Life-Changing Results with Dr. Austin

There are 140,000 dentists in the United States, but fewer than 500 have the training and confidence to perform a full-mouth, neuromuscular occlusion.

By Howard Collett

"When I retire, I'll reflect back and remember this case as the most challenging and most gratifying dentistry I've ever done."

During the past decade, improved technology and patient demand have greatly increased for the use of porcelain restorations. On more than one occasion, such technology has not only provided aesthetically pleasing outcomes, but life-changing results as well. Consider a case recently completed by Dr. F. Richard Austin of Salt Lake City, Utah.

In the fall of 2002, Dr. Austin completed 20 veneers on a patient in his late 50s. The case went well, and the patient later related the following story. Some eight years earlier, the patient and his wife went to Mexico and visited an orphanage. They saw a boy—then about six years old—alone in the corner of the room. The boy was hoarding bread, stuffing all he had in the pockets of his clothes. They discovered the boy could not chew food. Later examination showed that he had just two points of occlusal contact.

Further examination revealed that the boy had an extremely rare bone and deformative disease, which caused several congenitally missing teeth. He also suffered other orthodontic and occlusal problems because his maxilla and mandible hadn't completely formed. The boy was underweight because he was unable to chew normal food. He was adopted while in this underweight condition.

His young life had also been complicated by the fact that he had bilateral club feet, and hands exhibiting 90-degree angulation. The first thing his new parents decided to do was to fix his feet. Thanks to the skills of an orthopedic surgeon, the boy was finally able to walk. Their next decision was to find someone to fix his teeth.

As a young teenager, the boy could only eat soft foods. Because his bones hadn't developed normally, his teeth were twisted and badly spaced. An orthodontist had done some work to attempt to establish some occlusion, but it hadn't been successful. The trauma of the procedure complicated matters, and during treatment the young patient offered only minimal compliance.

"No one had any solutions other than to attempt an osteotomy," said Dr. Austin. "The boy's dentists wanted to resect the mandible and maxilla, physically reposition the teeth, and wire his mouth shut. His parents weren't comfortable with such an invasive approach. My method was to bond pressed porcelain to the existing dentition to establish a normal occlusion, then adjust the maxilla and mandibular relationship until it was in a normal neuromuscular position."

"We made an occlusal analysis using the Acculiner articulator," recalled Dr. Austin. "Then we established a neuromuscular occlusion using the HIP/tensing method. We had diagnostic wax-ups made. The Acculiner procedure clearly showed that we could bring his teeth into occlusion without moving them orthodontically, and without surgery."

After being fitted with temporaries, the boy went home. That night, he repeatedly got up to look in the mirror to see that he had normal teeth. For first time ever he began to incise food. His parents

(continued on page 15)

took him to McDonald's, where he had the personal triumph of eating a hamburger without first having it put through a blender. This was a huge, emotional event for him and his parents. Two weeks later, Dr. Austin inserted his case, created a normal neuromuscular occlusion and aligned his maxilla and mandible into a position that was neuromuscularly harmonious.

"With the new 'pressed' porcelain, the Acculiner's ability to place the occlusion in a harmonious position with the rest of the skeletal structure with the tensing unit and the HIP plane is dead-on," said Dr. Austin. "After insertion, he closed his mouth, and there was hardly any adjustment necessary. The before-and-after results illustrate the most dramatic improvement of any case I had ever seen. The procedure has taken the patient from a condition of abnormal societal interaction, to one of much improved confidence. He's speaking more clearly, and is working with a speech pathologist to better pronounce 'th' and 's' sounds. He now eats normal food."

The patient wasn't the only one to gain confidence. "He has definitely given me confidence to present cases like this," said Dr. Austin. "There hasn't been another case I've seen that's come even close to being this challenging and rewarding. When I retire I'll look back and say, 'this made a difference in this person's life!' It was my most gratifying case because it was so successful."

After practicing 20 years, Dr. Austin is absolutely convinced that, in the future, neuromusclular occlusion will be taught in dental school. "It's the only scientifically verifiable approach to establishing occlusion for patients with severe malocclusions that generate severe symptoms in the TMJ and musculature. These symptoms can be resolved by placing the occlusion in a harmonious position so those muscles are not in constant tension."

Dr. Austin began an aggressive transition to all-porcelain dentistry just a few years ago. He admits it's required almost as much education, time, and investment as dental school.

"My commitment is to provide absolutely optimal care for patients, so they don't have to have their dentistry done over and over again," concludes Dr. Austin. "I started seeing the dentistry I'd once done wear out because of the nature of the restorations we were placing. I thought, 'there's got to be a better way.' All-porcelain indirect techniques provide optimal care for patients. Patients don't like to have dental work done, so our approach is to do it just once so it doesn't have to be redone, and patients are willing to pay for optimal care." ■

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