

Faculty Calibration

Fixed Prosthodontics

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UofM SOD BMS & P –
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PFM Crown Preparation Criteria / Posterior teeth

| Rating | Margin placement | Finish, margins and walls | Taper (draw) | Axial reduction | Occlusion of typodont | Occlusal reduction |
|----------|--|---|--|---|--|---|
| R | <ul style="list-style-type: none"> Even with or 0.5 mm occlusal to FGM or CEJ | <ul style="list-style-type: none"> Margins and walls are smooth Margins are continuous, well defined | <ul style="list-style-type: none"> Taper fully visible (8° with line of draw) Line of draw in long axis of tooth | <ul style="list-style-type: none"> Sufficient tissue removal for convenience, retention resistance form Rounded line and point angles Smooth curves | <ul style="list-style-type: none"> No more than 4 teeth (2 pair) w/o occlusal contacts in hinge position No interferences in protrusive or lateral excursions | <ul style="list-style-type: none"> 2.0 mm Maintain general occlusal anatomy with identifiable triangular ridges and grooves |
| S | <ul style="list-style-type: none"> Moderately overextended, not more than 0.5 mm below the FGM or CEJ Moderately underextended, not more than 1 mm above the FGM or CEJ | <ul style="list-style-type: none"> Moderate roughness of margins and walls Margins are moderately non-continuous, moderate lack of definition | <ul style="list-style-type: none"> Taper present, but near parallel Overtapered ($>8^{\circ} <16^{\circ}$) Moderate variance in line of draw from long axis of tooth | <ul style="list-style-type: none"> Moderate over or under removal of tooth tissue Moderate lack of rounded line or point angles Minor damage to adjacent teeth / tissue | <ul style="list-style-type: none"> No more than 6 teeth (3 pair) w/o occlusal contacts in hinge position No interferences in lateral or protrusive excursions | <ul style="list-style-type: none"> >2.5 mm or <1.5 mm Moderate lack of general occlusal anatomy and identifiable triangular ridges and grooves |
| T | <ul style="list-style-type: none"> Significantly overextended, not more than 1.0 mm below the FGM or CEJ Significantly underextended, not more than 1.5 above the FGM or CEJ | <ul style="list-style-type: none"> Significant roughness of margins and walls Margins are non-continuous, Significant lack of definition | <ul style="list-style-type: none"> Undercuts visually present Overtapered ($>16^{\circ} <20^{\circ}$) Significant variance in line of draw from long axis of tooth | <ul style="list-style-type: none"> Significant over or under reduction Significant lack of rounded line or point angles Significant damage to adjacent teeth / tissue | <ul style="list-style-type: none"> No more than 8 teeth (4 pair) w/o occlusal contacts in hinge position No interferences in lateral or protrusive excursions | <ul style="list-style-type: none"> >3.0 mm <1.0 mm Significant lack of general occlusal anatomy and identifiable triangular ridges and grooves |
| V | <ul style="list-style-type: none"> Severely overextended, more than 1.0 mm below the FGM or CEJ Severely underextended, more than 1.5 above the FGM or CEJ | <ul style="list-style-type: none"> Severe roughness of margins and walls Unsupported enamel / J-margin Sever lack of definition | <ul style="list-style-type: none"> Severe undercuts present Severe overtapered on any axial surface ($>20^{\circ}$) Severe variance in line of draw from long axis of tooth | <ul style="list-style-type: none"> Severe over or under reduction Severe lack of rounded line or point angles Major damage to adjacent teeth / tissue | <ul style="list-style-type: none"> 9 or more teeth (>4 pair) w/o occlusal contacts in hinge position Lack of bilateral protrusive contact on multiple anterior teeth Working, balancing or protrusive interferences in excursions | <ul style="list-style-type: none"> >3.5 mm <0.5 mm (Blue perio-probe does not fit) |

| | | | |
|-------------|-----------|-----------|-------------------|
| All R's =A+ | 3 S's =B+ | 6 S's =C+ | 3 or more T's = F |
| 1 S =A | 4 S's =B | 1 T =C | 1 or more V's = F |
| 2 S's =A- | 5 S's =B- | 2 T's =C- | |

Example of
grading criteria
used in
621/631/629
courses

Grading criteria used in VICs Test cases

A. Tooth/Teeth preparation -Single or multiple crowns

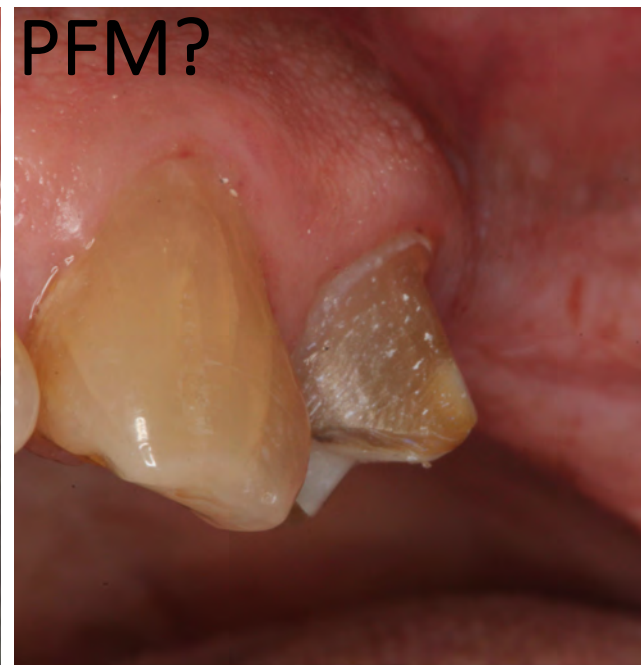
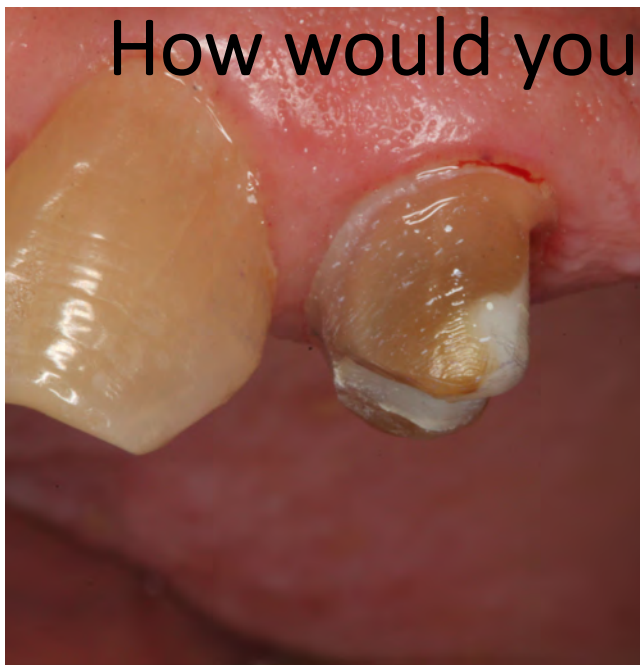
| Criteria | R | S | T | V |
|---------------------------|--|--|---|--|
| Margins | Smooth and continuous | Moderate roughness and irregular | Significant roughness and irregular | Severe roughness and irregular |
| Taper | Fully visible (8° with line of draw) | Present but near parallel | Over-tapered or undercuts visually present | Severe over-taper or severe undercuts |
| Axial reduction | Adequate reduction for restorative material selected | Moderate over- or under- reduction for restorative material selected | Significant over- or under- reduction for restorative material selected | Severe over- or under- reduction for restorative material selected |
| Occlusal reduction | Adequate reduction for restorative material selected | Moderate over- or under- reduction for restorative material selected | Significant over- or under- reduction for restorative material selected | Severe over- or under- reduction for restorative material selected |
| Tissue management | Consistent with preparation design | Moderate trauma consistent with preparation design | Significant trauma inconsistent with preparation design; damage to adjacent tooth | Severe trauma inconsistent with preparation design; damage to adjacent tooth requiring restoration |

Grading criteria for Crown preparation



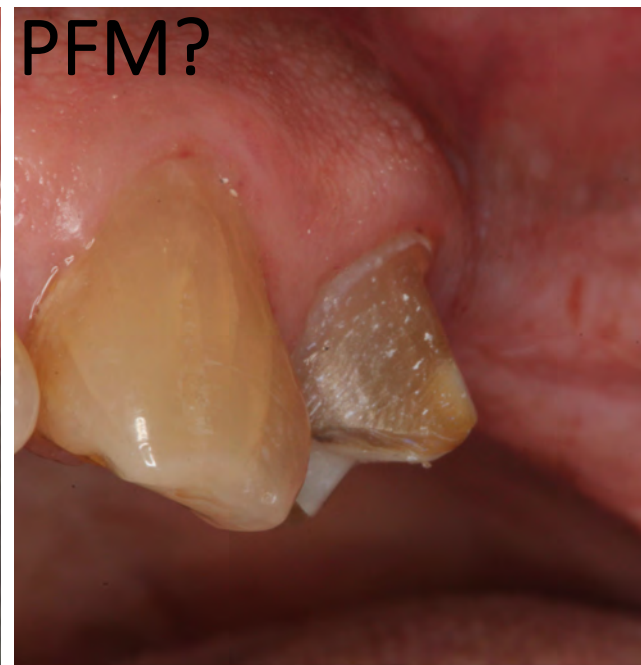
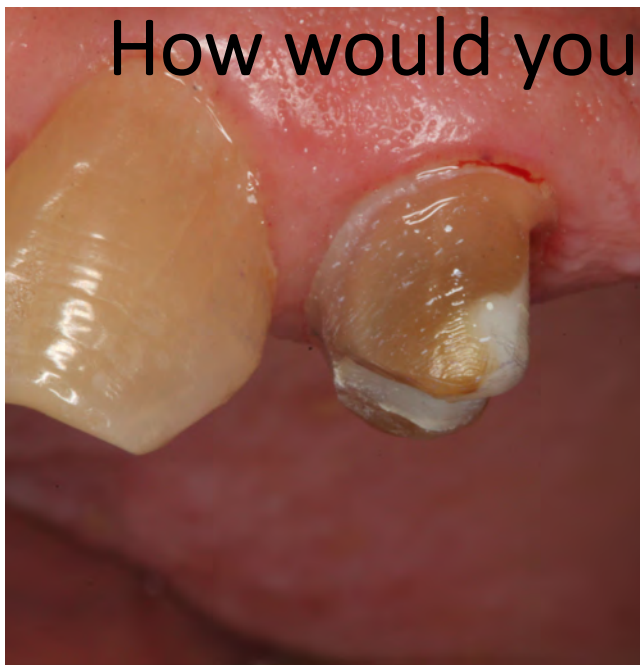
| | R - 20 | S - 14 | T - 12 | V - Automatic failure |
|---------------------------|--|---|---|--|
| Margins | Smooth and continuous | Moderate roughness and irregular | Significant roughness and irregular | Severe roughness and irregular |
| Taper | Fully visible (8°with line of draw) | Present but near parallel | Over-tapered or undercuts visually present | Severe over-taper or severe undercuts |
| Axial reduction | Adequate reduction for restorative material selected | Moderate over- or under-reduction for restorative material selected | Significant over- or under-reduction for restorative material selected | Severe over- or under-reduction for restorative material selected |
| Occlusal reduction | Adequate reduction for restorative material selected | Moderate over- or under-reduction for restorative material selected | Significant over- or under-reduction for restorative material selected | Severe over- or under-reduction for restorative material selected |
| Tissue management | Consistent with preparation design | Moderate trauma consistent with preparation design | Significant trauma inconsistent with preparation design/ damage to adjacent tooth | Severe trauma inconsistent with preparation design/ damage to adjacent tooth requiring restoration |

How would you grade this prep for PFM?



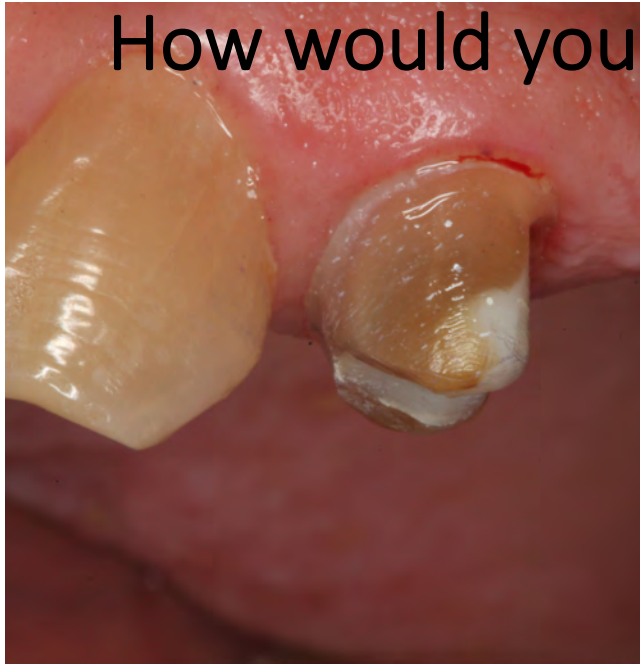
| | R - A | S - B | T - C | V - D - Automatic failure |
|----------------|-----------------------|----------------------------------|-------------------------------------|----------------------------------|
| Margins | Smooth and continuous | Moderate roughness and irregular | Significant roughness and irregular | Severe roughness and irregular |

How would you grade this prep for PFM?



| | R - A | S - B | T - C | V - D - Automatic failure |
|--------------|-------------------------------------|---------------------------|--|---------------------------------------|
| Taper | Fully visible (8°with line of draw) | Present but near parallel | Over-tapered or undercuts visually present | Severe over-taper or severe undercuts |

How would you grade this prep for PFM?



| | R - A | S - B | T - C | V - D - Automatic failure |
|------------------------|--|---|--|---|
| Axial reduction | Adequate reduction for restorative material selected | Moderate over- or under-reduction for restorative material selected | Significant over- or under-reduction for restorative material selected | Severe over- or under-reduction for restorative material selected |

Criteria to grade Temporary crowns



| | R - A | S - B | T - C | V - D - Automatic failure |
|---------------------------------------|--|--|--|--|
| Margins | Properly extended and closed | Moderate excesses or deficiencies - acceptable | Significant excesses or deficiencies - repair needed | Severe excesses or deficiencies - new provisional needed |
| Facial-lingual contours | Appropriate and harmonious with adjacent teeth | Moderately over- or under-contour | Significant over- or under-contour | Severe over- or under-contour |
| Interproximal contacts | Appropriate and harmonious with adjacent teeth and detectable with floss | n/a | Contact present; unable to floss | Open contact |
| Occlusion | Proper contact with opposing dentition | n/a | Infra occlusion | Hyper occlusion |
| Anatomy | Clearly defined for the tooth | Moderate lacking of identifiable anatomy | Significant lacking of identifiable anatomy | Severe lacking of identifiable anatomy |
| Surface and finish | Uniformly smooth, no voids, and polished | Moderate roughness and voids | Significant roughness and voids | Severe roughness, voids, and perforation |
| Cementation and cement removal | Properly seated and clean | Seated but moderate excess cement | Seated but significant excess cement | Not seated and excess cement |

How would you grade this Temporary?



| | R - A | S - B | T - C | V - D - Automatic failure |
|----------------|------------------------------|--|--|--|
| Margins | Properly extended and closed | Moderate excesses or deficiencies - acceptable | Significant excesses or deficiencies - repair needed | Severe excesses or deficiencies - new provisional needed |

How would you grade this Temporary?



| | R - A | S - B | T - C | V - D - Automatic failure |
|----------------|-------------------------------|--|---|--|
| Anatomy | Clearly defined for the tooth | Moderate lacking of identifiable anatomy | Significant lacking of identifiable anatomy | Severe lacking of identifiable anatomy |

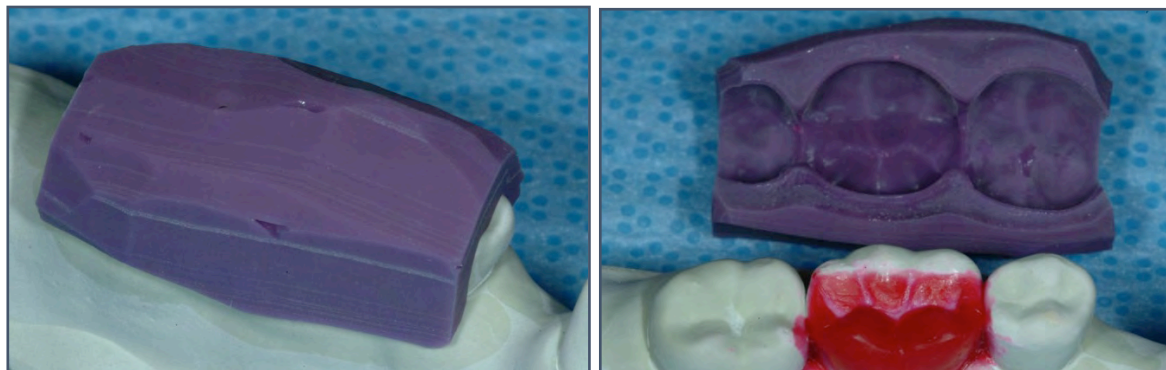
Regarding making temporary crowns

- Should we **also** teach temporary fabrication using putty PVS on the stone cast (with or without waxup)?



A) Yes

B) No



How would you grade this Temporary?



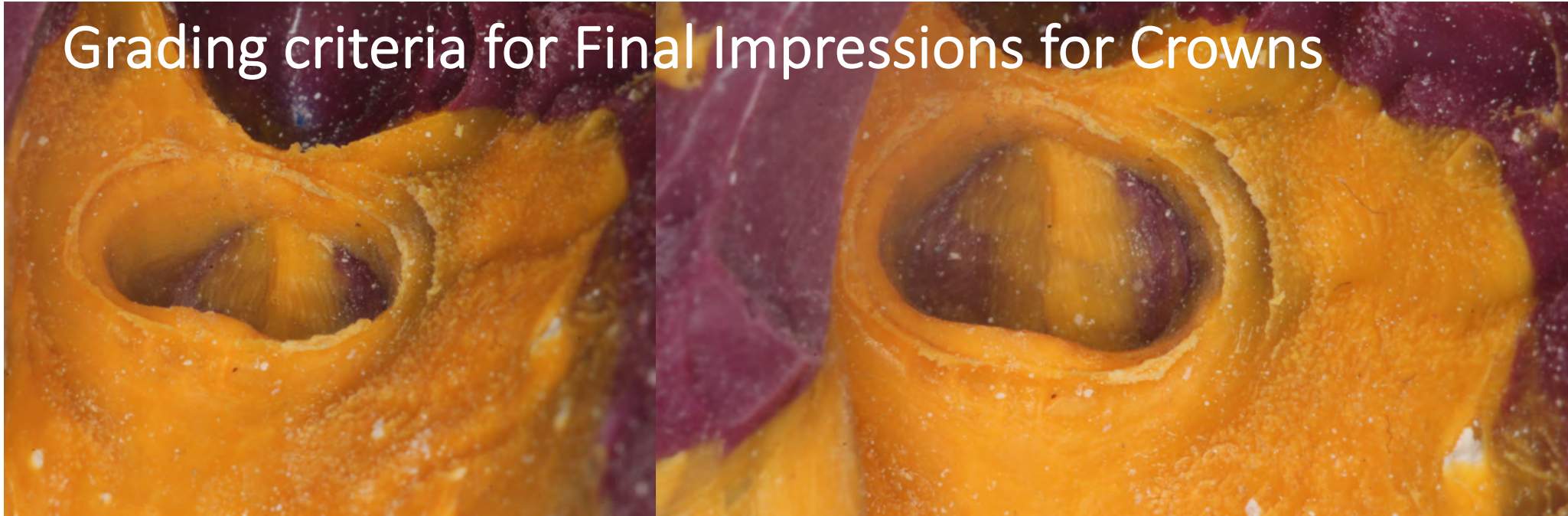
| | R - A | S - B | T - C | V - D - Automatic failure |
|---------------------------|--|------------------------------|---------------------------------|--|
| Surface and finish | Uniformly smooth, no voids, and polished | Moderate roughness and voids | Significant roughness and voids | Severe roughness, voids, and perforation |

How would you grade this Temporary?



| | R - A | S - B | T - C | V - D - Automatic failure |
|---------------------------------------|---------------------------|-----------------------------------|--------------------------------------|----------------------------------|
| Cementation and cement removal | Properly seated and clean | Seated but moderate excess cement | Seated but significant excess cement | Not seated and excess cement |

Grading criteria for Final Impressions for Crowns



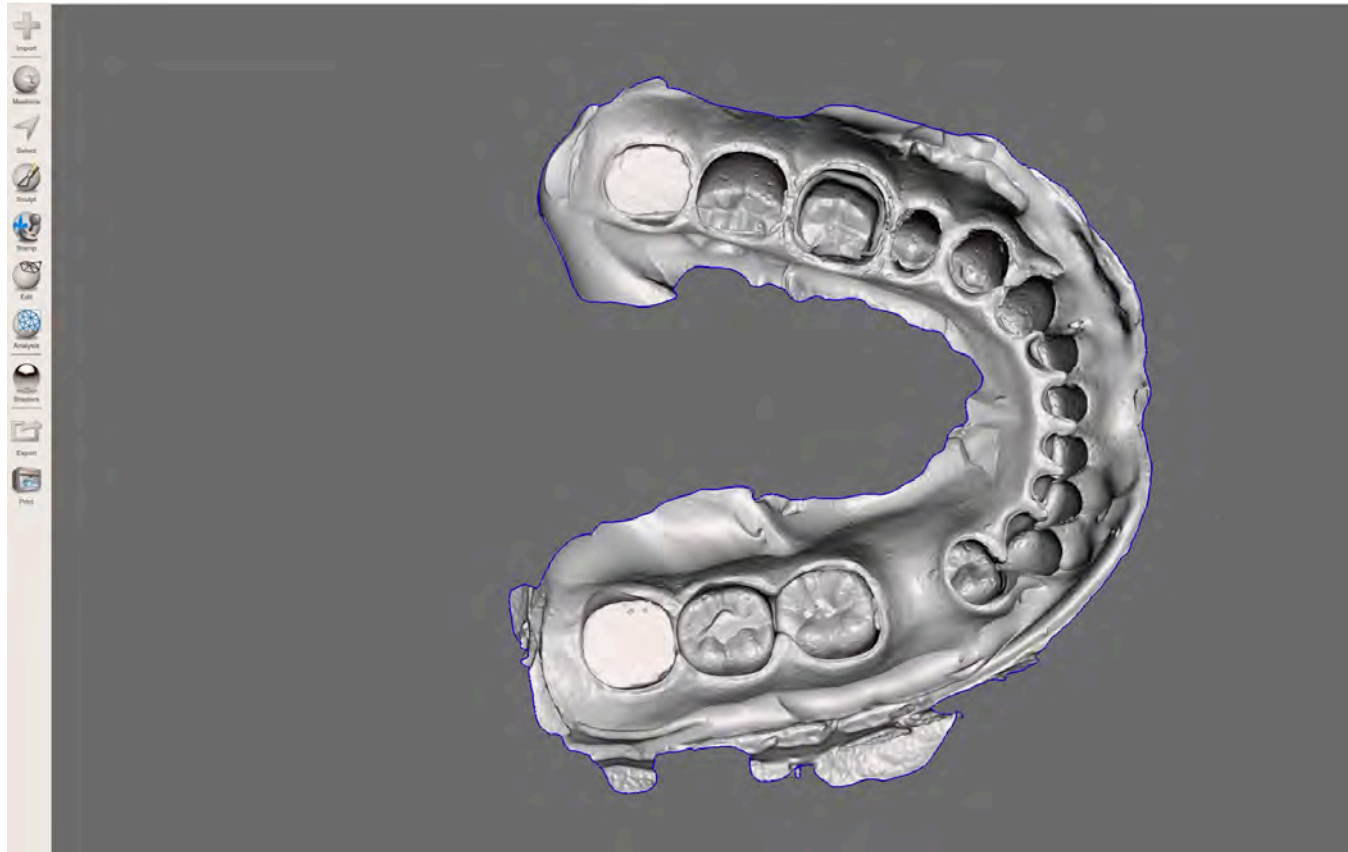
| | R - A | S - B | T - C | V - D - Automatic failure |
|--------------------------------------|--|--|---|--|
| Retraction cord and isolation | Proper placement of cord and isolation | Moderate variance of placement of cord and isolation | Cord partially out of sulcus | Poor placement of cord and poor isolation |
| Management of soft tissues | Consistent with preparation design | Moderate trauma consistent with preparation design | Significant trauma inconsistent with preparation design | Severe trauma inconsistent with preparation design |
| Impression technique | Proper materials and methods | Most of proper materials and methods | Materials not available | Unacceptable set-up or methods |
| Recognition of accuracy | Identified acceptable impression | Minor flaws in the impression not recognized | n/a | Could not identify acceptable impression |

How would you grade this Impression?



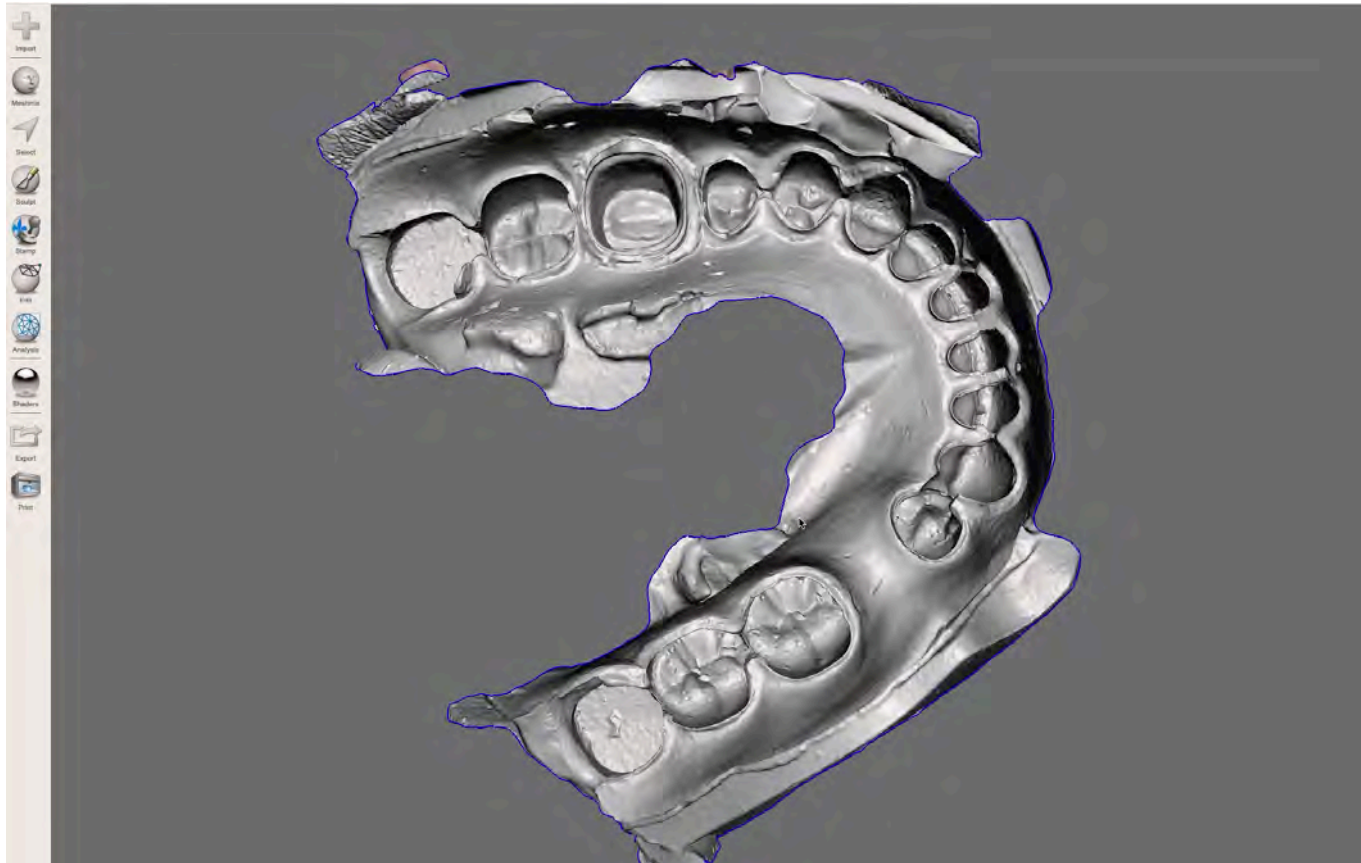
| | R - A | S - B | T - C | V - D - Automatic failure |
|--------------------------------|----------------------------------|--|--------------|--|
| Recognition of accuracy | Identified acceptable impression | Minor flaws in the impression not recognized | n/a | Could not identify acceptable impression |

How would you grade this Impression?



| | R - A | S - B | T - C | V - D - Automatic failure |
|--------------------------------|----------------------------------|--|--------------|--|
| Recognition of accuracy | Identified acceptable impression | Minor flaws in the impression not recognized | n/a | Could not identify acceptable impression |

How would you grade this Impression?



| | R - A | S - B | T - C | V - D - Automatic failure |
|--------------------------------|----------------------------------|--|--------------|--|
| Recognition of accuracy | Identified acceptable impression | Minor flaws in the impression not recognized | n/a | Could not identify acceptable impression |

How would you grade this Prep for FGC?

• Do you think the grading criteria should be the same?

- A) RRRRR
- B) SSSRR
- C) STSSR
- D) STTTR
- E) None of the above



| | R - A | S - B | T - C | V - D - Automatic failure |
|---------------------------|--|---|---|--|
| Margins | Smooth and continuous | Moderate roughness and irregular | Significant roughness and irregular | Severe roughness and irregular |
| Taper | Fully visible (8°with line of draw) | Present but near parallel | Over-tapered or undercuts visually present | Severe over-taper or severe undercuts |
| Axial reduction | Adequate reduction for restorative material selected | Moderate over- or under-reduction for restorative material selected | Significant over- or under-reduction for restorative material selected | Severe over- or under-reduction for restorative material selected |
| Occlusal reduction | Adequate reduction for restorative material selected | Moderate over- or under-reduction for restorative material selected | Significant over- or under-reduction for restorative material selected | Severe over- or under-reduction for restorative material selected |
| Tissue management | Consistent with preparation design | Moderate trauma consistent with preparation design | Significant trauma inconsistent with preparation design/ damage to adjacent tooth | Severe trauma inconsistent with preparation design/ damage to adjacent tooth requiring restoration |

Faculty Calibration-II

Fixed Partial Denture Exercise

Daler Tarrazzi

FPD Exercise

The following list describes the procedures for the Simulated Fixed Partial Denture Exercise:

- Diagnostic Wax-up
- Teeth preparation #4 (FGC) and #6 (PFM)
- Fabrication of provisional fixed partial denture

Are these procedures effective to prove student's competency?

A) Agree

B) Disagree

Diagnostic Wax-up

Once the Diagnostic wax-up is completed, students need to present the articulator and casts with the wax-up to a Prosthodontic Faculty for evaluation

There will be a Form :“Diagnostic Wax-up” in MiDent.

To access the form you have to:

- a. Login in to **MiDent**
- b. Click on EVALUATIONS
- c. Click on the ADD button
- d. Click on FORM
- e. Select DIAGNOSTIC WAX-UP from the drop-down list



Wax-up MiDent grading is clear, simple and organized?

A) True

B) False



Please grade Wax-up contour?

A) Pass B) Fail



**Diagnostic
Wax- up**

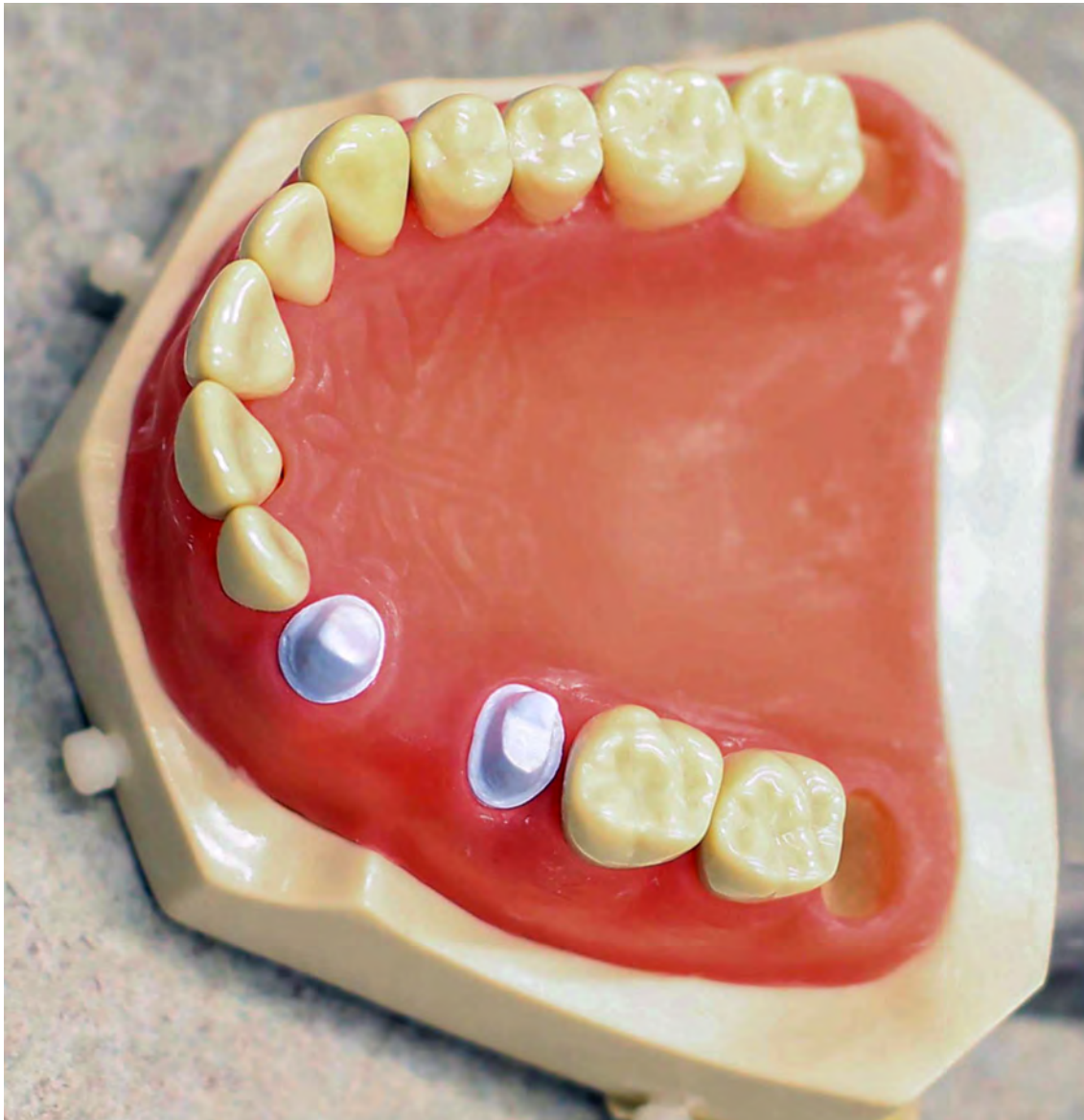
Evaluate occlusal Anatomy:

A)Pass

B)Fail

First Session : Teeth Preparation

Evaluation of FPD preparations of teeth #4 FGC and #6 PFM



Criteria

- Margin placement
- Finish, margins and walls
- Preparation Taper (draw)
- Path of insertion
- Axial Reduction
- Occlusal reduction
- Damage to adjacent teeth or gingival tissue

RSTV rubric

Pass/Fail



Teeth Preparation Grading

A) Pass

B) Fail

Second Session: Provisional FPD

Fabrication of 3 units temporary fixed partial dental

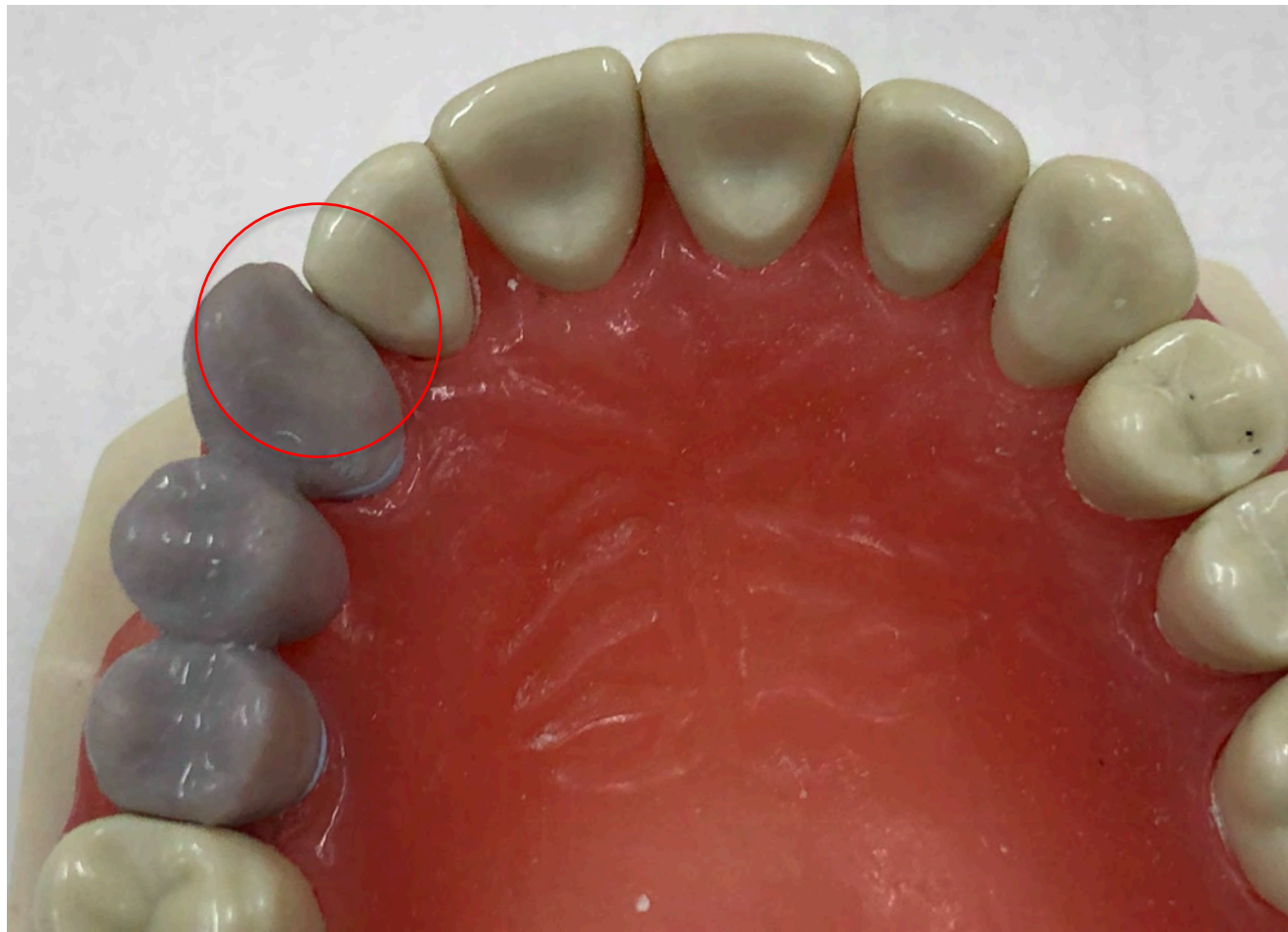


Criteria

- Margins
- Surface and finish
- Contours
- Interproximal contours
- Proximal contact
- Occlusion
- Occlusal Anatomy

RSTV rubric

Pass/Fail



Evaluate Provisional Fixed Partial Denture

A) Pass

B) Fail

Questions ?

Thank you !!!

Faculty Calibration –II Removable Partial Denture

May 4, 2020

Berna Saglik DDS, MS



In tooth–mucosa borne RPDs,
for the distal abutment teeth
you mostly prefer
to use:

- A. RPI/RPC clasp assemblies
- B. Wrought wire clasp w/
distal rest
- C. Cast circumferential clasp
assembly w/ distal rest



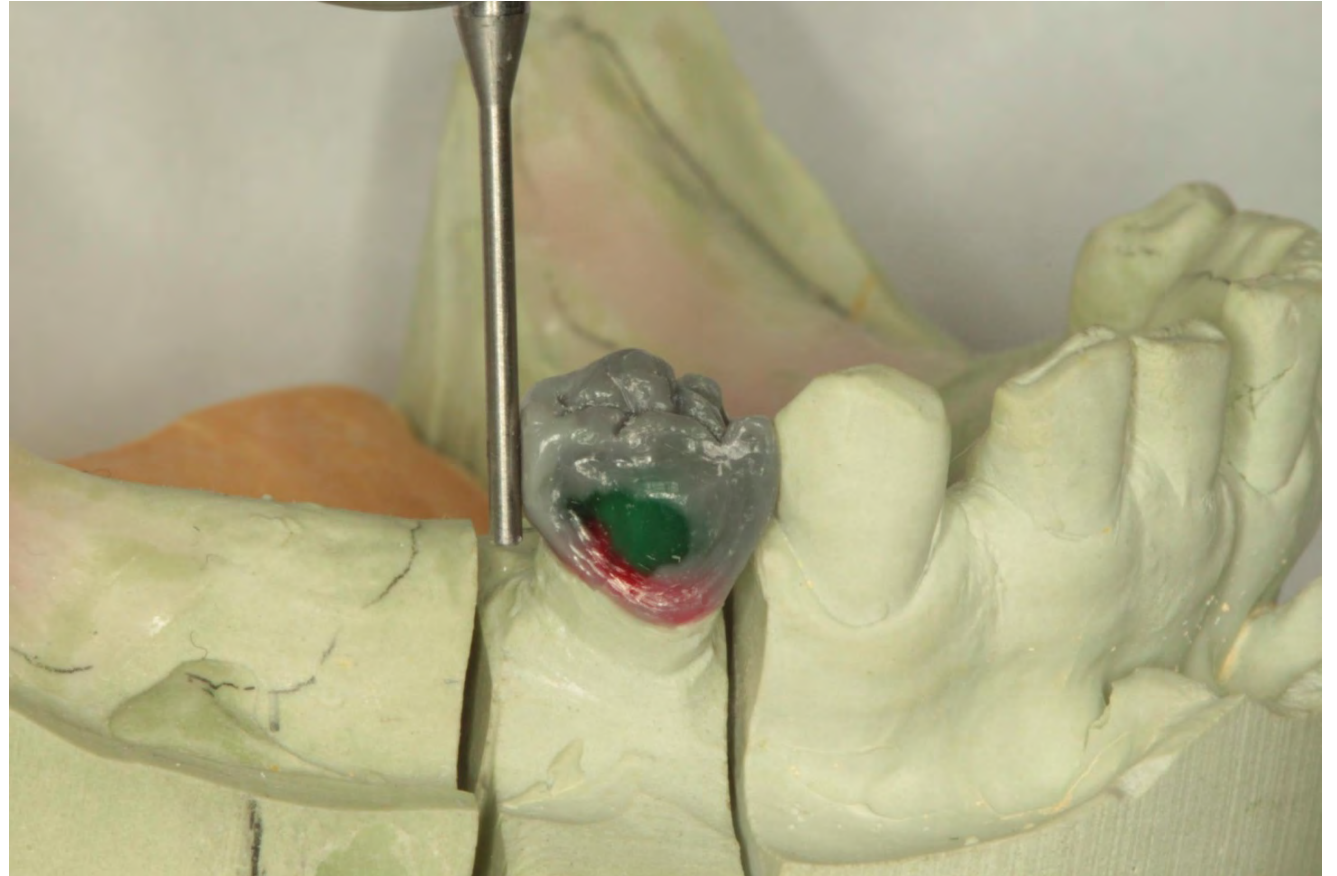
When designing this case, for tooth #19 you would ask the student :

- A. to consider surveyed crown due to large amalgam filling
- B. make tooth modifications based on the design without a crown



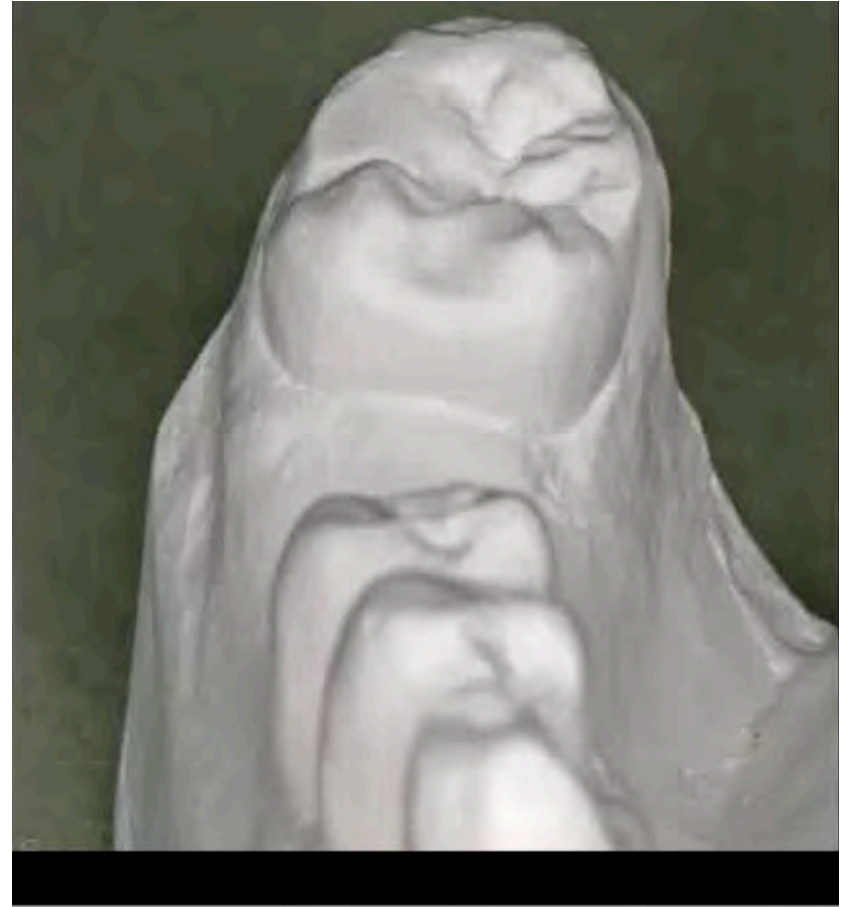
For surveyed crowns,
you require all
students:

- A. survey final restoration prior to cementation
- B. cement the crown without surveying
- C. eval at wax up stage
- D. Eval at bisque bake stage



How do you assess guide planes your students prepare?

- A. Intraorally with a perio probe
- B. Ask students to make an alginate impression, pour up in fast setting stone and re-survey
- C. Use a template to calibrate their burs-followed by option B



Once all teeth modifications are made, do you:

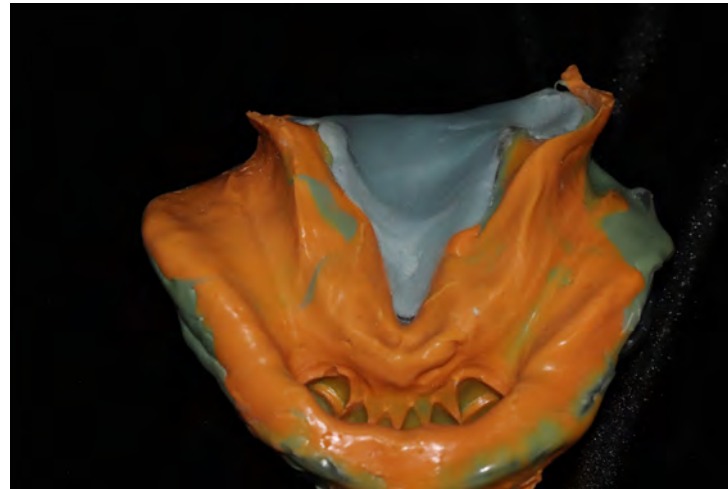
A. Ask the student to take an alginate, pour it up in fast setting stone, survey the cast to confirm all modifications ?

B. Ask the student to proceed with final impression?

What impression material/consistency do you require students use for their final impression of RPD frameworks?



A. Medium/Extra Light body PVS



B. Light body/Extra light body PVS



C. Alginate

When the student presents to the clinic for try-in of the RPD framework as seen in this picture, you'll :

A. give the student permission to go ahead with framework try-in

B. ask the student to reschedule the pt with the faculty member who worked on this case

C. pause the treatment at this point, ask the student to re-evaluate and re-design



When the student presents to the clinic for try-in of the RPD framework as seen in this picture, you'll :

- A. give the student permission to go ahead with framework try-in
- B. Send back to lab for re-do
- C. pause the treatment at this point, ask the student to re-evaluate and re-design



When do you require students do an altered cast/corrected cast impression?

- A. All Kennedy I and Kennedy II mandibular cases
- B. All Kennedy I and II maxillary cases
- C. When student cannot capture distal extensions
- D. Rarely-too busy in clinic

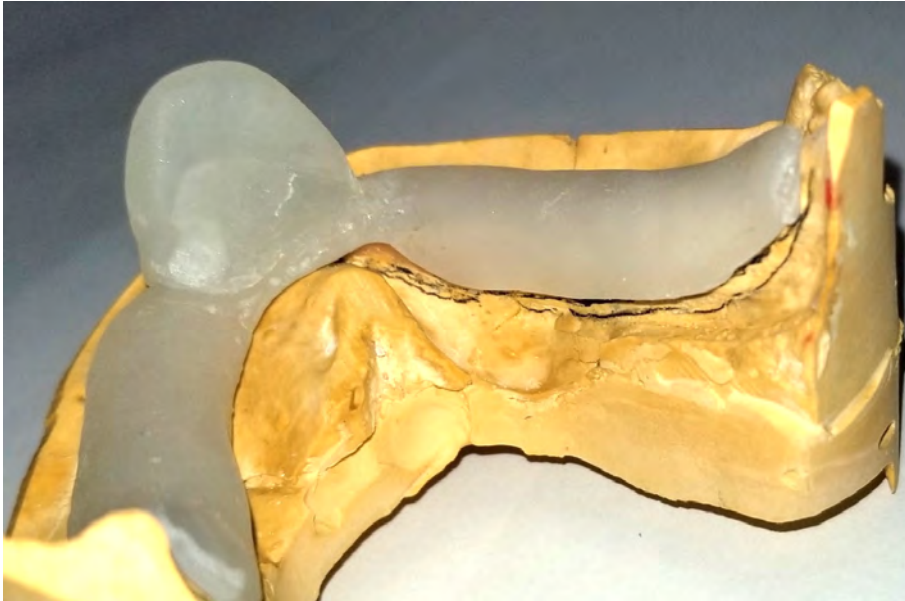


When do you require students do a clinical remount?

- A. Never- too busy in clinic
- B. When RPD is opposing a complete denture
- C. Only when occlusion is beyond the means of intraoral adjustment
- D. For all Kennedy Class I cases

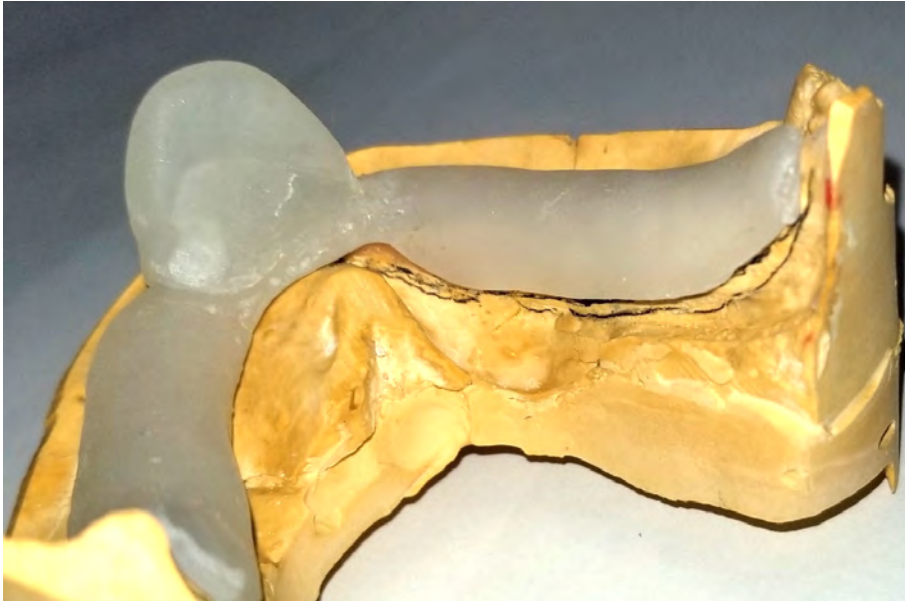


Q1. How do we rate (grade) the custom tray?



- a. R
- b. S
- c. T
- d. V

Q2. How much relief is needed underneath the custom tray?



- a. No relief
- b. 1-layer of baseplate wax
- c. Selective relief

Q3. How do we rate (grade) the final impression?



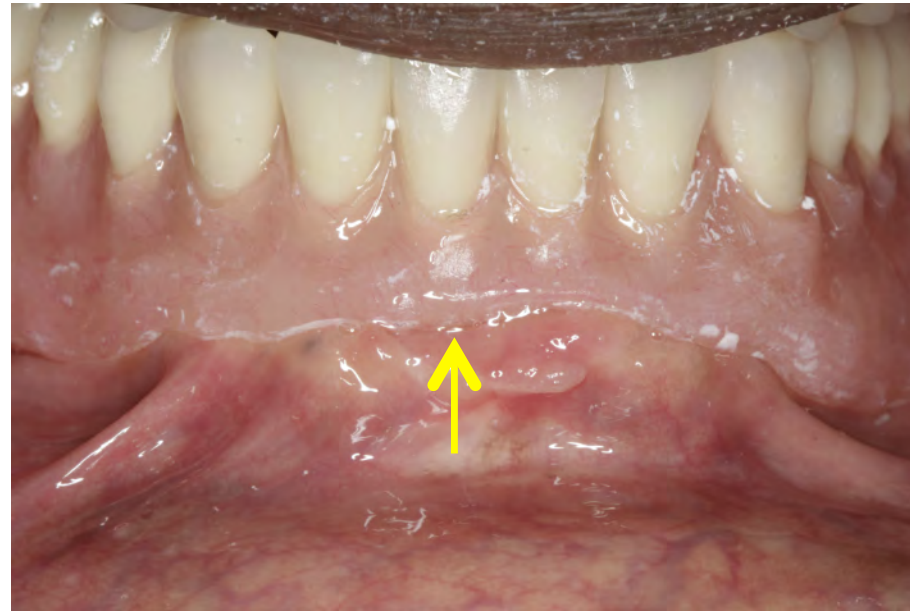
- a. R
- b. S
- c. T
- d. V

Q4. How do we rate (grade) the design of labial flange?



- a. R
- b. S
- c. T
- d. V

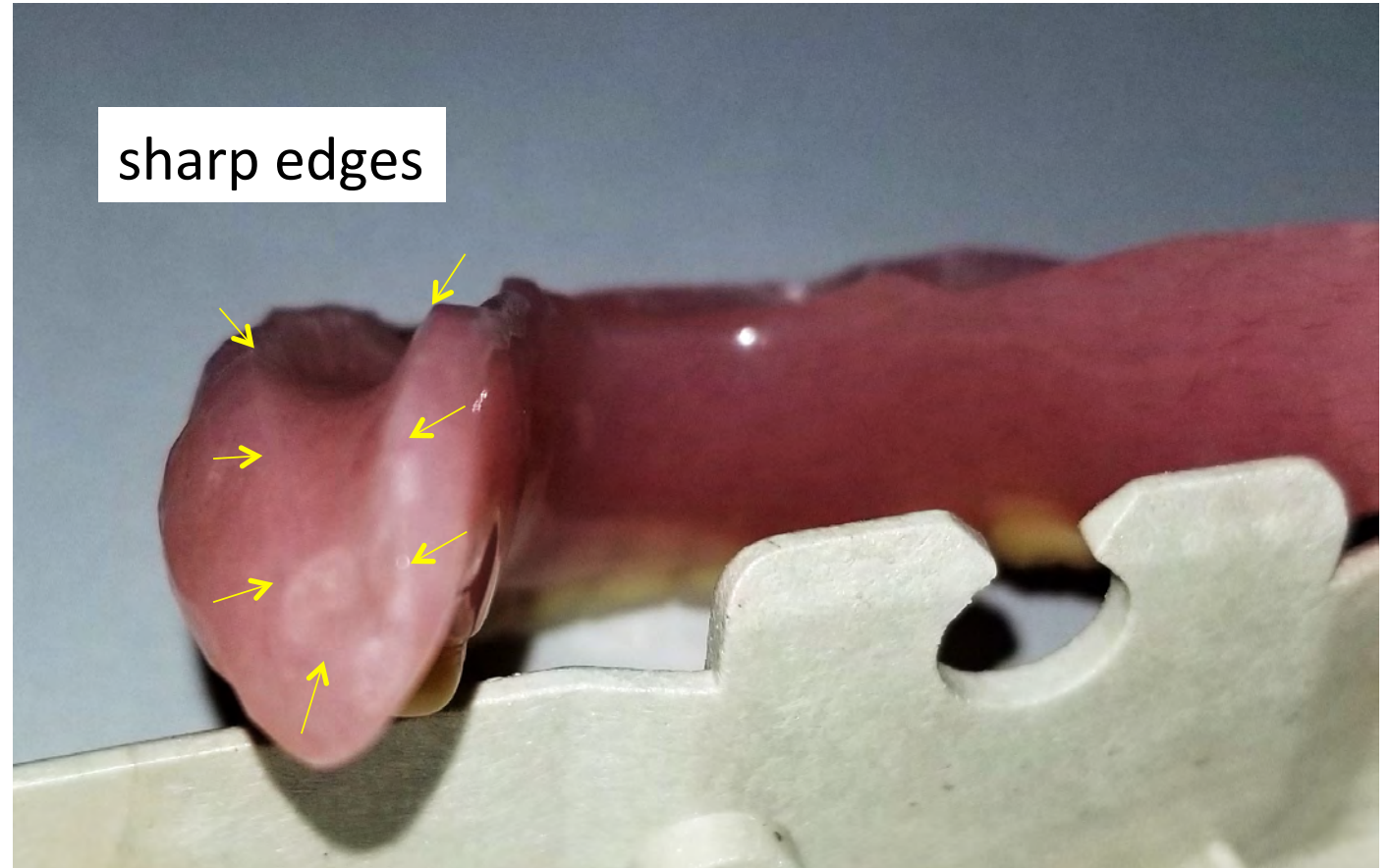
Q5. How do we rate (grade) the design of labial flange?



- a. R
- b. S
- c. T
- d. V

Q6. How do we rate (grade) the flange design at the periphery?

- a. R
- b. S
- c. T
- d. V



Q7. How do we rate (grade) the design of labial flange?



- a. R
- b. S
- c. T
- d. V

Q8. How do we rate (grade) the design of OVD?



- a. R
- b. S
- c. T
- d. V

Q9. How do we rate (grade) the design of occlusion?



- a. R
- b. S
- c. T
- d. V

Q10. How do we rate (grade) the design of postdam?



- a. R
- b. S
- c. T
- d. V