

# *THE AUDSS ARTICULATING PAPER*



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# ARTICULATING PAPER

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PAPER



**PAX**

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# HALF BDS BALL 2021

BY JINGYANG LI  
2021 BDS3 YEAR REPRESENTATIVE

After a statewide lockdown, food poisoning from oysters, 825 new COVID-19 cases from NSW, a shingles scare (that turned out to be a bacterial infection), a torn plantar fascia, 2021 BDS3 Half BDS Ball prevailed and finally happened.

The night was generously sponsored by ADASA, Guild Insurance, and PAX Migration. Held at the Osmond Terrace Function Centre on Sunday (I kid you not they were booked out on Fridays and Saturdays until January 2022) the 22nd of August, the reigning champions of boat racing celebrated our milestone of completing 50% of our degree.

Although dancing was not allowed and masks had to be on, nothing could hide our excitement of being able to dress up and celebrate with our friends and staff of the Adelaide Dental School (even Dr Skinner was there!)

Awards were given out to some lucky (or arguably, unlucky) guests, including many members of the AUDSS executive committee:

- John Beji Daniel (Marketing: Best Bromance and Cutest Couple That Never Was)
- Christopher Wheate (Sponsorships: Best Bromance, Erosion Lesion- smoothest in times of crisis, Hot Shot- most likely to own a chain of practices)
- Vatsala Bhatia (Events: Cutest Couple That Never Was and Best Dressed (Female))
- Denise Yap (Community Aid: Power Couple- cutest couple)

- Dr Derek Lerche (Past AUDSS President and Radiography Extraordinaire: Best Dressed (Male))

A highlight of the night was definitely Joash Tham's legendary Kahoot Quizzes which took us back to pre-COVID times and reminded us of all the highs (Kevin Guo wishing A/Prof Hughes a happy birthday) and lows (a certain lecturer who shall remain anonymous who rejected Kevin Guo's request for her to use a microphone in AHMS 1068) that we have shared as a cohort.

A massive thank you to my co-year reps Andrew Chan and Siyuan Feng, for helping me organise such a massive event, it's been a long project since PCPC and COVID-19 has not made it easy for us, but I'm so glad we could do it for our class.

And finally, congratulations 2021 BDS3 cohort! You guys are actually like the best cohort ever (sorry everyone else), it has been an absolute joy to be year rep for you guys for the past 2.5 years, I would absolutely do it all over again if I could. I can't wait to celebrate with ya'll again at grad ball!



**Tarek Abasseri**

# **INTERVIEW 101: THE BASICS.**

Okay, so it's that time of the year again. The freshest batch of dentist new grads are out looking for jobs, and while some may have already landed their dream job, the path for others is still unclear.

Therefore, we thought it fitting to include a few tips and tricks to help you get that first job!

Our team of seasoned experts have come together for this special edition, to provide trusted and professional advice, that you can count on.

## **THE PANEL OF EXPERTS**



**Michael Scott**



**PM SCOMO**



**Rudy Giuliani**

# INTERVIEW 101: THE BASICS.

"So, I can see from your resume that you are competent in all aspects of general dentistry. What does that mean to you? As it literally has been the same line we've seen in the past 500 resumes."

".....It means I am good dentist... Here is my LinkedIn though."



"Where do you see yourself in 2 years?"

"Well, I love this suburb, which is why I am applying for this role. I also am somebody who strives for excellence. That is why, in 2 years, I see myself opening a practice down the road."

"Why did you choose Dentistry?"

"That's actually a tricky question, and one that I've given considerable thought. I think it would have to be because both my parents are dentists, and my UMAT score didn't scrape it for Med. Also, I just love teeth xD"

*The Expert Corner*

*The applicant here has demonstrated a masterful approach to this dangerously loaded question. Notice how they managed to deflect the trap, and have instead, turned the question around to showcase their strengths. Beautiful.*

*Just wow. In the short space of a few sentences, the applicant has managed to demonstrate that they are a go-getter, will never settle for complacency, and are driven. This is exactly what every practice owner yearns to hear.*

*The interviewer is likely to be taken aback by the applicant's refreshing honesty. This will bode tremendously well for the application status.*

*Don't Mind Me.  
Always Learning...*

# INTERVIEW 100 THE BASICS.

**Always Learning.  
WON'T STOP.  
CAN'T STOP.**

"Why do you think you're suited for this role?"

"No. Why do you think I should work here?"

*Break the status quo! The interviewer becomes the interviewee. This is ultimate strategising in action, and will show the practice owner that you mean the business.*

"How would you resolve a dispute at work between colleagues?"

"Ask on DPR using my public profile."

*Mic. Drop.  
We live in a day and age where information is currency. Show your boss that you're no cave dweller. You're in with the times — they will likely appreciate this.*

Follow these examples, and there should be no reason why your email inbox won't be spammed with job offers.

*Be humble. Be teachable. And always keep learning.*

**- Donald Trump, 2020  
Concession Speech**



# DENTURE TROUBLESHOOTING

FULL DENTURES GIVING YOU GRIEF?  
UNABLE TO FIND OUT WHERE  
EXACTLY YOU WENT WRONG? USE  
THIS HANDY AND NEEDLESSLY  
CONSPICUOUS CLINICAL GUIDE.



# DENTURE DECISION TREE

**Pros Consult + Primary Impressions**

Ensure an accurate MHx and DHx is taken so as to identify any potential medical issues (e.g. poor saliva), previous denture experience and expectations of Tx. A thorough radiographic, intra- and extra-oral examination should be taken to identify pathology and suitability for dentures. Lab instructions: please pour impressions in yellowstone, survey casts & construct CCA special tray/s (spaced 1 thickness of wax for PVS/PE or 2 thicknesses of wax and perforated for alginate)

Are you making a thermoplastic denture?

If proceeding with thermoplastic dentures advise the patient that there are several limitations - dentures will loosen over time without clasps, inability to be repaired or added to, prone to discolouration, etc.

Take bite record & go to **Insert**

**Secondary Impressions**

Design denture prior to this appointment & check with a tutor. If cobalt chrome dentures are being made ensure that any occlusal rests are made prior to the secondary impression. Insert special trays and assess extensions (Approx. 2mm between sulcus & tray) - if over-extended reduce with acrylic burs, if under-extended adjust with wax. Lab instructions (if proceeding to bite registration step): Pour master impression AND construct partial chrome & attach wax rim OR construct wax rims for bite registration.

Do the 1° models hand articulate?

If models are able to be hand articulated then there is no requirement for a wax bite! This is possible in largely dentate patients because occlusion is established and can be replicated consistently.

Is there adequate space for a try in?

In the event that an immediate denture is being made there may not be adequate space for wax rims!

No Yes

**Bite Registration + Shade Selection**

Ensure shade selection is taken both under the dental light and using natural light - shade selected may not be an ideal match unless viewed under different lighting conditions. Partial Dentures: use a stable reference point such as a replicable occlusal contact between two teeth to ensure bite is accurate. Complete Dentures: Determine patient's OVD & use a fox bite plane to re-establish occlusal plane. Lab Instructions: Mount on an articulator and set up teeth for try-in.

**Try In**

Assess extensions, stability of the denture, retention (advise the patient this will not be as retentive as completed denture), aesthetics, occlusion, speech & patient comfort. If there are no issues, gain patient consent for processing dentures. Lab Instructions: Process and finish dentures

Issues w/ occlusion, OVD, aesthetics, etc?

Will require taking new occlusal records after having adjusted teeth as required.

Ask the lab to remount and reset teeth for re-try in

**Insert + POI**

Check for acrylic defects prior to insertion. Insert and reassess all factors examined at the try-in stage. Use pressure indicating paste to identify areas of excess pressure that must be relieved. POI: Advise the patient that there will be an adjustment period (manage expectations!). Denture should be removed at night & cleaned after meals with a soft toothbrush. Demonstrate insertion & removal (without using clasps as handles). Advise that if sore spots arise the denture must be worn for 24 hours prior to the next appointment so that they can be identified intraorally!

**Review**

Review patients 1-week post insertion to review their progress. Examine all factors assessed at try in as well as OH. Immediate dentures will require a 24-hour review in order to assess the healing of the extraction sites - the denture is not to be removed prior to the 24 hour review! Adjust denture as necessary during these appointments & manage patient expectations regarding adjustment period to new denture. Make further review appointments as required.

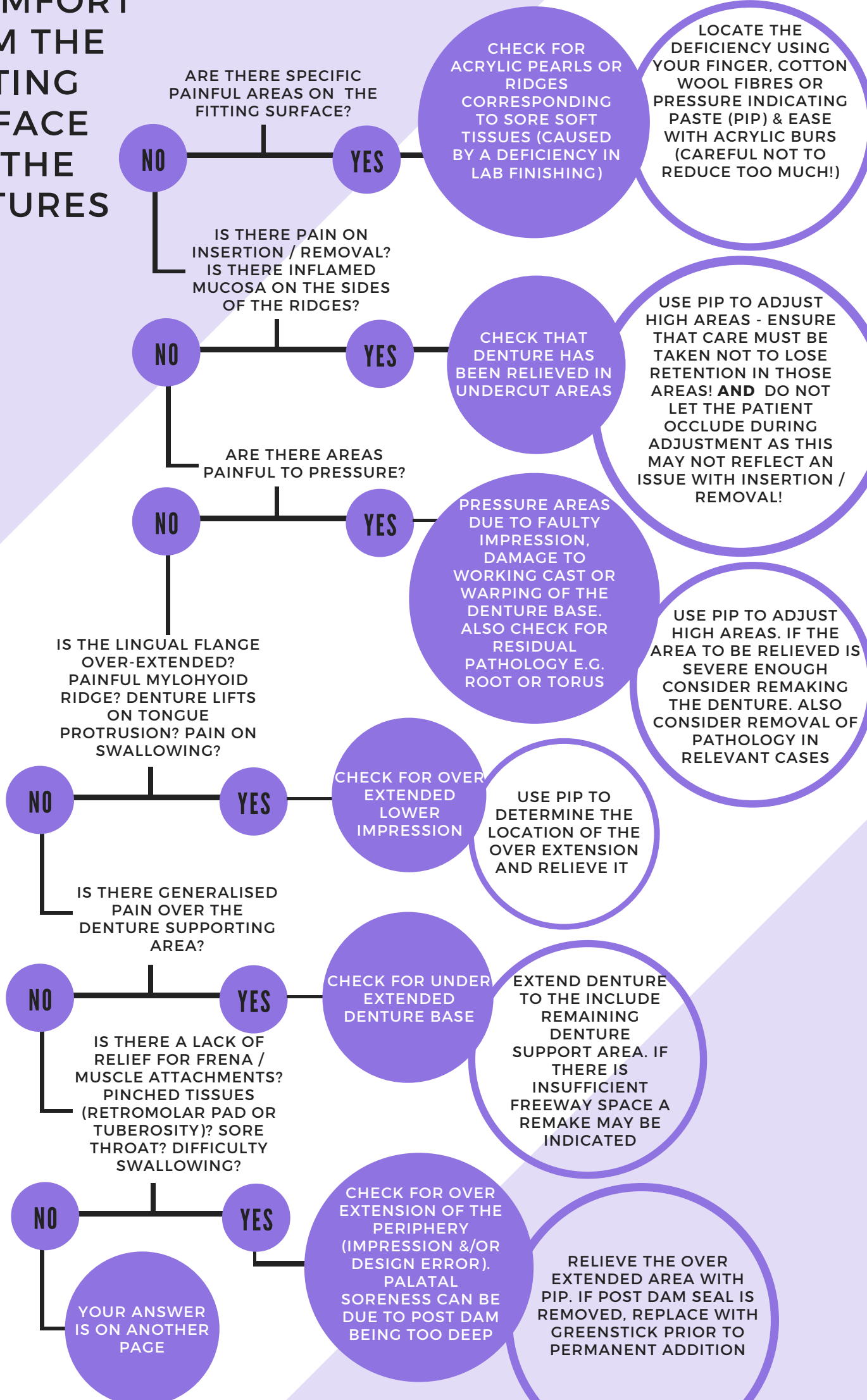
Are there ongoing patient symptoms?

Treat & organize further review

**Tx Complete Maintenance phase**



# DISCOMFORT FROM THE FITTING SURFACE OF THE DENTURES



# DISCOMFORT FROM OCCLUSAL & POLISHED SURFACES

IS THERE PAIN ON EATING BUT THERE ARE NO SUPPORT PROBLEMS?

NO

YES

CHECK FOR ANTERIOR OR POSTERIOR PREMATURE CONTACTS, INCISAL LOCKING OR IF OCCLUSION IS NOT BALANCED

DETERMINE WHERE OCCLUSION IS UNEVEN WITH SOME ARTICULATING PAPER AND ADJUST WITH ACRYLIC BURS. IF SEVERE CONSIDER TAKING NEW OCCLUSAL RECORDS

IS THERE PAIN LINGUAL TO THE LOWER ANTERIOR RIDGE?

NO

YES

IS THERE AN OVEREXTENSION PRESENT? NO? LOOK FOR A PROTRUSIVE SLIDE FROM RETRUDED CONTACT TO INTERCUSPAL POSITION

MARK THE DEFLECTING INCLINES OF POSTERIOR TEETH WITH ARTICULATING PAPER → IF THE SLIDE EXCEEDS HALF A CUSP, RE-REGISTER AND RESET THE TEETH

IS THERE PAIN AND/OR INFLAMMATION LABIAL TO THE LOWER RIDGE?

NO

YES

IF THERE'S NO DEFECT ON THE IMPRESSION SURFACE THERE MAY BE DECREASED INCISAL OVERJET LEADING TO INCISAL LOCKING

REDUCE THE VERTICAL INCISAL OVERLAP  
IF AESTHETICS ARE CACTUSED CONSIDER RESETTING THE INCISORS

PAINFUL DENTURE PERIPHERY? POSSIBLE PAIN IN MASSETER & TEMPORALIS MUSCLES? (PAIN TYPICALLY INCREASES AS THE DAY PROGRESSES)

NO

YES

VERTICAL DIMENSION OF THE DENTURES IS WAAY TOO HIGH FOR THE PATIENT

EXCESS <1.5MM: USE BURS TO RELIEVE & PROVIDE FWS  
EXCESS >1.5MM: REREGISTER & RESET DENTURES AT CORRECTED OVD

IS THERE CHEEK OR LIP BITING?

NO

YES

CHEEKS - FUNCTIONAL WIDTH OF SULCUS WAS NOT RESTORED  
LIP - POOR LIP SUPPORT OR INADEQUATE ANTERIOR HORIZONTAL OVERLAP

CHEEKS - RESTORE FUNCTIONAL WIDTH OF SULCUS AND/OR RESET LIP - POLISH LOWER INCISORS TO ADJUST INCISAL GUIDANCE ANGLE

IS THERE TONGUE BITING?

NO

YES

IS THERE PAIN ON THE POSTERIOR SURFACE OF OF THE UPPER DENTURE ON OPENING?

YES

NO

BUCCAL FLANGE IS TOO THICK AROUND THE TUBEROSITY & IS CONSTRAINING THE CORONOID PROCESS

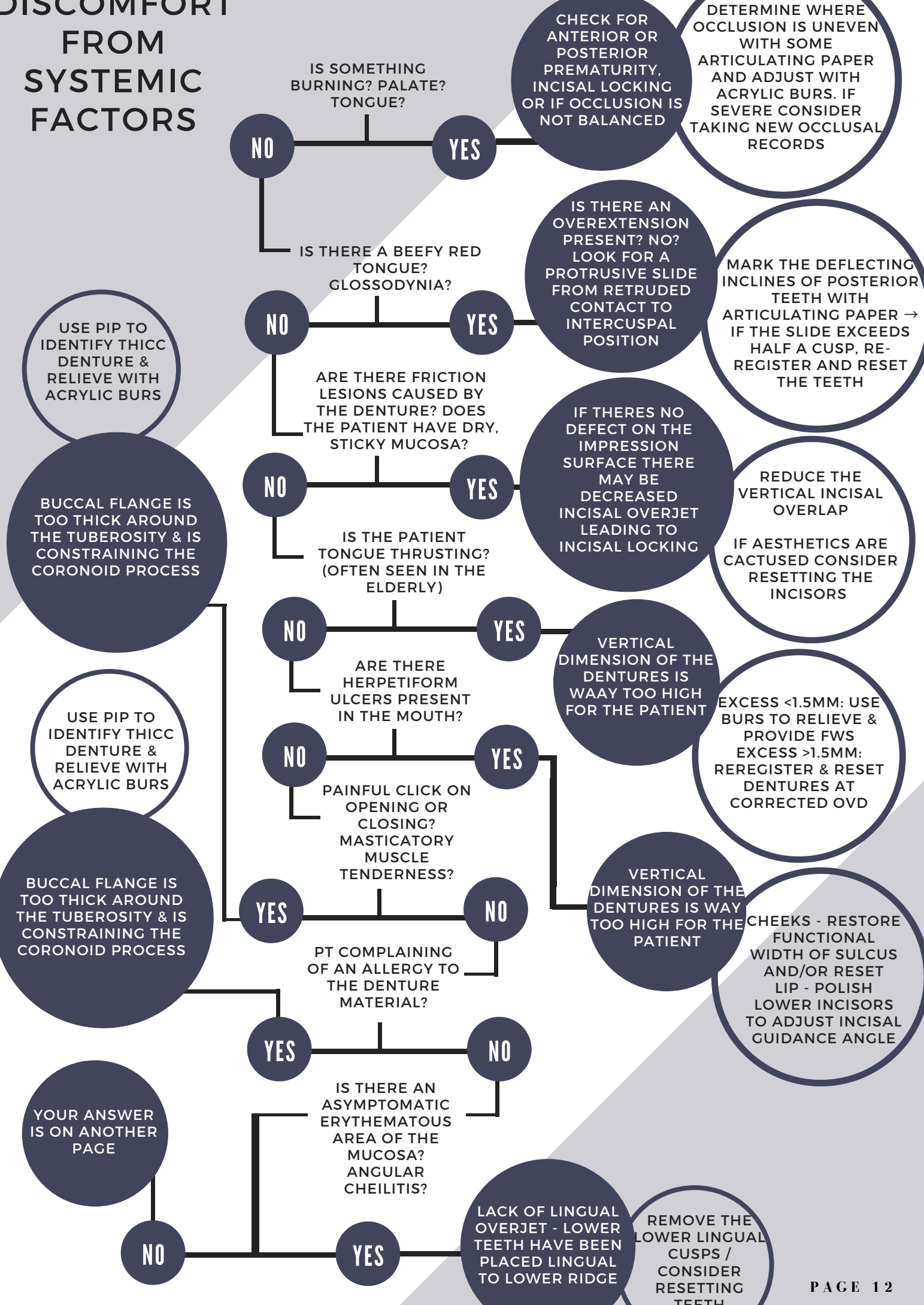
USE PIP TO IDENTIFY THICK AREA & RELIEVE WITH ACRYLIC BURS

LACK OF LINGUAL OVERJET - LOWER TEETH HAVE BEEN PLACED LINGUAL TO LOWER RIDGE

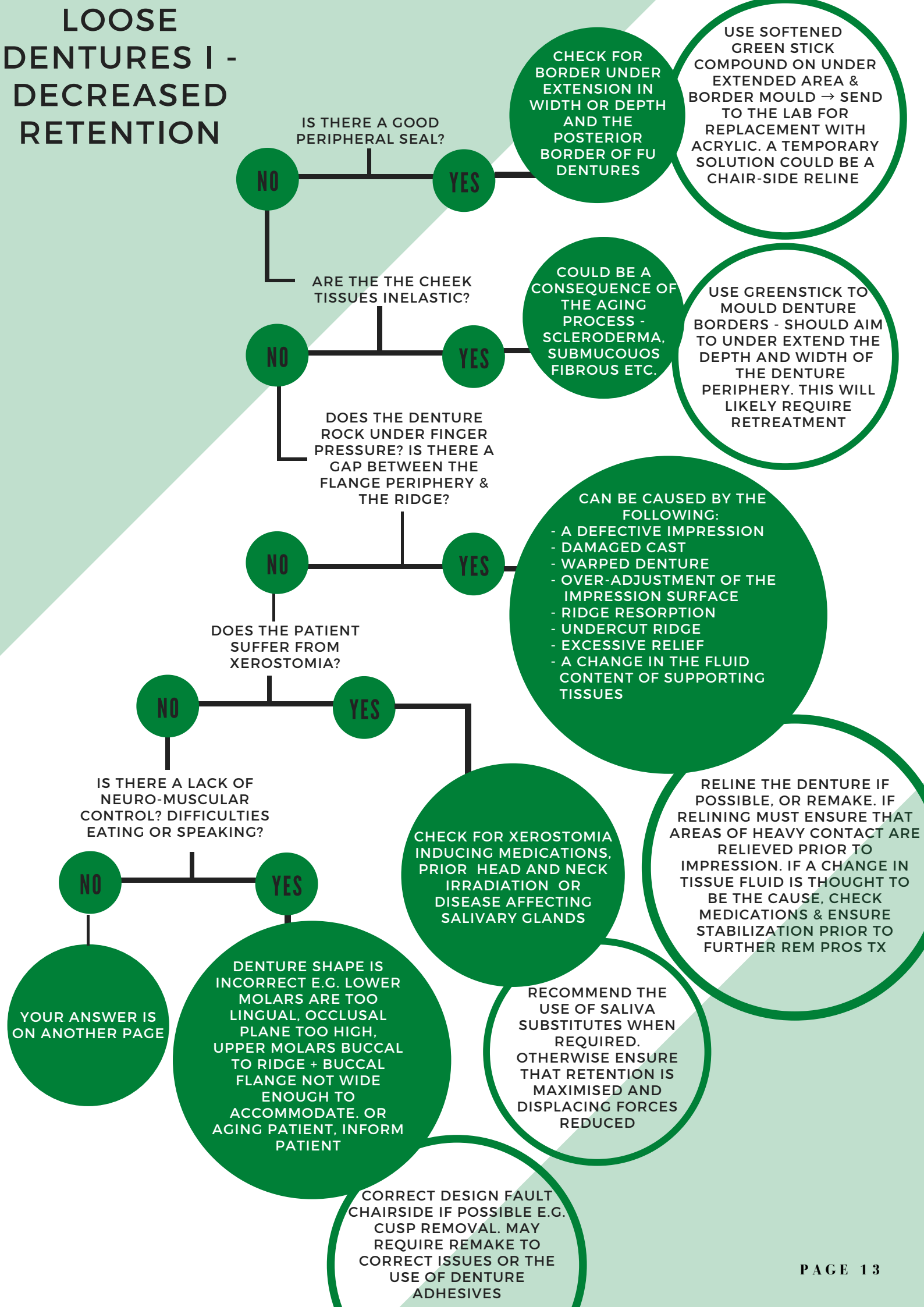
REMOVE THE LOWER LINGUAL CUSPS / CONSIDER RESETTING TEETH

YOUR ANSWER IS ON ANOTHER PAGE

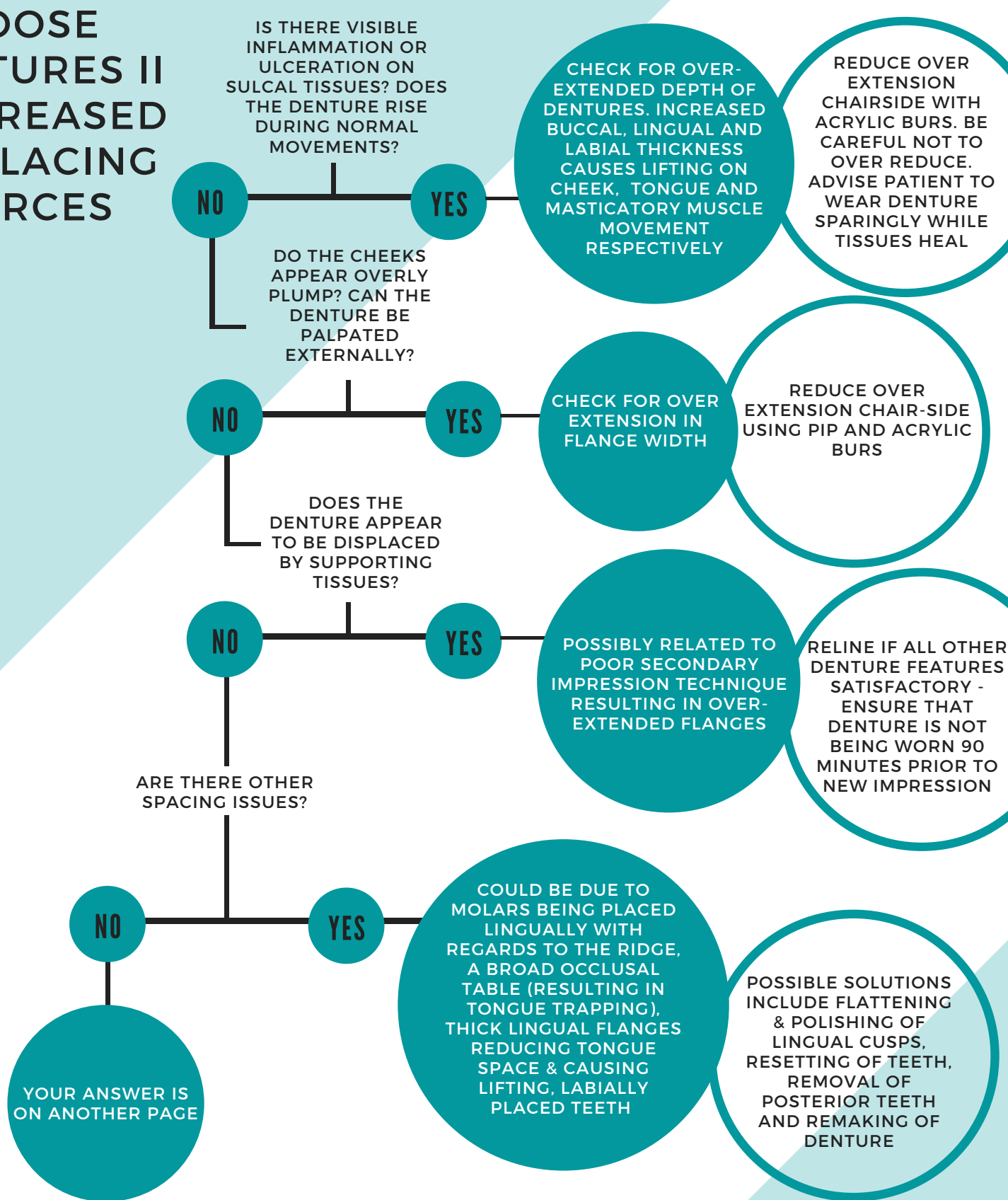
# DISCOMFORT FROM SYSTEMIC FACTORS



# LOOSE DENTURES I - DECREASED RETENTION

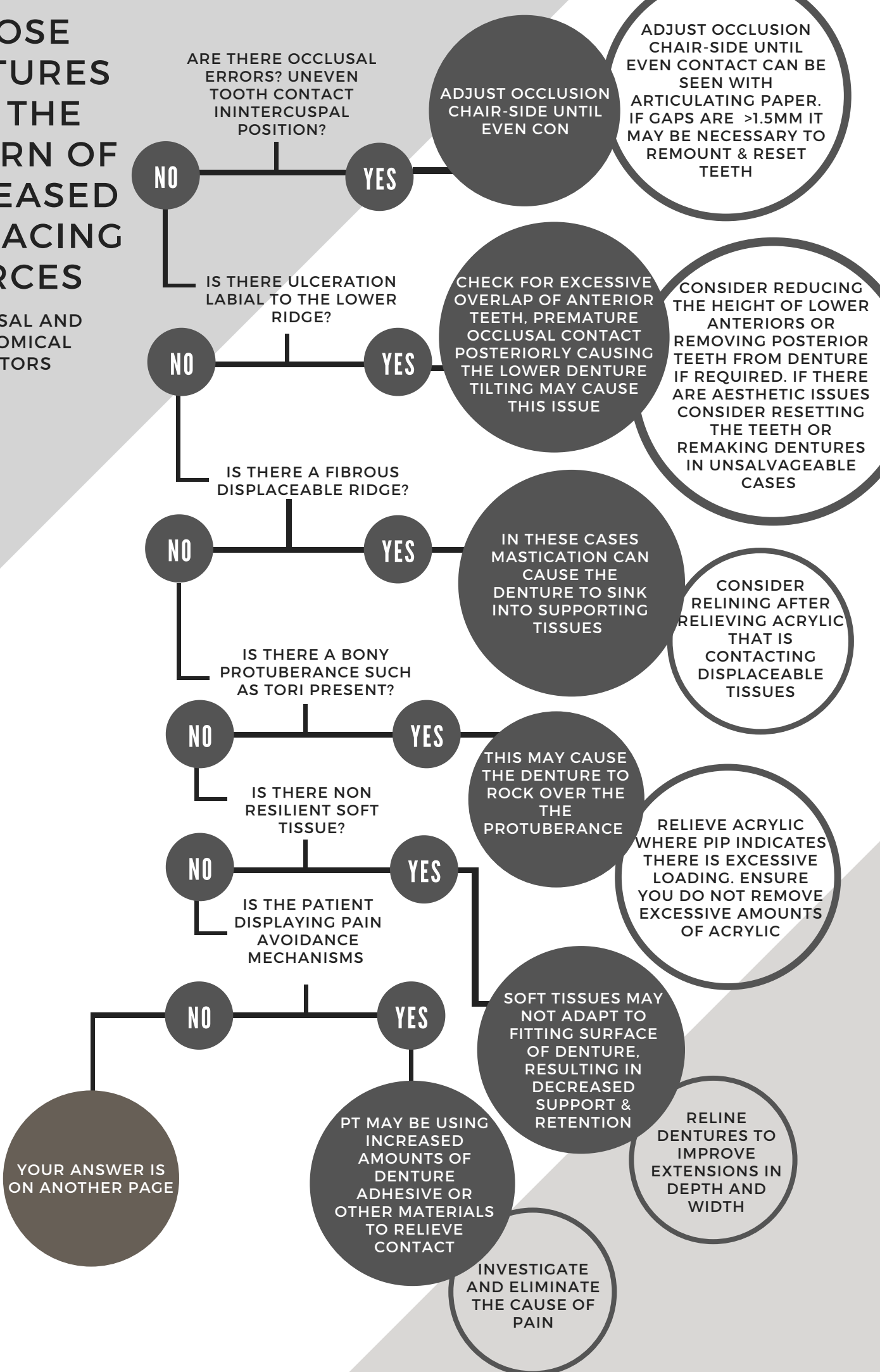


# LOOSE DENTURES II - INCREASED DISPLACING FORCES



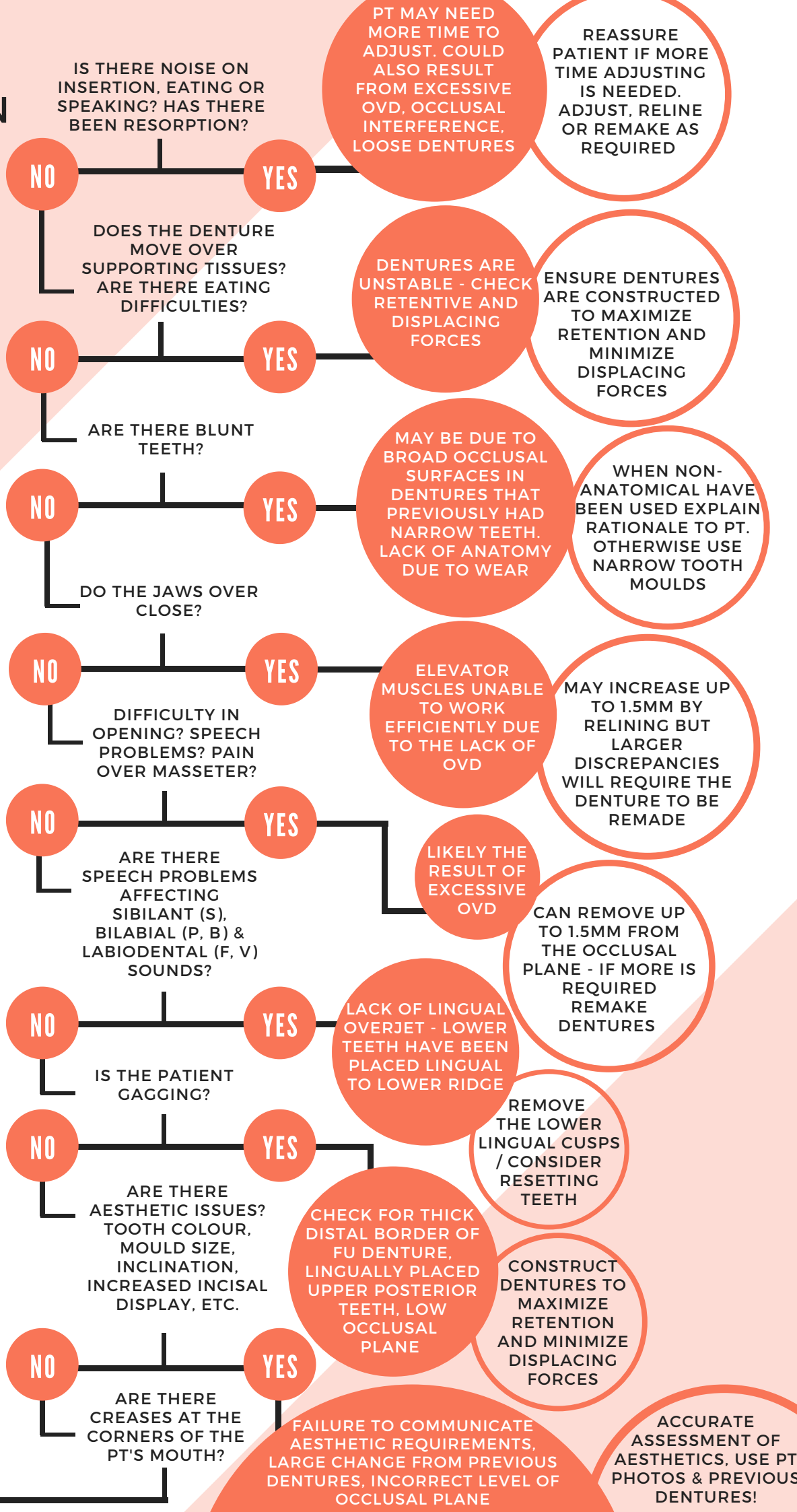
# LOOSE DENTURES III - THE RETURN OF INCREASED DISPLACING FORCES

OCCLUSAL AND ANATOMICAL FACTORS





# ISSUES WITH ADAPTATION



ADJUST TOOTH POSITIONING AS REQUIRED, IF OVD IS THE ISSUE, RETAKE JAW RELATIONS

CAN BE CAUSED BY INCREASED LABIAL FULLNESS, POOR POSITIONING OF ANTERIOR TEETH, INSUFFICIENT OVD

YOUR ANSWER IS ON ANOTHER PAGE

NO

YES

FAILURE TO COMMUNICATE AESTHETIC REQUIREMENTS, LARGE CHANGE FROM PREVIOUS DENTURES, INCORRECT LEVEL OF OCCLUSAL PLANE

ACCURATE ASSESSMENT OF AESTHETICS, USE PT PHOTOS & PREVIOUS DENTURES!



# REINFORCING YOUR COFFEE ADDICTION

## The positive effects of coffee

### 1 Coffee enhances mental performance

Coffee increases auditory vigilance and reaction times.

Coffee increases selective and sustained attention.

Caffeine improves performance on simple and complex tasks.

Coffee improves memory and recall including enhancing consolidation of long-term memories.

### 2 Coffee improves mood and can get you out of a slump.

The risk of depression reduces with caffeine consumption.

Coffee can be helpful for those suffering from depression and may have a protective effect.

### 3 Coffee enhances physical performance and reduces the perception of fatigue.

Caffeine can allow you to exercise for longer (increased endurance capacity).

Coffee improves recovery from exercise.

Coffee reduces DOMS and muscle soreness which contributes to increased work capacity.

### 4 Coffee contains useful micronutrients.

Coffee contains vitamins B2, B3 and B5 and large amounts of natural antioxidants.

### 5 Coffee is negatively correlated with lots of long-term health problems including diabetes, heart disease and cancer.

Coffee reduced the risk of Parkinson's disease.

Coffee consumption in the midlife reduced the risk of developing Alzheimer's disease and dementia in the elderly.

The risk of type 2 diabetes decreased based on coffee consumption.

Coffee consumption can reduce cardiovascular disease; also, high coffee consumption has not been linked to increased risk of cardiovascular disease.

Drinking coffee reduced risk of stroke.

An inverse relationship was found between coffee consumption and some types of cancer (i.e. Liver cancer); also, high coffee consumption has not been linked to increased risk of cancer.

## The negative effects of coffee

We don't like these.

### 1 High doses of coffee can cause anxiety (*like a drop in the ocean*), restlessness and agitation.

### 2 Coffee later in the day can negatively impact sleep.

The negative impact can be caused by coffee consumed up to 6 hours prior to sleeping.

Coffee can stay in your system for up to 9 hours so you should avoid consuming coffee  $\leq$  9 hours prior to sleeping.