

TREATMENT PLANNING: An Art or a Science?

SAJID JIVRAJ, DDS, MSED

GUEST EDITOR

Sajid Jivraj, DDS, MSED, is an associate clinical professor, former chairman section of fixed prosthodontics and operative dentistry University of Southern California, School of Dentistry, Los Angeles, and in private practice in Oxnard, Calif.

Today, the practice of dentistry requires an interdisciplinary approach that integrates the knowledge, skills, and experience of all the disciplines of dentistry into a comprehensive treatment plan.

Prosthodontics can offer exceptional satisfaction to both the patient and dentist. It can transform an unhealthy, unattractive dentition with poor function into a comfortable, healthy occlusion capable of providing years of further service, whilst at the same time greatly enhancing the esthetic result.¹

To obtain optimal results, meticulous attention must be paid to a myriad of details. The process starts with the patient interview and meticulous treatment planning, continues through to active treatment, and culminates in regular planned follow-up care.

The objectives are to improve oral health, to establish proper occlusal function, and to create the most ideal esthetic result possible. It is only through an organized and systematic approach that appropriate diagnoses can be made, and based on these diagnoses, functional and esthetic problems can be addressed predictably.

Interdisciplinary therapy involves the combination of diagnostic, treatment planning, and therapeutic procedures. It is imperative the team leader appropriately selects a team of practitioners. The selection process can either have a positive or a negative impact on the overall treatment. Each provider on the team must have an optimal level of skill in his or her area of expertise to be a positive factor.² The complex nature of dentofacial problems necessitates a highly organized method of communication between the team members so that all aspects of treatment can be equally voiced.

It is through this communication that an interdisciplinary treatment plan can be

formulated prior to generation of a joint treatment letter. This treatment letter should include a discussion of aspects of treatment that will be provided by each team member, the time frame of the proposed treatment, the inherent risks involved, informed consent, and the financial responsibilities of the patient. It can be said that the quality of treatment is dependent upon the quality of the communication. It is critical the team leader maintains communication between the specialists both during treatment and once it has been completed. It is only through this approach that optimal care can be delivered and regular planned

follow-up care can be implemented.

Treatment planning must begin through visualization of the end result. By paying attention to details, systematically analyzing each factor that affects the esthetic result, recognizing inadequacies in crown contour and gingival margin levels prior to restorative intervention, the restorative dentist can take advantage of the benefits of orthodontic and periodontal treatment to enhance the esthetic and functional outcomes.

The objective of each article is to outline how each specialty can enhance the final outcomes of treatment. Dr. Yorita will discuss the impact of orthodontics on treatment planning and how anchorage can be obtained when teeth are missing. Drs. Handelsman, Ravon, and Levine will address management of the periodontium and how subtle procedures can enhance the esthetic outcome. Dr. Hochwald's paper will describe how surgical procedures can re-establish optimum occlusion and how communicating with the restorative dentist is key in obtaining optimal outcomes. Finally, Dr. Reshad and I will provide a prosthodontic perspective in management of patients requiring restoration of posterior support and how to transition patients from a tooth-supported to an implant-supported occlusion.

My intention with this issue is to stimulate critical thinking and to offer the patient options for optimum care. Without an interdisciplinary approach, final outcomes can be compromised. With a team approach to the management of patients who require prosthodontic treatment, fewer compromises will occur and more ideal restorations can be developed. ■■■■

REFERENCES

1. Rosenstiel SF, Land MF, Fujimoto J, Contemporary Fixed Prosthodontics, St. Louis, Mosby, pages 46-64, 1995.
2. Roblee RD, Interdisciplinary Dentofacial Therapy. A Comprehensive Approach to Optimal Patient Care, Quintessence Publishing Co., Inc., pages 17-43, 1994.