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The Tatum Times

See page 2 for the 2013 Tatum Institute course dates!

Introducing: Live Surgical Videos Performed by Dr. Hilt Tatum

For years, we have all yearned to watch our Mentor and leader skillfully perform his unique surgeries. Over the last five years, Dr. Tatum has worked closely with a BBC videographer in developing an outstanding up-to-date library. This library will continue to grow as Dr. Tatum's creative mind takes him where no others have gone before. We personally invite you to enjoy viewing these surgeries at your leisure. Most companies would find this as a great "income stream". Tatum Surgical finds this as a "sharing stream" with no cost to you. Our website contains information that will help each and every one of you become a better Implant Dentist and learn to utilize this system to its fullest capabilities. Under the tab "resources", you will be instructed to finish a brief registration form. This will enable you to view over 40 instructional videos performed by the master himself…Dr. Hilt Tatum. We look forward to hearing your comments and feedback.

Did you know?

Tatum Surgical now offers temporary titanium screw retained abutments?

Inside this issue:

Tatum Implant Summer Special!

Buy any 10 or more two-piece Tatum Implants and pay only **$100.00 each**.

Buy any 10 or more one-piece Tatum Implants and pay only **$65.00 each**.

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**Special includes: Tapered, Straight, and "D" Implants.*

As many of you are aware, The Tatum Institute has a new home that we are very proud of. Our Restorative Director, Dr. Bernee Dunson, has opened his office to the Institute which is providing a warm, inviting, and comfortable environment to help us fulfill our passion of teaching. We feel that the complimentary combination of Dr. Borgner and Dr. Dunson, along with our conducive atmosphere, is a perfect environment for your continuing educational needs. In combination with our location change, we are adding additional information to our modules and maybe even a surprise module which will give us the opportunity to provide our new students more information and our previous students a refresher. The new information will be published soon in The Tatum Times and also on the Tatum Surgical Website listed below.

Module 1:	Module 2:	Module 3:
January 25 & 26, 2013 Implant Placement, Full Mouth Reconstruction, and Overdentures	March 15 & 16, 2013 Sinus Augmentation and Bone Manipulation	April 26 & 27, 2013 Bone Grafting and Vascularized Segmental Osteotomies

Each Module consists of two days at a cost of $1800. Module size is limited and advance registration is required.
For additional module Information, locations, and times please visit our website at:
www.tatumsurgical.com or call (727) 459-4910

The Innovative Smile:
"Implant Integrated Occlusion (IIO)"

By: Dr. Sangiv Patel

Dental Implantology and rehabilitation has progressed from a science focused on implant integration to instant gratification procedures such as "all on four" and "teeth in a day" concepts. The one element that has eluded us is predictable longevity beyond Implant integration. Dr. Tatum's observation that occlusion is the primary enemy while the TMJ's are imprecise acknowledges the challenges that continue to exist for the rehabilitative dentist. The Key question is, how long does the complete rehabilitation really last?

The 40 year development of "**NIRISAB"** by Dr. Tatum is a testament to his passion to generate longevity. This three part series will introduce current concepts and future potential of the dental trinity: occlusion, TMJ's and neuromuscular components in stomatognathic rehabilitation. I am honored to have been asked to introduce my **"The Innovative Smile" (TIS)** to dental implantology with Dr. Tatum's endorsement.

"The Innovative Smile" (TIS) was founded and has been continually developed by me since 2002. It is with the understanding that the stomatognathic system is designed with a natural resiliency to environmental stressors. The system is empowered by the trigeminal nerve and is adaptable. Modern dental treatments and materials do not have this capacity. Among the most rigid restorations are dental Implants restored with crowns, bridges, overdentures, and screw retained prosthetics. Additional biomechanical complexity is added due to the vast array of occlusal schemes and material selection such as resins, metals and/or zirconia based prosthetics. These treatments and materials alter the natural resiliency of the masticatory system. Accepting physiologic evidenced based treatment planning and treatment delivery for these rehabilitative and restorative options is critical to the longevity of proposed treatment and the health and stability of the stomatognathic system.

The current standard of *"Implant Protected Occlusion" (IPO) was designed to protect the implant and the restoration from failure secondary to occlusal forces and trauma. In 2004, Kim Y, Oh T-J, Misch CE, Wang H-L. Published "Occlusal considerations in implant therapy: clinical guidelines with biomechanical rationale". They state "implant-protected occlusion has been proposed strictly for implant prostheses (Misch & Bidez 1994). This concept is designed to reduce occlusal force on implant prostheses and thus to protect implants. For this, several modifications from conventional occlusal concepts have been proposed, which include providing load sharing occlusal contacts, modifications of the occlusal table and anatomy, correction of load direction, increasing of implant surface areas, and elimination or reduction of occlusal contacts in Implants with unfavorable biomechanics. Also, occlusal morphology guiding occlusal force to the apical direction, utilization of cross-bite occlusion, a narrowed occlusal table, reduced cusp inclination, and a reduced length of cantilever in mesio-distal and bucco-lingual dimension have all been suggested as factors to consider when establishing implant occlusion.*

Sangiv I Patel RDH, DDS, AFAAID
(Mastership Dental Biometrics)

"I realize that this introductory article will generate many questions. I hope it intrigues you enough to take the journey to understand Dr. Tatum's enemy of occlusion closely, accurately, in real time and over time on each patient. "**Implant Integrated Occlusion (IIO)"** is designed to help you conquer the learning curve of today's occlusal management with predictability. This will empower you to increase the longevity of your patient's oral rehabilitation and therefore the longevity and quality of their lives."

Basic principles of implant occlusion may include (1) bilateral stability in centric(habitual) occlusion, (2) evenly distributed occlusal contacts and force, (3) no interferences between retruded position and centric (habitual) position, (4) wide freedom in centric (habitual) occlusion, (5) anterior guidance whenever possible, and (6) smooth, even, lateral excursive movements without working/non-working interferences." The longevity this paradigm and practice of Implant Protected Occlusion provides often comes as a result of an under engineered or non-functional occlusion.

Washington DC 2010, I introduced **"Implant Integrated Occlusion" (IIO)**. It is my paradigm and model within the scope of my **"The Innovative Smile" (TIS). "Implant Integrated Occlusion" (IIO)** is the evolution in implant occlusion founded on the principles of **"physiologic occlusion"** generated in the development of **"The Innovative Smile" (TIS)**. Even though **"Implant Integrated Occlusion" (IIO)** is a term formally coined by me just 2 years ago, I have been teaching it in different formats since 2007. **IIO** has now developed a merit based following after a period of 5 plus years in development and clinical application.

IIO is designed not to protect the implant and prosthetic but to leverage the energy transfer during the process of occluding to manage the equilibrium between skeletal (tooth and bone) modeling and remodeling. Inherent in this energy transfer is the preservation of occlusal materials, abutment screws, all-ceramic abutments, the implant-bone interface and therefore soft tissue levels.

Implant Integrated Occlusion (IIO) can increase the longevity of implant and rehabilative dentistry by clinical application of **IIO's** 10 tenants. These critical tenants require significant more explanation than this brief introductory article will allow.

In approximately 10 short years Cone Beam CT technology has revolutionized diagnosis and treatment planning. A clear differentiation to accept is that CBCT technology yields a static 3D snapshot in time. Our stomatognathic system is dynamic and therefore requires 4D technologies able to assess function in time and motion. Remember, it is the fourth dimension of time and motion that determines longevity.

Digital Occlusion (*T-Scan*® Computerized Analysis system (Tekscan, Inc.) is an essential technology required to practice **IIO's** 10 tenants. This 4D technology allows analysis in chronology and therefore provides the capacity to gauge adaptation.

Implant Protected Occlusion's intraoral interpretation is primarily via the utilization of articulating paper marks *(Fig.1)*. This technique has now been proven inaccurate by several studies. In comparison, Digital Occlusion via the T-scan accelerates with accuracy the diagnosis, treatment and application of "physiologic occlusion" principles.

The T-scan *(Fig.2)* is an essential technology because it:

- Maps occlusal contact locations
- Measures intensity of those contacts
- Tracks center of force trajectory
- Calculates occlusion time
- Calculates disclusion time
- Measures force distribution
- Demonstrates timing of contacts
- Monitors the generation of bilateral simultaneity

It is what I call "**digital proprioception**". The T-scan is the only mechanism available to engineer longevity at the terminal intraoral contact position during occluding.

I realize that this introductory article will generate many questions. I hope it intrigues you enough to take the journey to understand Dr. Tatum's enemy of occlusion closely, accurately, in real time and over time on each patient. "**Implant Integrated Occlusion (IIO)"** is designed to help you conquer the learning curve of today's occlusal management with predictability. This will empower you to increase the longevity of your patient's oral rehabilitation and therefore the longevity and quality of their lives.

Figure 1: Traditional Articulating paper Analysis

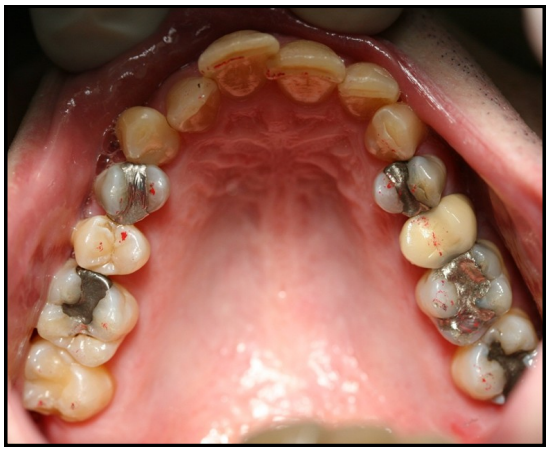
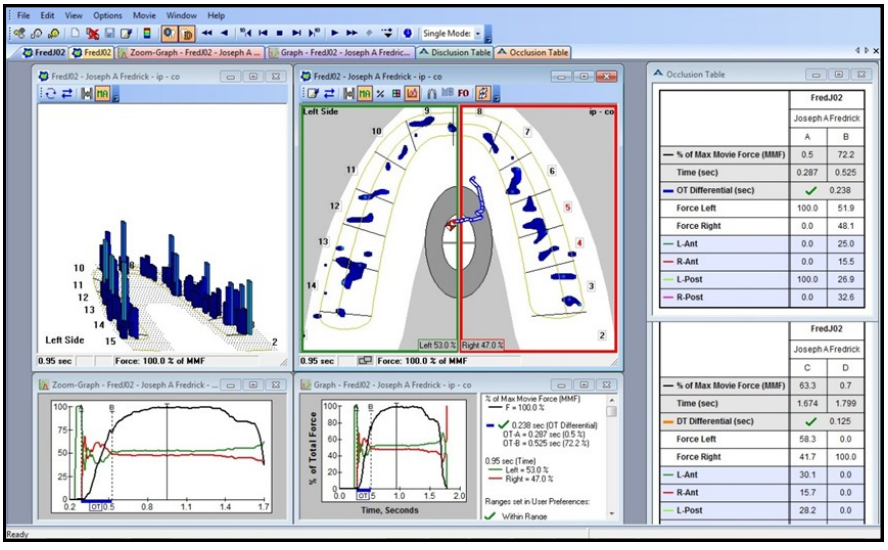


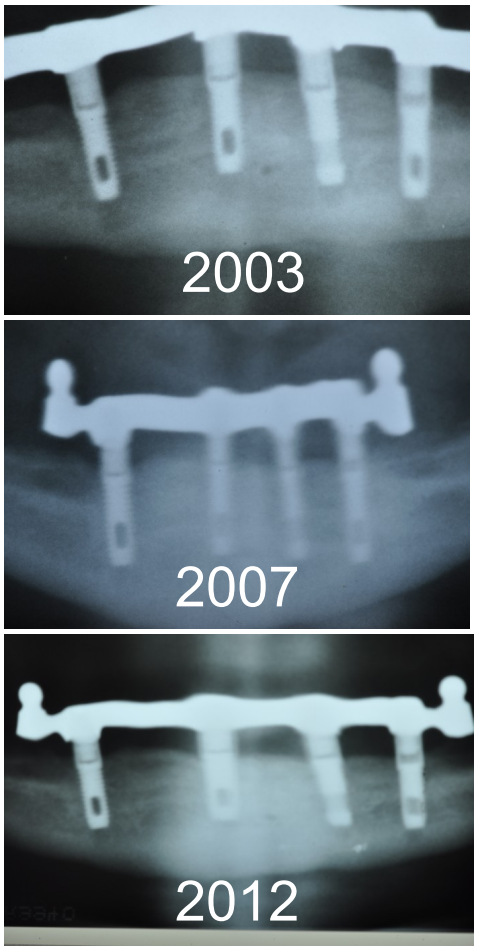
Figure 2: T-scan: Digital Occlusal Analysis



Tatum Times would like to Thank Dr. Timothy Hacker

"This case is a 70 year old man who is a farmer. He is still actively involved with his farming operation. I placed these implants in 2003 and immediately loaded them with abutments and a cast Hader bar.

Three months into his treatment, I decided to replace his bar with a casting that had 2 Tatum large ball abutment posts distal to the implants. He has had that restoration for 9 years. He has an upper denture opposing this mandibular restoration. There is no appreciable bone resorption in this case, and the tissue is very healthy. The patient returns every 6 months for a routine prophy."



In the upcoming newsletters, we are going to feature cases that have been placed by our amazing colleagues. Please provide:

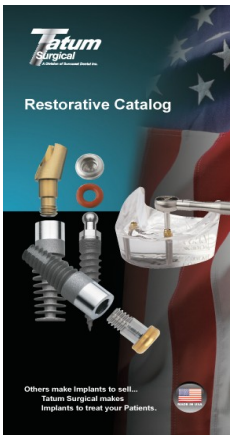
- **Your Name**
- **Date of Implant placement**
- **Radiograph at time of implant placement or prior to abutment placement**
- **Radiograph of the case 5 years or more post loading**
- **Anything else that you would like to include is appreciated.**

If you have any questions, please call Rebekah at 727-459-4910 .

Please submit to:

tatuminfo@aol.com

Our 2012 Product Catalog and 2012 Restorative Catalog are now available. Please call Tatum Surgical if you have not received your copy yet. 888-360-5550



Proud to be BORN and MADE in The USA!

Users of the Month

We are pleased to announce our

Users of the Month

for January, February, and March 2012. For this accomplishment, these clinicians will receive four complimentary implants of their choice.

January
Dr. Vincent Liang
Milipitas, California
February
Dr. Thomas Carroll
Galveston, Texas
March
Dr. Ramon Perez
Delray Beach, Florida

Tatum Surgical now offers Instrument Sharpeners!

Visit us at:
www.tatumsurgical.com

The Tatum Institute Offers a $200.00 Returning Student Discount!

Practice Building Tips...

At Tatum Surgical, we are so appreciative of our friends and colleagues for their willingness to share information so freely and genuinely try and help each other. I overheard Dr. Guy Levy from Yorktown, Virginia talking to a group of doctors regarding a company that has positively enhanced his office. He was quick to offer this suggestion to our readers...Thank You Dr. Levy!

"My dental team and I chose Demand Force (www.demandforce.com) because of the ease of implementation and overall benefits. Demand Force is essentially a comprehensive communication portal for our patients. Patients can make appointment requests and appointments can be confirmed by email or text. After their dental treatment, patients have the opportunity to complete a survey of their experience. Patients do have the option of remaining anonymous.

During the year in which we have benefited from Demand Force, the surveys have been a tremendous asset. As a result of the surveys, we have made significant quality improvements based on the positive as well as critical feedback from our patients."

~ Guy Levy, DDS