

## It's all in the sequence

Putting the cart before the horse; shutting the corral after the cattle are gone; building a roof before the foundation is firm. Some things just don't make any sense. Dentistry is that way, too. If we don't treat patients *comprehensively* and *sequentially*, our outcomes are not predictably successful.

Suppose a new patient comes to your practice with a large MODFL alloy in tooth 3(16), and what little was left of the buccal cusp has fractured off, leaving a sharp edge ulcerating the adjacent buccal mucosa. Further, assume that numerous old, large alloys are present throughout the mouth, that tooth 30(46) is missing, 31(47) and 32(48) are tipped mesially into the resulting space, and 3(16) has hypererupted into that space. The patient is in reasonable condition otherwise. His first words to you are: "I know there is a lot of work to be done, but right now I just want this broken tooth capped. We'll have to get to the rest of it later."

Many of us would go right ahead and provide a nice crown, just as the patient requests. Simple case, right?

However, we would have restored this patient's occlusion to a pathological condition. Our treatment would have left an uneven occlusal plane, and we would have left him uneducated about his responsibilities in a program to maintain lifelong health, function, and esthetics. The patient generally would experience a poorer outcome 25 years later. I believe we can offer better service for these patients.

Just as our lifelong education must be comprehensive and sequential, so must our treatment plans. Every patient deserves a full diagnosis and a treatment plan that utilizes the simplest, yet comprehensive therapeutic interventions to restore form, function, health, and appearance after we have eliminated, controlled, or managed all factors that cause or contribute to oral disease.

There are seven fundamentals that follow a logical clinical sequence to assure better outcomes for patients, considering the individual circumstances of each case.

*Professionalism* deals with (1) the ethics of proposed treatment; (2) your self-assessment of whether you need collegial help in treating the patient successfully; and (3) a working understanding of the fundamentals of human behavior.

*Assessment* of the patient is next and includes full evaluation of dental, medical, emotional, and personal issues that have or will have an impact on the patient's quality of life, both presently and during later years.

*Management of disease* follows and demands resolution of all factors that cause or contribute to oral disease. Pain and infection, occlusal disease, systemic diseases, and local factors are among the many conditions that can contribute to the deterioration of oral health. This treatment stage is the stage of provisionalization. At the conclusion of disease management, all active disease should be under control, and a stable provisional occlusion at the correct occlusal height should be in place.

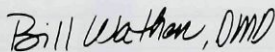
*Maintenance of health* is next and is the primary responsibility of the patient. Definitive restorative treatment planning cannot and should not be completed until the patient has conclusively demonstrated a commitment to a habitual home-care routine that will preserve the newfound levels of oral and systemic health.

*Restoration of form, function, health, and esthetics* can now be accomplished with assurance that factors mitigating against good outcome have been controlled to the extent possible.

*Community health* issues underlie all the items listed above and include community education on a broad basis, patient education on a more selective basis, and informed consent on a patient-by-patient basis.

*Practice management* is the final area to be considered. It consists of all those systems that support the various therapies we render our patients and is the key to a better, more efficient, more profitable practice.

Our purpose here is to remind ourselves that the attending dentist serves both patient and self better through continuous learning and fidelity to patient-centered, comprehensive, sequential approaches to practice.



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