A clinical guide to occlusion: an introduction

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Dental undergraduates are usually taught the theoretical basis of occlusion and are left in no doubt that occlusion is important. The increasingly congested dental curriculum however means that they usually have very limited practical clinical experience and this is true of occlusal problems in particular.

The newly qualified dentist then often suffers a degree of confusion and uncertainty. He or she is involved every day in treatments that affect the dental occlusion — but what exactly is an occlusal interference? What sort of occlusion is necessary for a new prosthesis? What are the consequences of malocclusions and occlusal interferences? Are occlusal treatments necessary and if so when and how should they be carried out?

Attending postgraduate courses on occlusion can often help the situation. The confusion can be compounded though, when different ‘experts’ give contradictory information. Often clinical opinions are presented as facts or ‘rules’. This is sometimes taken to extremes by some dentists who claim that all manner of disorders can be caused by occlusal interferences.

The authors of this series have confronted the dilemma head-on and written a series of ten articles with the aim of providing a working guide for the practical dentist. They have produced this series of articles based on best current evidence. No exaggerated or unsubstantiated claims are made about the consequences of occlusal interferences nor about the benefits of occlusal treatments.

This series is aimed at practical dentists but is not a ‘how-to-do’ handbook. It is designed to provide a working philosophy that is in line with contemporary good practice to be used in everyday clinical practice. Recommendations are supported by evidence from clinical research wherever possible. The authors however acknowledge the need sometimes to draw on the body of clinical experience and perceived wisdom and sensible reasons are given for recommendations if clinical evidence is lacking.

Each article begins with clearly stated aims and concludes with a short list of guidelines for good clinical practice, directly related to the aims. Successive chapters then build on the preceding chapters, each adding in turn to the list of guidelines. This results, at the end of the series of articles, in a comprehensive list that is the ‘Guidelines of good clinical practice’.

The series begins with two chapters that describe the masticatory system and how to examine temporomandibular joints, muscles of mastication and the dental occlusion.

The majority of the remaining articles discuss occlusion in relation to restorative dentistry, including operative dentistry, fixed and removable prosthetics, dental implants and periodontology. The conformational and reorganisation approaches form the foundations of the prosthetic articles and techniques of occlusal reconstruction appropriate to different prostheses are thoroughly described.

Two other articles include occlusal considerations in orthodontics and paediatric dentistry and a final article deals with tooth surface loss.

Each article can stand alone and includes several important references but is designed to complement the other articles eventually producing the set of practical guidelines.

The authors have produced a novel approach to the subject, and dentists should find the step-by-step method logical and convenient and above all of practical value. The series should help dispel some myths about occlusion and help dentists treat their patients at the same time as recognising that there is more to learn.

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