

The Forty-Five Rules of Fixed Prosthodontics

Fendi Alshaarani*

Department of Fixed Prosthodontics, Faculty of Dentistry, Alwash University, Homs, Syria

***Corresponding Author:** Fendi Alshaarani, Department of Fixed Prosthodontics, Faculty of Dentistry, Alwash University, Homs, Syria.

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Abstract

In these principles we may find a difference between the thoughts that need scientific proof and the basic condition of the duty of implementation. In dentistry, we hope that these rules will take their role for scientific proof.

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Rules of fixed prosthodontics

The tooth is unique and has the same embryological origin as the brain, and at the develop, that common origin seems not to have been forgotten, such is so that when one lives one thing the other he listens to him and communicates with each other.

1. Dentistry equals the toothbrush.
2. Every time you put your hand in the patient's mouth, the destruction increases.
3. The patient should be given a cleanable prosthesis.
4. Consistency should be provided between the unprepared area of the tooth and the crown or restoration.
5. The enamel is sacred, it should be preserved.
6. Do not practice the prosthetic crime.
7. Reverse shoulder is not accepted especially in the unseen areas.
8. The furcation: the preparation takes form of "W".
9. The retention between the restoration and the tooth should exceed the force of cement.
10. Etching and scratching the enamel leads to caries (do not hurt the neighboring teeth).
11. Do not permanently cement the crown on sensitive teeth.
12. Do not take impression over inflamed gingiva.
13. Do not perform crowns and bridges except in an intact mouth.
14. Good preparation leads to a good restoration.
15. Every time you can place the finish line supragingivally do it.
16. Occlusion has no role in temporomandibular disorder.
17. We increase the vertical dimension of occlusion for therapeutic reasons.
18. From a functional point of view: there is no such thing as malocclusion. There is malalignment of teeth
19. Training and exercising are for the central nervous system, not for the muscles.
20. Teeth are knives in hands of muscles.
21. The muscle does not perform an act of movement unless ordered, monitored and supervised by the central nervous system.
22. Centric relation is a big lie.

23. Mouth rehabilitation means finding a centric occlusion that provides the goals of prosthesis: chewing, swallowing, aesthetics, and phonetics.
24. The positions of condyles in the glenoid fossa are not of our concern.
25. Any prosthesis that does not achieve its goals and patient comfort is unacceptable.
26. Knowing the patient is very important to assess: his/her psychological, social, economic, educational and life conditions, for their role in temporomandibular disorder and attrition.
27. If the impression failed after several trials, use copper band.
28. Spastic muscle makes sound during function in a try to eliminate the spasm.
29. In dentistry, you have to be a sculptor and an artist.
30. Do not place composite under the crown.
31. Treat the tooth even if you want to extract it.
32. Always make the treatment plan as simple as possible.
33. Do not delay crowning the tooth with post and core.
34. Always include "Do nothing" in treatment options as it might be much better than "do something".
35. Do not extract teeth unless there is a clear indication.
36. Do not ease treatment options on the expense of the patient.
37. Do not treat a case. Treat a patient.
38. Do not go easy with a mistake, it will exacerbate.
39. Do not focus on aesthetics in the expense of the health or the tooth.
40. Let your goal be the good and proper treatment not the money.
41. The hardness of the material used in mouth should resemble that of the enamel.
42. Priority order of treatment goals:
 - a. Functional (chewing, phonetics, prevent tipping and supraeruption of teeth).
 - b. Hygienic.
 - c. Aesthetics and patient comfort.
43. The force will appear somewhere and will influence in some way evidenced by the reactive tissue affixed to the teeth and teeth itself.
44. Don't prefer coronation instead of orthodontics, avoid crowning criminality.
45. The only stable thing about occlusion is that it is unstable (the occlusion always sets itself).

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