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Metal framework try in , alter cast technique ,and occlusal registration for rpd

In this sheet I only write the extra notes that the doctor said, So please refer to the slide ☺ …

Slide 6 :

- Framework should fit master cast .if it does not, probably will not fit intraorally . Unless your impression was incorrect .

- framework should cause no abrasion on the cast . area of abrasion on the cast these will be area of binding intraorally and these are possible area that need adjustment.

Slide 9 :

Proper proportion – proper dimension : for example to use lingual bar we have to have 8 mm of space between the gingival margin and depth of sulcus because we need minimum 5 mm for rigidity purpose for the bar itself and 3 mm between the upper border of the bar and the gingival margin for proper hygiene .

Slide 13:

You have to be careful because excessive force and generation of heat might destroy the framework.

Slide 14:

After you check it extraorally on the master cast and you make sure that the framework is seated in the cast you try it intra orally .

Slide 15:

\* Aerosol sprays \* you spray it on the suspicious area then seat the framework then see where exactly we have to adjust

-(2D) you don’t know how much you need to remove

Slide 16:

\* disclosing wax \* you melt it --- apply it --- try to seat the denture then wait until it sets --- inspect the area of binding remove and repeat this until you make sure that there is no area of binding .

Wax is the easiest material to use .

Slide 21:

Place indicating medium and you align the framework place pressure over rest No pressure over distal extension \* saddles\* (because framework will move distally) then you wait until the material sets then you take it out and look for area of show through you have to relieve until you have no show through .

Slide 22:

Avoid heat generation ( could melt the acrylic ) \* lsa ma 3ana acrylic هاي النقطة خطأ.

Slide 23:

Complete seating with gliding sensation and no grating or snapping.

We don’t need force to seat the denture or remove it remember (imp principle of designing of the RPD use as minimal retentive component as possible) we want the denture to be seated and removed easily by the patient.

Slide 27:

After you finish the fitting surface and any component that prevent fully seating you do occlusal adjustment we don’t check the occlusion unless we sure that the frame work is fully seated if framework is not fully seated off course there will be high areas

- most of the cases we will not change the occlusal relationship we don’t change them unless we have indicating for change them

Slide 29:

Seats are common component to be adjusted

Don’t relieve clasp (we adjust it with pliers). they have certain dimension and certain taper

Slide32:

Corrects peripheral adaptation because we will do border molding before taking the impression.

Slide 34:

 Mostly for distal extension.

Slide 36:

Peripheries of the tray (2-3 mm short of vestibular) --Space for green stick

Slide 38:

Minimal amount of material because we don’t want to increase the height

Slide 40:

Material should be limited (under the base)

Slide 43:

Place retentive groove in cast for the new cast material to fit with the old cast .

Slide 44:

You get new cast where the distal extension is made by new fresh material and the fitting surface made under pressure note ( pressure not mean that we make pressure in distal extension ) pressure come because the tray is close fitting and the material that we use is causing some kind of pressure over the distal extension.

Slide 49:

 To prevent any deflecting contact of the teeth \*\* our main goal is the preserve the natural teeth rather than replace missing teeth while doing the partial denture .

Slide 53:

In complete denture vertical and horizontal relationship are lost and we have to establish the free way space we do measurement and make sure that we reduce the wax rim until we have FWS =4mm.

For dentate patient there is distant 4mm

Slide 55 :

 we have 3 type of patient

first type -stable occlusal contact are provided by the remaining natural teeth ( patient has vertical stops between teeth) in such case occlusal vertical dimension maintain we record the existing OVD and CO relation.

Second type- vertical dimension is lost and we need to reestablish FWS like what we do for CD patient

Slide 58:

Third type - very rare case patient has reduction in OVD we adjust OVD if we have symptom indicating the need for changing the vertical relation we need to alter the existing OVD

\*\*\* We will not deal with this type of patient

Slide 68:

CR should be recorded when there is no natural tooth stop

Slide 72:

The height of the wax occlusion rim are so adjusted intra-orally that 1mm of space exist between the opposing teeth and the rim (1mm for the occlusal registration material to be added )

Slide 74:

 3 widely separated point of contact 1 anterior and 2 posterior on each side

Slide 82:

Its more important to use face bow in partially edentulous patient than CD pt because you want to avoid deflected contact in the remaining teeth

Slide86: we use semi adjustable articulator

 we place wax in the fork

 Prepare tooth indentation

Locate arbitrary hinge axis

--There is different type of face bow some type put in arbitrary point other in ear there is anterior reference point screw do them in certain sequence and transfers this relation ship to the articulator

Mount the upper arch

Then according to the inter occlusal record that you did already

You mount the lower cast on the articulator and then do the sitting .