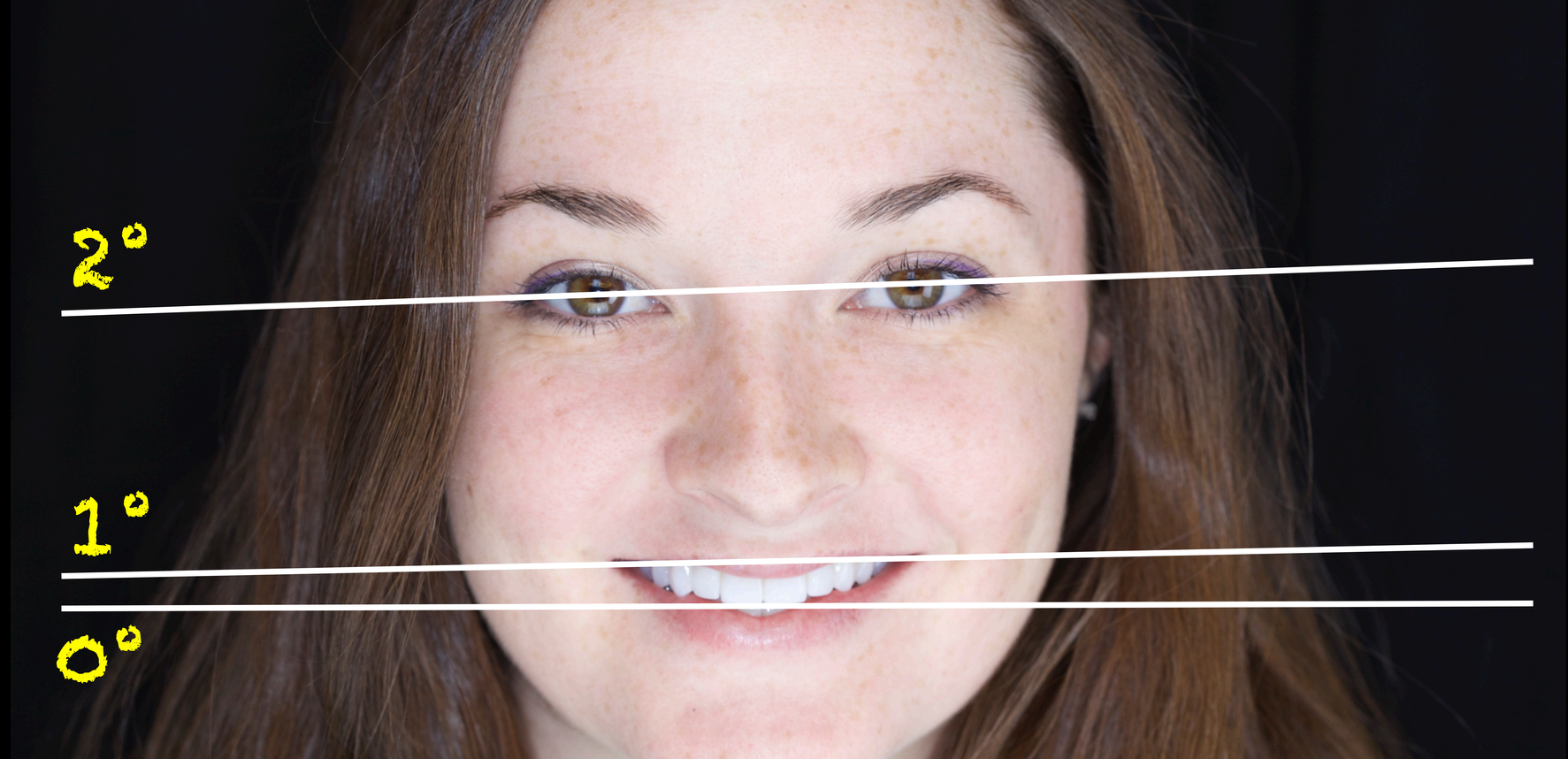
Rotate Photo As Needed:

1°

Eyes - 2°

Commissures 1°

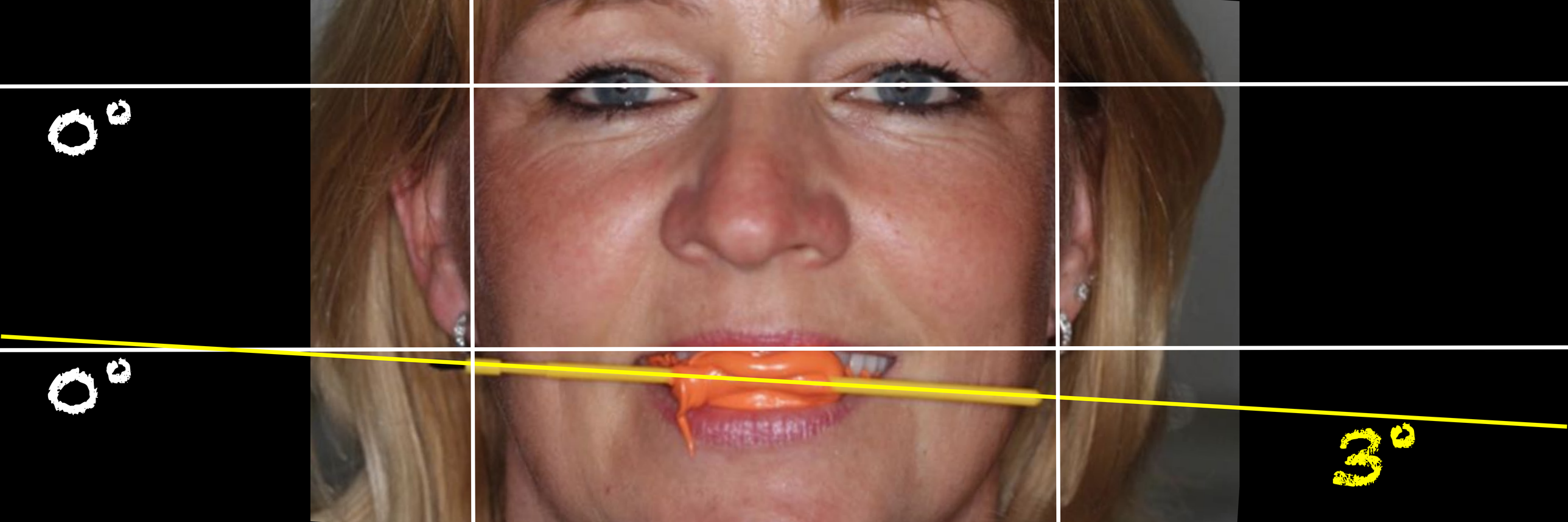
Dental Arches
Face 0°



HPC Must Be Determined & Communicated To The Lab

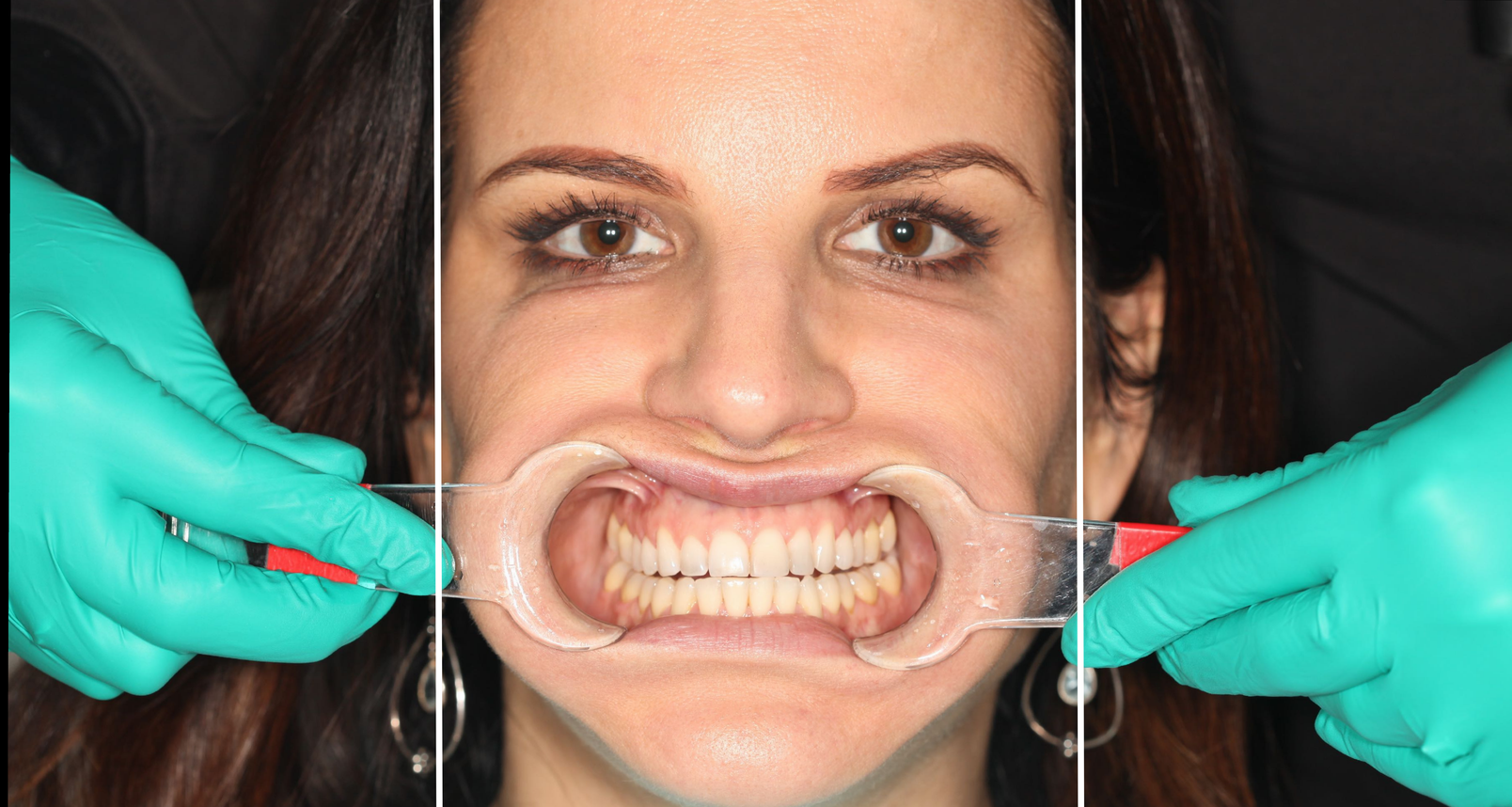
Straw Bites Are NEVER Accurate

3°
3°
3°

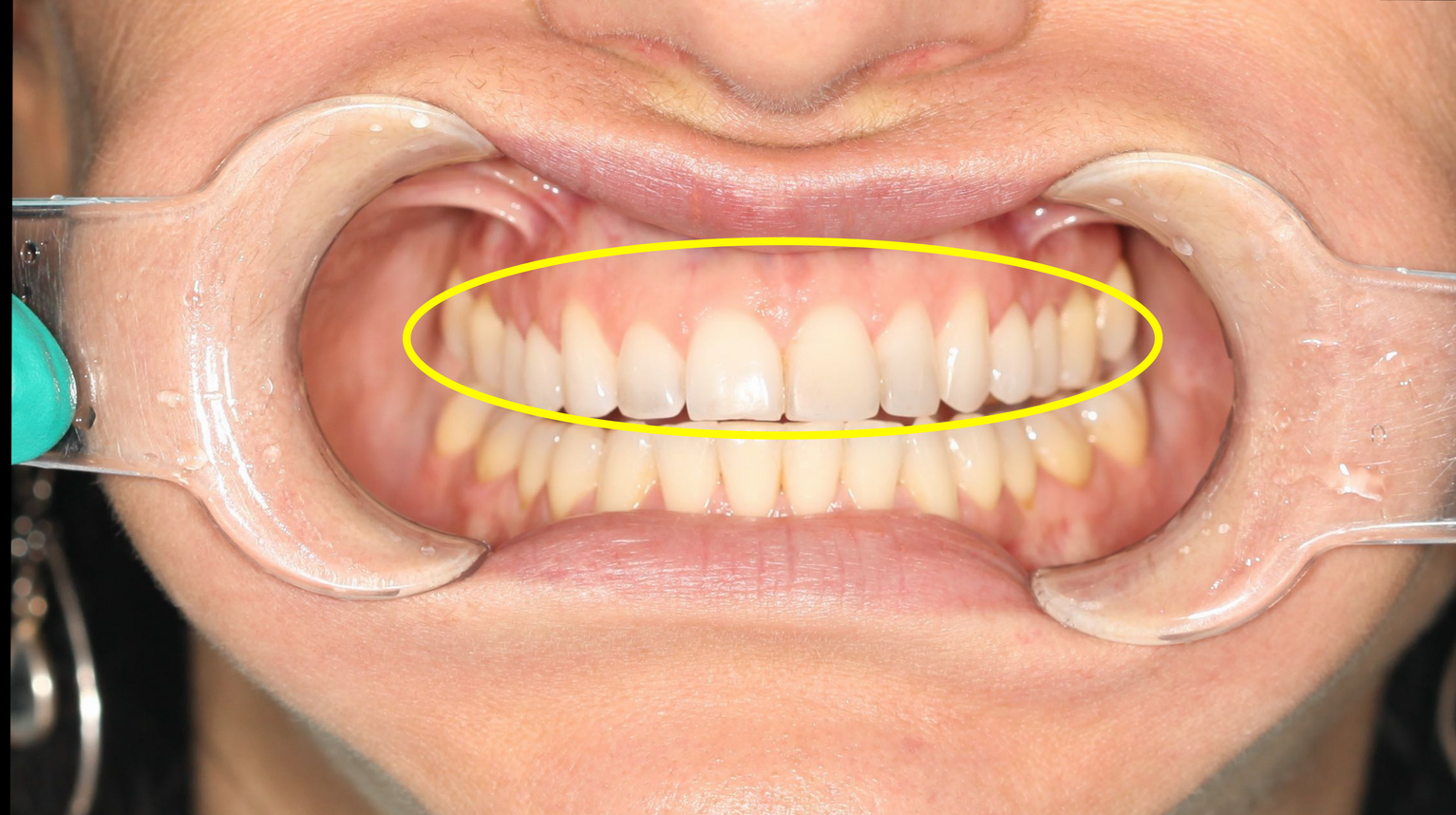

0°
0°
3°

HPC Is 2 Degrees Off. Midline Is Off 2mm+

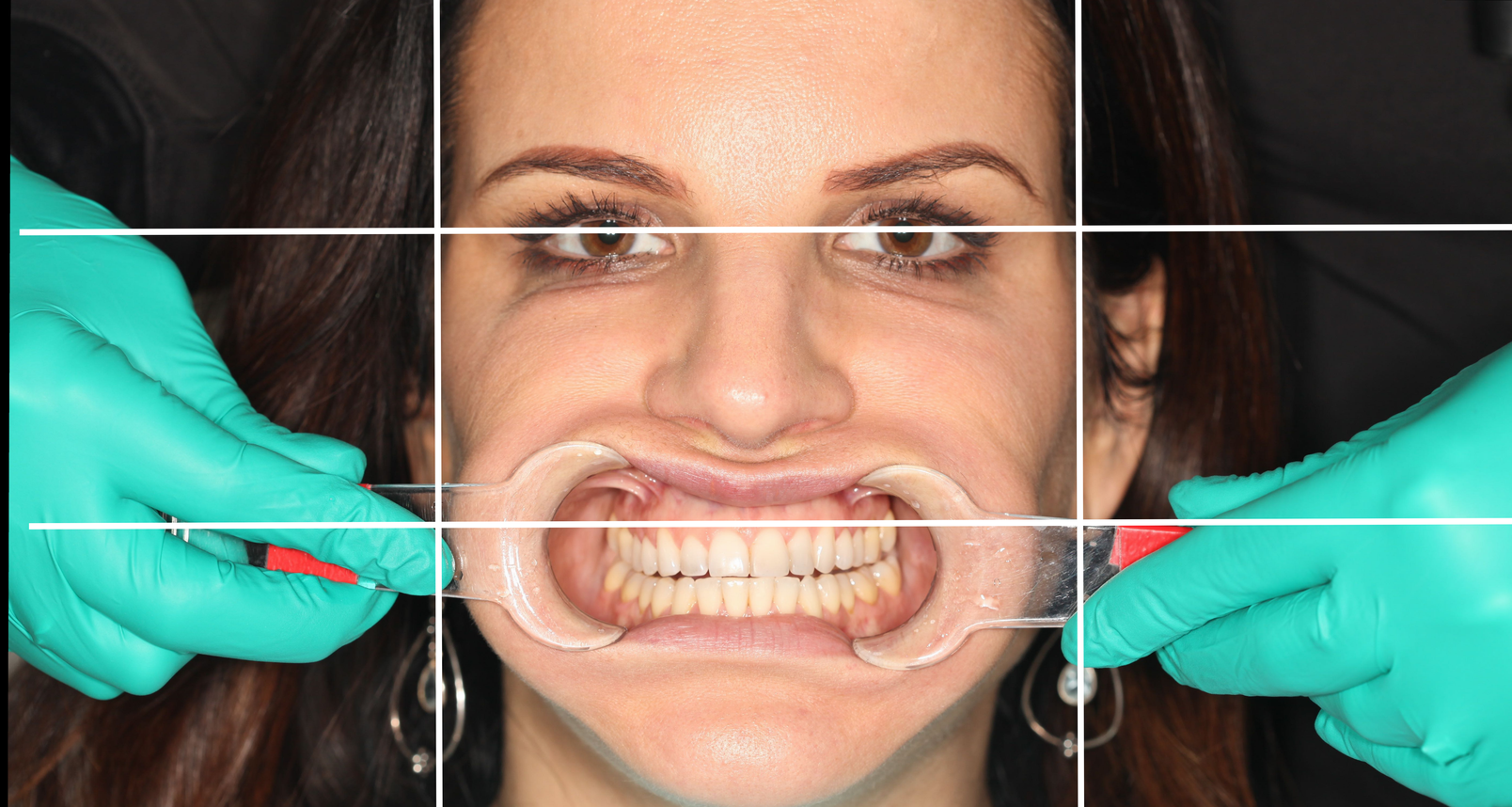
How To Find Horizontal Plane Of The Case. One Photo



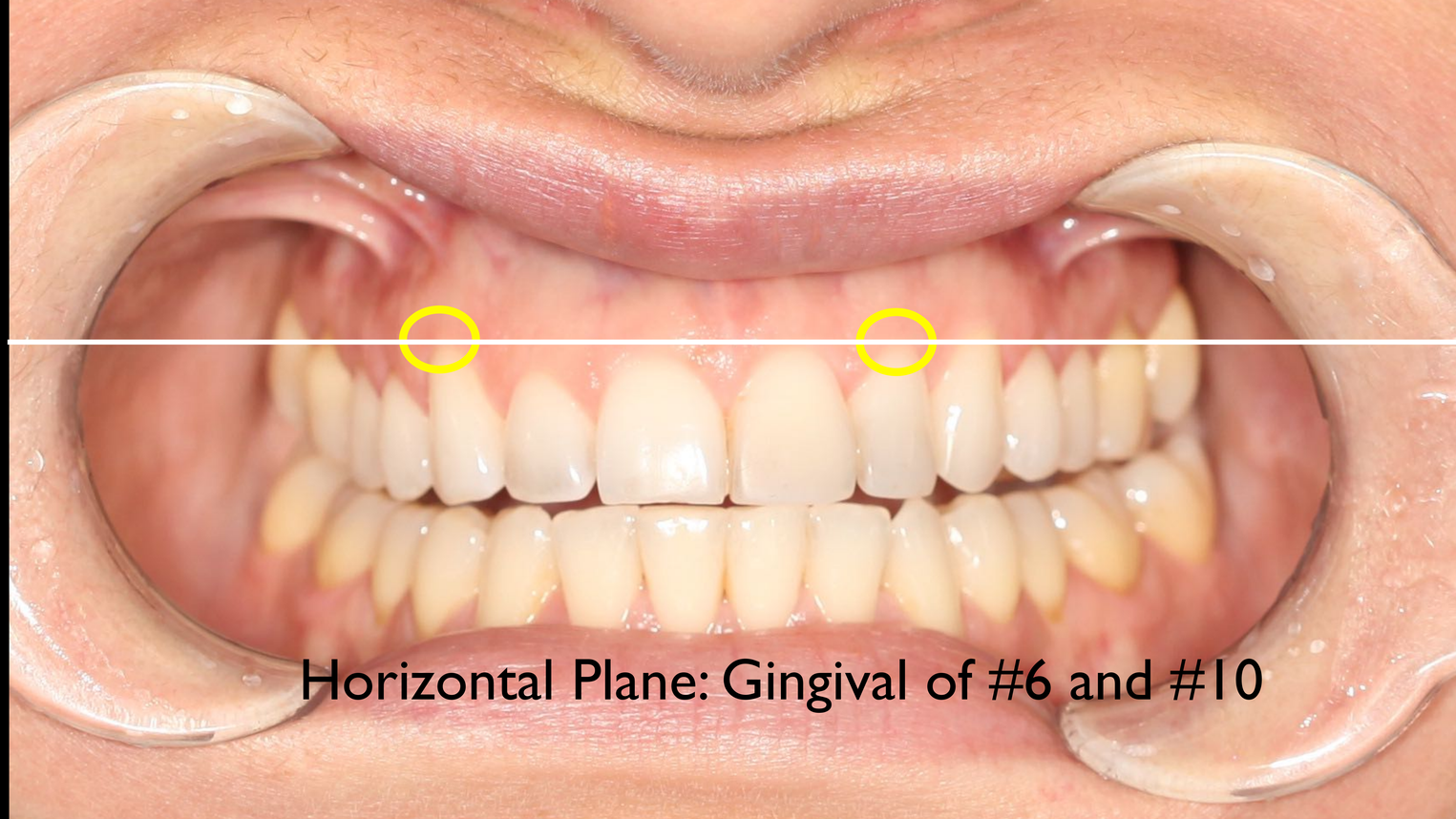
Full Face Photo Showing Maxillary Teeth & Tissue



Insert 0° Lines



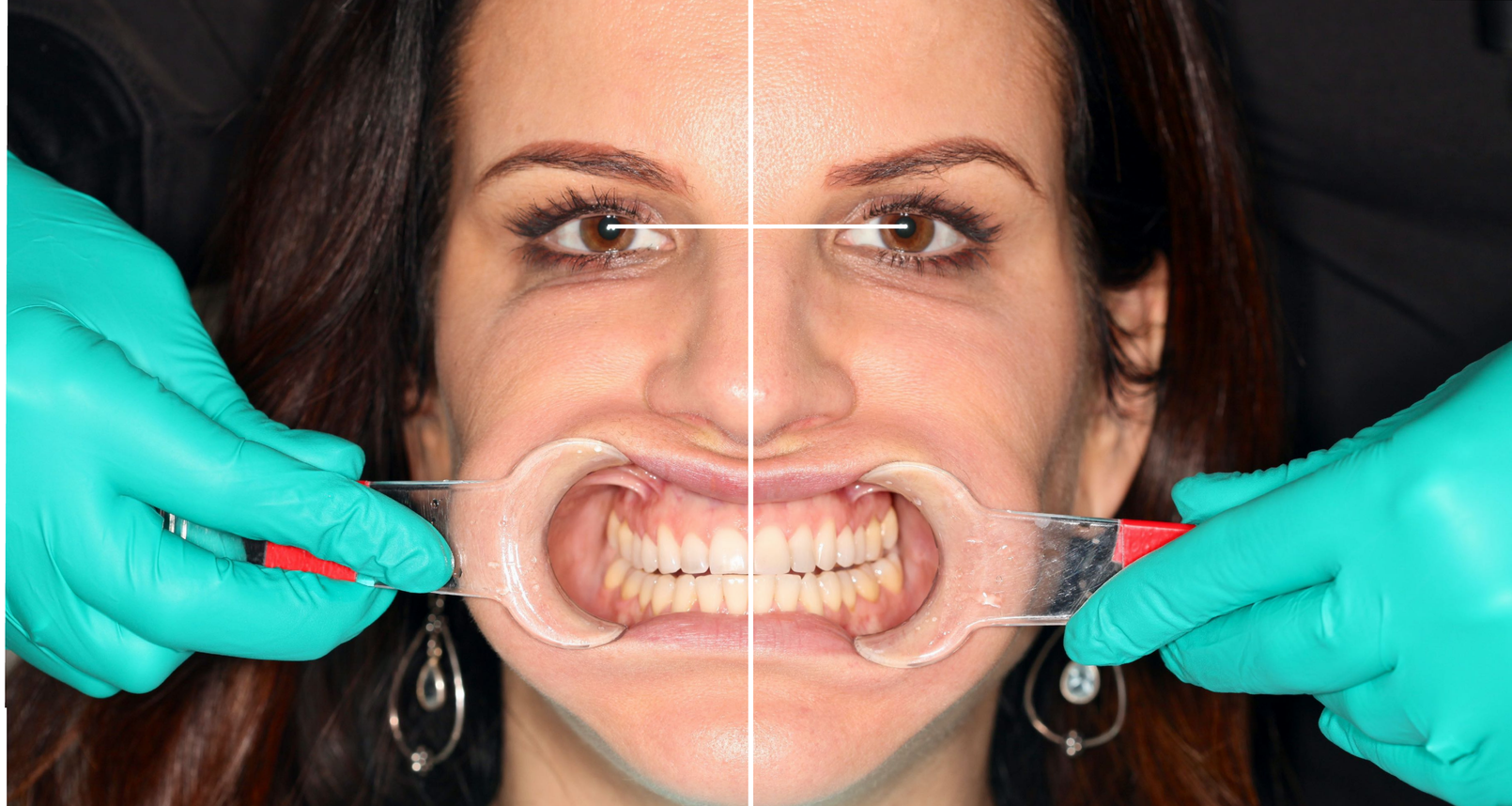
Choose 2 Points Of Dental Anatomy Parallel To The HPC



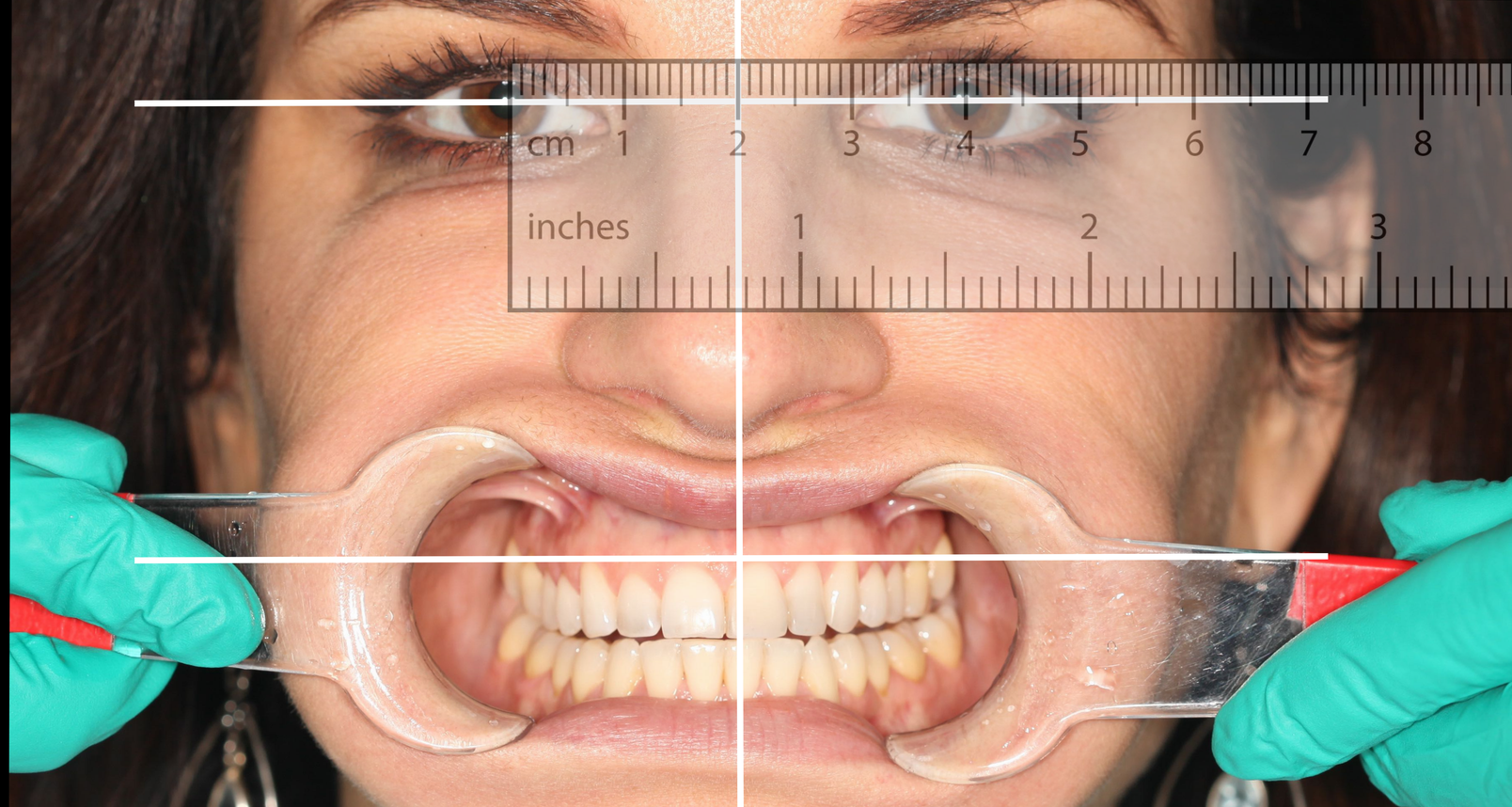
Full Face Photo Can Show Midline Of The Face

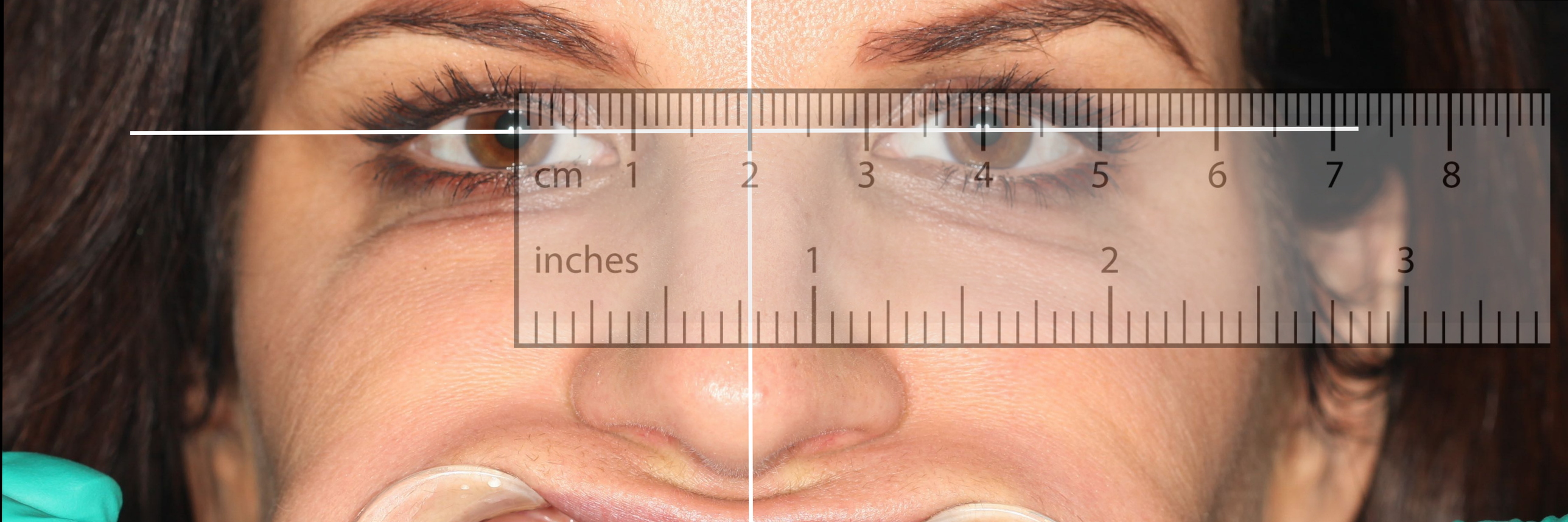
Analog: Ruler

Printed Photo

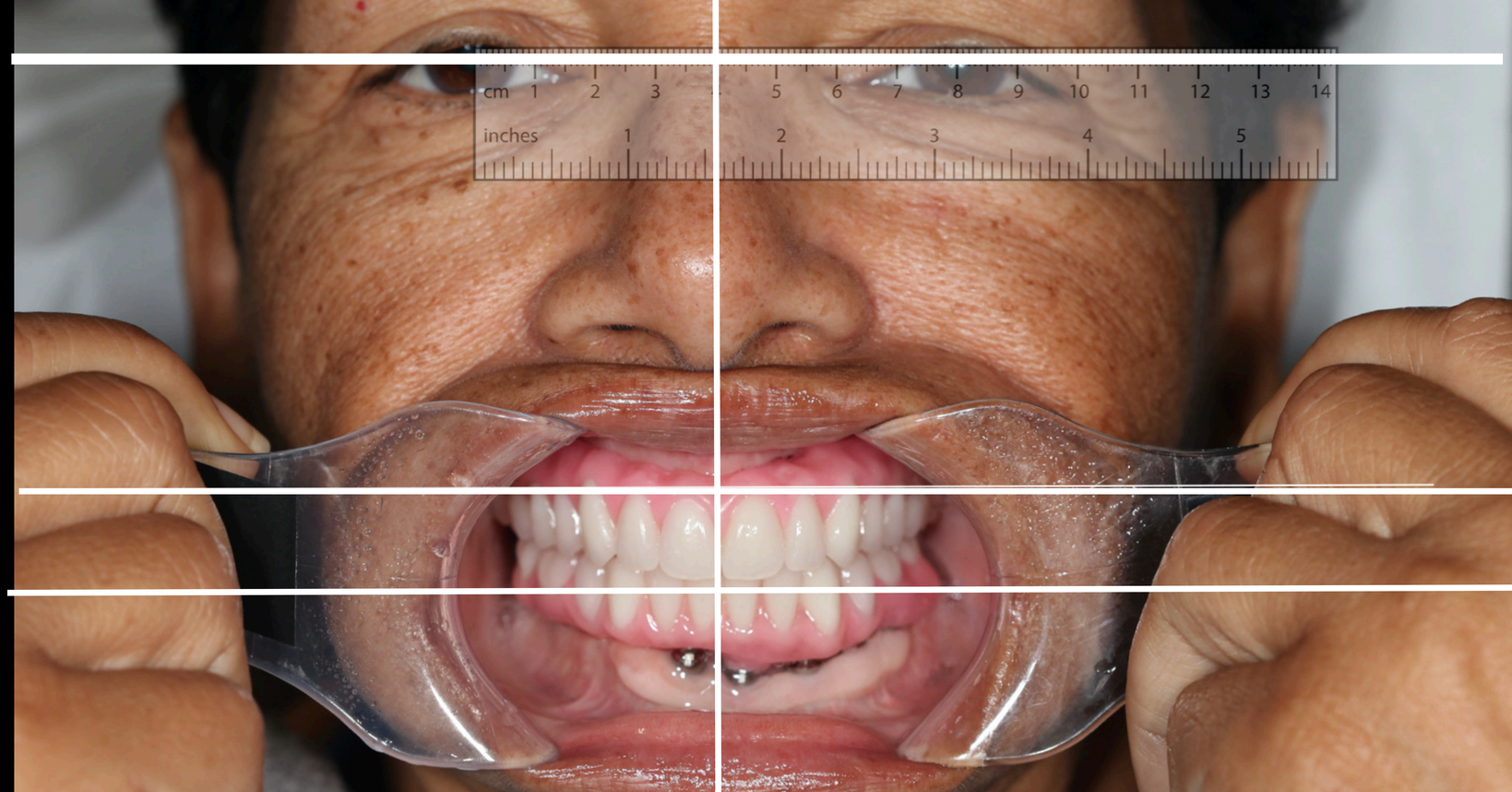


Most Accurate On A Computer: Digital Ruler




cm 1 2 3 4 5 6 7 8
inches 1 2 3

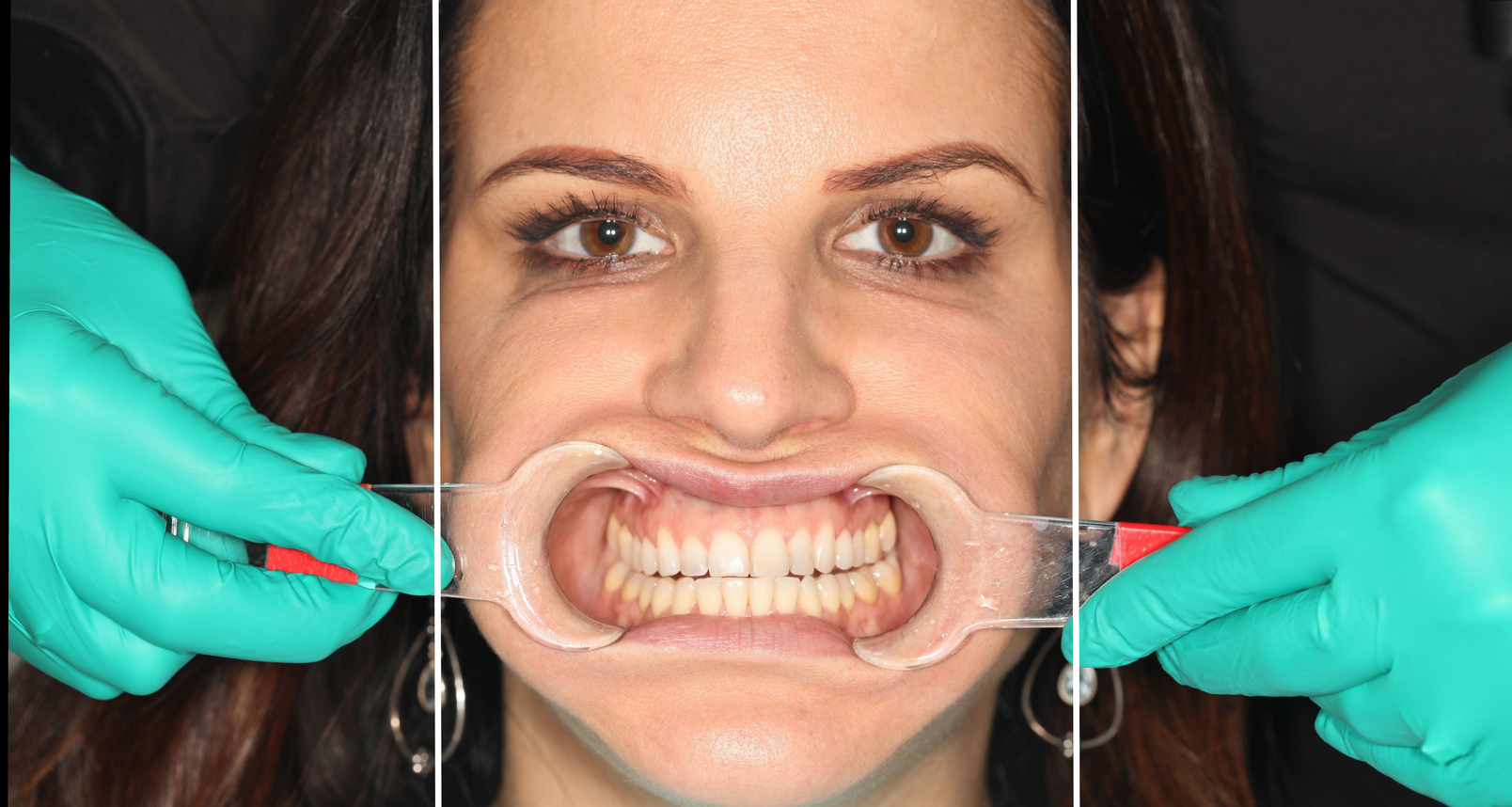
Facial Midline: Implants/ Removable



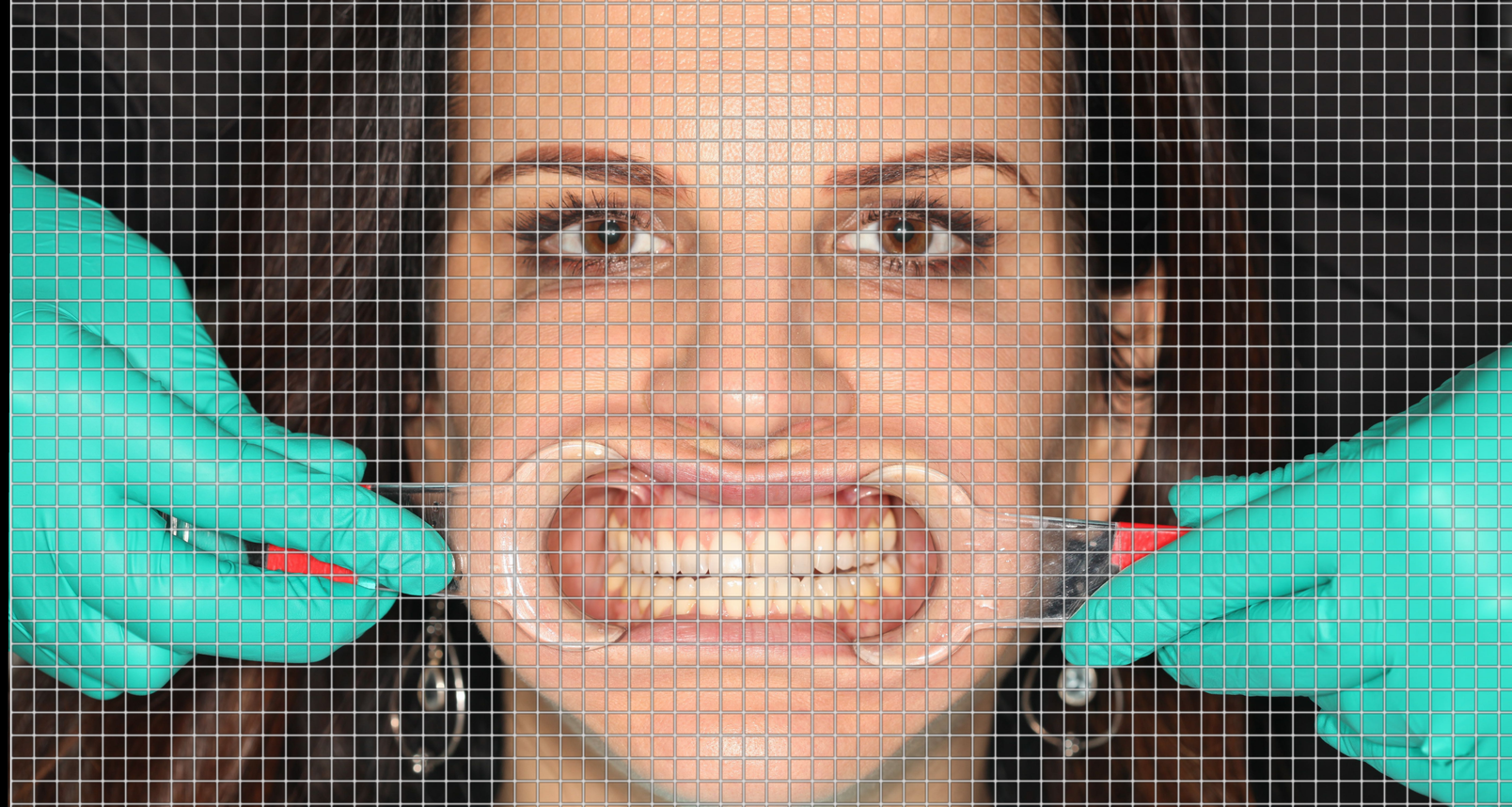
Horizontal Plane Of The Case: The Easiest Way To Communicate To The Lab Is With The Straight Smile Guide

Straight Smile Guide

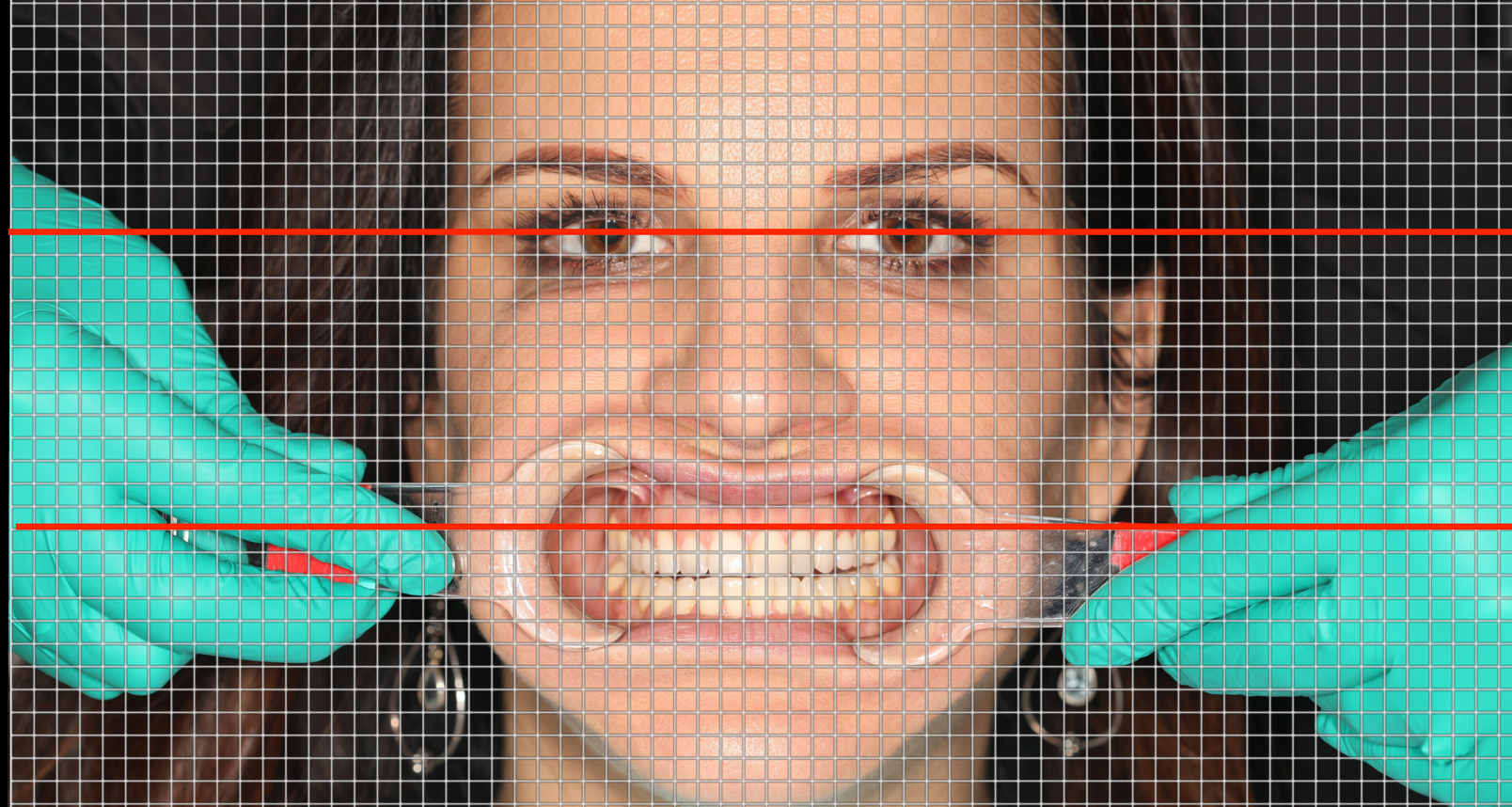
Find The HPC With Straight Smile Guide



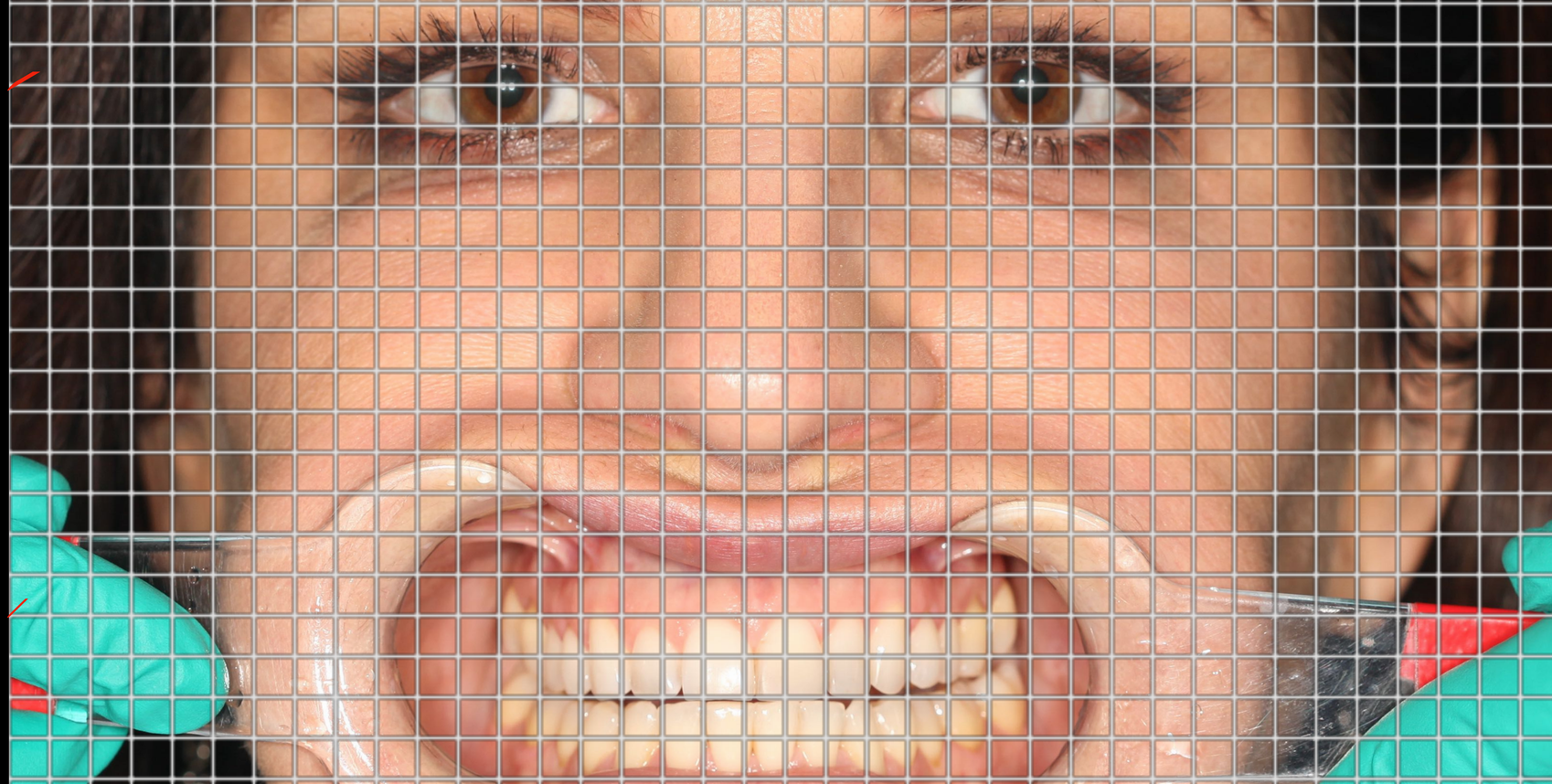
Straight Smile Guide Placed Over A Full Face Photo



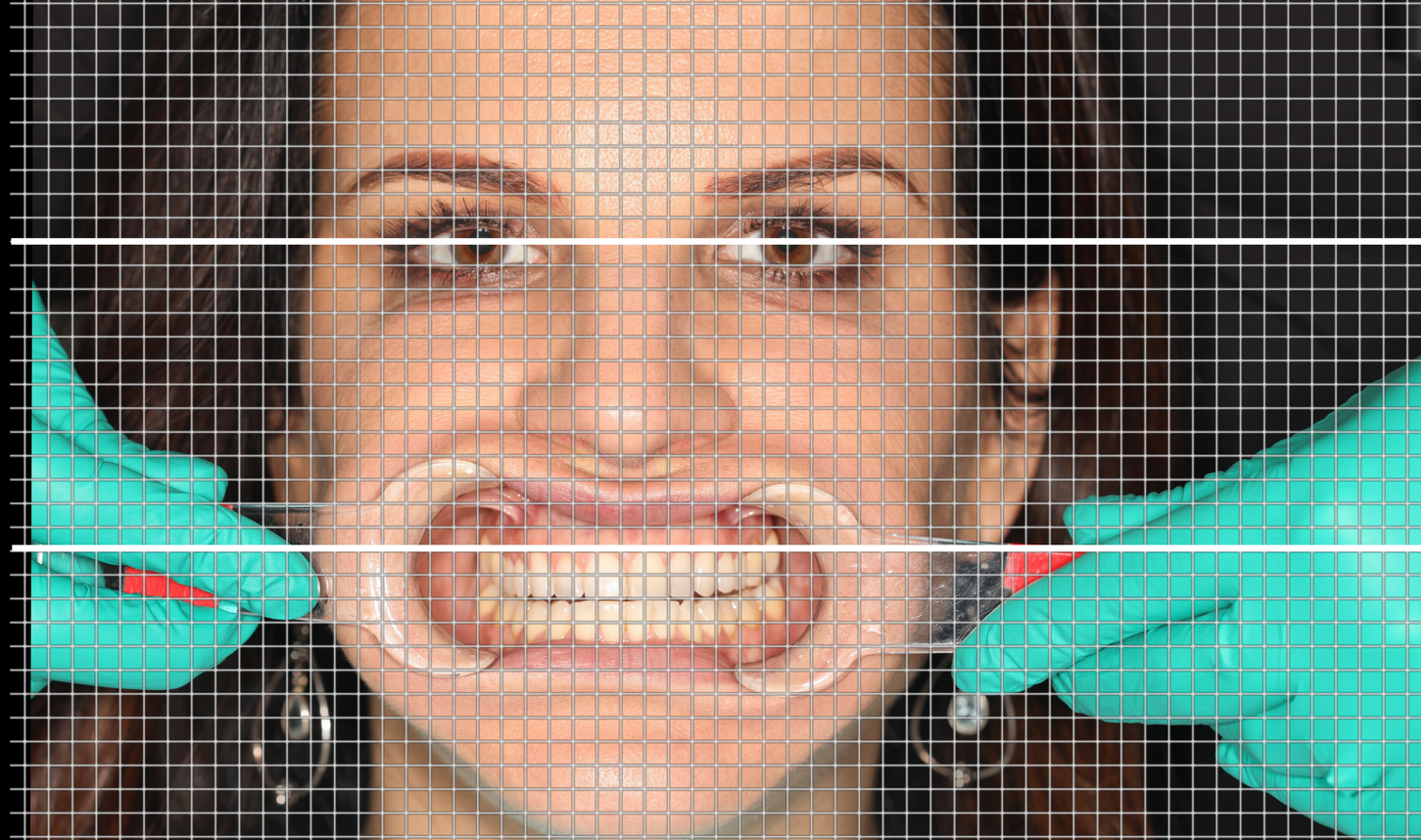
Horizontal Line On The SSG Placed Over The Chosen HPC



Horizontal Line On The SSG Placed Over The Chosen HPC

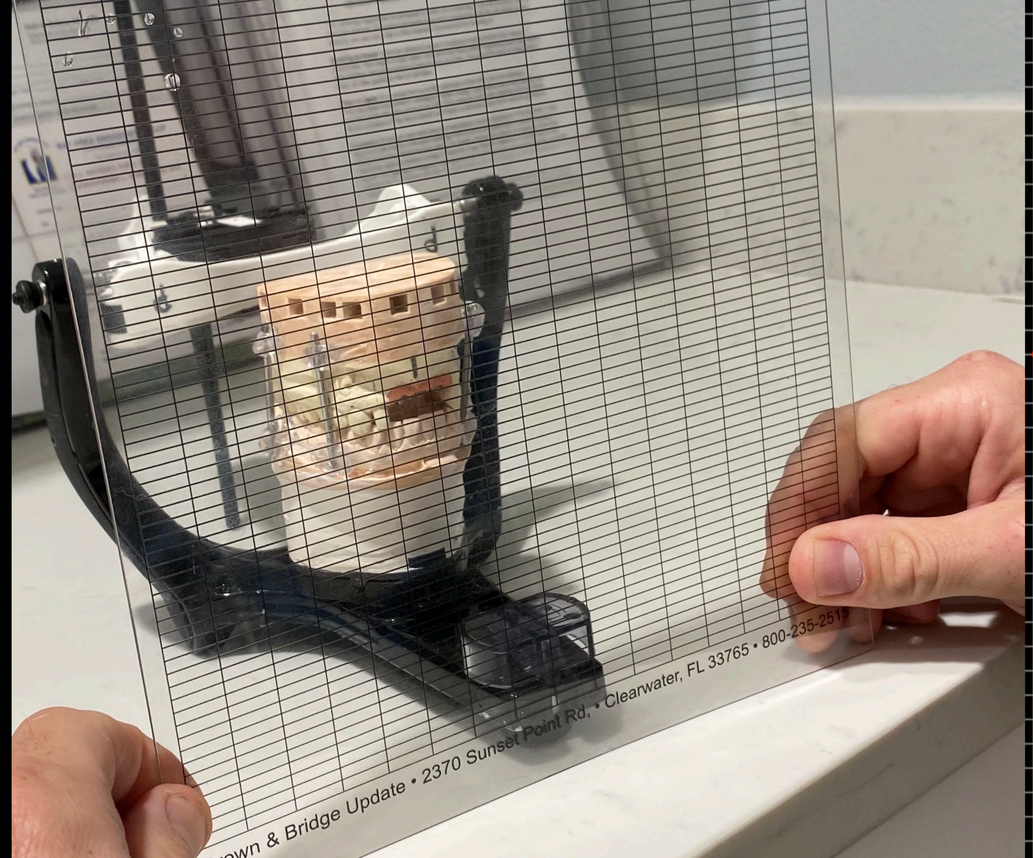


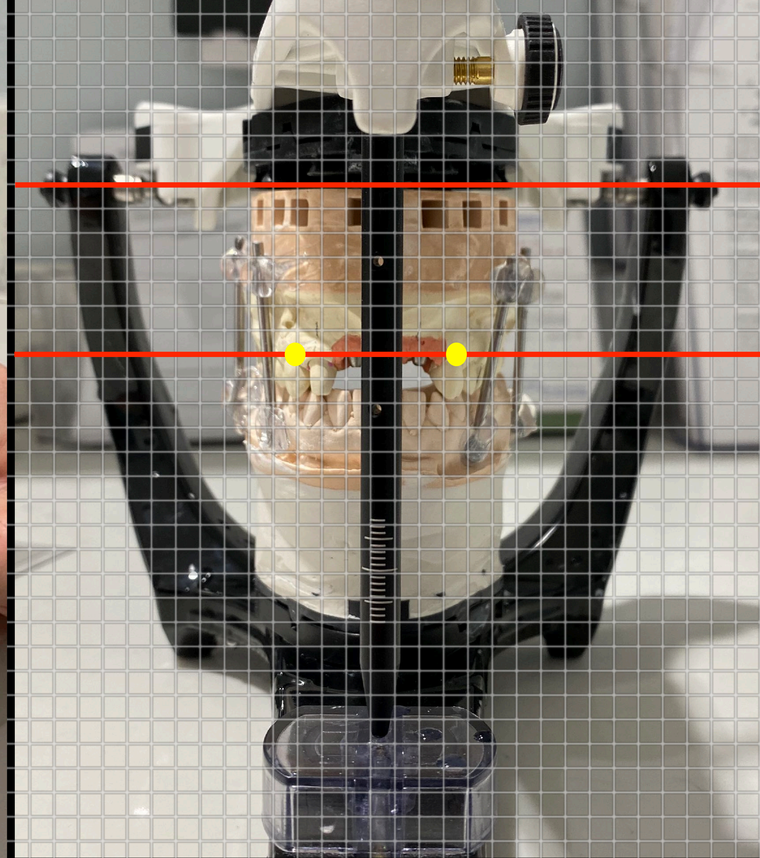
The SSG Verifies HPC & Communicates With The Lab



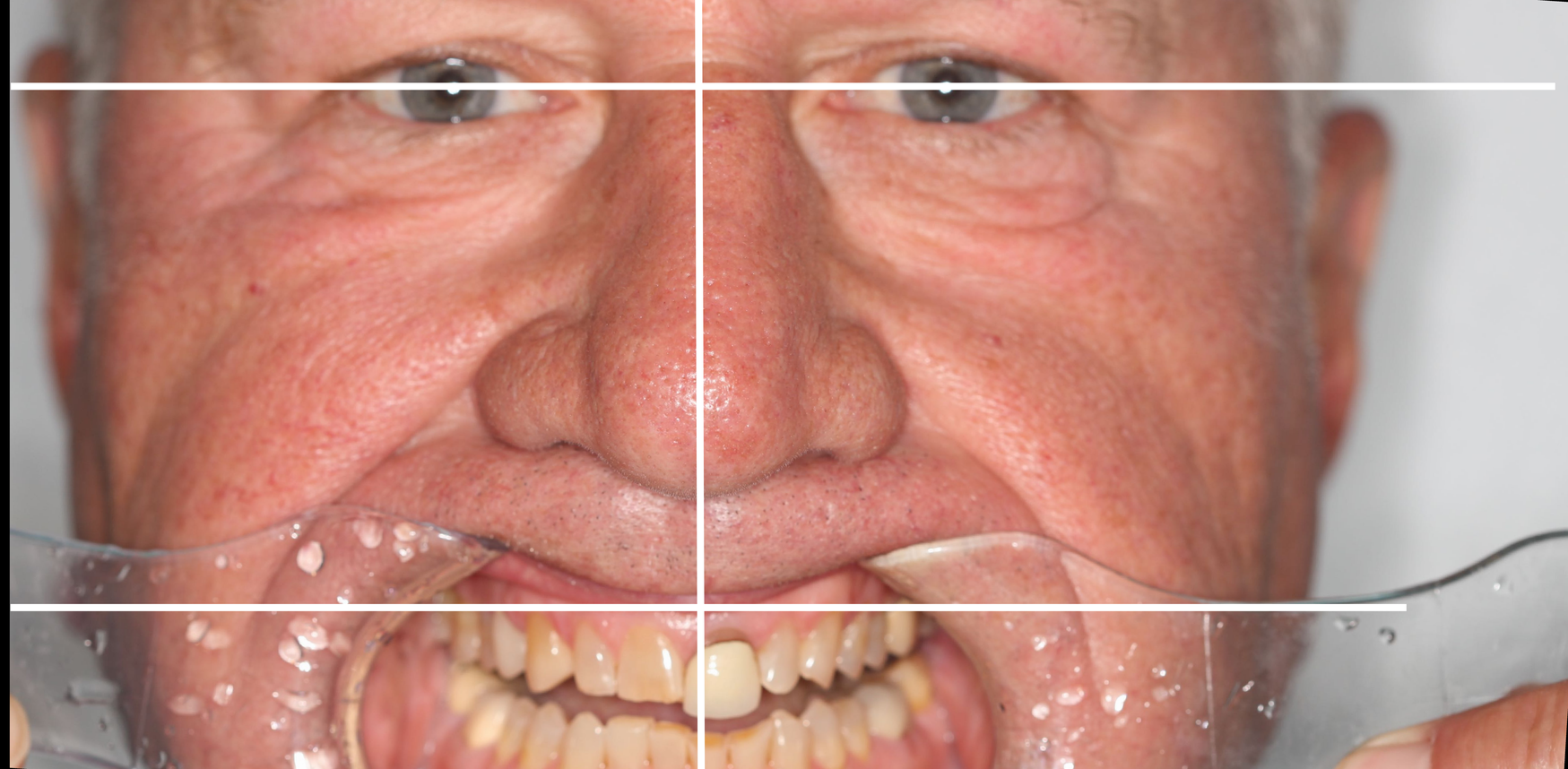
The Lab Can Easily Verify The Mounting Is In The Correct HPC w/ SSG

SSG Verifies That The Mounting Reflects The Chosen HPC



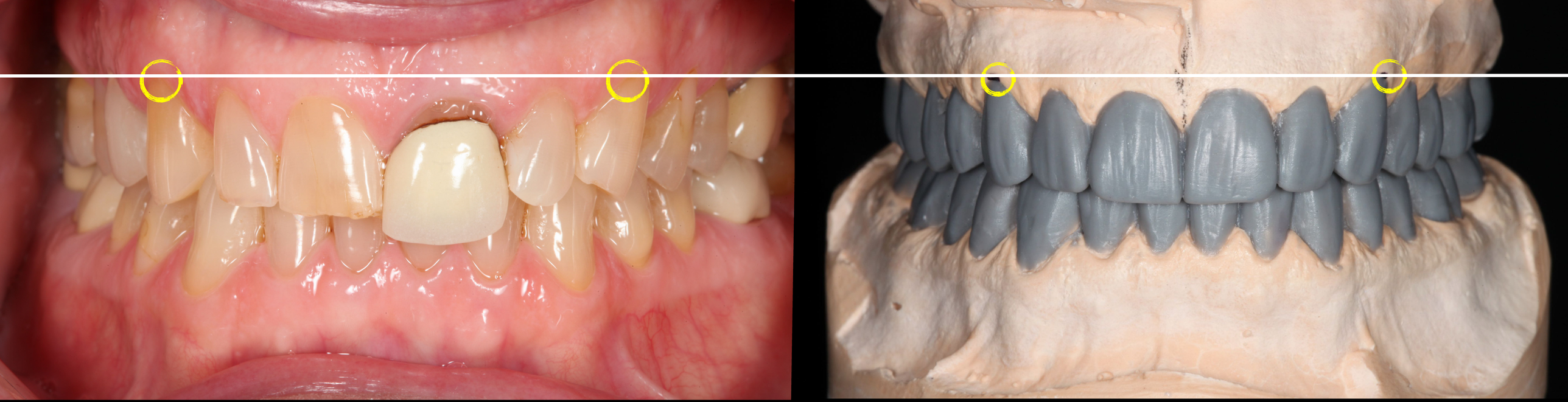


Computer Analysis Of Full Face Photos



HPC:
Gingival
Plane #6-11

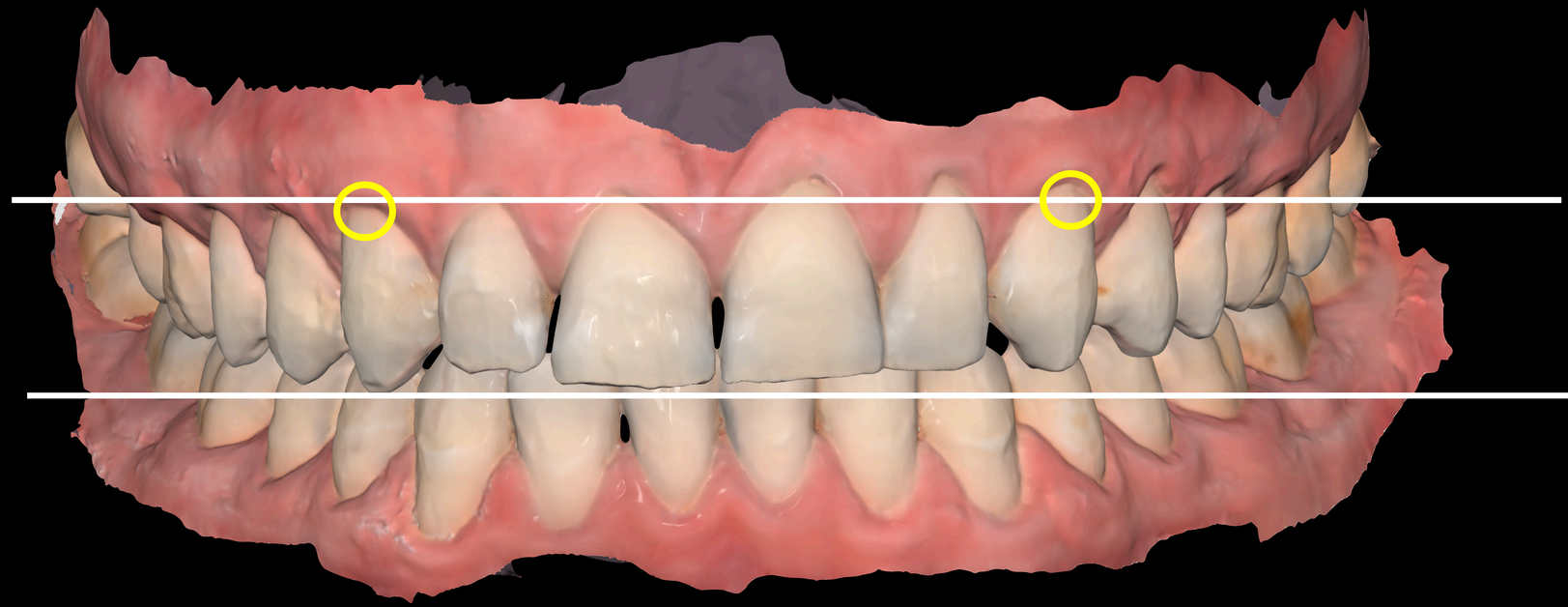
HPC: Determines The Incisal & Gingival Planes



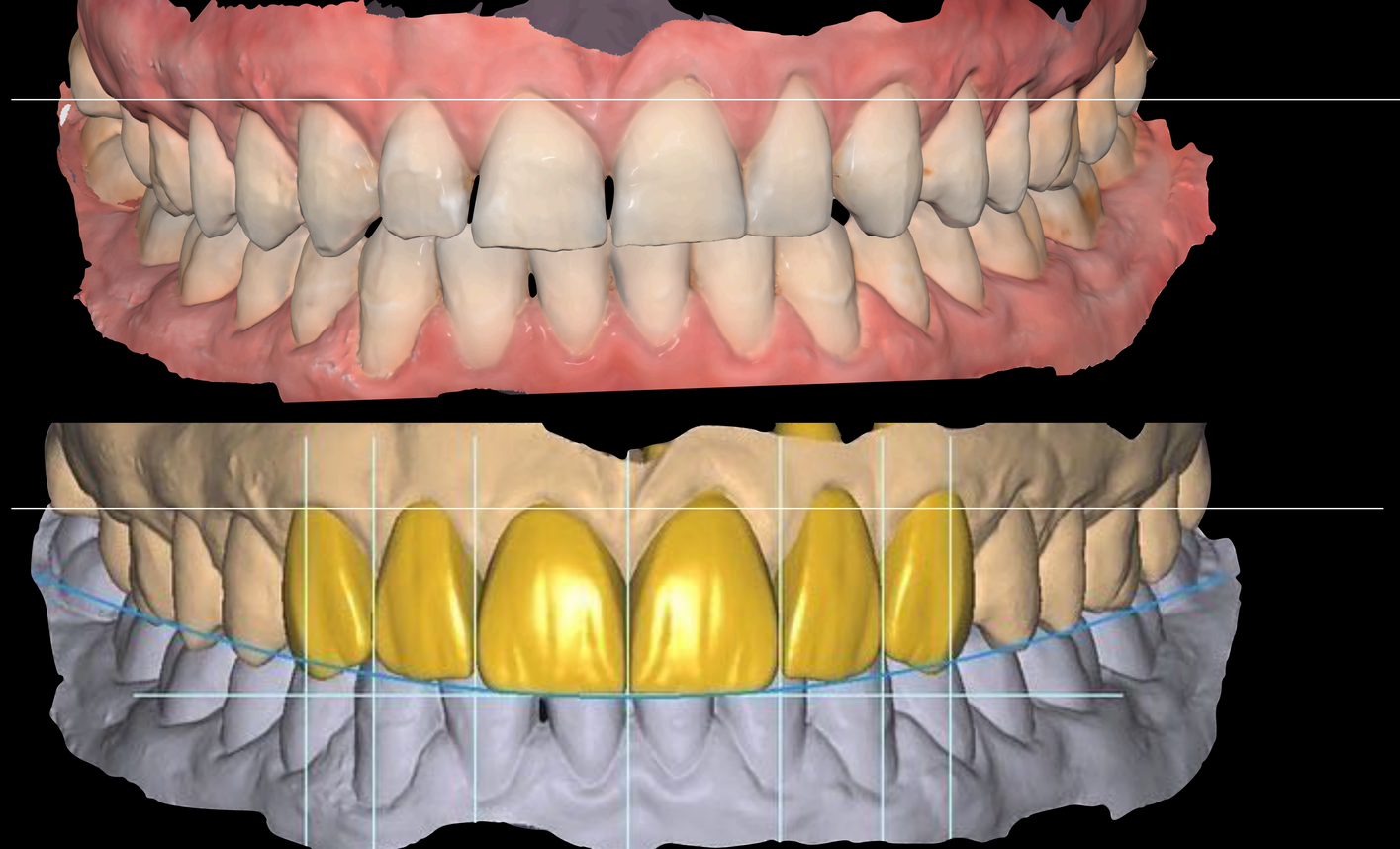
SSG: Verify Wax Ups & Final Restorations

Full Digital Methods: Full Face Photo

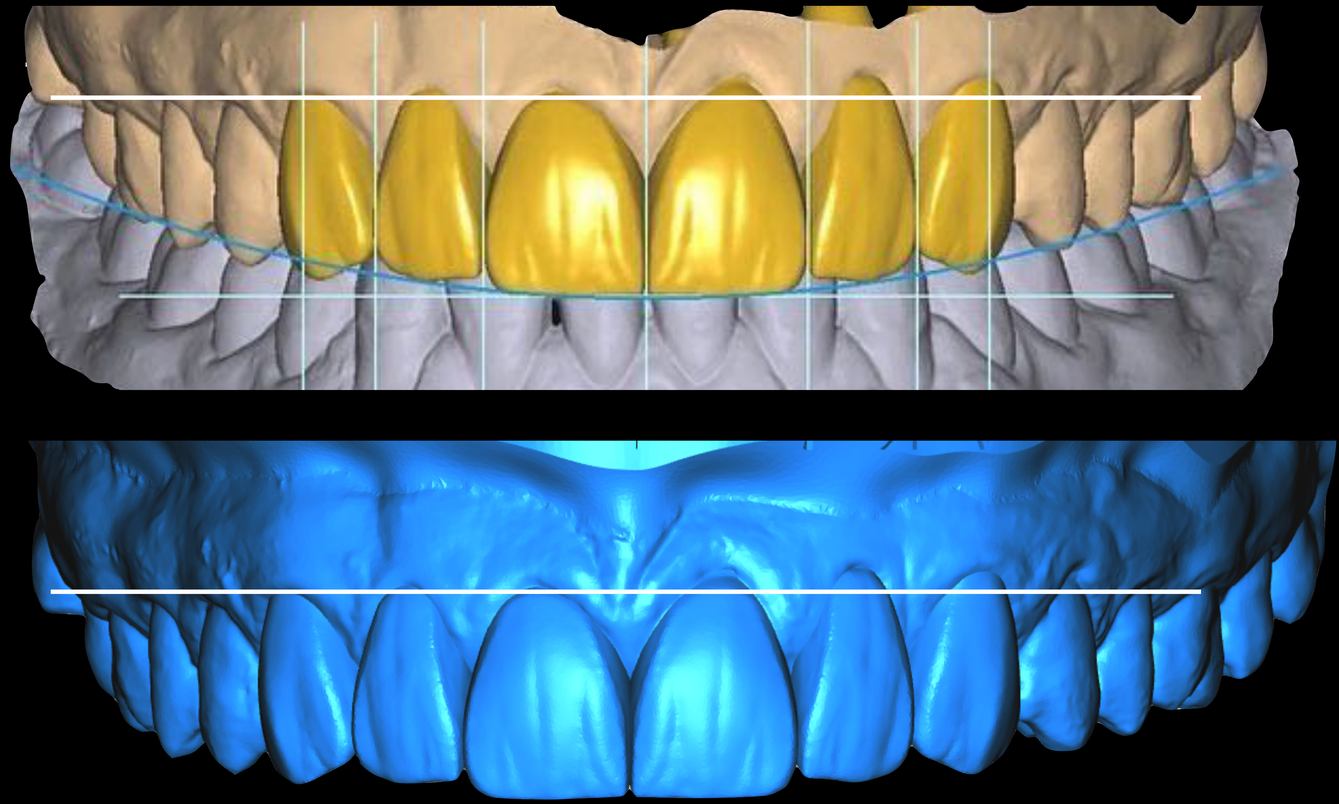
Determine HPC For Designer



Digital Design In Correct Horizontal Plane

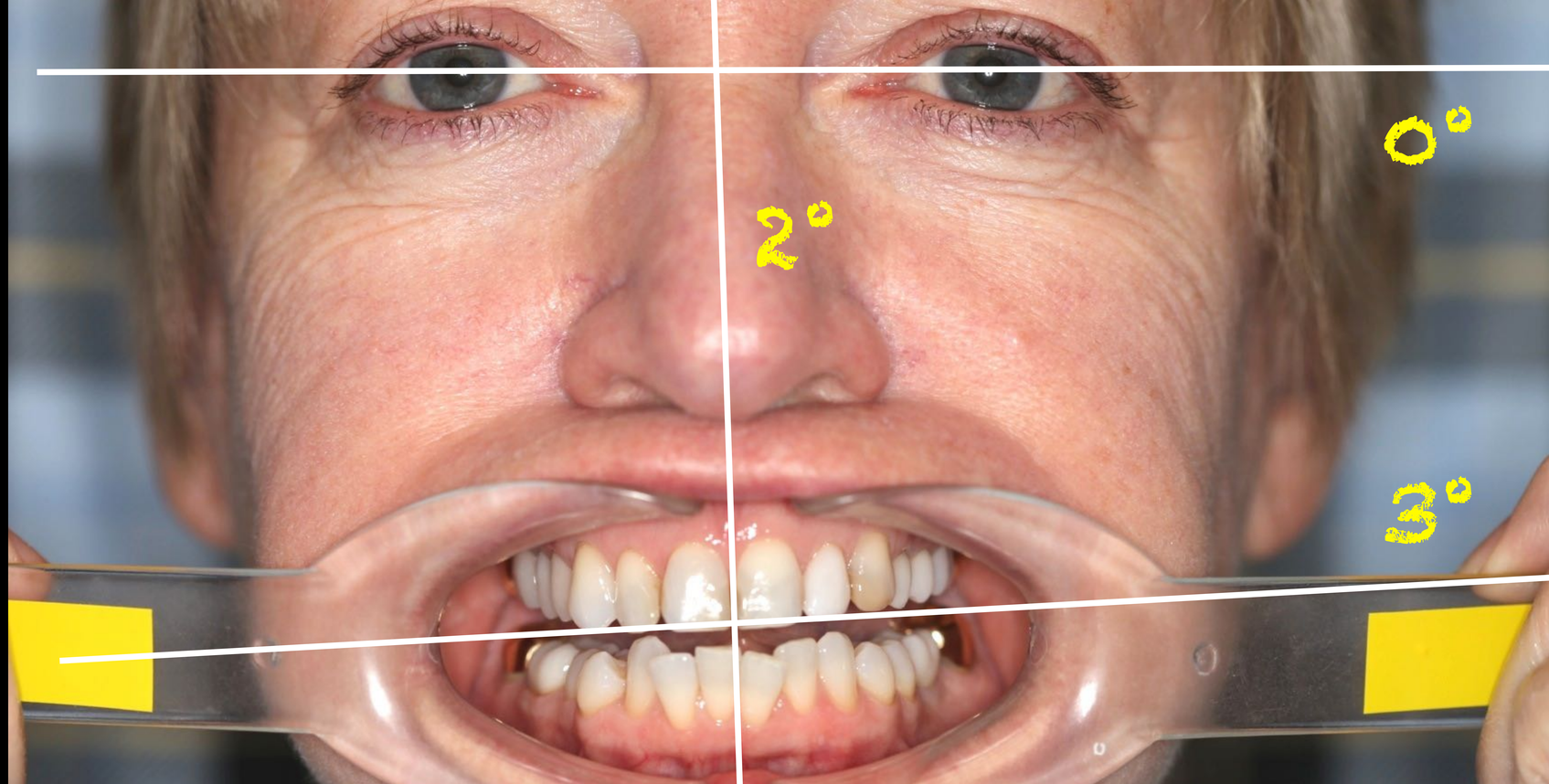


Verified From Design To Printed Model

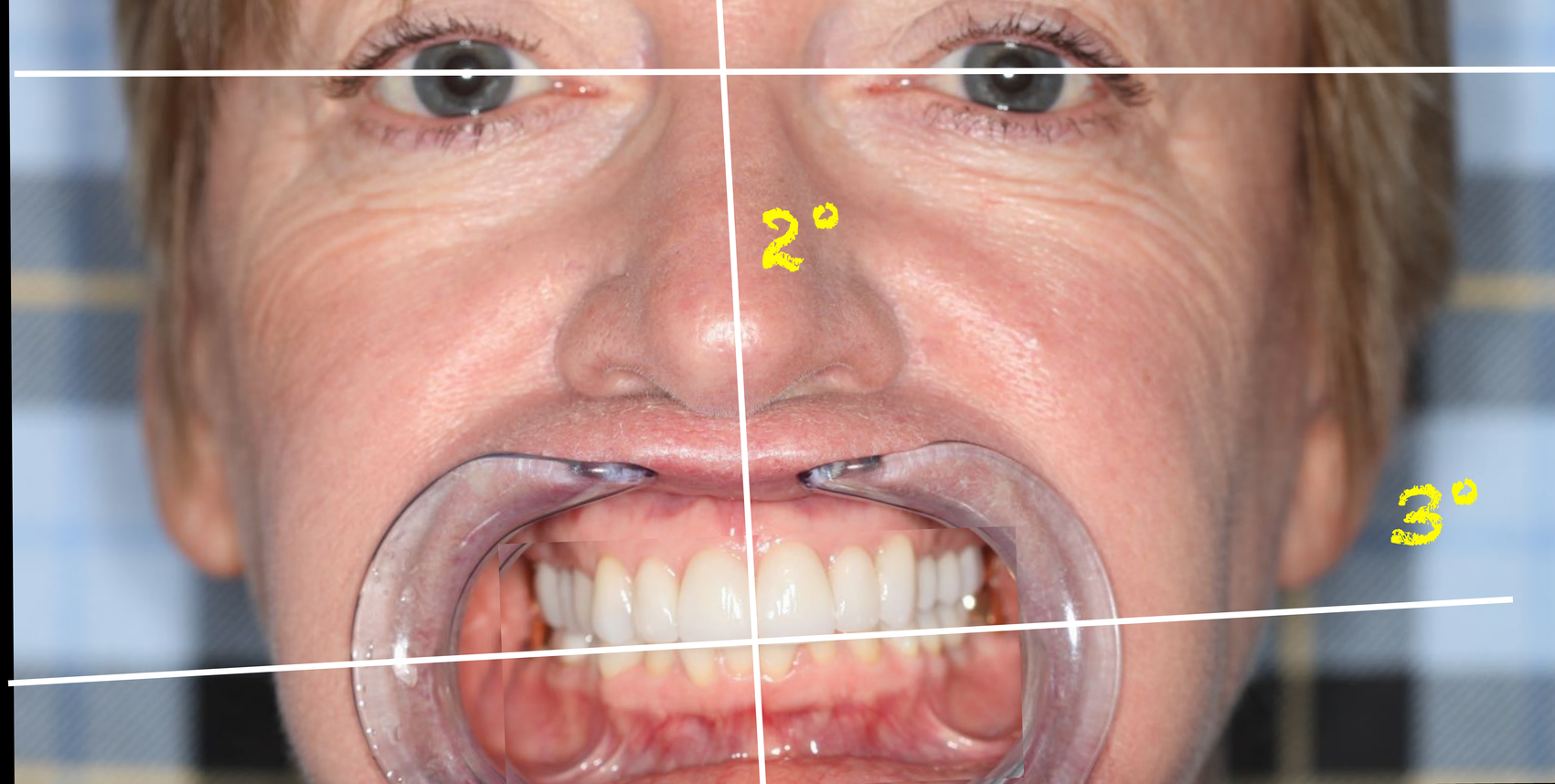


Final Case Verified Using SSG

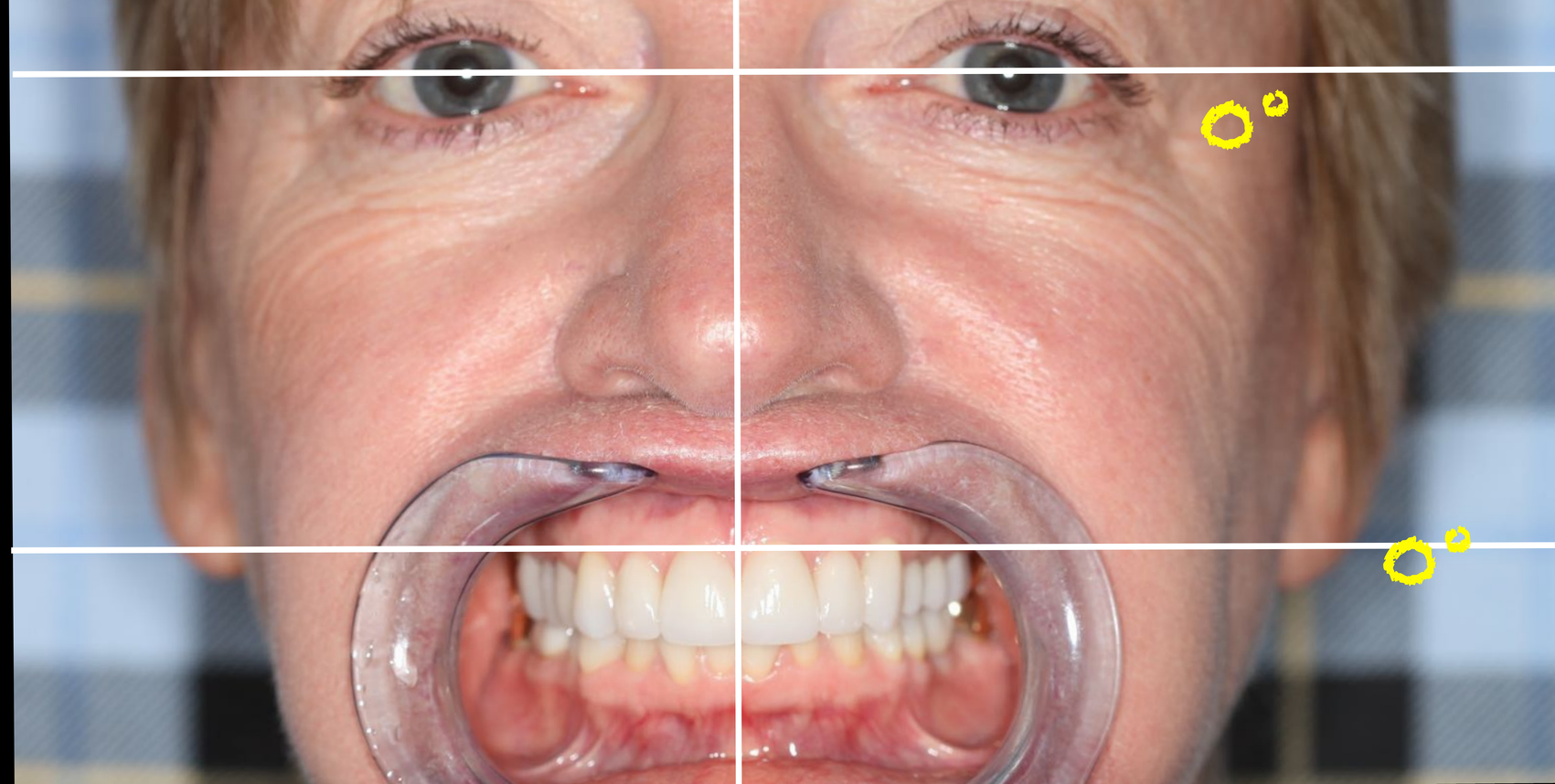
Verifying The HPC Throughout The Case



Avoids Cosmetic Disasters



Never Miss!



Finding The HPC & Verifying It Is Key

Clinical and Lab Sequence Required For HPC
(Determination/Mounting/Verification/45 Slides)
Is Presented In The PDF Of This Presentation

Free To Download At:
www.struppandbrumm.com

#1 Diagnostic Casts In The HPC

- Determine the HPC and Facial Midline from clinical exam...biologic/cosmetic parameters
- Full face photos

#1 Diagnostic Casts In The HPC

- Computer or SSG analysis

#1 Diagnostic Casts In The HPC

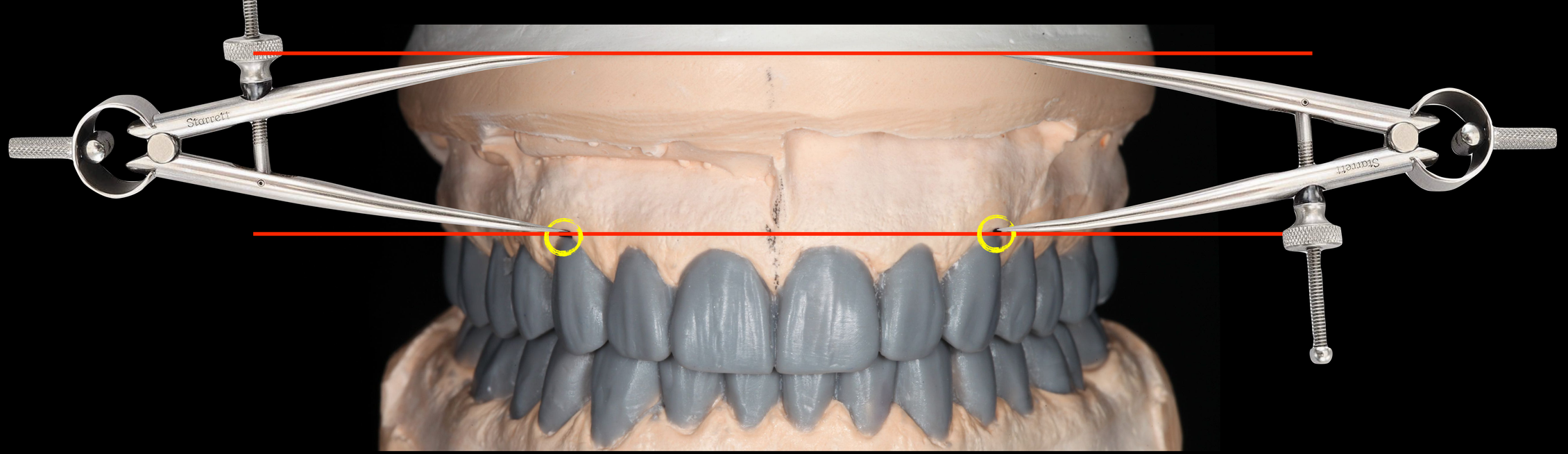
- VPS Maxillary and Mandibular impression
- Poured twice in die stone
- Or Scan and print two casts of each arch

#1 Diagnostic Casts In The HPC

- Mandibular alginate impression
- Poured in die stone
- Bite record made in CR at chosen VDO

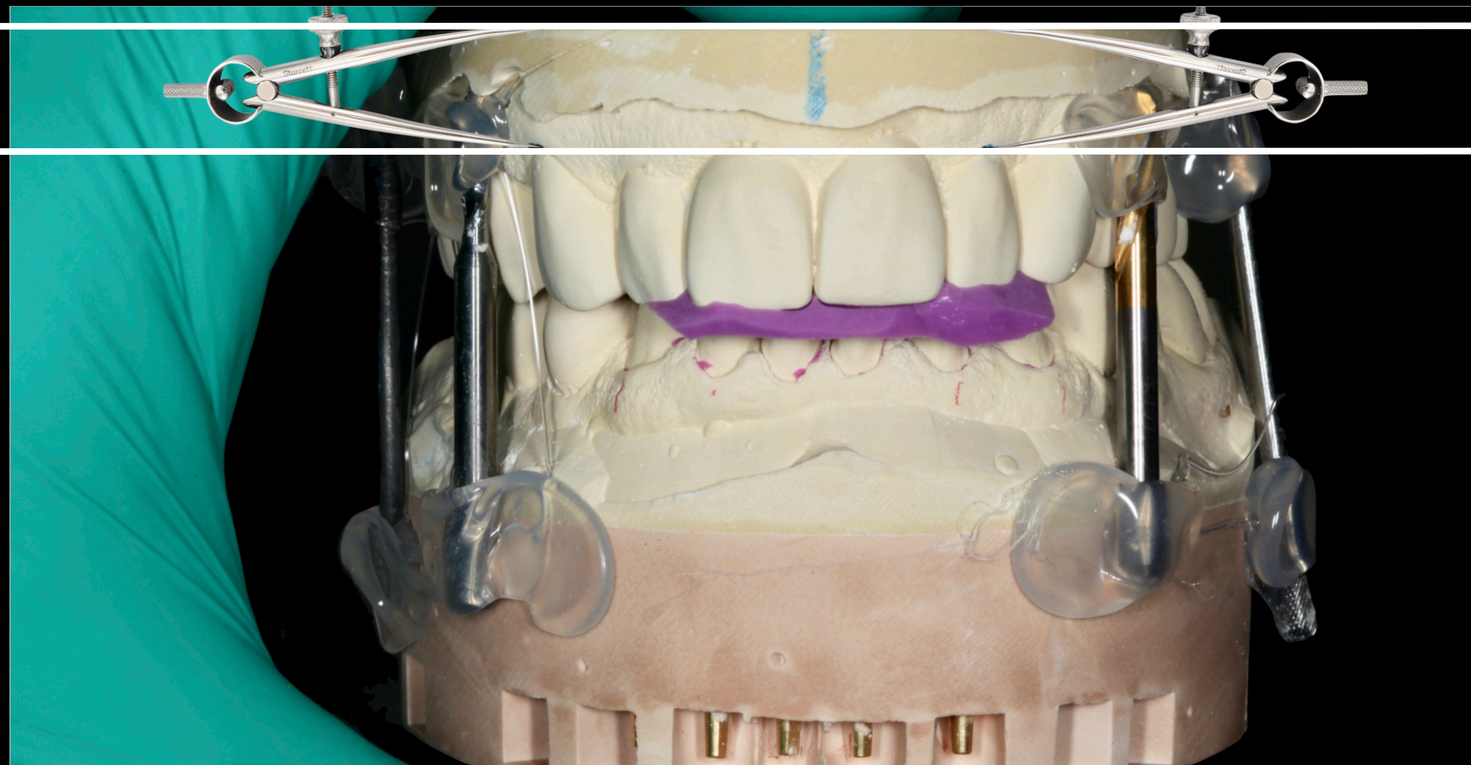
#1 Diagnostic Casts In The HPC

- Trim or print the bases of both maxillary diagnostic casts parallel to HPC
- Mark the Facial Midline on both casts



- The bases of the maxillary casts trimmed parallel to the HPC

- Hot Glue and Nails



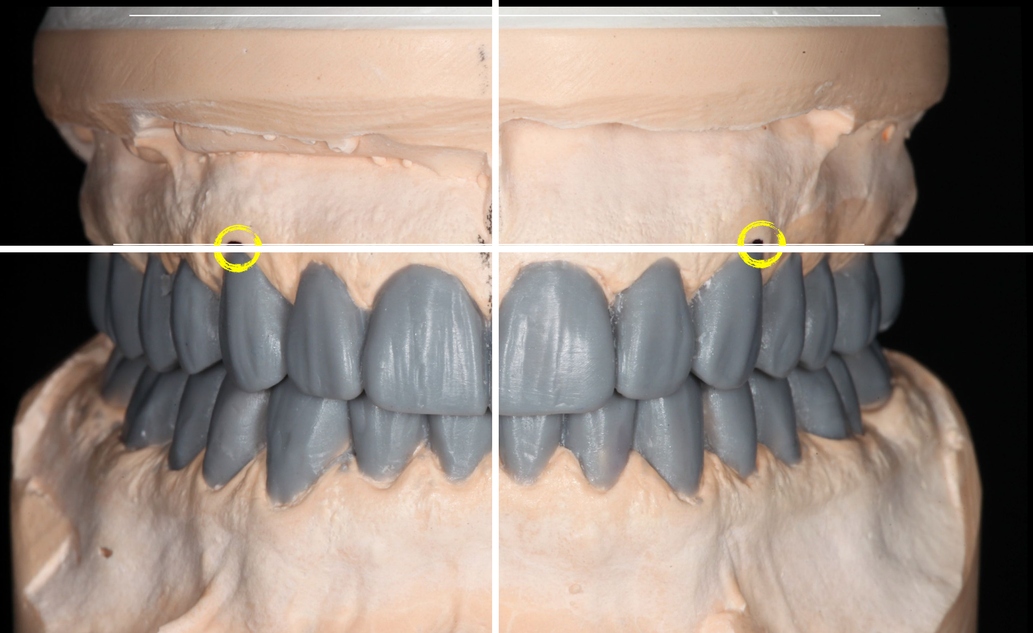
#1 Diagnostic Casts In The HPC

- Both maxillary and both mandibular casts are mounted with the same bite record against the
- Verify the HPC and Facial Midline with a SSG

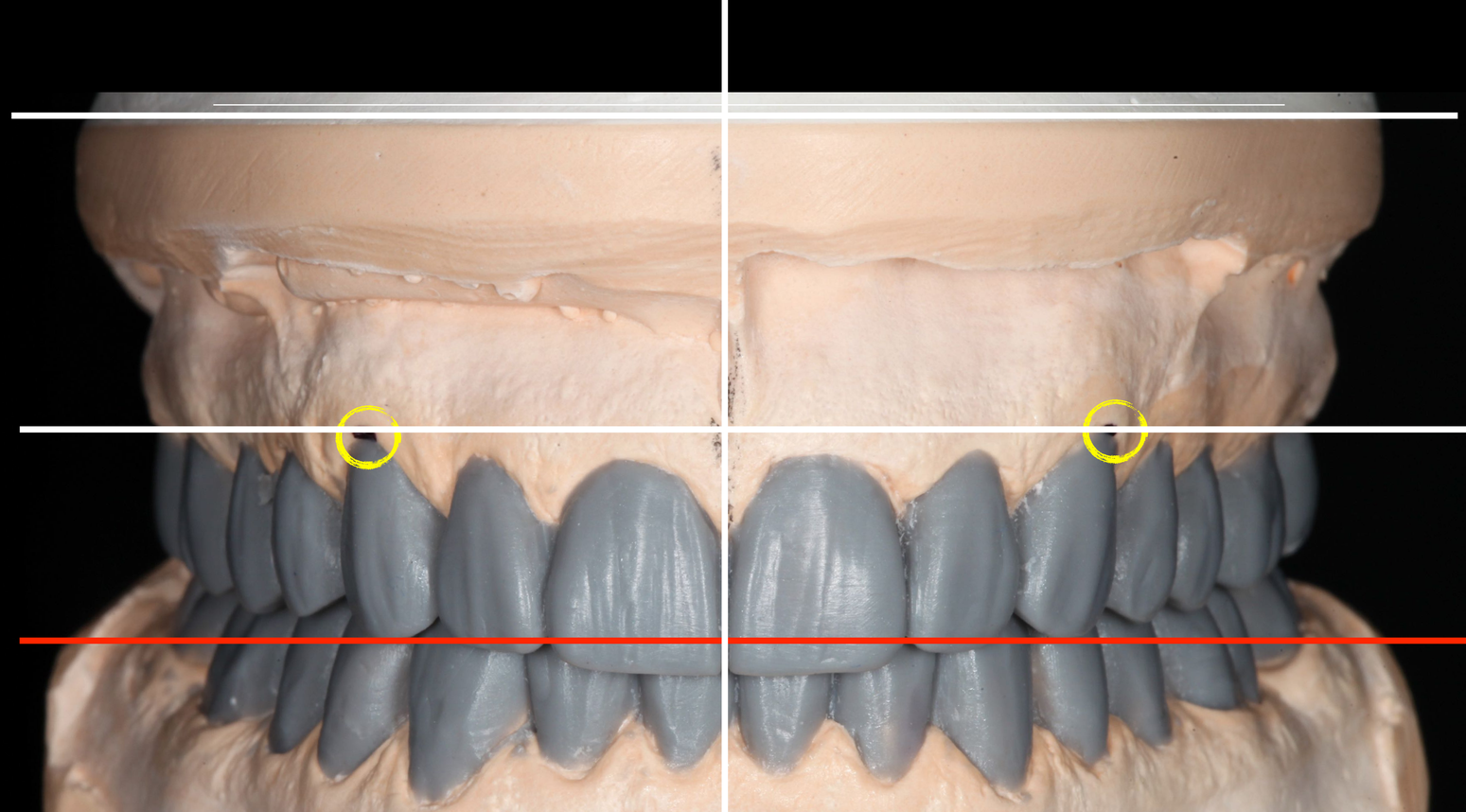
Both Maxillary Casts Are Mounted In The Correct HPC With The Same Bite Record (CR at the Correct VDO)

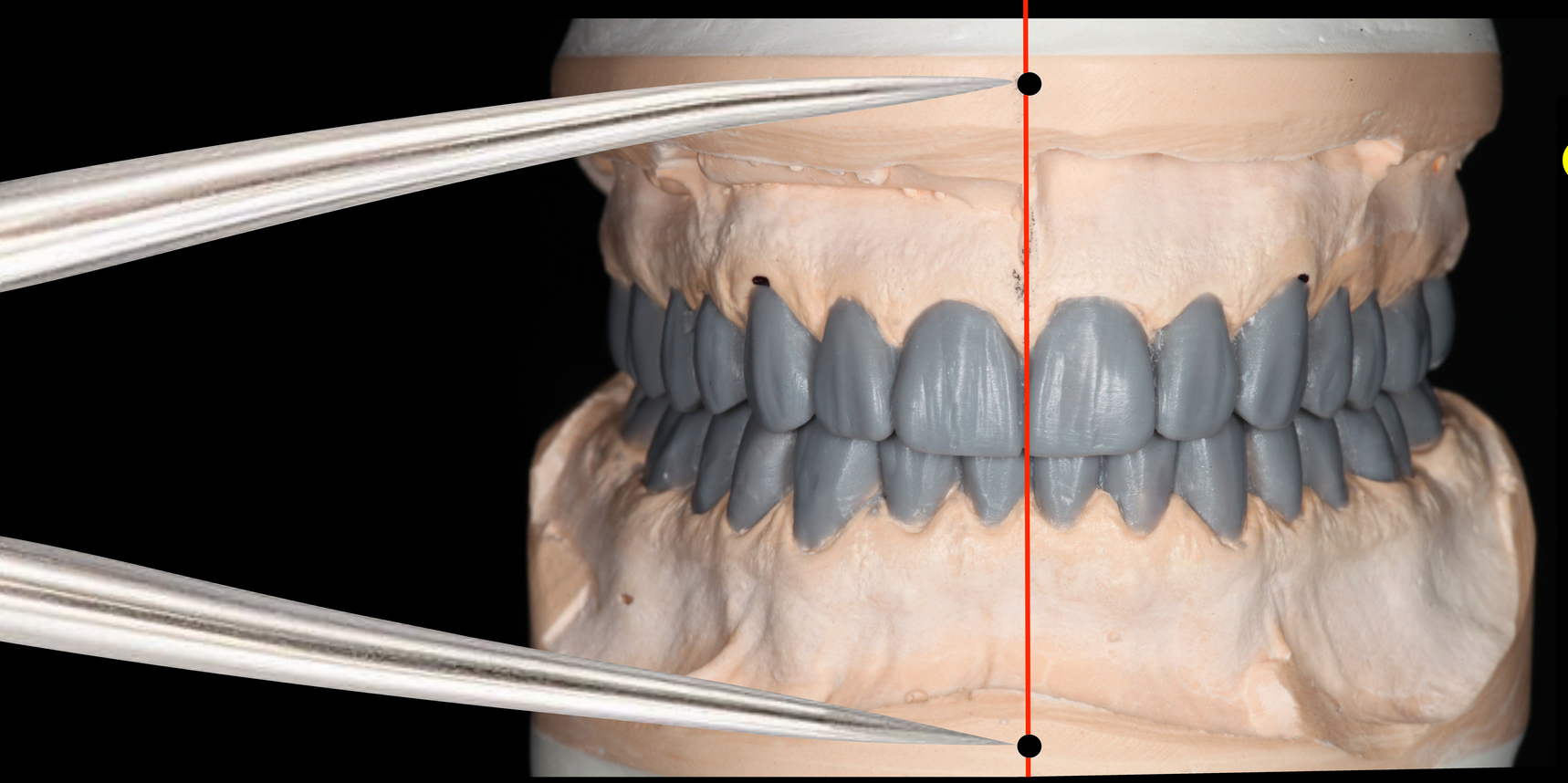
#1 Diagnostic Casts In The HPC

- Verify the HPC and Facial Midline with the SSG

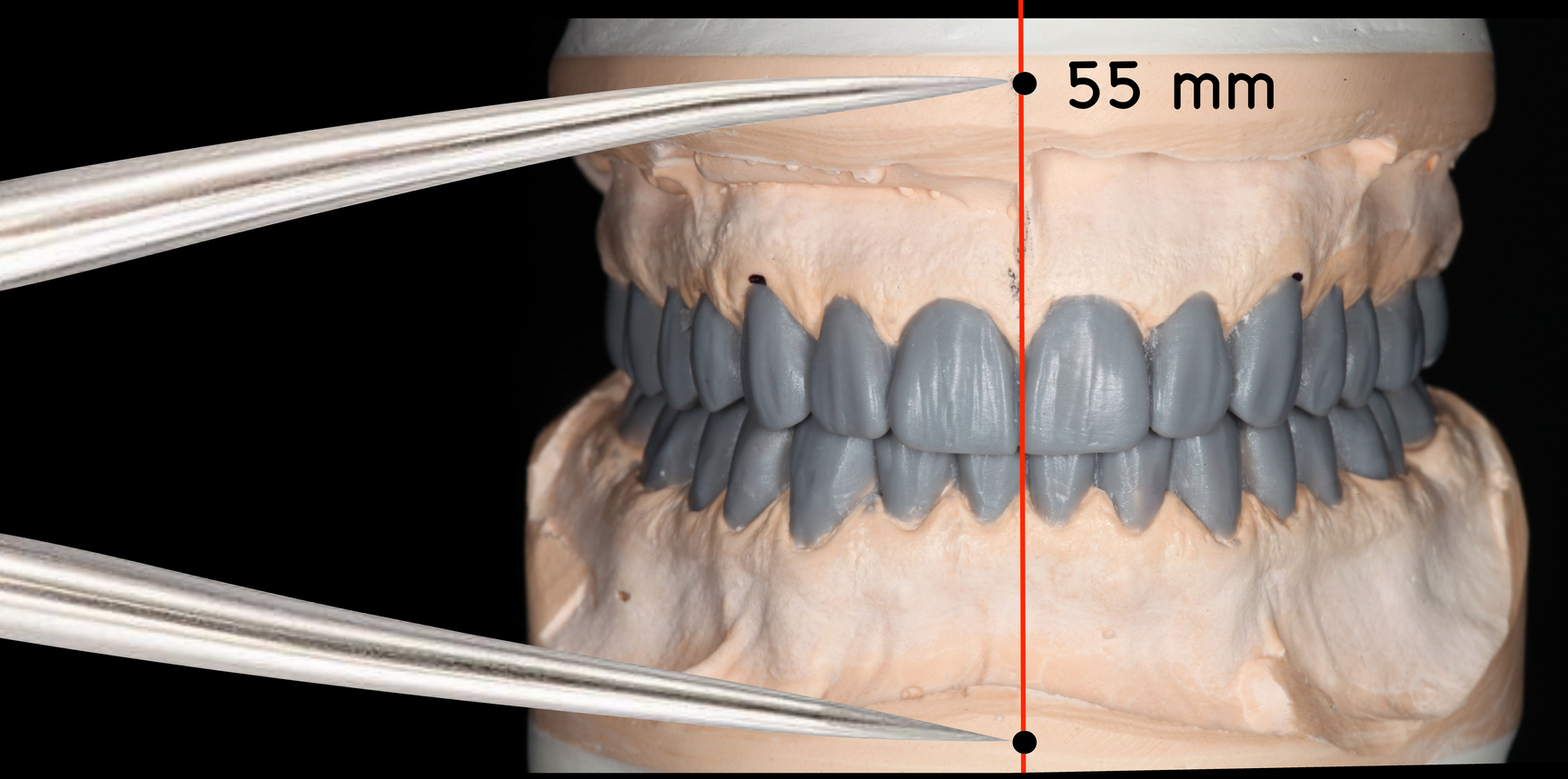


- Any Mounting Protocol
- Must Be Verified with SSG
- Facebow
- Kois Analyzer





- Drill holes and measure distance to prevent pin movement issues



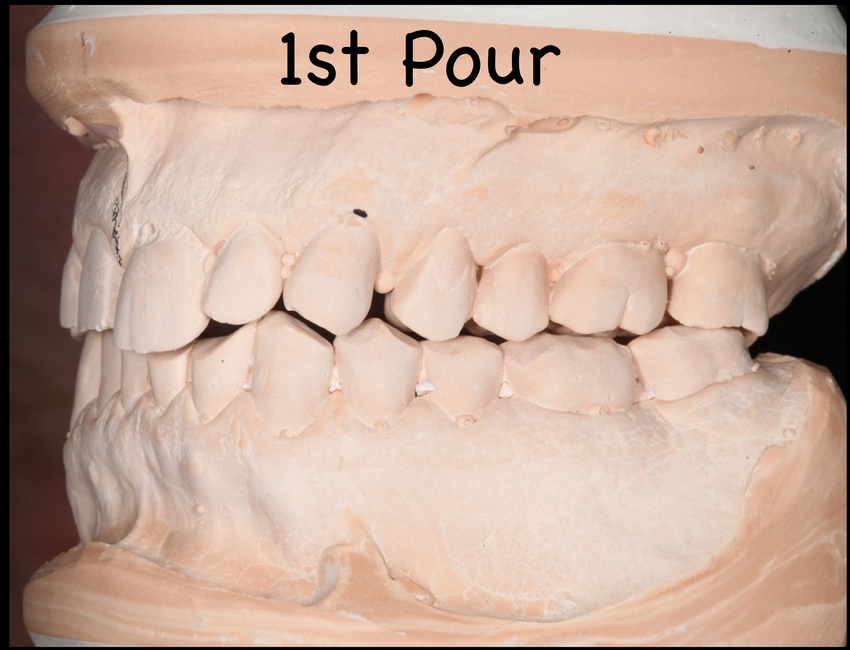
- Write the distance on the cast
- Check it often!!

#1 Diagnostic Casts In The HPC

- Diagnostic wax up for the prescribed biologic occlusion
- Done on the second pour cast of the VPS impressions

- Half of the posterior interocclusal space gained from opening the VDO is used on the upper
- The other half on the lower

- Preserve and protect the first pour maxillary diagnostic cast
- It will become the opposing cast for the lower die model



- After the wax up is done the unwaxed max cast will fit in the same spacial relationship as the waxed max cast

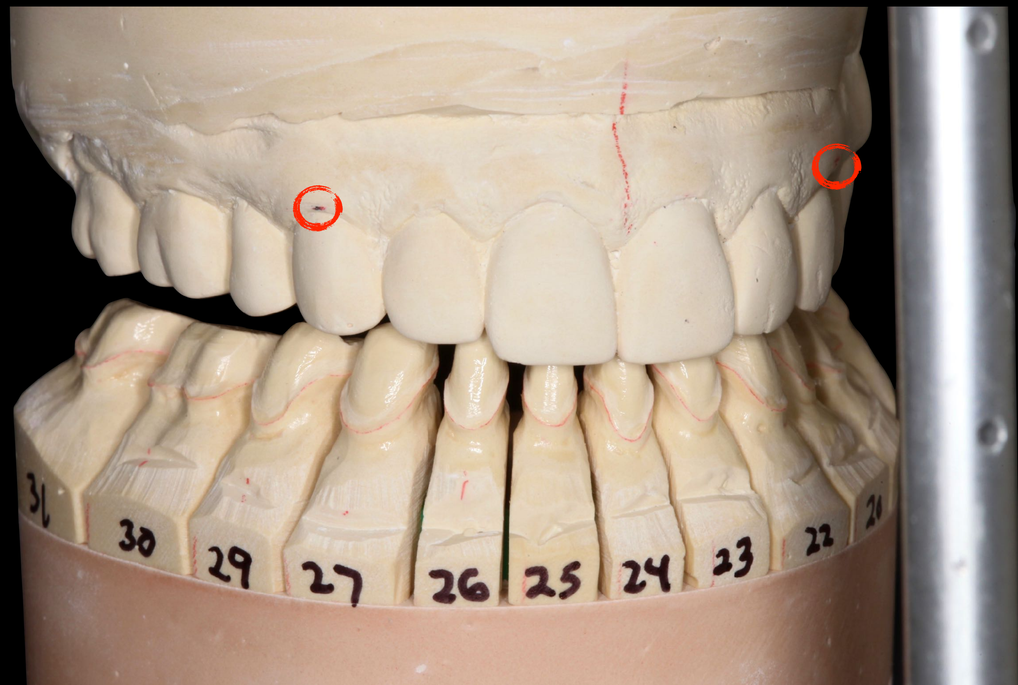
- Easier to assess the biologic parameters of the diagnostic wax up
- Never lose sight of where you were

#2 Final Case Lower

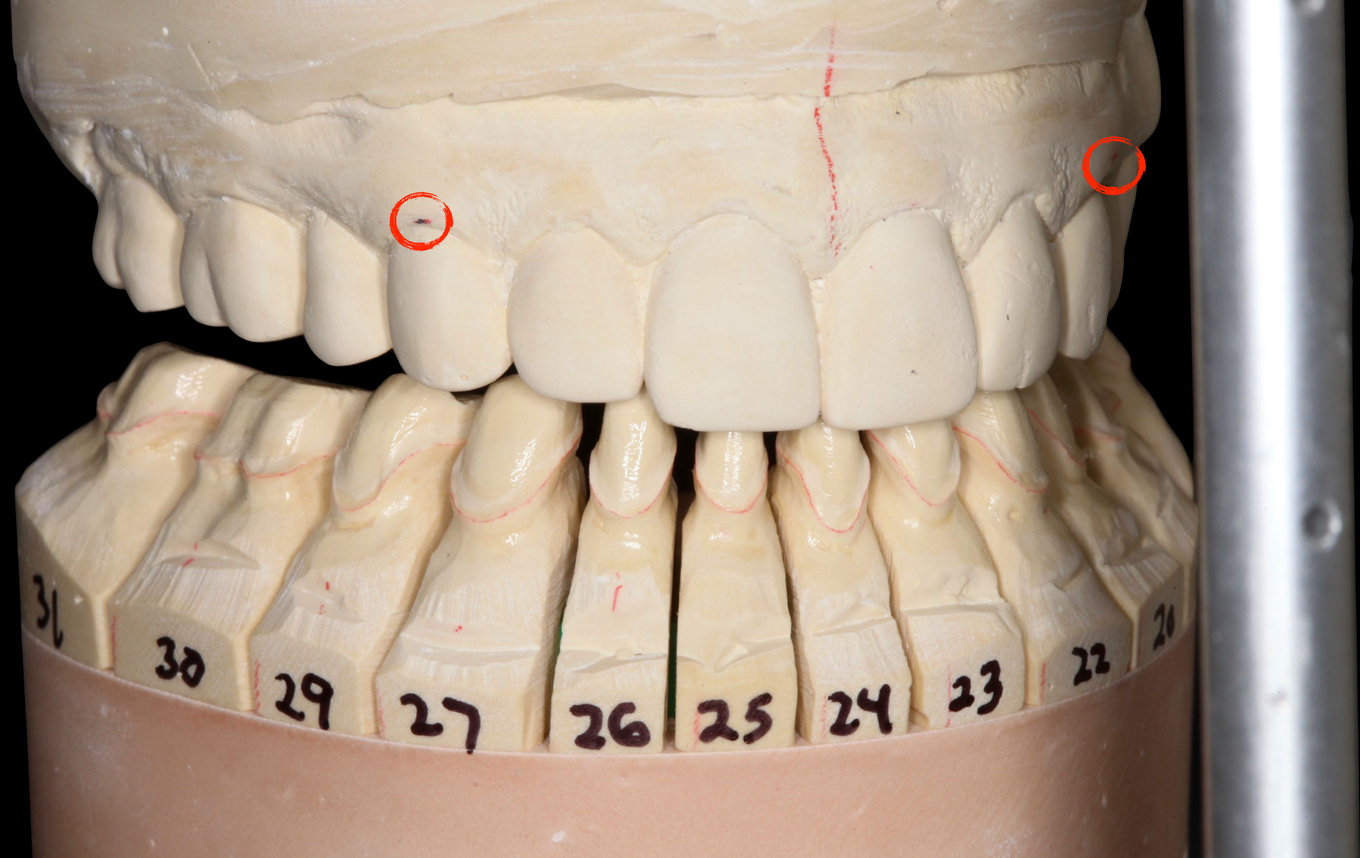
- Prepare and impress the lower teeth
- First pour diagnostic cast (unwaxed) is mounted with the bite record and used for the opposing cast for the lower die model

#2 Final Case Lower

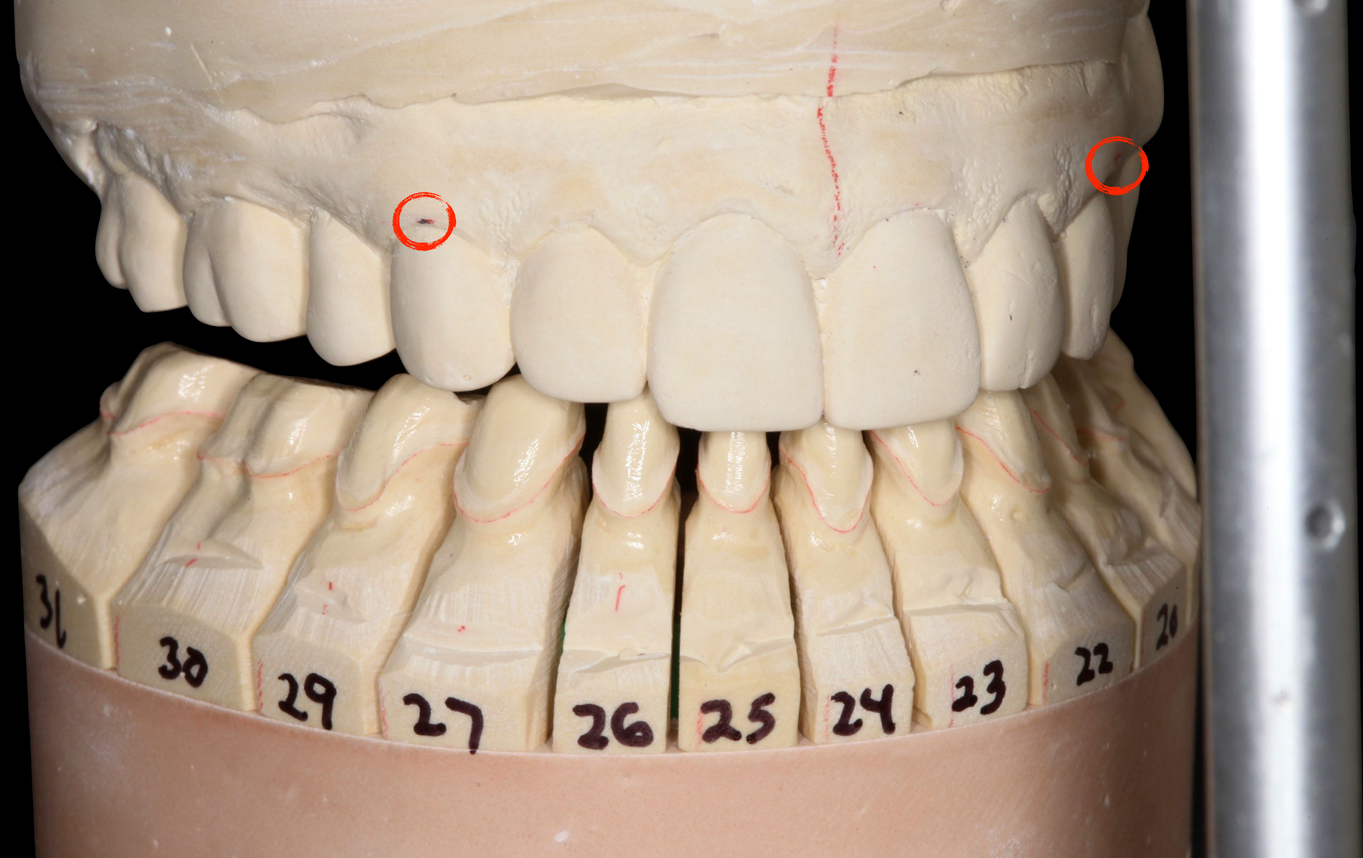
- The lower die model is mounted against the correctly mounted unwaxed first pour diagnostic cast



- Upper unwaxed diagnostic model vs. the lower die model
- In CR
- Correct VDO
- Correct HPC



- Midline on articulator matches the midline of the face



#2 Final Case Lower

- The diagnostically waxed maxillary cast will sit in the same space as the unwaxed maxillary opposing cast

- Upper Diagnostic Wax Up
- Used to wax and finish the lower restorations in the correct biologic envelopes of function

#2 Final Case Lower

- Fabricate the lower restorations against the diagnostically waxed upper cast

- Designed, Waxed and Pressed to the upper ideal diagnostic wax up

- The envelopes of function are fine tuned to the biologic support

- It's like restoring the Upper First without being married to improper palatal contours of the upper restorations

#2 Final Case Lower

- Working against wax allows the technician to design the case within the available biologic support
- Provided the dentist informs the lab of that

#2 Final Case Lower

- Final lower restorations vs. Upper unwaxed maxillary model
- Helps visualize the global changes made

AFTER The Lower Restorations Are Finished Make A Bite Record While On The Articulator

Do Not Remove The Bite Record From The Upper Waxed Model

The Purpose:

- Mount the lower opposing model for the upper case in the correct HPC and Midline of the face

The Purpose:

- Mount the lower opposing model for the upper case in the correct HPC and Midline of the face

Upper Wax Up
Or Unwaxed 1st Pour
Vs.
Lower Restorations

- Place the lower restorations

#3 Final Case Upper

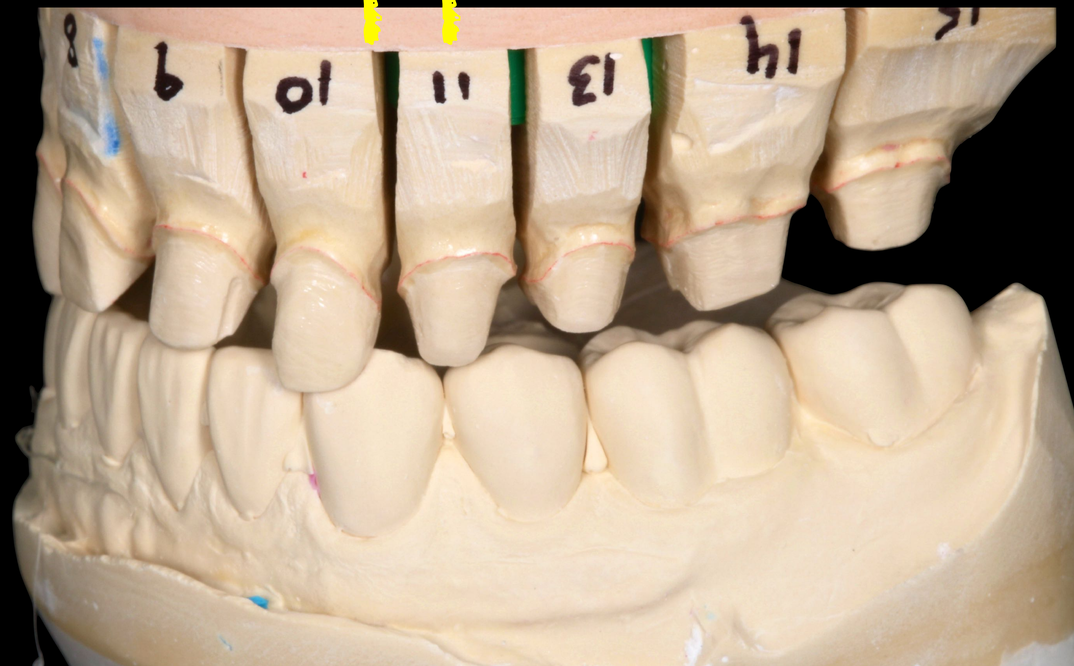
- Make a VPS impression of the final lower restorations after they are cemented
- Or scan and print them

#3 Final Case Upper

- This die stone or printed opposing model will fit the bite record made on the articulator

#3 Final Case Upper

- Positions the opposing model in the correct HPC and midline of the face



#3 Final Case Upper

- Upper preps/impressions are done
- Bite record is made in CR at the correct VDO

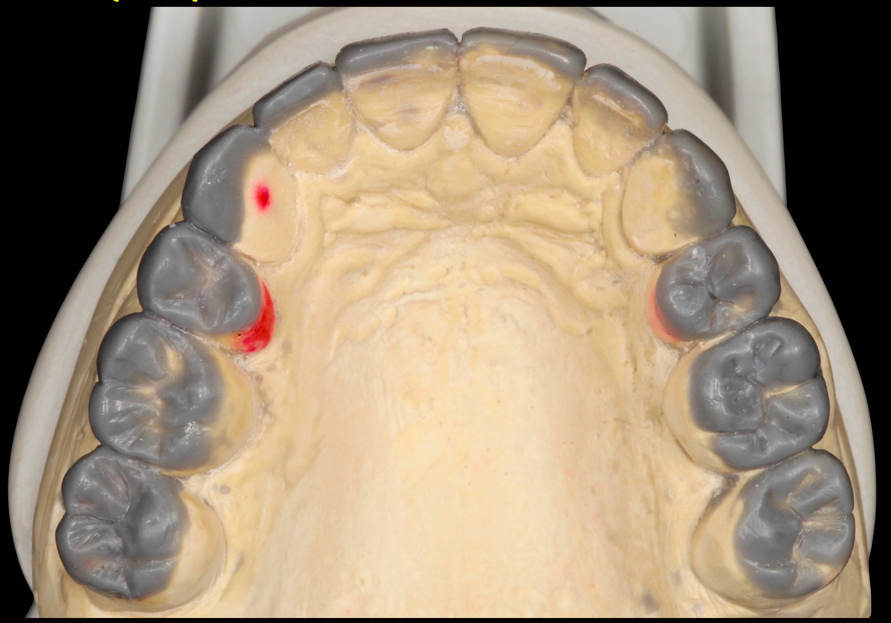
#3 Final Case Upper

- Upper die model mounted against the lower opposing (already mounted in the correct HPC and Midline of the face)

14
13
11
10
9

#3 Final Case Upper

- The waxed maxillary diagnostic cast that the lower restorations were made to fit is used as a guide for the provisionals and the final upper restorations



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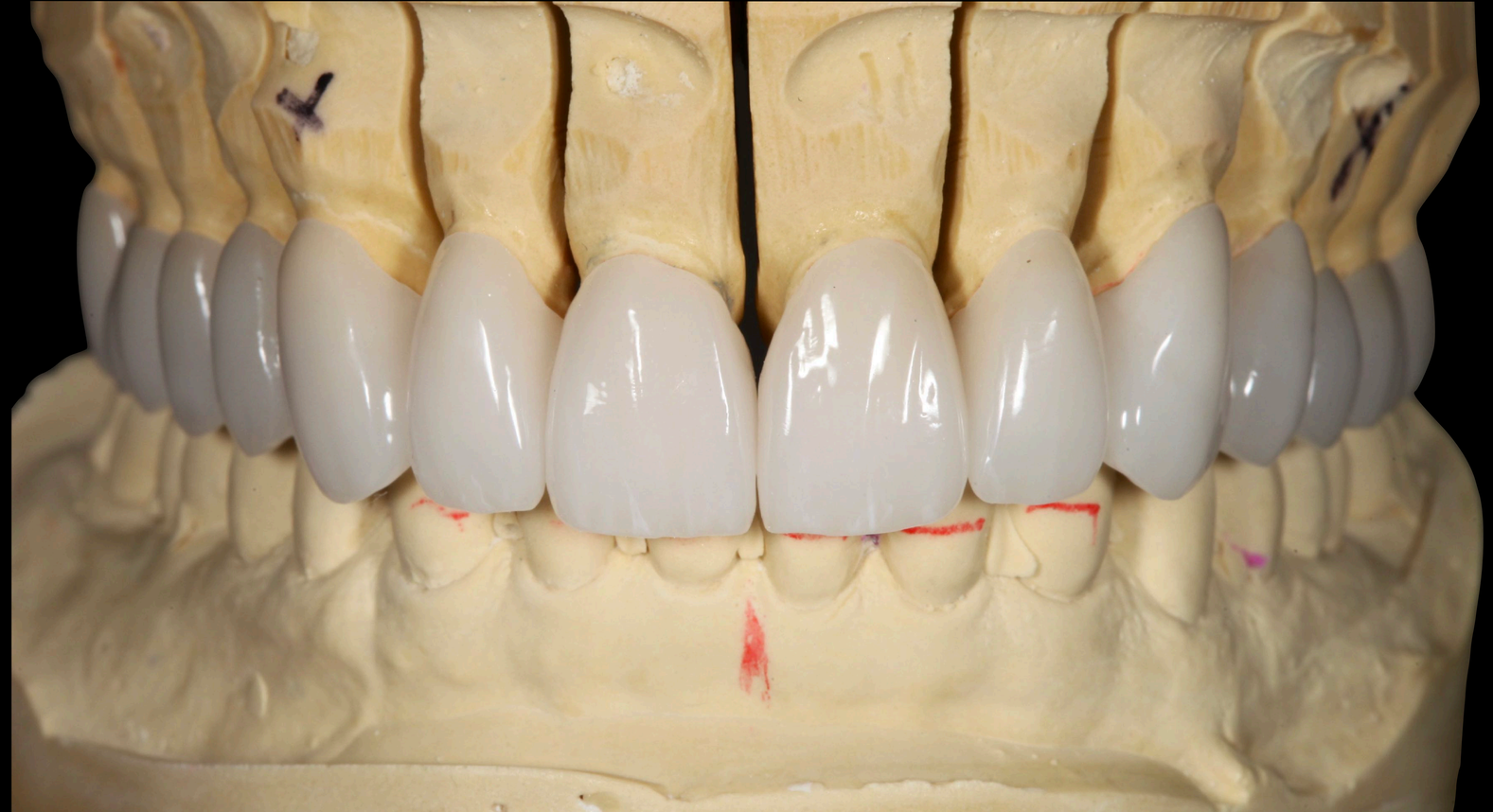


- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Occlusion In A Complex Case Is Simply Force Management

Biology Not Morphology Dictates Function

Technicians Love "Mother Nature"

- When missing teeth, tooth volume, strength or bone support are issues

- The envelopes of function must be designed for proper force management of weak or missing teeth

"Mother Nature" Goes Out The Window

We Published This Case In The March 2024 Issue Of Dentistry Today

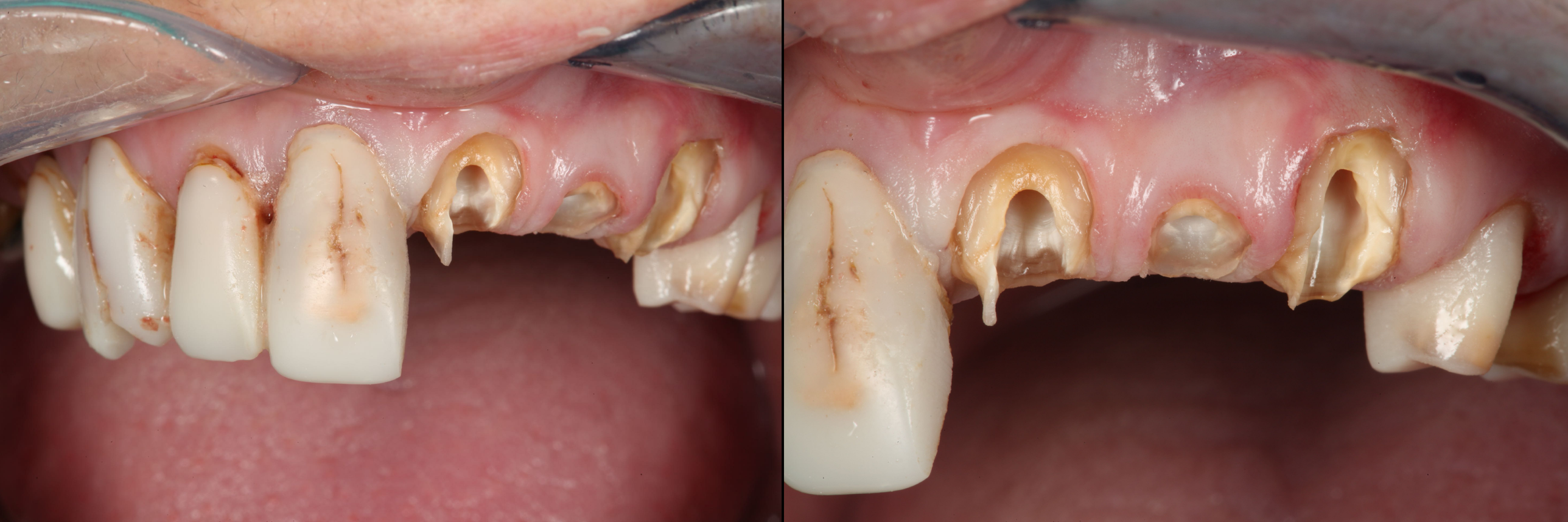
- The envelop of function must be designed around supporting biology

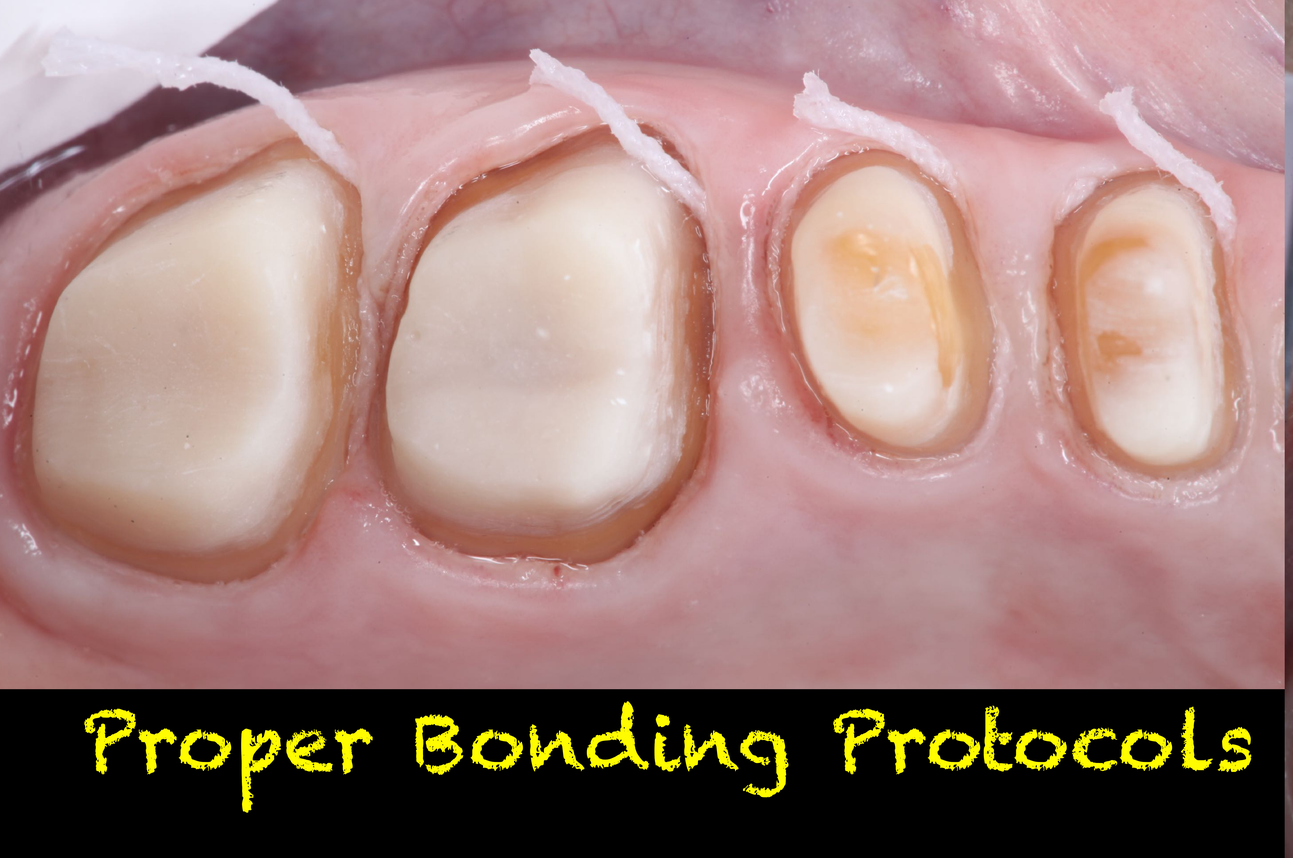
Hopeless?

7 Months Post CFBS

2.5 Years Post Op

Biology Not Morphology Dictates Function





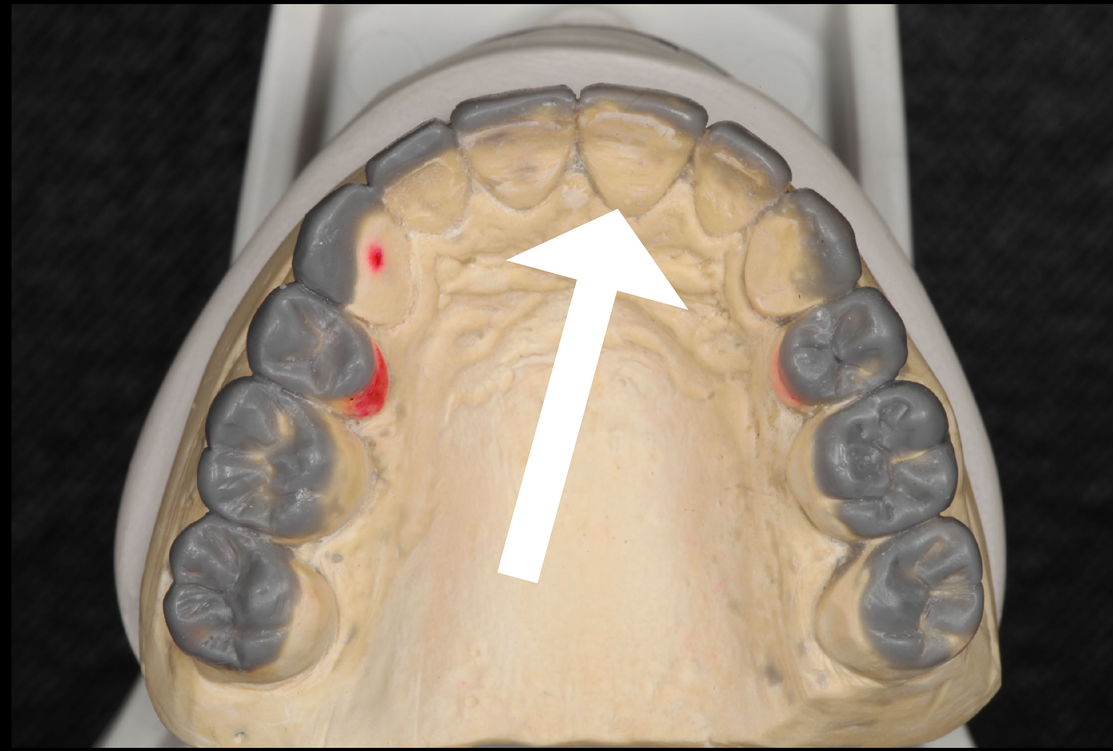
Proper Bonding Protocols

Objective:
Design Restorations That Respect Dental Biology

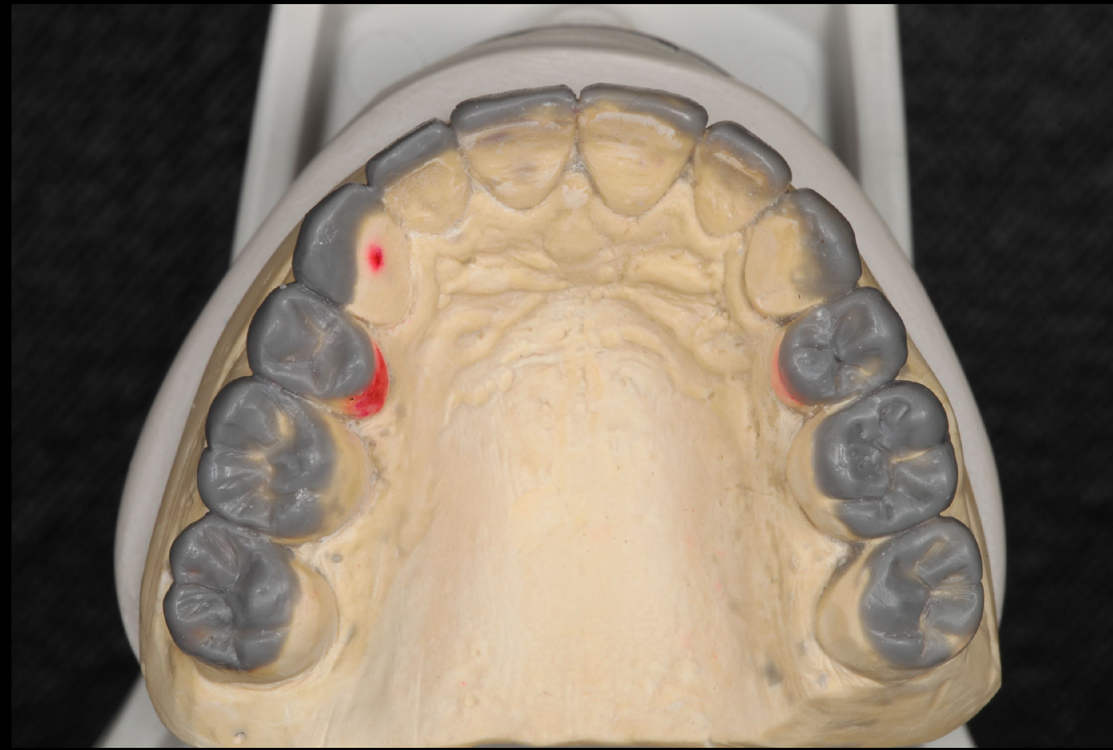
Lower Is The Car

Upper Is The Garage

The Case Is Diagnostically Waxed Up To Respect Dental Biology



Lower Restorations Designed Against The Ideal Upper Wax Up



25
24
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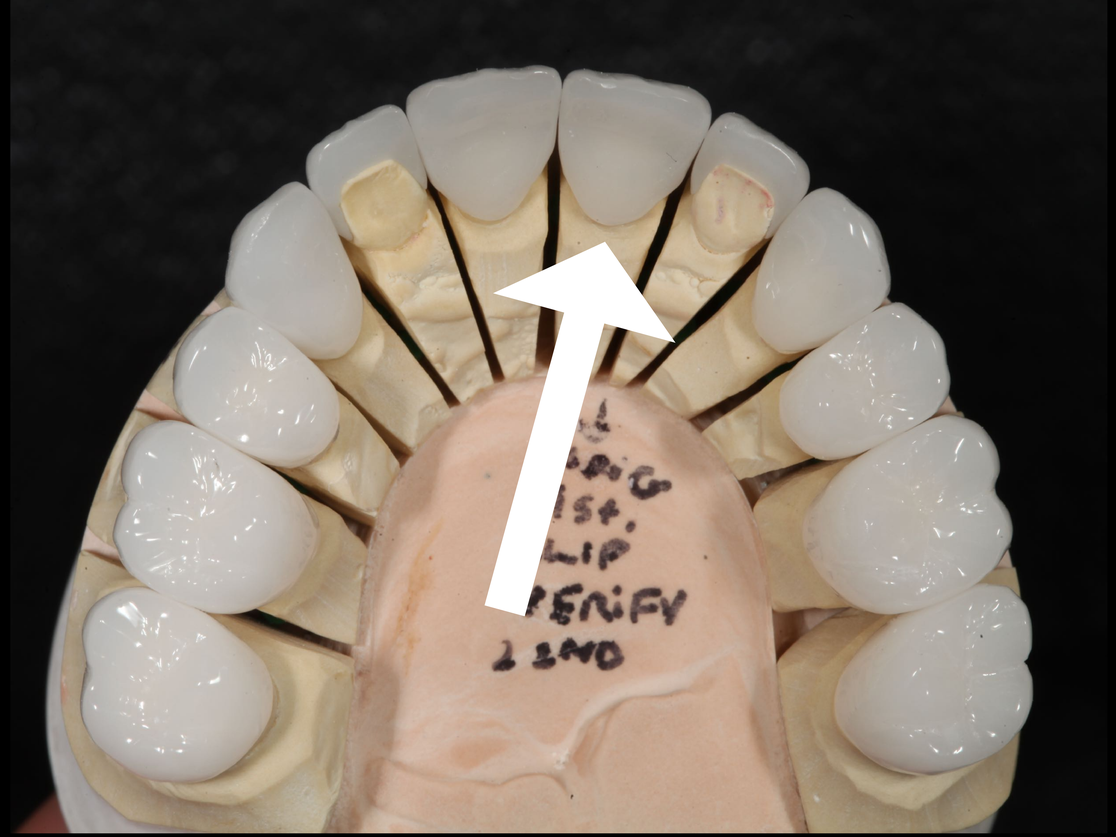
18

Lower Restorations Are Placed

Upper Teeth Are Built Up And Prepared

Impressions And Die Models Are Made

Upper Restorations Are Made To Respect Weak Biology



Upper Restorations Are Tried In For Cosmetics

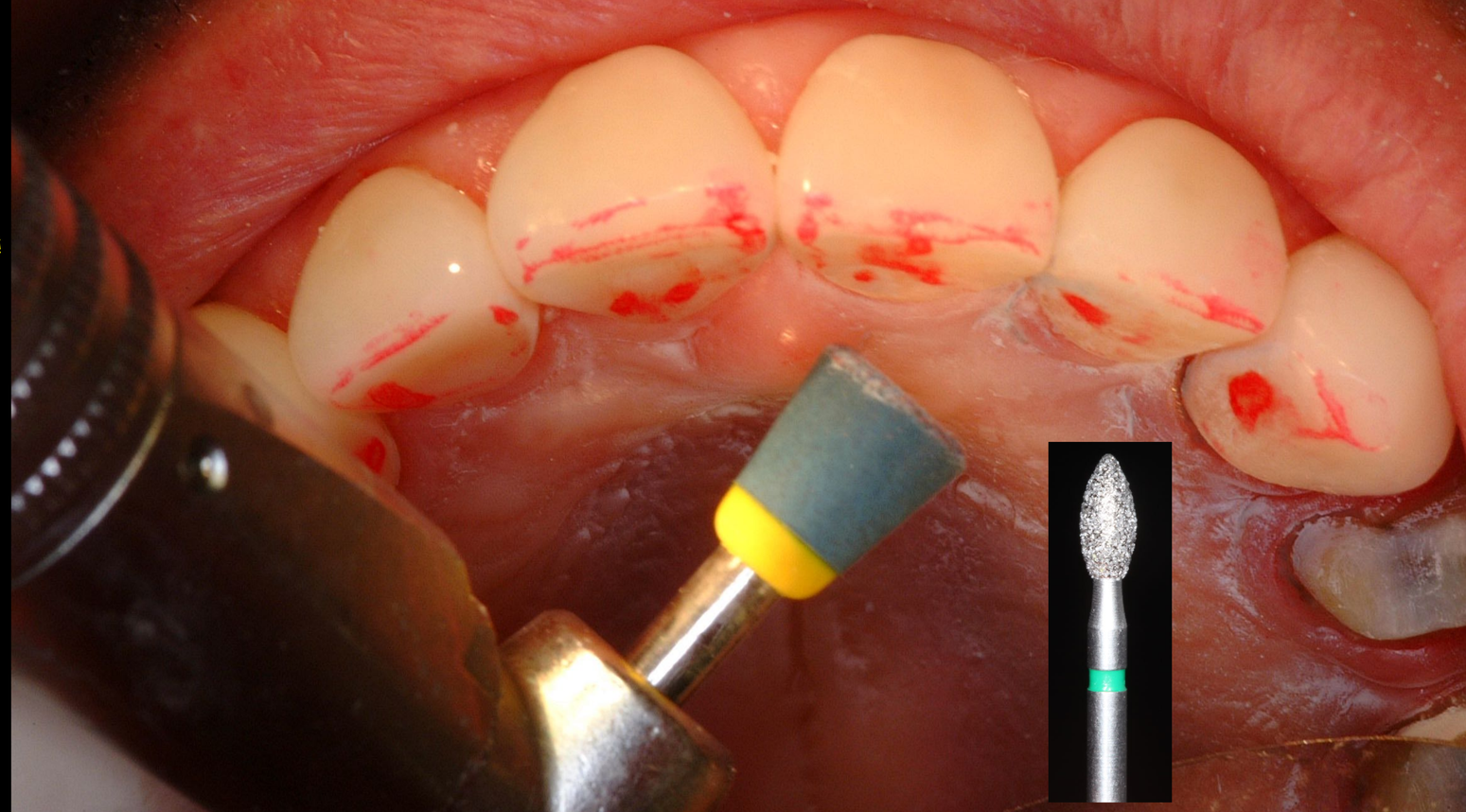
We Want Success Years Later

Cementation Protocol Aimed At Preserving Biology

Cement The Upper 6 First

Purpose: Make Sure The Car Fits In The Garage

Fine Tune The Anterior Envelop To Fit Within The Biologic Support



Equal Contact In CR0 on ALL 6 Restorations

Shim Stock And Bimanual Manipulation Into CR0

Assistant Tugs Shim Stock On All Teeth While Dr Manipulates Into CR0

Polish To Perfect Smoothness

Polish To Perfect Smoothness

Polish To Perfect Smoothness

- Posterior quads one at a time

Create A Biologically Acceptable Anterior Envelope Of Function

- Based on common sense and biologic support
- Feel it with your finger

Protrusive Marked

- Feel from start to finish

Right Lateral

- Feel the cuspid/lateral

Visualize Lateral Excursions

Left Lateral

Visualize The Contacts

Harmonize The Incisal Tables

Place Posterior Quadrants One at a Time Avoiding Any Lateral Contact

Feldspathic Case Placed in 2007 Still Perfect After 17 Years

- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Shapes Of The Anterior Restorations Affect Not Only The Envelope of Function

Also Affect The Envelope of Phonetics

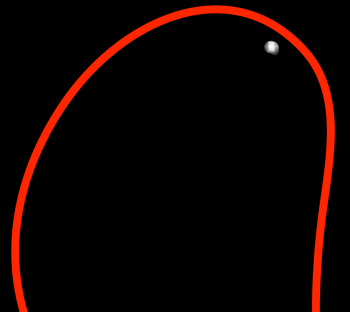
- Phonetics (“F” “TH” “S” “Whistle”)
- Many clinical failures occur in complex cases

"F"

Length Of The Maxillary Incisal Edges

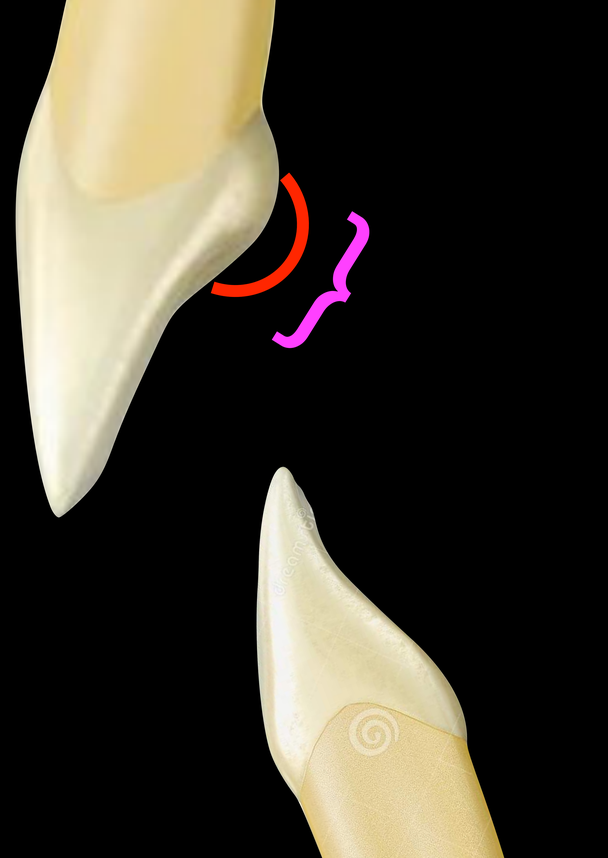
Feel Too Long

Labialized Facial Surfaces



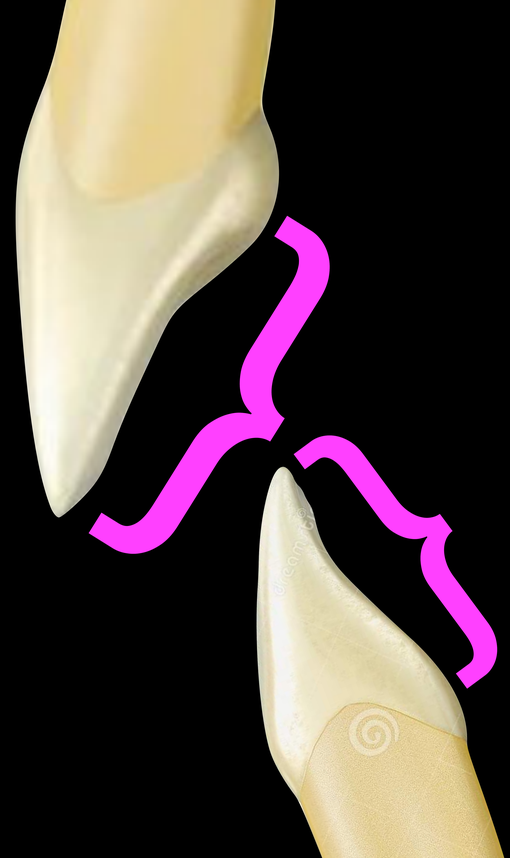
"TH"

Contour of Maxillary Cingulums

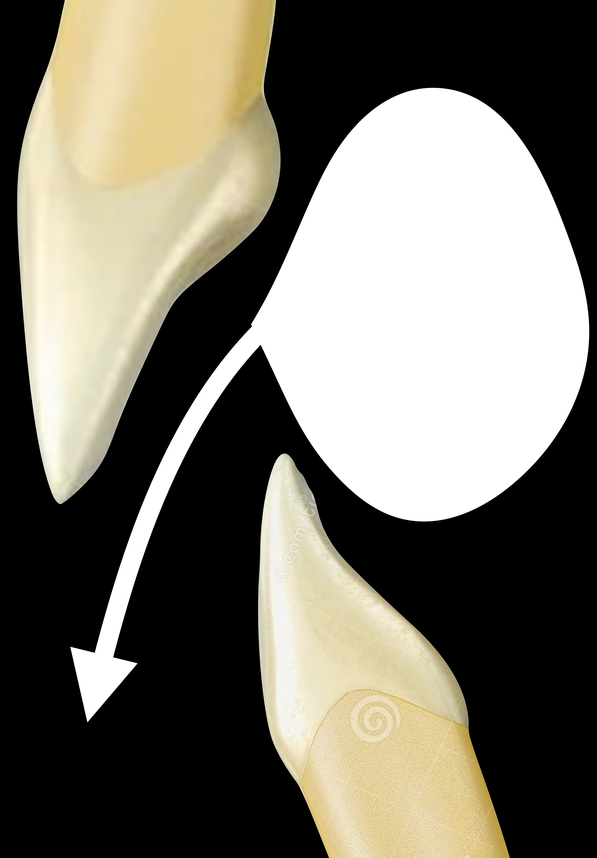


"S"

Incisal Edge Shapes
Lingual Contours



To Create The "S" Sound
Air Must Be
Compressed Against
Anterior Restorations

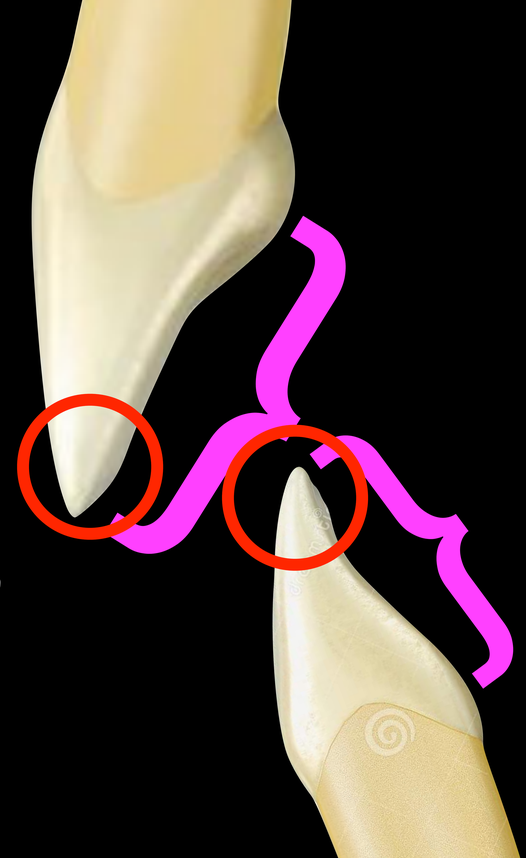


The Contours Of The Lingual Surfaces

The Shape Of The Incisal Edges

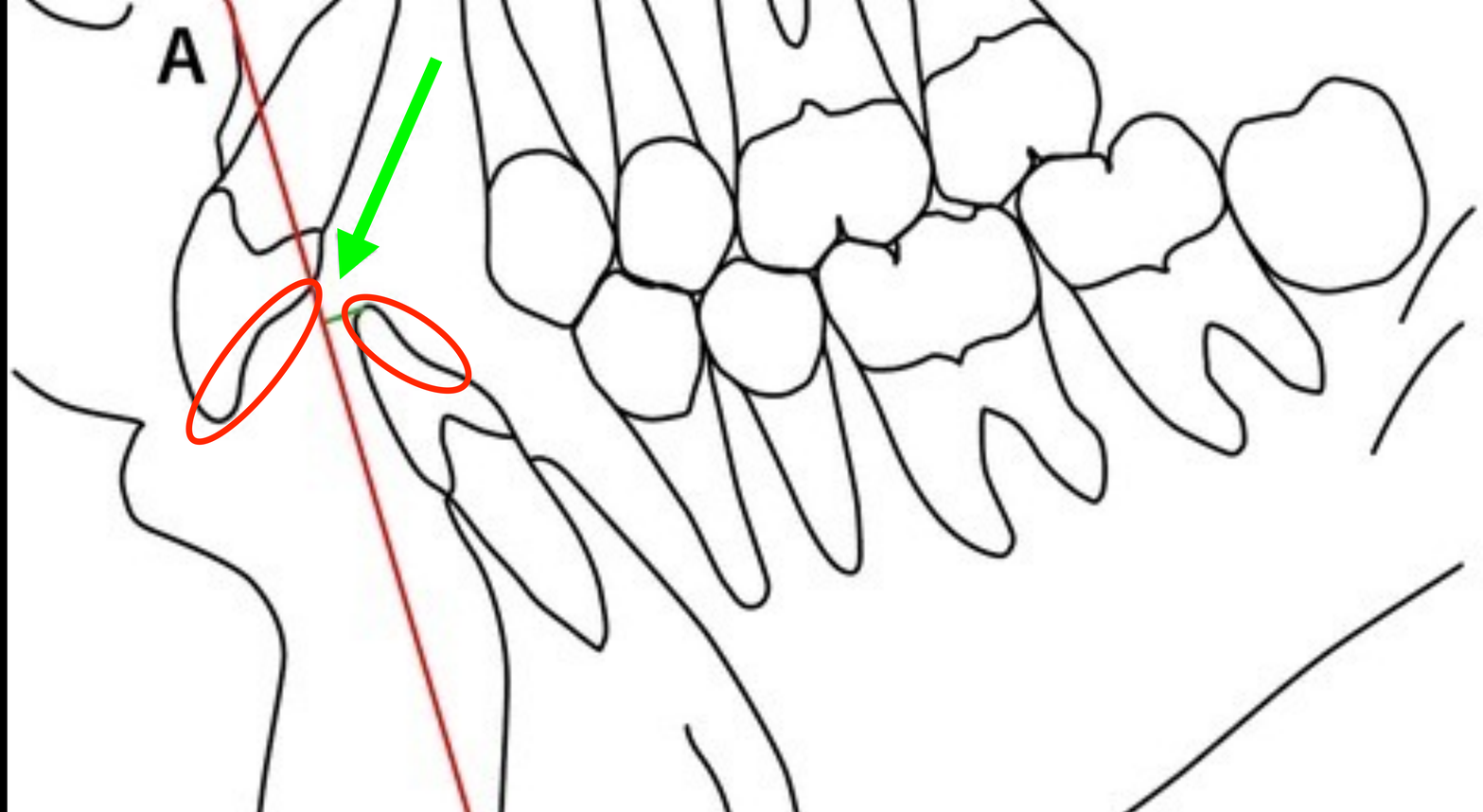
And Where They Position Their Teeth

Will Affect The “S” Sound

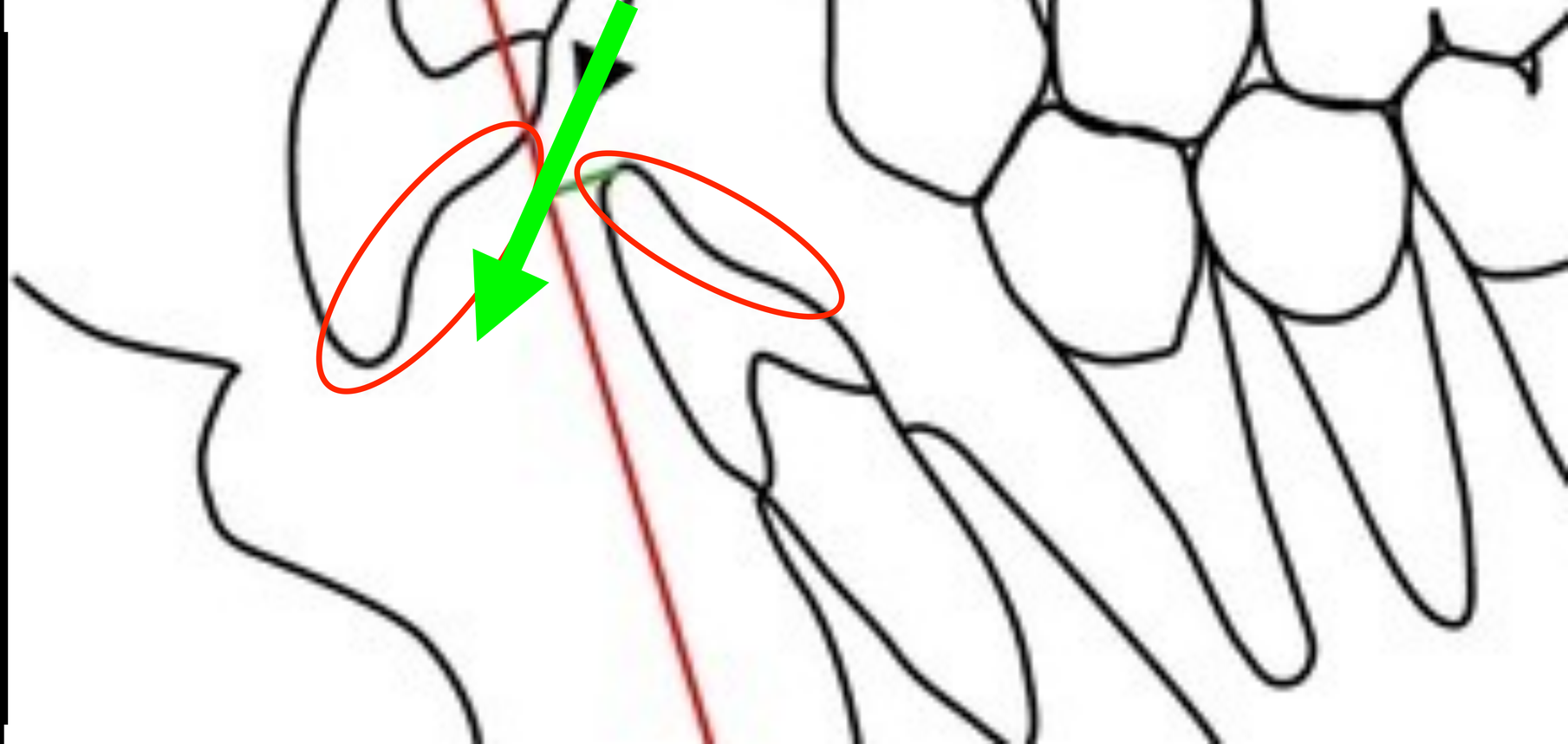


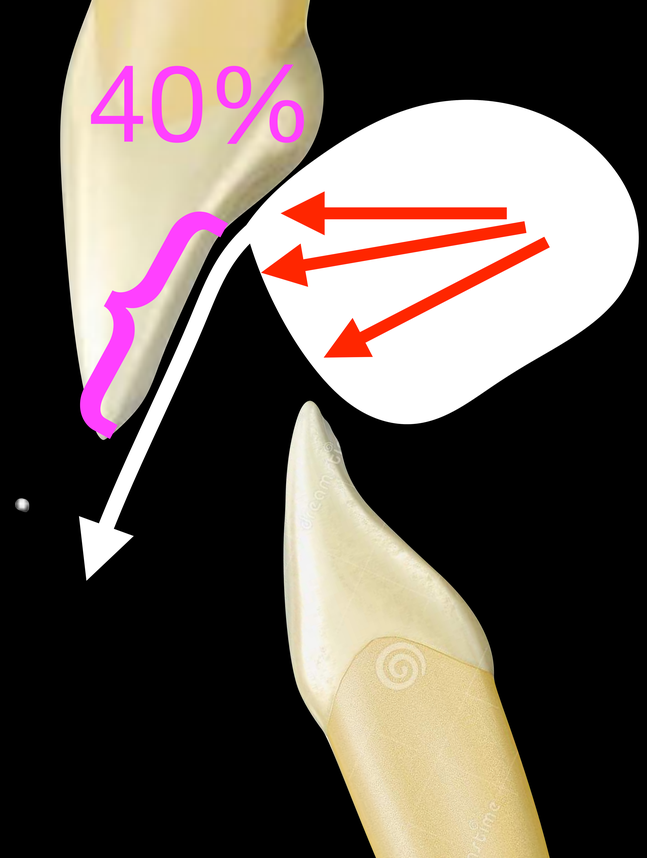
Shapes Of Incisal Edges And Lingual Surfaces

Must Allow A Thin Sheet Of Air To Be Expressed



Must Plan These Contours

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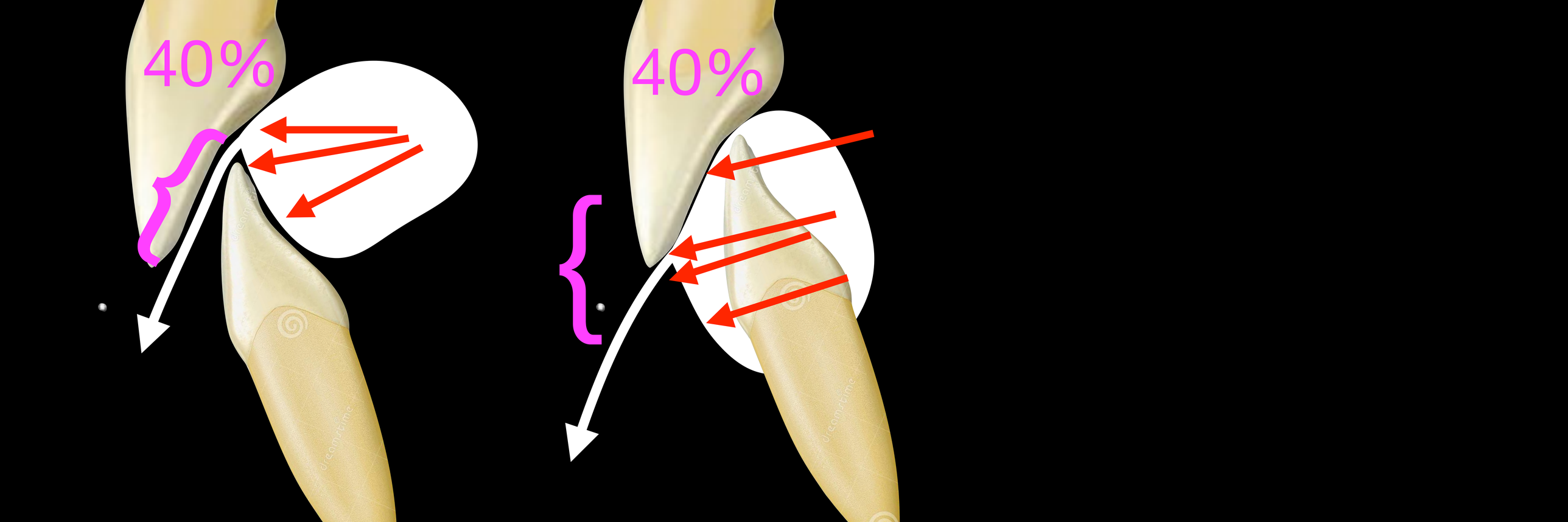
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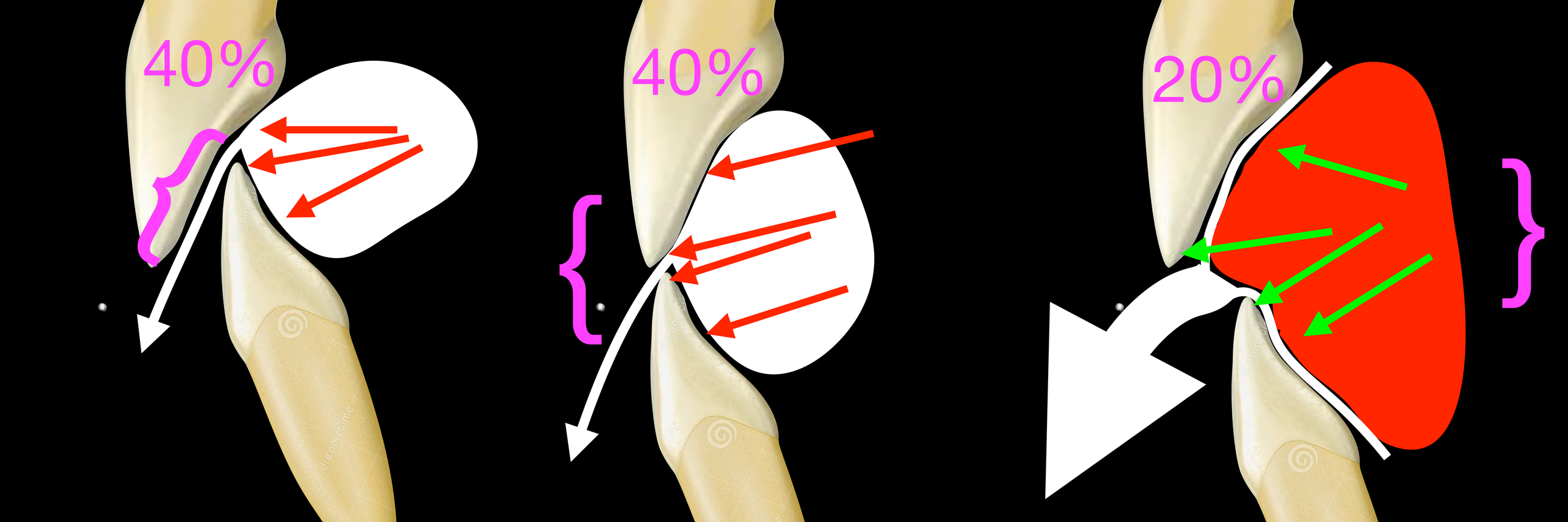
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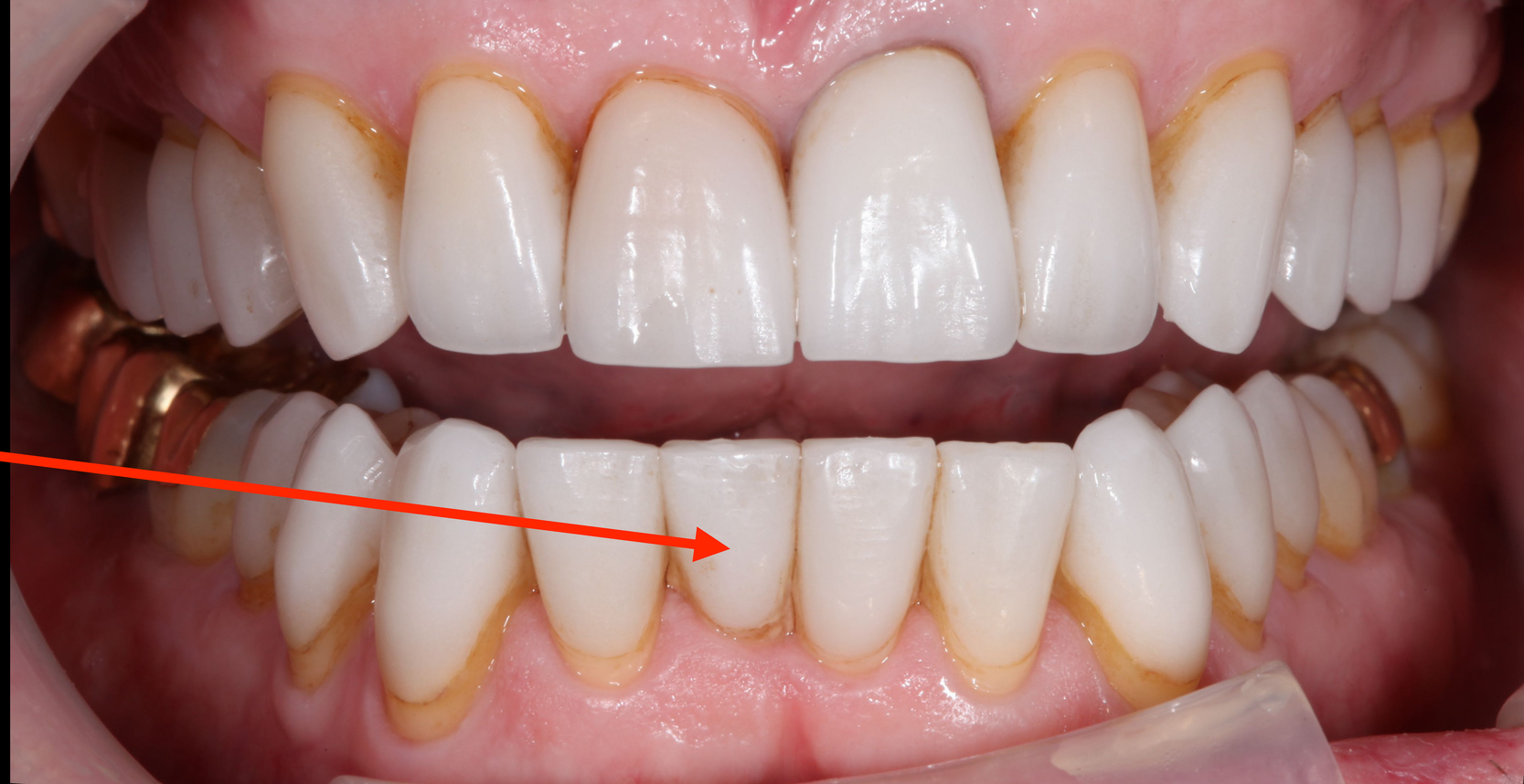
Always Document
Where The Patient
Makes Their "S" Sound
Before Treatment

George

- Slurred "S"s
- #25 lingually positioned

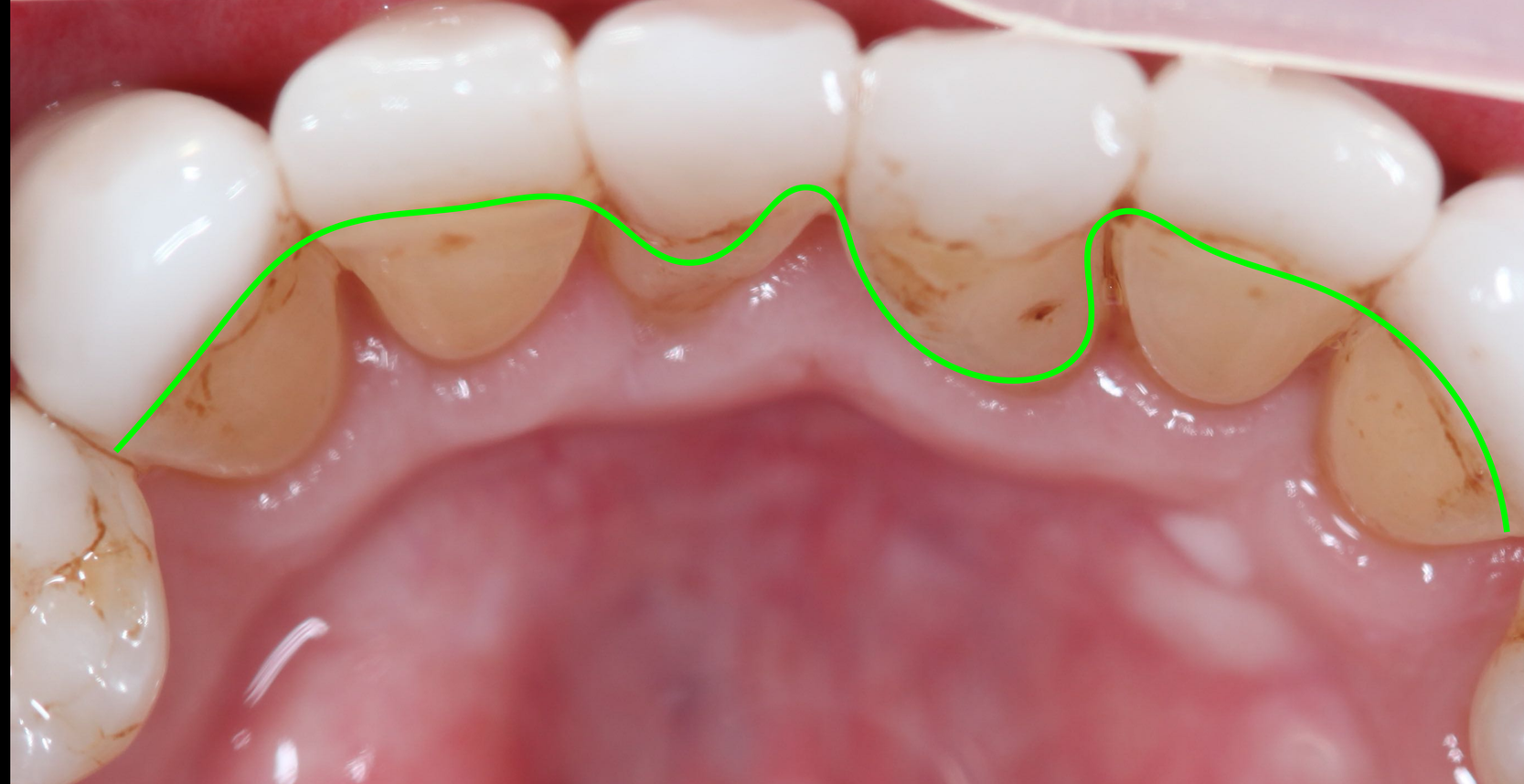


George

- Veneers over contoured lingually

George

- Asymmetrical Lingual Contours of Teeth/ Restorations

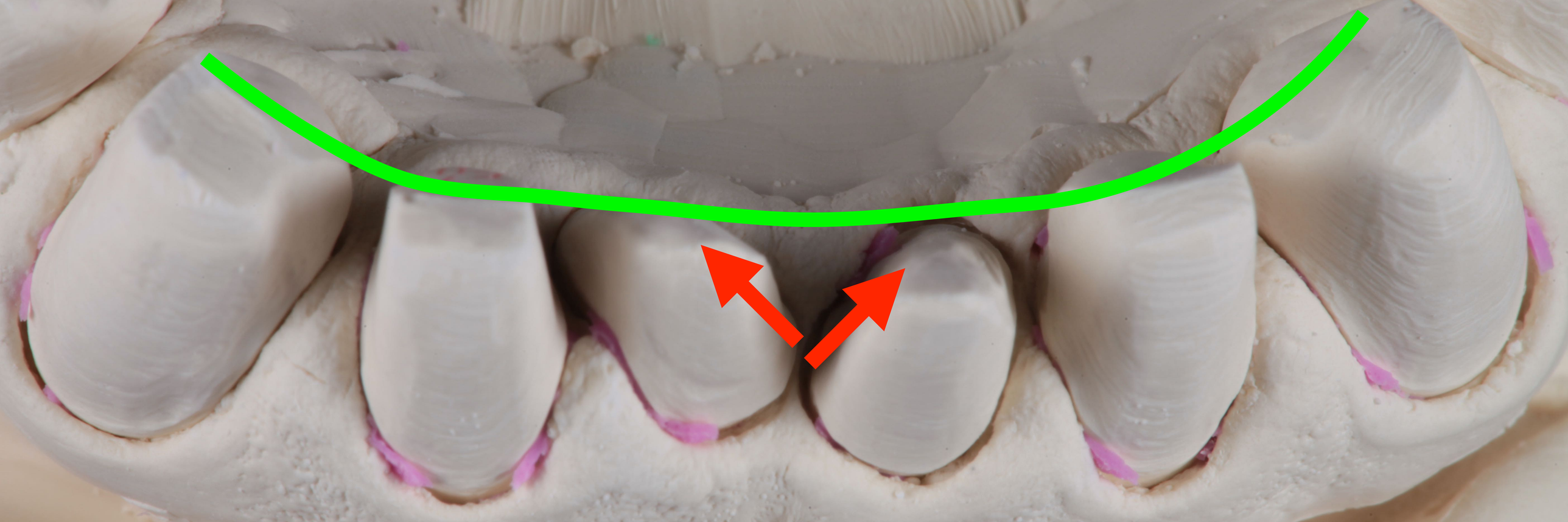


George

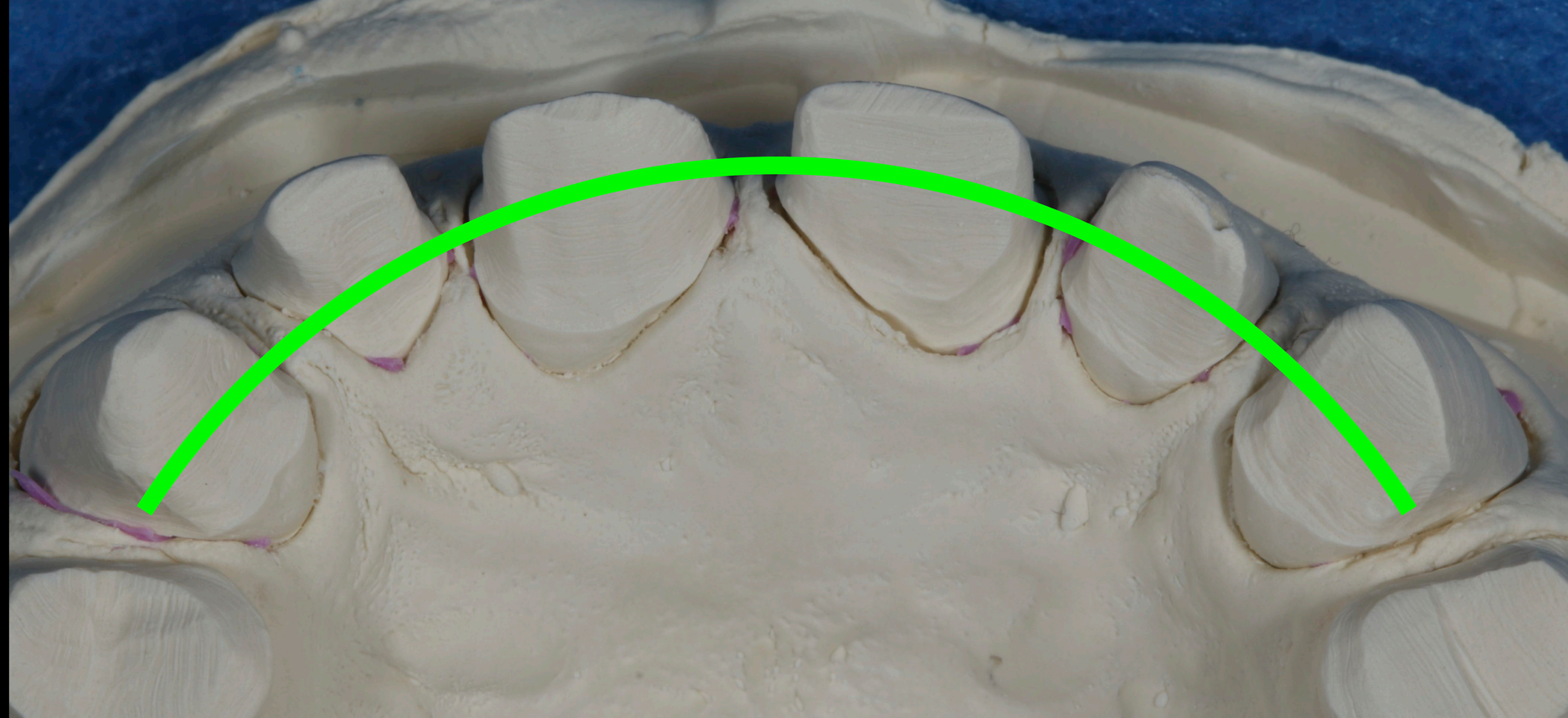
- Prep Design Must Accommodate Phonetics

George

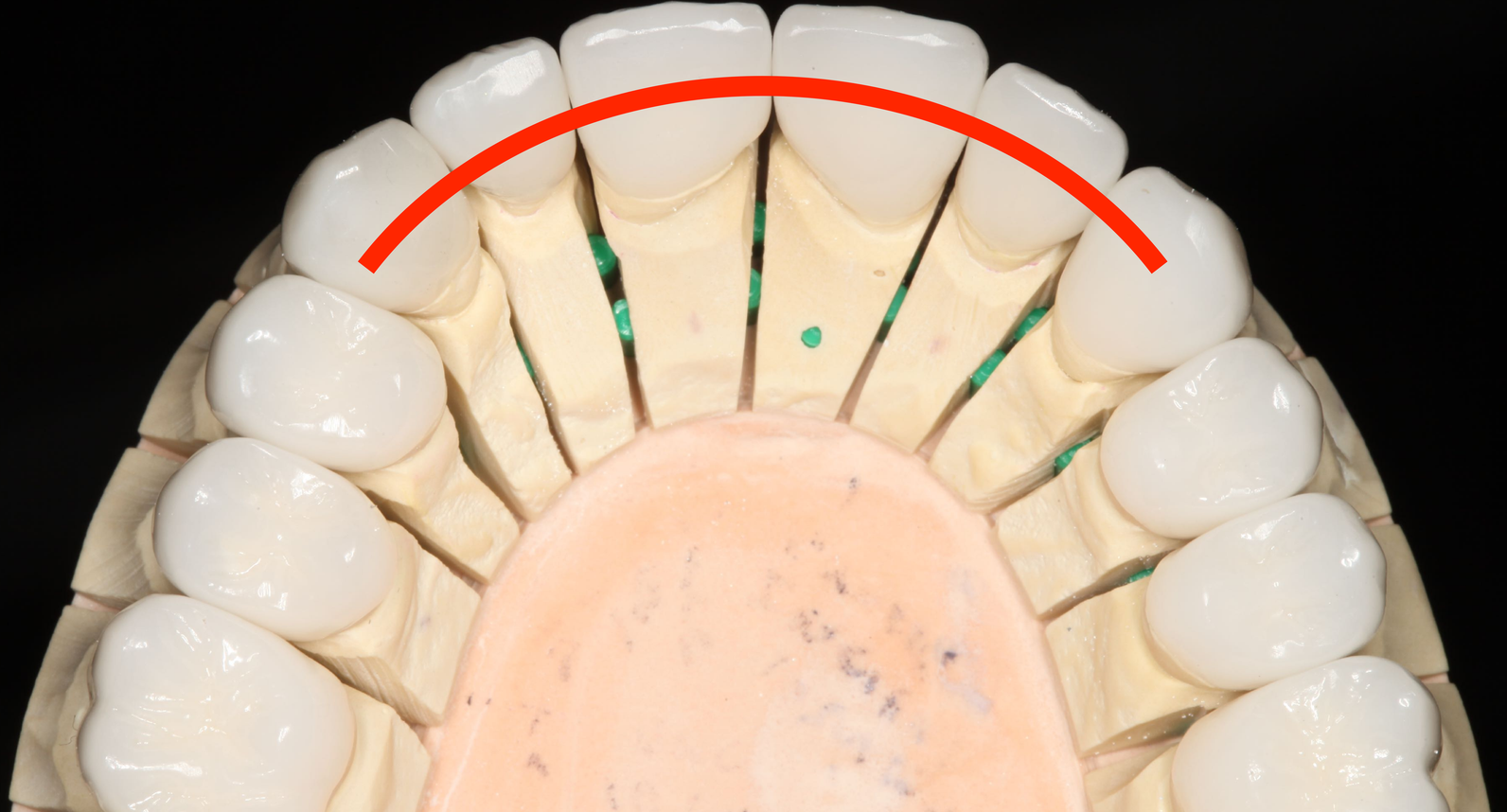
- #24 & 25 Linguals prepared to harmonize lingual contours



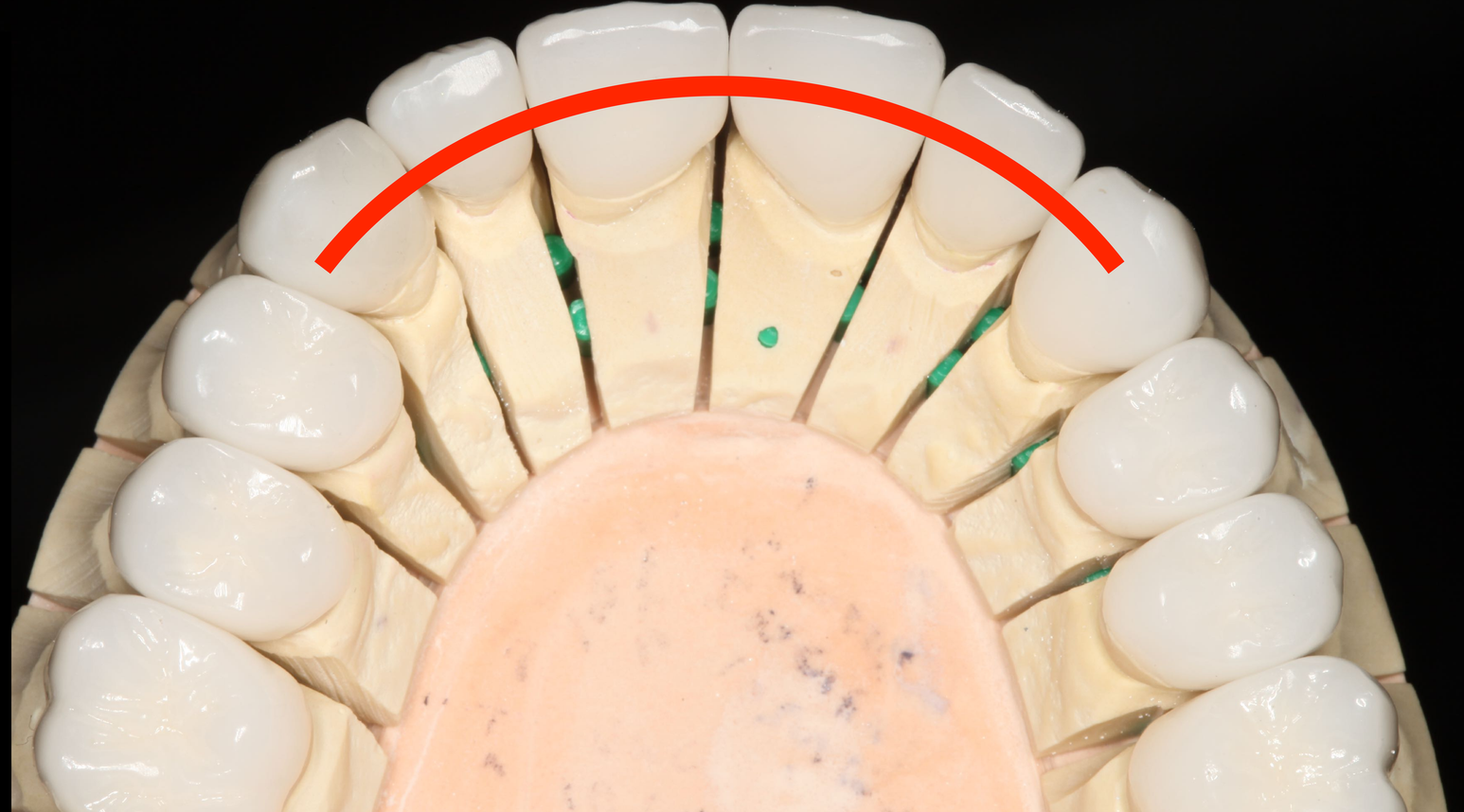
- Palatal prep to accommodate the lower incisal edges for phonetics and function



Proper Preparation Design Allow Restoration Contours



- That accommodate the lower incisal edges for function and phonetics



- Sharp incisal edges
- Harmonious lingual contours

- Sharp incisal edges
- Harmonious lingual contours

- Thin sheet of air for phonetics and concave palatal contours for function

Whistles

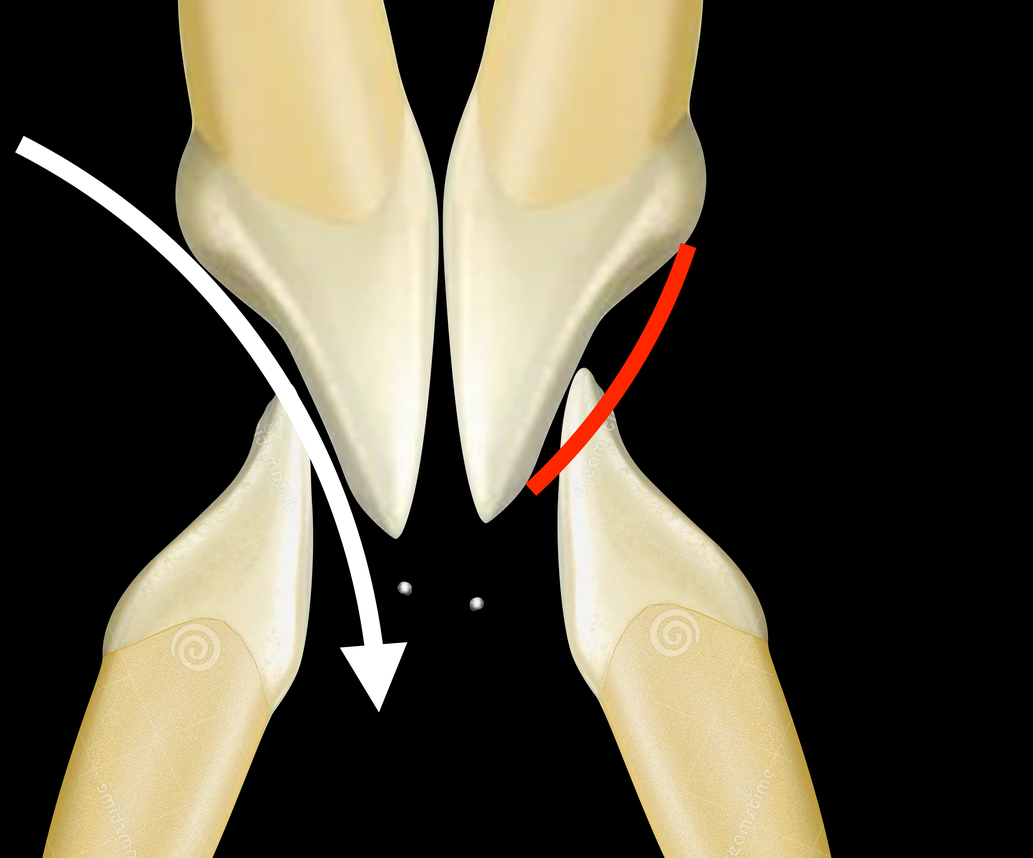
Assymetrical Spaces

- Assymetrical

Incisal Spaces

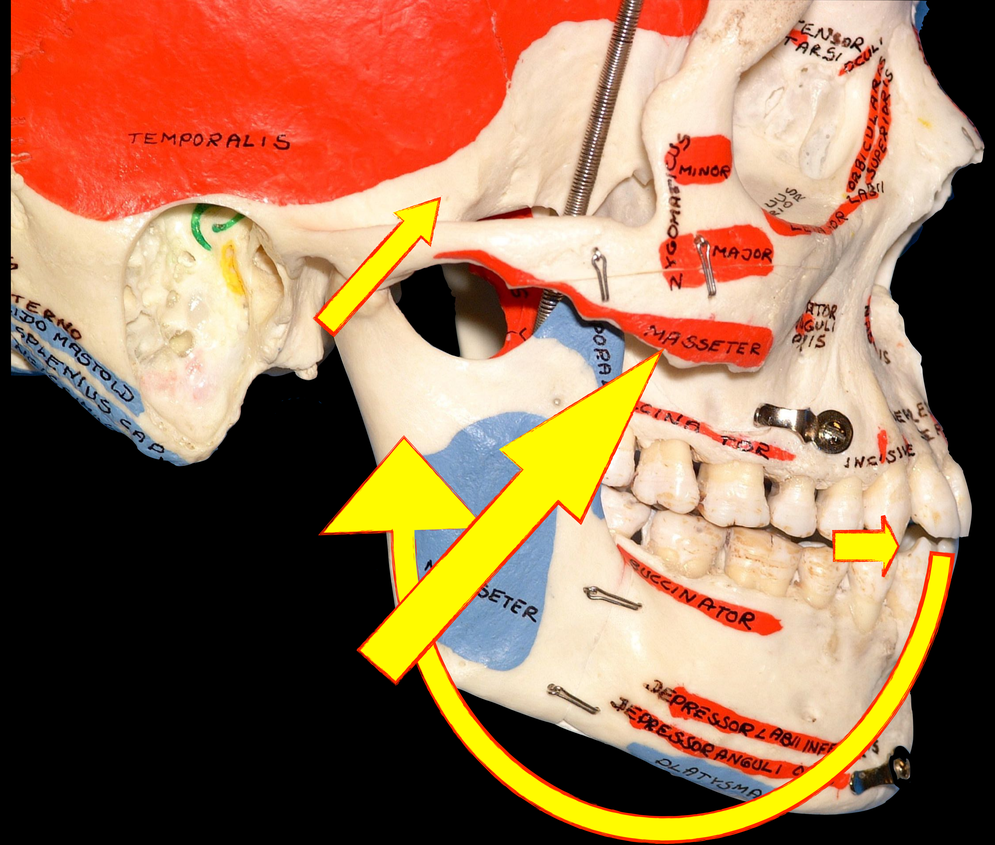
Cause Whistles

- Asymmetrical palatal spaces cause whistles



- All of this can be worked out on a semi-adjustable articulator without a facebow

- Provided the bite record was made in CR at the correct VDO and the case is mounted in the correct HPC



- The technician must have proper information

- About the requirements of the envelope of function

- And the envelope of phonetics

Technicians Or
Milling Machines
Without
Proper Information Are
Handicapped

- Vertical Dimension of Occlusion
- Bite Record in CR at VDO
- Horizontal Plane of the Case
- Occlusion that respects the supporting biology with the envelopes of function
- Phonetics
- Cosmetics

Cosmetics: What The Academy Is ALL About

It Was Jack Kammer's Goal
To Bring Quality
Information About Cosmetic
Dentistry To ALL Dentists

I Am Proud To
Have Played A Part
In Helping Him Do That

Thank You For Your Kind Attention!

- bill@strupp.com
- mike@strupp.com