



SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES



OSUDU, AGARAM VILLAGE, KUDAIKAKAM POSE, PUDUCHERRY-605502.

Date:30.5.18

From
DR BALAJI SUBRAMANIYAN,
Professor and Head,
DENTISTRY,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai

To
The Dean,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Permission to conduct value-added course: FULL MOUTH REHABILITATION

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **“FULL MOUTH REHABILITATION”** on 3.6.18 . We solicit your kind permission for the same

Kind Regards

DR. BALAJI SUBRAMANIYAN

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

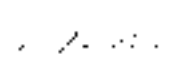
The Dean: DR. SUGUMARAN

The HOD: DR. BALAJI SUBRAMANIYAN

The Expert: DR. AMUTHAVALELV

The committee has discussed about the course and is approved.

 _____
Dean

 _____
Subject Expert


HOD, DENTISTRY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
OSUDU, AGARAM VILLAGE, KUDAIKAKAM POSE, PUDUCHERRY-605502.

RECEIVED
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE, KUDAIKAKAM POSE, PUDUCHERRY-605502.
DATE: 30.5.2018



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,

PUDUCHERRY - 605 002.

[Recognised by Medical Council of India, Ministry of Health letter No. U12012/240/2005-MC (P-II) dt. 15/07/2011]

[Affiliated to Bharath University, Chennai - TN]

Circular

1.6.18

Sub: Organising Value-added Course: FULL MOUTH REHABILITATION reg

With reference to the above mentioned subject, it is to bring to your notice that SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES, Bharath Institute of Higher Education and Research, is organising "FULL MOUTH REHABILITATION". The course content and registration form is enclosed below.

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered speed post only so as to reach on or before 26.18. Applications received after the mentioned date shall not be entertained under any circumstances.

DEAN

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE
KUDAPAKKAM POST,
PUDUCHERRY - 605 002

Dean

Encl: Copy of Course content and Registration form.

ABSTRACT

Restoration of occlusion in patients with severely worn dentition is a challenging situation as every case is unique in itself. There is great apprehension involved in reconstructing debilitated dentition due to widely divergent views concerning the choice of an appropriate occlusal scheme for successful full mouth rehabilitation. This article is an overview of the various occlusal concepts/philosophies in full mouth rehabilitation which will help the clinician select an appropriate occlusal scheme for an individual case.

The objective of full mouth rehabilitation is not only the reconstruction and restoration of the worn out dentition, but also maintenance of the health of the entire stomato gnathic system. Full mouth rehabilitation should re-establish a state of functional as well as biological efficiency where teeth and their periodontal structures, the muscles of mastication, and the temporomandibular joint (TMJ) mechanisms all function together in synchronous harmony. Proper evaluation followed by definitive diagnosis is mandatory as the aetiology of severe occlusal tooth wear is multifactorial and variable. Careful assessment of the patient's diet, eating habits and/or gastric disorders, along with the present state of occlusion is essential for appropriate treatment planning. Various classifications have been proposed to classify patients requiring full mouth rehabilitation, however, the classification most widely adopted is the one given by Turner and Missirlian. According to them, patients with occlusal wear can be broadly classified as follows: Excessive wear with loss of vertical dimension of occlusion (VDO) The patient closest speaking space is more than 1 mm.

FULL MOUTH REHABILITATION

Occlusion is a factor that is common to all branches of dentistry. It is a term generally accepted to describe the contact relationship of the upper and lower teeth. Teeth whether natural or artificial are not immobile; so occlusion can never be considered a purely static relationship. Natural teeth move in their socket and change perceptibly from day to day. They move under load into their sockets and return to position when the load is removed. Artificial occlusion discloses even more apparent movement, since the teeth move as a group on a common base because of the nature of the supporting structures.

There are numerous concepts, techniques and philosophies concerning complete denture occlusion. Keeping abreast with the changes in this area is a challenging task. Some prosthodontists believe that there should be cusps on the artificial teeth and that they must be in harmony with the dynamics of mandibular functions. Other prosthodontists think that the artificial teeth should not have cusps because they create forces that are difficult to control. ¹

THEORIES AND CONCEPTS

Occlusion according to glossary of prosthodontic terms 8th ed, is defined as “the static relationship between the incisive and masticating surfaces of the maxillary or mandibular teeth or teeth analogues.”²

Articulation is another terminology that deals with occlusion. It is the dynamic relationship or relationship in function of the maxillary and mandibular teeth.

Occlusion of natural and artificial teeth varies to a great extent. It is important for one to know about these differences in order to understand the need of balanced occlusion in a complete denture.

The first description of occlusal relationship of the teeth was made by Edward Angle in 1899. Occlusion became a topic of interest and much discussion in the early years of dentistry as the restorability and replacement of teeth became more feasible. The first significant concept developed to describe optimum functional occlusion was called balanced occlusion.

The primary components of human dental occlusion are

(1) The dentition.

(2) The neuromuscular system, and

(3) The craniofacial structures.

The development and maturation of these components are interrelated so that growth, adaptation, and change actively participate in the development of an adult occlusion. Dentition development is characterized by a period of dental alveolar and craniofacial adaptability, which is also a time when motor skills and neuromuscular learning are developing. Clinical treatment at this time may take advantage of such responsive adaptive mechanisms; for example, teeth can be guided into their correct alignment by orthodontic treatment.

In a healthy adult dentition, dental adaptive mechanisms are restricted to wear, extrusion, and drifting of teeth. Bony adaptations are essentially of a reparative nature and are slow in their operation. Protective reflexes are learned so one can avoid pain and inefficiency of the masticatory system. If and when an adult dentition begins to deteriorate, the prosthodontist resorts to fixed or removable prosthodontic therapy in attempts to maintain a functional occlusal equilibrium. This period is characterized by greatly diminished dental and reflex adaptation and by bone resorption.

Obviously, the presence of tooth loss and disease and the depletion of reparative processes pose a major prosthodontic problem. Finally, in the edentulous state, there are few natural adaptive mechanisms left. The prosthesis

rests on tissues that will change progressively and irreversibly, and the artificial occlusion serves in an environment characterized by constant change that is mainly regressive. The modern complete denture service is characterized by an integration of biological information with instrumentation, materials and clinical techniques. Orofacial and tongue muscles play an important role.

VALUE ADDED COURSE**FULL MOUTH REHABILITATION****DI-8****List of Students Enrolled Sep 2018 – Jan- 2019**

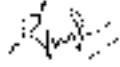
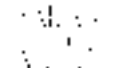

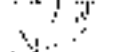

Year MBBS Student		
Sl. No	Name of the Student	Roll No
1	VIDYABARATHI T	U15MB393
2	VIGNESH V	U15MB394
3	VIGNESH KUMAR. K	U15MB395
4	VIJAY KUMAR .CM	U15MB396
5	VINOTHINI S	U15MB397

DR.BALAJI SUBRAMANIYAN
RESOURCE PERSON

DR.JAYALAKSHMI
COORDINATOR

Sharda Institute of Higher Education & Research
SRM VIGNESH SIKSRI, KANINTEL, C-1, Madhav Nagar, Chennai - 600 086

Page 2 of 5 **CVET/2019/2018/5/11/MS/DE/REHABILITATION**

Sl No	Reg.No	Name of the candidate	Signature
1	U15MB393	VIJAYABARATHI J	
2	U15MB394	VIGNESH V	
3	U15MB395	VIGNESH KUMAR R	
4	U15MB396	VIJAY KUMAR C.M	
5	U15MB397	VIRBESH K S	



SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH

FULL MOUTH REHABILITATION
and DI-8

QUESTIONS

Course Code: DI-8

1. ANSWER ALL THE QUESTIONS

1. Anterior facial height?
2. Articular posterior?
3. Supra erupted anteriors?
4. Lip line?
5. Gull chin?

Full Mouth Rehabilitation.

Definition:

The restoration of the functional integrity of the dental arches by the use of inlays, crowns, bridge and partial dentures.

Full Mouth Rehabilitation:

Restoration of the form and function of the masticatory apparatus to as near a normal as possible. (GPT-1)

Objective of full mouth Rehabilitation:

- All patients requiring full mouth rehabilitation have one problem in common) stress and strain. usually the stress is due to malfunction or a poorly related parts of the oral mechanism.

Reasons for full mouth Rehabilitation:

1. Common reason for doing full mouth rehabilitation is to obtain and maintain the health of the dental tissue.

Temporo mandibular joint dis.

- FP-1 - woven
- FP-2 woven and portion of root
- FP-3 - Replaining woven, root with soft tissue.
- RP-4 - Implant Support
- RP-5 - Implant & soft tissue support.

Misch Classification

- D₁ - Dense Cortical.
- D₂ - porous cortical trabecular.
- D₃ - porous cortical and fine trabecula.
- D₄ - fine trabecula.



Sri Lakshmi Narayana Institute of Medical Sciences



CERTIFICATE OF MERIT

This is to certify that VIGNESH.V has actively participated in the Value

Added Course on **FULL MOUTH REHABILITATION** held during **JUNE 2018 -- SEP**

2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605

502, India.

Dr. R. Balaji

RESOURCE PERSON

Dr. Jayalakshmi

COORDINATOR

Student Feedback Form

Course Name: FOOTBALL MANAGEMENT

Subject Code: 0301

Name of Student: VIJAYAN

Roll No.: 015190336

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear		✓			
2	Course contents met with your expectations		✓			
3	Lecturer sequence was well planned			✓		
4	Lectures were clear and easy to understand			✓		
5	Teaching aids were effective			✓		
6	Instructors encourage interaction and were helpful		✓			
7	The level of the course		✓			
8	Overall rating of the course	1	2	3	4	5

* Rating: 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

Date: 6.18

Vijayan
Signature

COURSE COMPLETION

Date: 20.8.18

From
DR BALAJI SUBRAMANIAN R
DEPT OF DENTISTRY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

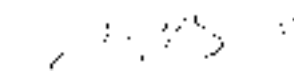
To
The Dean,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: FULL MOUTH REHABILITATION

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **FULL MOUTH REHABILITATION** on 18.8.18 . We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course

Kind Regards



DR. BALAJI SUBRAMANIAN R



Encl: Certificates

Photographs



