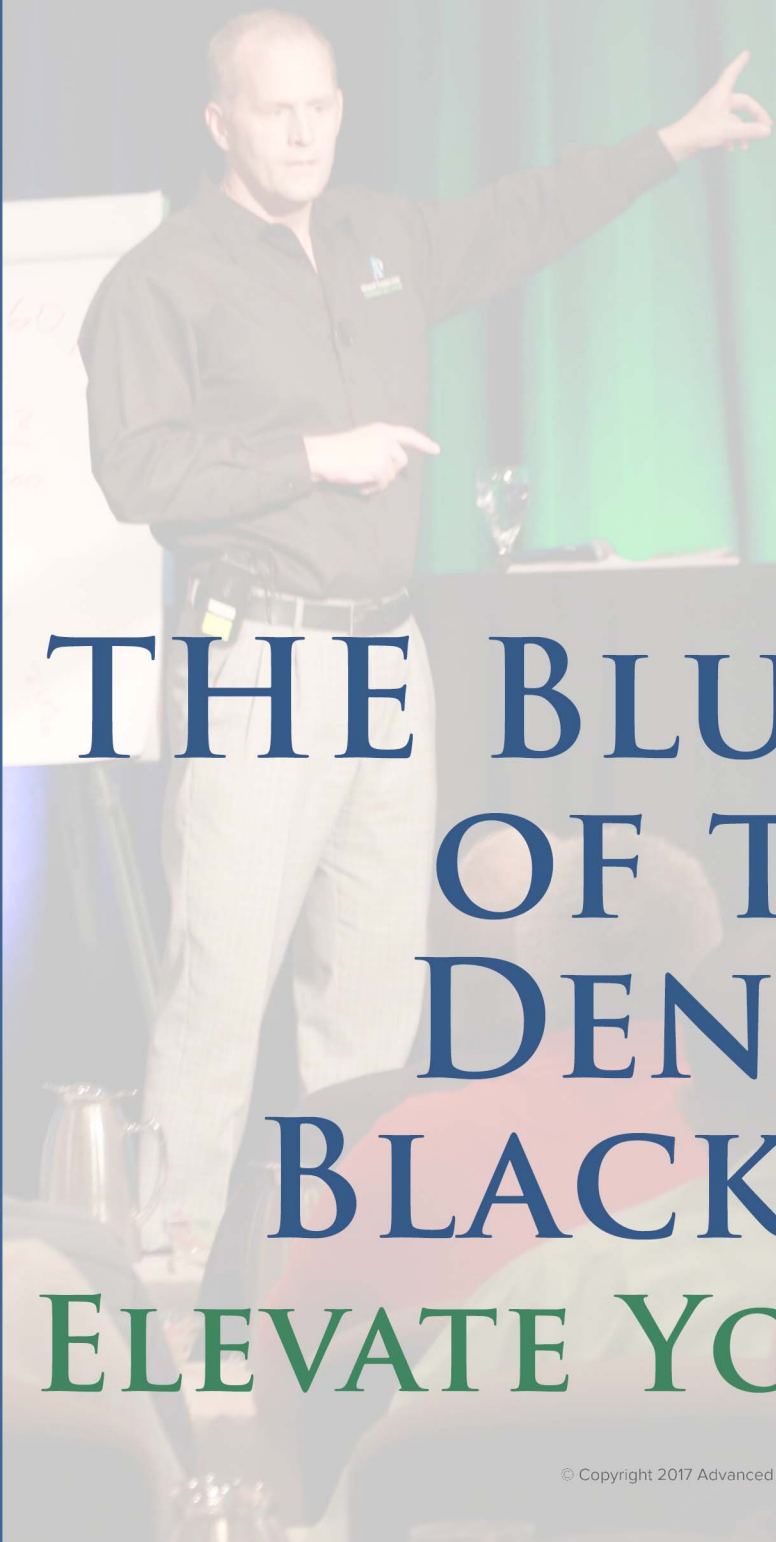




Advanced Prosthetics Institute
CENTER FOR EDUCATION OF COMPLEX DENTAL ISSUES



THE BLUEPRINT OF THE DENTAL BLACKBELT: ELEVATE YOUR GAME



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“THE” Blue Print of the Dental Blackbelt Elevate Your Game

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ATTRACT NEW PATIENTS FROM NEW UNTAPPED RESOURCES AND MARKETS!

INCREASE YOUR IMPLANT, CROWN AND BRIDGE, SURGICAL AND RECONSTRUCTIVE
TREATMENT OPPORTUNITIES!

MAKE HUGE FINANCIAL IMPACTS TO YOUR PRACTICE GENERATING NEW REVENUE ON
TREATMENT NEEDS ALREADY EXISTING IN YOUR PRACTICE!

DIFFERENTIATE YOURSELF, FOR YOURSELF, FOR YOUR STAFF, FOR YOUR PATIENTS AND
FOR THE COMMUNITY BY PROVIDING MUCH NEEDED CARE THAT NO ONE ELSE
UNDERSTANDS OR IS PROVIDING!

THE MYSTERY IS OVER, UNDERSTAND OCCLUSION AND TMJD LIKE NEVER BEFORE AND
LET IT BE A TOOL TO BUILD YOUR IMPLANT PRACTICE. WHO WOULD HAVE THOUGHT!!

Important: You owe it to yourself and your patients to read this document in its entirety. Do not miss this important information that will help lead you to build a more comprehensive practice, while building care for your patients. It is time to recognize what you are leaving on the table that could help your patients avoid dental problems all together and elevate your practice to new clinical and financial success by differentiating yourself from all other competition, through one simple practice care philosophy and program.



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“The Treatment of Biofunctional Disorders”

Definition: Biofunctional Disorders (Syndrome)

The cumulative effect of negative oral biomechanical forces coupled with medical systemic issues of acidity and inflammation resulting in: dental demise, terminal dentition, induction of bruxism, occlusal trauma, symptoms of TMJD, chronic facial pain, and chronic headaches.

This “Blueprint of the Dental Blackbelt” is designed to help you to begin: seeing what you were taught to see in your dental education, but aren’t; seeing what you are looking at in your patient’s mouths every day, but are ignoring; to capture lost income that is walking out your door every day, but shouldn’t be because your patients deserve the comprehensive care you will be able to provide when you become empowered with this Practice Mindset.

“99% of **ALL** Dental Issues are caused by **Biomechanical Forces, Force Distribution Issues, Acid and Inflammation**. Our entire focus should be to Prevent, Intervene and Treat These Issues and to Replace Missing Teeth.”

-Jason C. Campbell, D.D.S.

What are the steps you can take to help your patients prevent 99% of these issues?

➤ **Setting Your Focus:**

In the busy, multitasking environment of every day practice, it is easy to forget exactly what it is that we do as dentists. Simply put:

1. We prevent **tooth damage**
2. We prevent **tooth loss**
3. It is our job to: **Prevent** issues before they begin, **Intervene** when a potential problem is in progress and **Treat** and **Correct** dental problems that have already occurred.

➤ **Be Systematic and Firm in Your Philosophy:**

We are trained to:

1. Recognize oral health problems
2. Investigate contributing causes
3. Recommend Treatment for resolve or cure.
4. Communicate with Patients in clear manner



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- a. Cause and effect
- b. Benefits and Risks
- c. Options for correction
- d. Financial responsibility

➤ **AVOID A “MECHANIC MINDSET”:**

1. ***Become a diagnostician first***
2. Triage - evaluate all circumstances to determine an appropriate care approach
3. Establish and Prioritize a “Differential Diagnosis Checklist”
4. Consider **all** contributing possibilities and obtain an “Official Diagnosis” by process of elimination. Do not jump to premature conclusions.
5. Offer recommendations for care **only after** a clear path to treatment can be established
6. *Don't let the pressures of business and financial gain come between you, your patient and proper care. A Patient centered focus will be very lucrative when done correctly, especially with a “Biofunctional” approach to patient care.*
7. **Avoid the habit of jumping to conclusions and ignoring underlying causes** because of obvious issues that need to be fixed.

For example:

- a. Recognizing dental abfractions
- b. Recommending Class V gumline fillings
- c. Ignoring the bio mechanical flexure forces and malocclusions that created the problem in the first place (Ugh!).

NOTE: It is time to stop blaming the toothbrush for abfraction
The Initial cause of abfraction is not tooth brush abrasion!!!

➤ **UNDERSTANDING YOUR TOOL BAG:**

Know what you have your tools for, why you have them, and how and when to use them.

1. Our job is to help patients **avoid tooth loss and tooth damage**.
 - a. **Traditional** Dental models focus on **3 major** contributors to dental problems:
 - (1) Prevention and Correction of Tooth Decay
 - (2) Prevention and Correction of Periodontal Issues.
 - (3) Replacement of Missing Teeth

Note: Dental issues caused by tooth decay and gum disease only account for 50% of contributors to tooth damage and tooth loss. If we only focus on those three items we are leaving our patients subject to potentially bigger more painful, more costly problems.



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- b. GET A CLEAR VISION OF THE BIGGER PICTURE - BECOME A CLINICAL BLACKBELT - TREAT THE OTHER 50%.

The AhHa experience: Recognizing there are **5 major** contributors to tooth loss and tooth damage, not 3!

- (1) Tooth Decay
- (2) Gum Disease
- (3) **Deleterious Biomechanical Forces & Force Dynamics**
- (4) **Medical Conditions affecting Oral Health (Digestive and Systemic Acidity and Inflammatory Disease)**
- (5) Replacement of Missing Teeth

- 2. We must ask and obtain answers to these questions if we truly want to help our patients avoid 99% of all dental problems!!

- a. When we see dental abfraction, enamel crazing, wear facets, broken teeth, broken restorations and fractured porcelain, what is causing it?
- b. Of course, as dentists we can fix the problem of the evident damage but can we help people avoid it all together?
- c. What really causes bruxism? Emotional stress is only a small contributor to this problem. What is the major contributor to its cause?
- d. Is there an underlying connection or cause to people suffering with TMJD, headaches, chronic facial pain and have also had orthodontic treatment?
- e. How do we explain high decay rates in people who swear they brush thoroughly, floss regularly, do not suffer dry mouth, have low sugar and acid diets and keep regular dental visits, yet continue to have extremely high caries incidence rates?
- f. Why do people who suffer from TMJD, chronic headaches and chronic facial pain also commonly suffer with heartburn, acid reflux, GERD, chronic fatigue and absorption deficiencies of essential vitamins and minerals?
- g. If Orthodontics is supposed to help cure jaw pain and malocclusion then why is there such an increased incidence of bruxism, jaw pain, headaches, facial pain and mechanical tooth wear and trauma in post orthodontic patients?
- h. Why, as dentists, are we allowing patients with the above mentioned conditions, get to a state of dental demise and terminal dentition before we are willing to tell them they have a complex issue that requires immediate intervention if they want to avoid extreme dental care needed?



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Each of these patients has undergone years of consistent, routine dental care, yet have never received an explanation of why their teeth are in this condition, nor have they received any intervention care to prevent it from worsening.

If Dentistry is ever going to make an impact on truly helping people to avoid dental problems rather than just allopathically fixing the problems as they arise, practitioners are going to have to recognize and implement comprehensive care strategies to recognize all causative factors promoting oral issues and begin treating the whole patient not just their teeth and gums.

Where is our understanding as dentists falling short?

1. Oral Biomechanics, Jaw Dynamics, and Force Distribution Problems
2. Oral & Systemic Acidity and Inflammatory Issues



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“THE” BLUEPRINT TO BECOMING A CLINICAL DENTAL BLACKBELT

- NEARLY ALL DENTAL ISSUES RESULTING IN TOOTH LOSS OR TOOTH DAMAGE ARE THE RESULT OF:
 1. Deleterious biomechanical forces and poor force distribution.
 2. Oral and systemic acidity
 3. Oral and systemic inflammatory illness
- THE **5 PRIME TARGETS OF PREVENTION AND INTERVENTION** WE MUST BE WILLING TO RECOGNIZE AND TREAT IN EVERY PATIENT:
 1. Tooth Decay
 2. Gum Disease
 3. Biomechanical forces, force distribution issues and Parafunctional habits
 4. Oral and systemic acid and inflammation issues.
 5. Replacement of missing teeth and re-establishment of even force distribution and jaw support.
- RECOGNITION OF CAUSE AND EFFECT:
 1. Acid/Inflammation
 - a. Acid is the only cause of tooth decay
 - (1) Sources of Acid:
 - (a) Oral bacteria
 - (i) Convert sugars to acid
 - (b) Acidic beverages and food
 - (c) Digestive acid and inflammatory sources
 - (i) Clinical manifestations
 1. Heartburn, Acid Reflux, GERD
 2. IBS
 3. Colitis
 4. Celiac disease
 5. Autoimmune Illnesses
 6. Food Intolerance
 7. Food allergies
 - (ii) Digestive and systemic acid issues are often unaddressed in clinical dental evaluations and treatments. It is the most severe acid contributing source.
 - b. Acid dissolves mineral from enamel dentin and cementum creating dental caries.



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2. Acid plays a role in inducing pain associated in TMJD, chronic facial pain and chronic headaches.
 - a. Lactic acid build up in facial muscles from Parafunction (Bruxism), biomechanical disturbances in the neuromuscular feedback loop and envelope of function, and force distribution issues, results in tissue damage, depletion of needed resources of glycogen, calcium and potassium resulting in muscle injury, fatigue, soreness and cramping. It also induces inflammation, facial pain and acid/inflammation induced tension headaches.
 - b. Acid build up in musculature due to systemic and digestive acid conditions induce tissue damage and inflammation and adds to the damage being caused by parafunction and biomechanical issues.
 - c. Individuals suffering with biomechanically induced acid and systemic and digestive induced acid issues become a very challenging dental patient. Clinical manifestations:
 - (1) Exaggerated high caries index
 - (2) Generalized acid erosion and softening of the teeth
 - (3) Bruxism
 - (4) Generalized severe wear patterns, faceting, abfraction, and enamel crazing
 - (5) Non-perio induced recession of gums and bone (Buccal and Lingual recession)
 - (6) Tooth and Dental Restoration fracture and failure
 - (7) Tooth Loss and edentulism
 - (8) Joint wear
 - (9) TMJD symptoms
 - (10) Chronic facial pain
 - (11) Chronic headaches
 - (12) Supplemental deficiencies (Vit. D, K, B6, B12 ,etc.)
 - (13) Chronic Fatigue
 - (14) General malaise
 - (15) Joint and muscle achiness
 - (16) Reduced Gall Bladder Function
 - (17) Reduced liver function
 - (18) Dietary induced Acid Reflux and Heartburn
 - (19) Increased risk of arterial inflammation and cardiovascular disease
 - (20) Increased risk for pancreatitis and pancreatic cancer
 - (21) Increased risk for type II diabetes
3. Inflammation
 - a. Inflammation is THE cause of gingivitis, periodontal bone loss and peri-implant disease.



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- b. Inflammation increases tissue damage and creates pain and injury to all tissues. (muscular induced TMJD, chronic facial pain and headaches.)
- c. Increases risks of cardiovascular disease by creating damage and injury to arteriole walls.
- d. Induces pancreatic injury increasing risk for the development of Type II Diabetes.
- e. Increases chronic fatigue, malaise, joint and muscular pain.
- 4. Biomechanics and Force Distribution Issues
 - a. Poor interaction of Muscles, Jaws and Teeth results in wear, tear, injury and pain.
 - b. Jaw Force - human jaw muscles generate up to **200 square foot pounds** of force.
 - (1) Jaw force must be evenly distributed to avoid joint, muscle and tooth damage
 - (2) Force absorption and distribution
 - (i) Jaw joints and articulating disks absorb force energy
 - (ii) Teeth dispel force energy - in a perfect occlusal environment in which centric relation is established each tooth should dispel 7 1/8 square foot pounds of force energy.
 - c. Side effects of poor biomechanics and force distribution
 - (1) Tooth/Joint Damage
 - (i) High flexural energy
 - (a) Malocclusions result in flexural stress on teeth causing abfraction, enamel crazing, weakening and fracture. Forces should be directed into the long axis of teeth. ([Download our Free Guidelines Document on Occlusal Correction and Principles of Equilibration.](http://www.advancedprostheticsinstitute.com) www.advancedprostheticsinstitute.com special offers!)
 - (ii) Frictional wear of joints and teeth
 - (a) Bite interference due to tooth deflections and malocclusions result in compensation of joints during function. When the joint is loaded and it is not seated within its optimal position within the glenoid fossa frictional tooth wear, condylar disk wear, joint wear and crepitus develop.
 - (2) Disruptions of the neuromuscular feedback loop
 - (i) Jaw function and Patterned movement is determined by tooth, tooth interactions
 - (a) Force on teeth stimulates pressure sensors within periodontal ligament nerve systems. Tooth to



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Tooth signals are sent to the brain which sends signal to muscles which direct jaw function creating muscle patterns for chewing and speaking Called the “envelope of function”. The patterns created are designed to protect teeth, joints and muscles.

- (b) If forces are not evenly distributed, (i.e., a tooth or a few teeth are carrying 25-40% of force load) that tooth will send an exaggerated signal to the brain indicating it is in a traumatic relationship and that evasive measures should be taken to avoid trauma to the tooth/teeth. The brain will respond by altering muscular patterns and envelope of function or will induce clenching, to move teeth with orthodontic pressure, or induce grinding to flatten the interference and reduce the force on that tooth and the signal to the brain.
- (c) Important Point: disruptions in normal signaling within the neuromuscular feedback loop result in parafunctional habits of clenching and grinding.
- (3) Alterations to the envelope of function
 - (i) Tooth to tooth interferences, arch to arch misalignments, bite to joint interferences and disruptions in the neuromuscular feedback loop will all create alterations to normal muscular patterns in the envelope of function
 - (ii) Alterations and functional compensations to the natural envelope of function result in:
 - (a) Altered postural and rest positions of jaw muscles
 - (b) Create an environment where muscles must maintain altered positions creating increase of muscle activity, loss of efficient muscular function, depletion of muscle resources (glycogen, calcium, potassium) muscular inflammation, fatigue and injury.

➤ CORRECTLY IDENTIFYING YOUR PATIENT

1) The “Pure Biomechanic” Patient

- a) Clinical signs
 - i) Occlusal wear and facets
 - ii) Gum line abfractions
 - iii) Enamel crazing
 - iv) Non Perio, force induced crestal bone loss and gingival recession



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- v) Common tooth, porcelain, and restoration fractures due to flexure
- vi) Temporomandibular joint wear and disc trauma
- vii) Classic TMJD symptoms

2) The “Acid Inflammation” Patient

- a) Clinical signs
 - i) Enamel and dentinal erosions, pitting and thinning
 - ii) High caries index despite good hygiene, and low sugar and acid diets

3) The True “Biofunctional Disorder” Patient

The Patient with *combined* Biomechanic Issues, acidity and inflammatory contributors.

- a) Clinical signs:
 - i) Exaggerated wear, abfraction, acidic softening of teeth, erosions and cupping, thinned or lost enamel coverings, diminished VDO, loss of interocclusal arch space, collapsed arch of closure, TMJD, headaches and facial pain, tooth fracture, premature restoration failure and fracture.
 - ii) In state of **dental demise** requiring extensive rehabilitation and surgical corrections and tooth replacement
 - iii) May be in a state of **terminal dentition** requiring surgical reconstruction with prosthetics and implants.

➤ BECOMING AN INTERVENTIONAL DENTIST

Currently most dental clinical models tout prevention as a priority but spend the vast majority of clinical time performing reactive diagnosis and care. Most care models are production driven verses prevention driven.

A philosophy based in “Biofunction” introduces a powerful new care priority that replaces reactive care as the driving business principle and revenue generator. “**Interventional Dentistry**” coupled with **Preventive care** in which intentional efforts are made to keep individuals out of the dental chair become a powerful internal, eternal and internet marketing tool to attract patients with extensive reactive care needs due to disease and acid induced dental demise and terminal dentition. It produces new avenues for referral resources from the medical community, supporting healthcare industry, as well and an underserved patient base in the dental community.

A “Biofunctional Philosophy” attracts patient referrals from other health care providers who also are performing treatment for patients suffering with TMJD, chronic facial pain, headaches, digestive disorders of acidity and oral systemic issues of acidity and inflammation. *For Example: Gastroenterologists, Ear Nose and Throat Specialists, Nutritionists, Chiropractors, Oncologists (chemo and radiation induced dry mouth), Pain Management Doctors, Neurologists, Drug Rehab facilities and counselors, Interventional Medicine Physicians (drug induced dry mouth = increased oral acidity), General Medical Practitioners, Dentists untrained or disinterested in treating TMJD, facial pain, headaches, rehabilitations and reconstructions, and many others.*



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This focus opens many doors and avenues to new clients while increasing clinical skill and satisfaction of helping people desperately needing your new skill set.

➤ THE PRACTICE TRANSITION AND IMPROVED PRACTICE PHILOSOPHY

Interventional Dentistry: a clinical dental practice approach in which emphasis is placed on getting to the source of all contributors to tooth damage and tooth loss. It employs all traditional preventive care principles but acts to intervene rather than ignore major contributors to tooth damage and tooth loss. For example: deleterious biomechanical forces, issues associated with systemic and oral acids and systemic and oral inflammation. Focus is to attract big surgical prosthetic cases and comprehensive treatment cases to reverse and neutralize dental problems while championing patient health by helping them to treat current needs and avoid future problems.



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At the Advanced Prosthetics Institute our courses aim to provide the understanding, treatment protocols and tools to prepare any dentist to successfully incorporate the principles of “Biofunction” into their practice and with their patient care.

THE API COURSE SERIES “DEMYSTIFYING COMPLEX CARE” OFFERS:

- ✓ Training on treating occlusal disorders, TMJD, headaches and facial pain
- ✓ Introduction to valuable technologies: T Scan analysis for digital force distribution bite analysis
- ✓ Training on Principles of:
 - Subtractive Dentistry in Equilibration and Occlusal Correction
 - Centric Relation, Neuromuscular Feedback and Envelope of Function
 - Additive Occlusal Correction and Reconstructions
 - Establishing anterior guidance, canine rise
 - Disclusion Time Reduction (DTR)
 - Elimination of posterior interference in guidance patterns
 - Muscular functional efficiency, coordination, and timing
 - Proper establishment of Vertical Dimension and on the importance of VDO
 - Importance of envelope of function, derived speech patterns and functionality
 - Acute and chronic pain splint therapy
- ✓ Training on Surgical Principles of tooth replacement and implants
- ✓ Training and protocols on oral acid neutralization
- ✓ Training and protocols on systemic acid alkalization
- ✓ Marketing tools and resources to establish referral resources and attraction of target patient markets
- ✓ Practice management tools and protocols
- ✓ Practice systems, tools and communication resources for interdisciplinary care with medical and dental care providers (non- compete relationships)



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The Advanced Prosthetics Institute - Clinical Course Series “Demystifying Complex Care” Course Offering:

1. A System Based Care Approach for the Treatment of Biofunctional Disorders and Complex Dento-Medical Issues
2. A Biofunctional Approach to Surgical Implant Placement and Restoration

API Course Series Objective:

To Provide Dental Practitioners with actionable **Clinical, Business and Marketing tools** to successfully improve practice success by incorporating the treatment of complex care patients using principles of Prevention, Intervention, Rehabilitation, and Reconstruction.

DON'T HESITATE! SPACE IS LIMITED AND YOU ARE ONLY 1 TRAINING WEEKEND AWAY FROM CHANGING LIVES: YOURS AND YOUR PATIENTS!

CHECK COURSE DATES, DETAILS & TO REGISTER TODAY ONLINE:

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