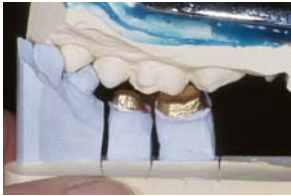


Over 50% of the bites received for mounting are not an appropriate representation of the mouth. Causes range from material used, improper closer, and overuse of material. Below are recommended procedures for developing an accurate bite record. The material of choice is Parkell's Blu-Mousse.



Triple Tray Technique

The 3-in-1, or triple, tray impression technique is good in some respects. It saves material, time, and delivers a bite in a non-static position. The downside of the technique is "what you don't see you get". Often models are inadequate in size to properly duplicate excursive movements as in the example shown to the left. Only centric occlusion is determined in most cases. It is also difficult to manage the patients proper bite relation if they are not giving an accurate one. A lot of 3-in-1's are found to be protrusive as a general rule. The esthetics of good contour are

also left in the hands of the experienced technicians perception rather than duplication of the opposite side. A pre-op is always good to send as a helpful guide during fabrication.

Quadrant models usually will be more accurate than a 3-in-1 in the information aspect but are hard to relate with a bite. When using a quadrant tray always include at least the middle of the anterior arch form in the impression. This allows an anterior stop to keep models from tipping in or out. Full bites around the arch are not necessary for four reasons. 1) waste of material, 2) covers up the view to see if the patient is biting properly, 3) creates a non-related feel to the patient, encouraging them to incorrectly bite, 4) they don't fit back on the model (shown at right) without trimming back to an occlusal pad. The picture at left shows a lesser amount of material used, but this will also need trimmed to an occlusal pad to properly relate models. In general bite material cannot come into contact with tissue. If they do, this will always be trimmed back. Tissue compresses dramatically different each time any type of impression is taken.



Bite will be trimmed away from tissue.



Upper model not relating to full bite.



Total coverage is not needed.

Full arch models always prove to give the most accurate information. They rarely need a bite and if so a minimal one will suffice. When full models are used only the prepared area(s) need bite material. When anterior or posterior teeth are prepared only the occlusal surface needs covered as in both examples pictured. This allows interdigitation of existing teeth while utilizing the wafer bite as a directional guide. Again, total coverage as pictured is not needed and will only be cut and trimmed away. The posterior occlusal bite only reestablishes the vertical stop needed when no natural vertical stop is present due to preparation.



Anterior Bite



Posterior Bite

When preparing a bridge, prepare one tooth then use an occlusal bite over that tooth to help the patient provide a proper bite relation once all teeth have been prepared. Lock the patient in place with the occlusal pad once fully prepared and then add material to the bite to include the other teeth while the patient is holding the single pad in place. This will assure patients natural vertical will be maintained and the patient will not need to reestablish their bite and possibly give an inaccurate recording.