

## **John N. Nasedkin, D.D.S., F.R.C.D.(C), F.A.D.M.**

Dr. Nasedkin is a prosthodontist in Vancouver Canada, who has taught occlusion/tmj and esthetics on every continent. He is a past-President of the American Equilibration Society and a member of the Pacific Coast Society of Prosthodontists, the American Academy of Cosmetic Dentistry and many prestigious organizations. He is the co-editor of the book, "Occlusion : The State of the Art". He is the mentor of the first esthetic study club in Canada .

Full page c.v. available upon request.  
Also available – sample CD

## **John N. Nasedkin**

D.D.S., F.R.C.D.(C), F.A.D.M.

Certified Specialist in Prosthetic Dentistry

408-1128 Hornby St. Vancouver B.C., Canada V6Z-2L4

Tel. 604-682-8801 Fax 604-688-8607

E-mail - [jnasedkin@telus.net](mailto:jnasedkin@telus.net)

Program outline.

### **TREATMENT PLANNING AND REHABILITATION:**

Based on Integrating Aesthetics with Occlusion and the T. M. Joint.

This full day course will address the proper application of the criteria for an optimum occlusion in the determination and correction of anterior and lateral guidance loading patterns. A practice-oriented

guideline based on clinical evidence for long-term success of prosthetic reconstructions integrating occlusion and esthetics and function will be discussed.

### **The laminate experience: Porcelain veneers at 19 years.**

In 1984 dentists were mostly skeptical that slivers of porcelain could be bonded effectively to tooth structure. This presentation will trace the continuing evolution of this treatment modality and define the essential elements for clinical success. Long-term cases will illustrate the effectiveness of veneers in a variety of treatment situations.

### **The Aesthetic Acceptance Process:**

There is a logical sequence which leads to the acceptance of multiple all-ceramic restorations. The psychology of the patient and an explanation for altered values during the anterior rehabilitation process is provided. Concepts of custom as opposed to standard crowns will delineate a method to enhance case acceptance.

### **Occlusal reintegration within the envelope of function:**

The rebuilding of collapsed occlusions must be based on sound restorative principles. An optimum occlusion is developed from anterior and posterior guidance patterns which are identified and which are accepted within the chewing system. Bite raising and canine risers on a trial basis may assist progress to rehabilitation . Specific guidelines for occlusal adjustment will be identified.

## **John N. Nasedkin, D.D.S., F.R.C.D.(C), F.A.D.M.**

Certified Specialist in Prosthetic Dentistry

408 – 1128 Hornby Street, Vancouver, BC, Canada V6Z 2L4

Tel: 604-682-8801; Fax: 604-688-8607

Email: [jnasedkin@telus.net](mailto:jnasedkin@telus.net)

Program outline

## **TREATMENT PLANNING AND REHABILITATION: Based on Integrating Aesthetics with Occlusion and the T. M. Joint.**

This full day course will address the proper application of the criteria for an optimum occlusion in the determination and correction of anterior and lateral guidance loading patterns. A practice-oriented guideline based on clinical evidence for long-term success of prosthetic reconstructions integrating occlusion and esthetics and function will be discussed.

### **The laminate experience: Porcelain veneers at 19 years.**

In 1984 dentists were mostly skeptical that slivers of porcelain could be bonded effectively to tooth structure. This presentation will trace the continuing evolution of this treatment modality and define the essential elements for clinical success. Long-term cases will illustrate the effectiveness of veneers in a variety of treatment situations.

## The Aesthetic Acceptance Process:

There is a logical sequence which leads to the acceptance of multiple all-ceramic restorations. The psychology of the patient and an explanation for altered values during the anterior rehabilitation process is provided. Concepts of custom as opposed to standard crowns will delineate a method to enhance case acceptance.

## Occlusal reintegration within the envelope of function:

The rebuilding of collapsed occlusions must be based on sound restorative principles. An optimum occlusion is developed from anterior and posterior guidance patterns which are identified and which are accepted within the chewing system. Bite raising and canine risers on a trial basis may assist progress to rehabilitation. Specific guidelines for occlusal adjustment will be identified.

## Fixed-removable combination cases:

Reviving a lost art – the combination case as the reliable alternative to the implant prosthesis and the clasped partial denture. Most clasped partials are worn in the pocket or the purse. Implant prosthesis are rejected due to cost, lack of bone or other reasons. It is timely to revisit the middle ground, reviewing the principles of fixed crowns in combination with attachment-retained partial dentures.

## Biographical Information:

John N. Nasedkin, D.D.S., F.R.C.D.(C), F.A.D.M.  
Certified Specialist in Prosthetic Dentistry  
408 – 1128 Hornby Street,  
Vancouver, BC, Canada V6Z 2L4  
Tel. 604-682-8801 Fax 604-688-8607  
E-mail - jnasedkin@telus.net

Reprinted from Connections: ADSBC - October 2002

### Fixed-removable combination cases:

In general practice there is an acute awareness of the need for implants as a useful aspect of prosthetic dentistry. Nonetheless we all have patients who have been presented with the implant recommendation and rejected same for a variety of reasons. To those whom we serve, the prospect of bone augmentation might not be pleasant and the real and perceived expense of implant procedures can place them beyond the means of many others. As a result, these patients are often wearing clasped partial dentures in their pocket or purse.

Shown below are before and after photographs of a combination case:



Combination cases are reliable alternatives to the implant prosthesis and the clasped partial denture. Often bite raising or re-establishing the occlusal plane is required as part of the process of providing the combination case. This is the middle ground which will be part of our presentation at the PDC 03

Firstly the principles of fixed crowns in combination with attachment-retained partial dentures must be reviewed. We have developed a Protocol for Crowns and Precision Partial Dentures which provides a step-by-step guide for the management of this kind of case. There are a large variety of external and internal precision attachments which can be considered, and from which the dentist must choose. Treatment planning and educational resources need to be available to assist the treatment planning process.

Developing the resources for case presentations like this is an essential element of the delivery process. A formula for fee determination that is not punitive to the dentist or the patient is needed. Locating and working with the kind of skilled technician to provide support for these cases is another important part of our program.

There is sound research to support the use of nylon or plastic inserts to maintain the retention of partial dentures while simultaneously reducing component wear. Most of the cases which will be discussed will show how these inserts can be used to maintain a constant seating and retentive perception over the long term. The timing and assessment of the need for saddle area relines will be discussed.

This presentation has developed from the Treatment Planning and Rehabilitation study group of Dr. John Nasedkin a Vancouver prosthodontist. This year he will have presented programs in Canada and the US, England, Italy and India.