

Initial placement adjustment and servicing of RPD



TERM ADJUSTMENT

1- adjustment to the bearing surface and occlusion made by dentist

2- psychological and biological accommodation by the patient for the presence of foreign body in his mouth



Included in this final step necessary to produce a biological acceptable prosthetic restoration are:

1. **ADJUSTMENT OF BEARING SURFACES OF DENTURE BASE TO BE IN HARMONY WITH THE SUPPORTING SOFT TISSUE.**
2. **THE ADJUSTMENT OF OCCLUSION TO ACCOMMODATE THE OCCLUSAL RESTS AND OTHER METAL PARTS OF THE DENTURE**
3. **THE FINAL ADJUSTMENT OF OCCLUSION OF ARTIFICIAL TEETH TO HARMONIZE WITH NATURAL OCCLUSION IN ALL MANDIBULAR POSITIONS.**



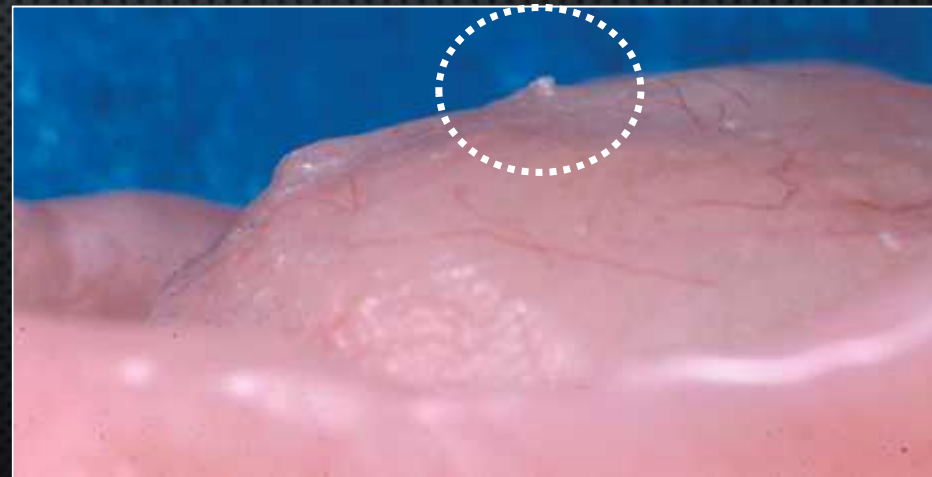
Occlusal interference from denture framework

In any event occlusal interference from the framework •
itself should not ordinarily require future adjustment at
the time of the initial placement of the finished
denture.



ADJUSTMENT TO THE BEARING SURFACES OF DENTURE BASES:

- Check the bearing surfaces of the dentures for bubbles and sharp projections. Remove such projections with an acrylic burr or the Kingsley scraper.



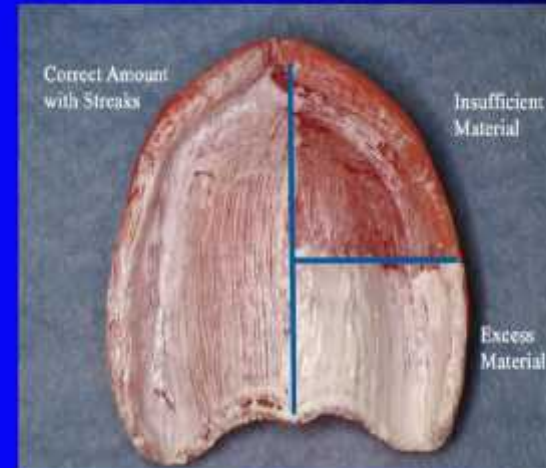
- ADJUSTING THE BEARING SURFACES TO PERFECT THE FIT OF THE DENTURE TO THE SUPPORTING TISSUES SHOULD BE ACCOMPLISHED BY THE USE OF SOME INDICATOR PASTE.
- THE PASTE MUST BE ONE THAT WILL BE READILY DISPLACED BY POSITIVE TISSUE CONTACT AND WILL NOT ADHERE TO THE TISSUES OF THE MOUTH



The paste should be •
applied in a thin layer over
the bearing surfaces and
then both occlusal and
digital pressure should be
applied to the denture.



Place Paste with Streaks

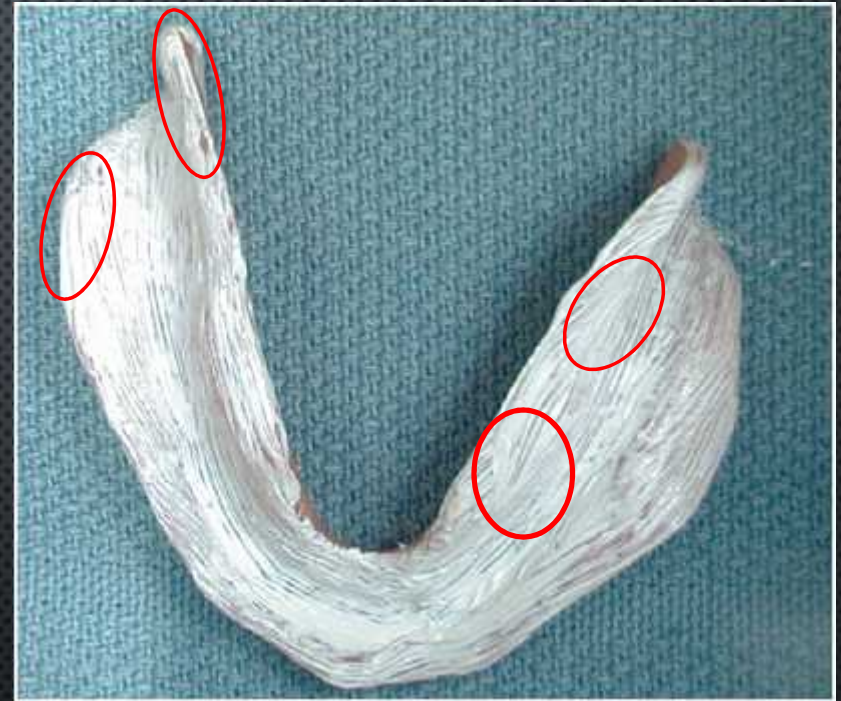


The denture is then removed and inspected, any areas where the pressure has been heavy enough to displace a thin film of indicator paste should be relieved and the procedure repeated with a new film until excessive pressure areas have been eliminated.



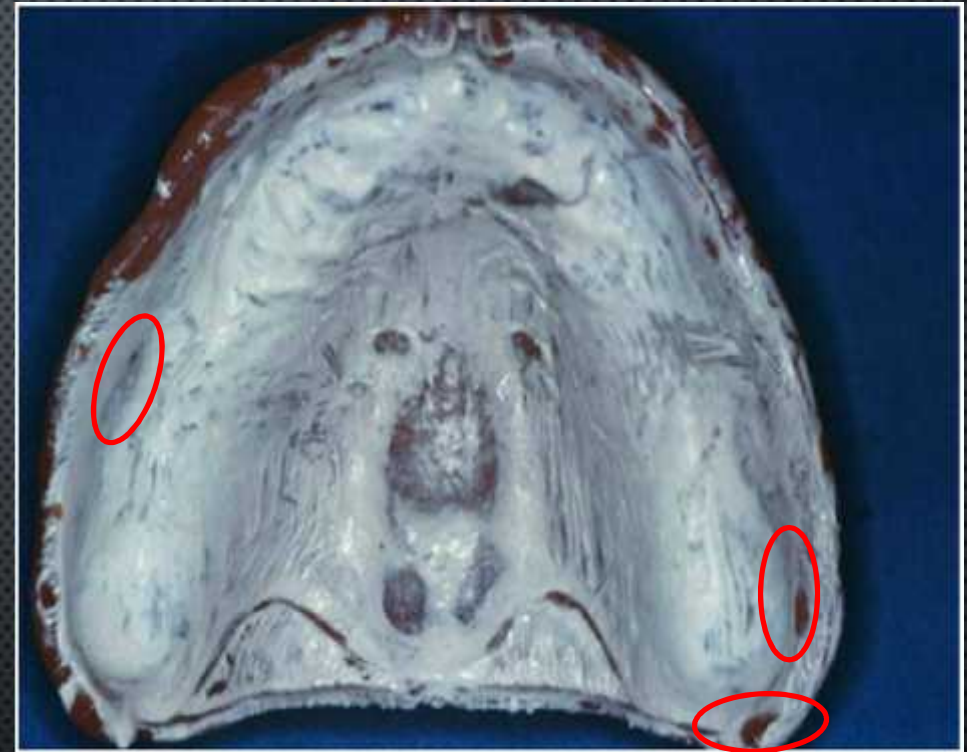
- Pressure areas most frequently encountered as follows in mandibular arch:

1. The lingual slope of the mandibular ridge in the premolar area.
2. The mylohyoid ridge.
3. The border extension into Retromylohyoid space.
4. The distobuccal border (in the vicinity of the ascending ramus and the external oblique ridge).



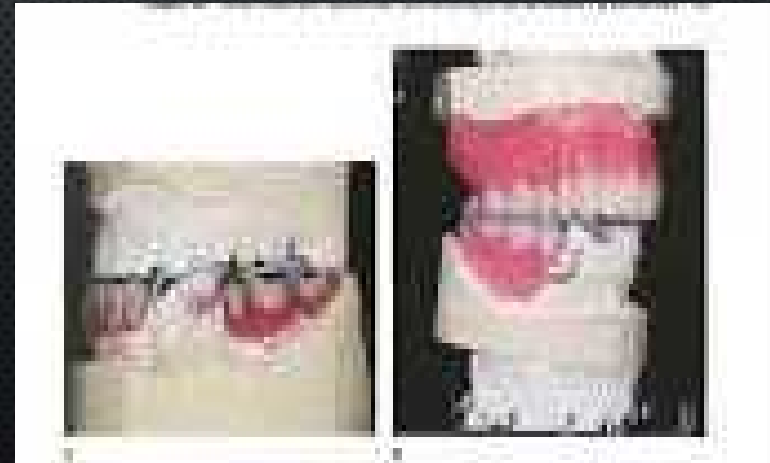
Pressure areas in maxillary arch:

- 1. The inside of the buccal flange of the denture over the tuberosities.**
- 2. The border of the denture lying at the malar prominence.**
- 3. At the pterygomaxillary notch where the denture may impinge on the pterygomandibular raphe or the pterygoid hamulus itself.**



ADJUSTMENT OF OCCLUSION IN HARMONY WITH NATURAL AND ARTIFICIAL DENTITION:

OCCLUSAL ADJUSTMENT OF TOOTH -SUPPORTED RPD MAY BE DONE BY ANY OF SEVERAL INTRA-ORAL METHODS, OCCLUSAL ADJUSTMENT OF DISTAL EXTENSION RPD IS ACCOMPLISHED MORE CONVENIENTLY AND ACCURATELY BY USING AN ARTICULATOR THAN BY ANY INTRA- ORAL METHOD.



ADJUSTMENT OF OCCLUSION IN HARMONY WITH NATURAL AND ARTIFICIAL DENTITION:

EVEN WHEN THE OCCLUSION OF TWO OPPOSING PARTIAL DENTURES IS ADJUSTED, IT IS BEST THAT ONE ARCH BE CONSIDERED AN INTACT ARCH AND THE OTHER ONE ADJUSTED TO IT.

IF ONE DENTURE IS ENTIRELY TOOTH- SUPPORTED AND THE OTHER HAS A TISSUE SUPPORTED BASE, THE TOOTH SUPPORTED IS ADJUSTED TO FINAL OCCLUSION WITH ANY OPPOSING NATURAL TEETH AND THEN THAT ARCH IS TREATED AS AN INTACT ARCH AND THE OPPOSING DENTURE IS ADJUSTED TO OCCLUDE WITH IT.

IF BOTH PARTIAL DENTURES ARE ENTIRELY TOOTH SUPPORTED , THE ONE THAT OCCLUDE WITH MOST NATURAL TEETH IS ADJUSTED FIRST AND THE SECOND DENTURE THEN ADJUSTED TO OCCLUDE WITH THE INTACT ARCH.

THE FINAL ADJUSTMENT OF OCCLUSION ON OPPOSING TISSUE -SUPPORTED BASES IS USUALLY DONE ON THE MANDIBULAR DENTURE, SINCE THIS IS THE MOVING MEMBER AND THE OCCLUSION IS MADE TO HARMONIZE WITH MAXILLARY ARCH WHICH-IS TREATED AS PART OF AN INTACT ARCH.

INTRA-ORAL OCCLUSAL ADJUSTMENT IS ACCOMPLISHED BY USING INDICATOR AND BURS. THESE ALSO MAY BE USED TO REDUCE PLASTIC TEETH SURFACES.



ADJUSTMENT OF OCCLUSION IN HARMONY WITH NATURAL AND ARTIFICIAL DENTITION:

THE USE OF MORE THAN ONE COLOR OF ARTICULATING PAPER OR RIBBON TO RECORD AND DIFFERENTIATE BETWEEN CENTRIC AND ECCENTRIC CONTACT IS JUST AS HELPFUL IN ADJUSTING PD OCCLUSION AS NATURAL OCCLUSION AND FOR THE INITIAL ADJUSTMENT THIS METHOD MAY BE USED.

ARTICULATING PAPER, ARTICULATING RIBBON AND OCCLUSAL WAX ARE USED AS INTRA-ORAL INDICATORS, WHICHEVER METHOD IS USED IT MUST BE REPEATED UNTIL OCCLUSAL BALANCE IN THE PLANNED INTERCUSPAL POSITION HAS BEEN ESTABLISHED AND UNIFORM CONTACT WITHOUT PERFORATIONS ARE EVIDENT FROM A FINAL INTEROCCLUSAL WAX RECORD.



ADJUSTMENT OF OCCLUSION IN HARMONY WITH NATURAL AND ARTIFICIAL DENTITION:

occlusal wax may be necessary to establish points of excessive contact and interference. This can not be done by articulating paper only or alone. An occlusal wax such as kerr occlusal indicator which is adhesive on one side or strips of 28 gauges, kerr green casting wax or other similar soft wax may be used.

For centric contacts the patient is guided to tap into the wax and then the wax is removed and inspected for perforations.

All perforated areas are either premature contacts or excessive contacts and must be adjusted.



