Strengthening Your Bond
Practical Tips for Accreditation Case Type V

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- **USE A MENTOR!**

- **CASE TYPE V** is one of the most difficult case types and requires multiple appointments. Select a patient who is a willing participant. If a patient becomes impatient, nervous, and does not keep appointments, achieving an Accreditation-level result will be difficult.

- **SELECT A CASE** that is not too complex. Healthy gingiva and teeth are critical, and gingival position must be ideal. The golden proportion will not be achieved if teeth are severely worn or spaced too far apart. If orthodontics or gingival surgery is needed, do it to create the ideal case. The examiners deduct points if these problems are not corrected. Try to select a case where your only concern is layering the composite on the tooth correctly. Restoring six or more direct resin veneers is very difficult—do not try to make it even more complex.

- **TO OBTAIN AN** Accreditation-level result, the finishing and polishing of the restorations is an important factor. Many unsuccessful cases could have been successful by correcting the anatomy, redefining line angles, and achieving a nice surface polish. Develop your polishing technique prior to completing this case. Over-polishing wipes out much of the anatomy you spent great effort creating.

- **ATTEND SOME DIRECT** composite resin “hands-on” workshops at the Annual AADC Scientific Session. More extensive multiple-day composite resin workshops are available to improve your skills while on your road to Accreditation success.1

- **PHOTOGRAPH MANY HIGH-QUALITY** images before you start. Ask a mentor to review your case for the correct images, good image quality, and to verify that the case is appropriate for Accreditation.

- **TAKE STUDY MODELS** and do a diagnostic wax-up before you start.

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Figure 1: Side view of composite layers: A. Simple layering, no preparation. B. Simple layering, minimal preparation. C. Simple layering, incisal buildup. D. Complex layering for dark teeth.

Figure 2: The three planes of facial contour.
• **USE A PUTTY** matrix when the incisal edge position is being altered. Construct a putty matrix from the diagnostic wax-up or directly from a mock-up in the patient’s mouth. Make this in advance to save time.

• **MAKE A DETAILED** color map of the composite material layers to be used in the procedure. Do this ahead of time to aid in setting up all the composite material needed for the appointment.

• **ORGANIZE THE ROOM** in advance. Have all necessary materials laid out and ready for use. If what you need is not at hand, you may tend to stop what you are doing or skip that step. Be prepared.

• **PRACTICE YOUR DIRECT** resin veneer case on a stone model or typodont ahead of time. Use the same material you plan to use on your patient. Make the same tooth preparation design on the model as you plan to do intraorally. This is your “dress rehearsal” prior to the clinical appointment. You can practice the layering of composite, achieving the primary anatomy, seeing if you have a polychromatic restoration, and seeing how your material can achieve a high polish (Fig 1).

• **LEARN HOW TO** establish primary anatomy with a direct resin veneer. Review your anatomy text, talk to your laboratory technician, and seek help from a mentor. Practice this in wax or with composite material. Be certain you know where the incisal edge position should be, and where the transitional line angles and the three planes of facial contour should be (Fig 2).

• **READ AND STUDY** *Diagnosis and Treatment Evaluation in Cosmetic Dentistry: A Guide to Accreditation Criteria*, published by the AADC.

You will find great pointers on smile design, contours, proportion, materials, photography, and many more factors that are important to Accreditation success.

• **THE FIRST-STEP** in contouring is to create the facial-incisal line angle.

• **MAKE THE CENTRAL** incisors mirror images of each other in every detail. A caliper is helpful to measure the widths of each tooth.

• **BE SURE THERE** is no midline cant. After completing the first central, have the patient stand up and check from several directions that the mesial surface is straight up and down. Complete the second central and again look to be sure the midline is correct.

• **DRAW PENCIL LINES** on the transitional line angles to check for symmetry and position.

• **OPEN UP THE** facial and incisal embrasures with a disc that is thin, small, and coarse.

• **THE INCISAL VIEW** (mirror view) is an important view for checking facial contour and facial embrasures.

• **ALLOW PLENTY OF** time for the procedure. Setting the whole day aside, with no interruptions, would be ideal. Consider working on a non-production day; if you finish early, great. If you need more time, you will not feel rushed. On the first day plan on doing just the primary anatomy and adjusting the occlusion. At a later date have the patient return for final contouring and polishing. Take photos, send them to a mentor and follow up with his/her advice. Take a postoperative impression to evaluate the restoration contour and anatomy. You can then evaluate the case with fresh eyes prior to the patient’s next visit. Create a specific list of things you want to accomplish during the next visit and adhere to it. A tendency to stray from your mission as you intently work through the appointment can result in losing many details you worked hard to develop.

• **BE REALISTIC IN** what you plan to accomplish at each appointment. Initially, most of your time will be spent developing the #8 and #9 contours. Do not rush; the remaining teeth will move along faster. At the initial appointment, you may only accomplish the anterior four teeth.

References


