

Clinical practices in Prosth Main Clinic.  
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# Common errors in removable partial dentures

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Not a case for undergraduate class

# Important subjects to clinical objectives

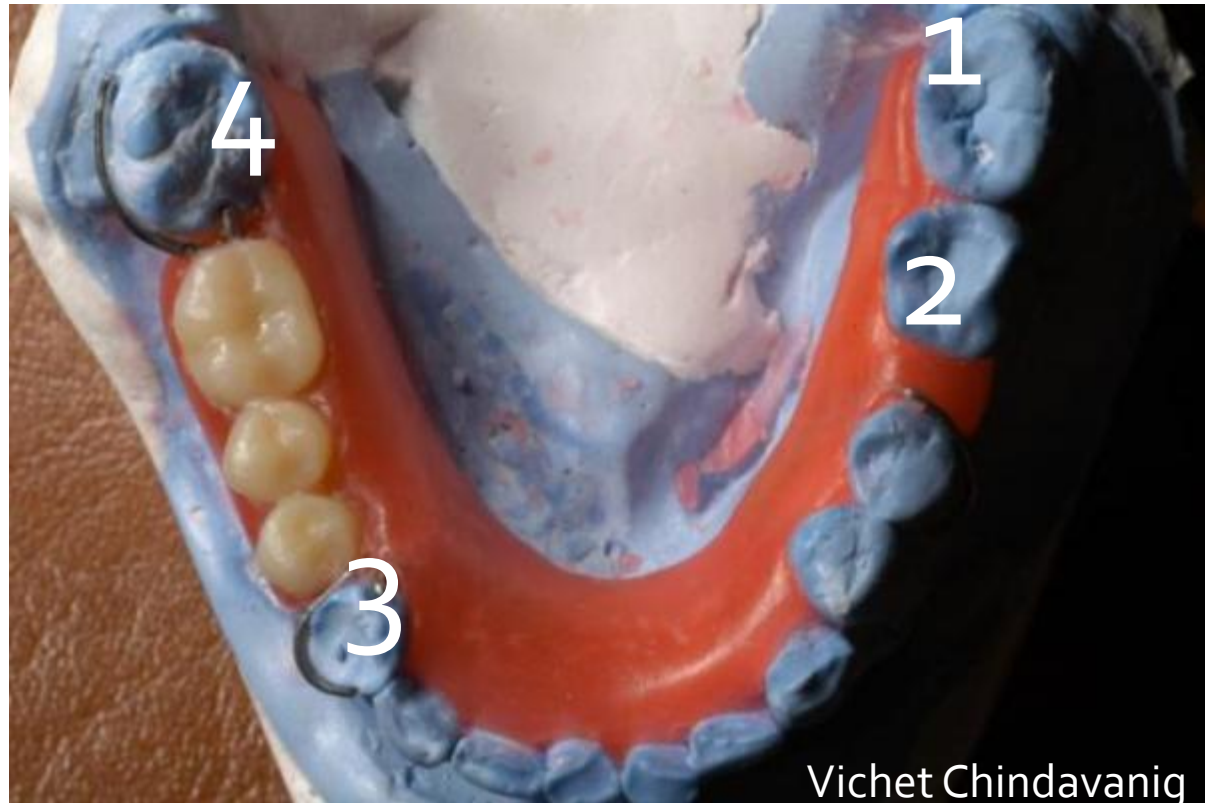


- Learn to plan cases, write your plan into 3 columns
- First column to describe appointment number and type of work
- Second column to describe clinical procedure and technique in brief
- Third column to describe and plan laboratory works including required instruments
- Most difficult part is decision making to which require instructor guidance

# Common error 1



- Oral examination – not imagining the finished work
- 1-4 incorrect



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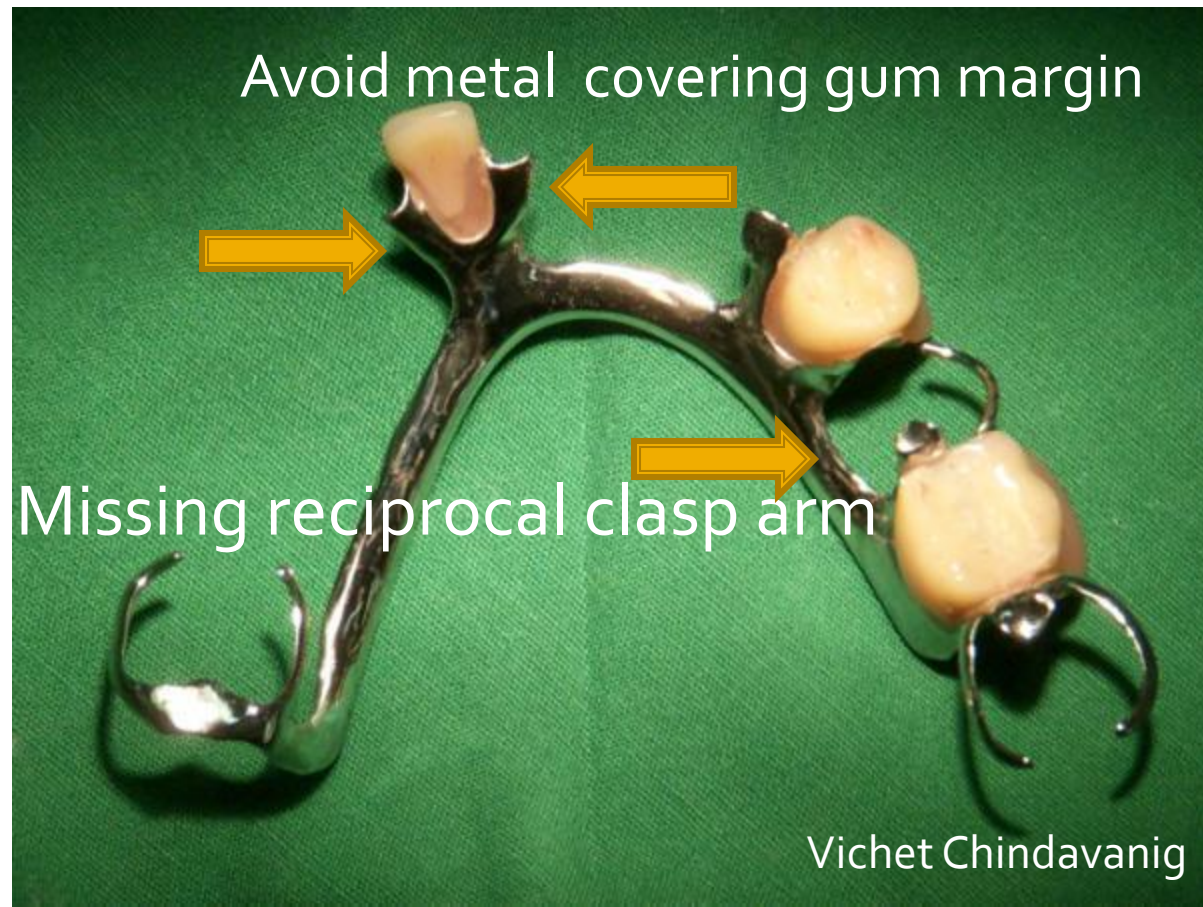
# Common error 2



- Oral examination – not imagining the finished work



Overextended base





# Common error 3



- Poor design – e.g. rarely use double embrasure clasp with free-end cases

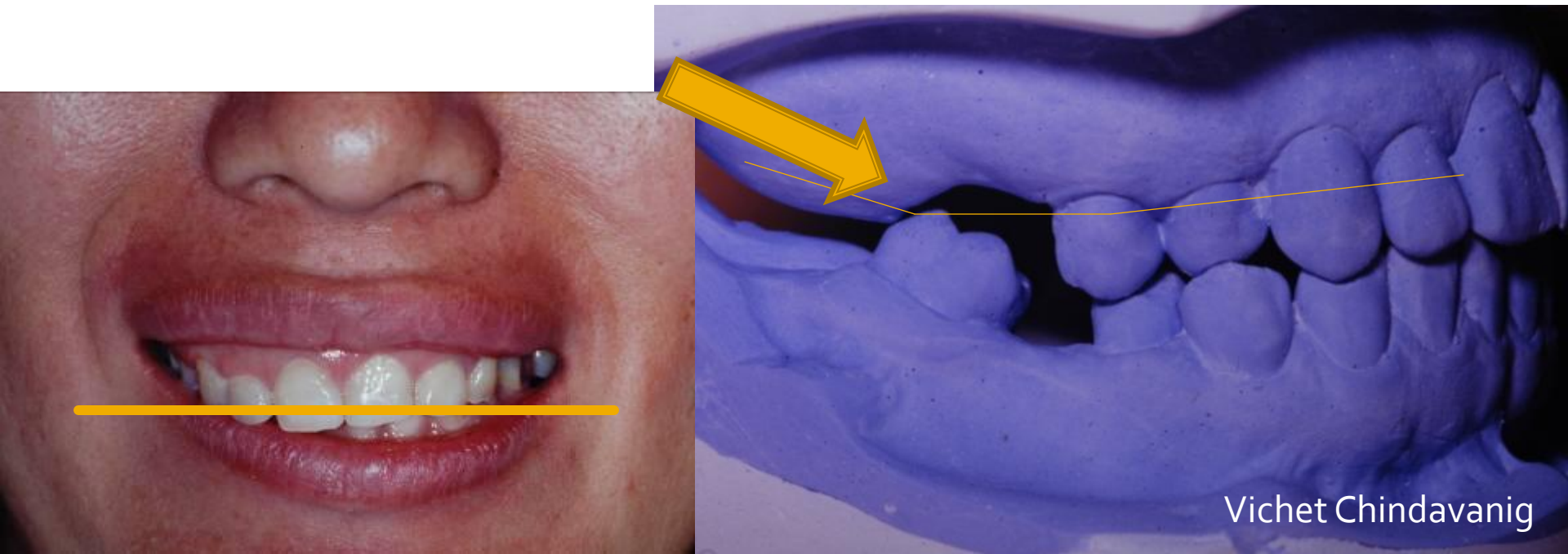


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# Common error 4



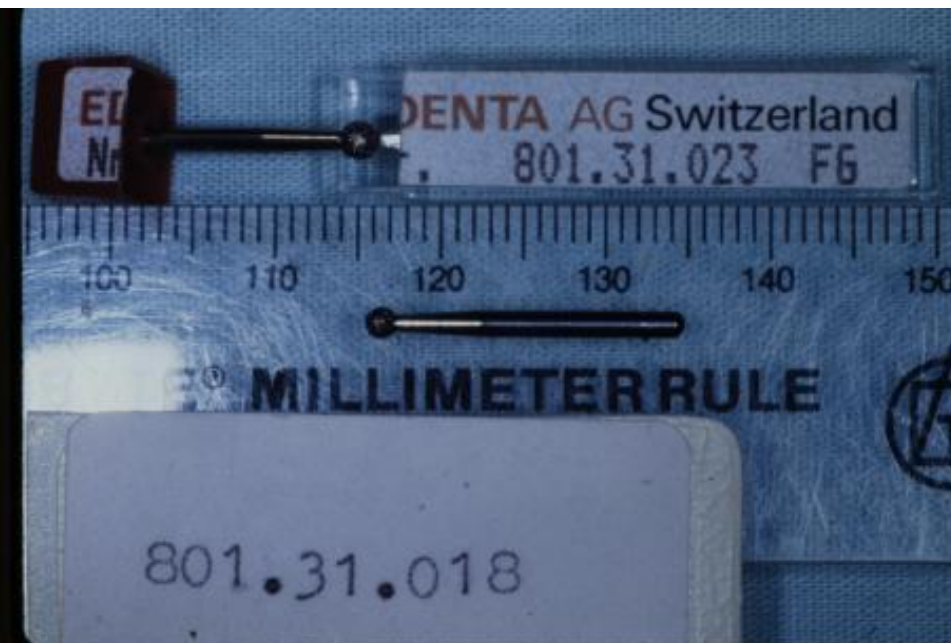
- Mouth preparation – requires occlusal plane level correction



# Common error 5



- Tooth alteration – need tooth/restorative material surface smoothness, therefore, use correct burs.



# Common error 6



- Prepared abutments often presenting inadequate undercut for clasp terminal.

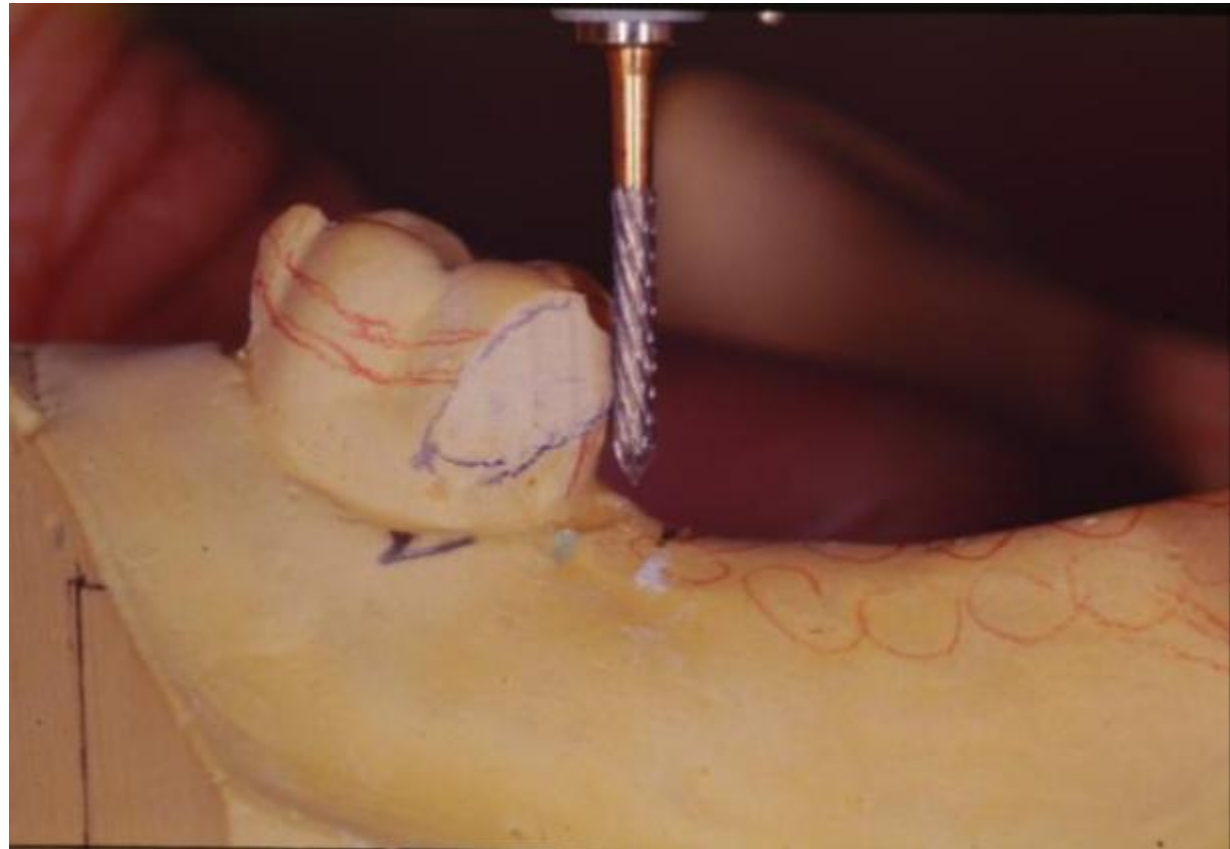
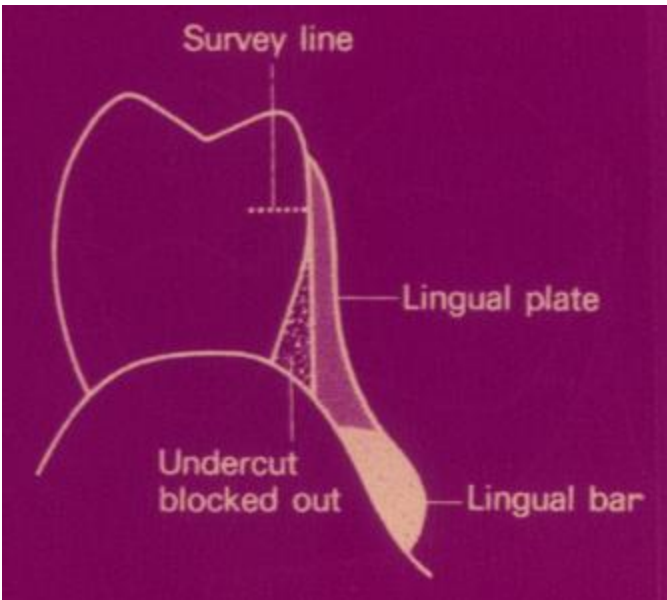




# Common error 7



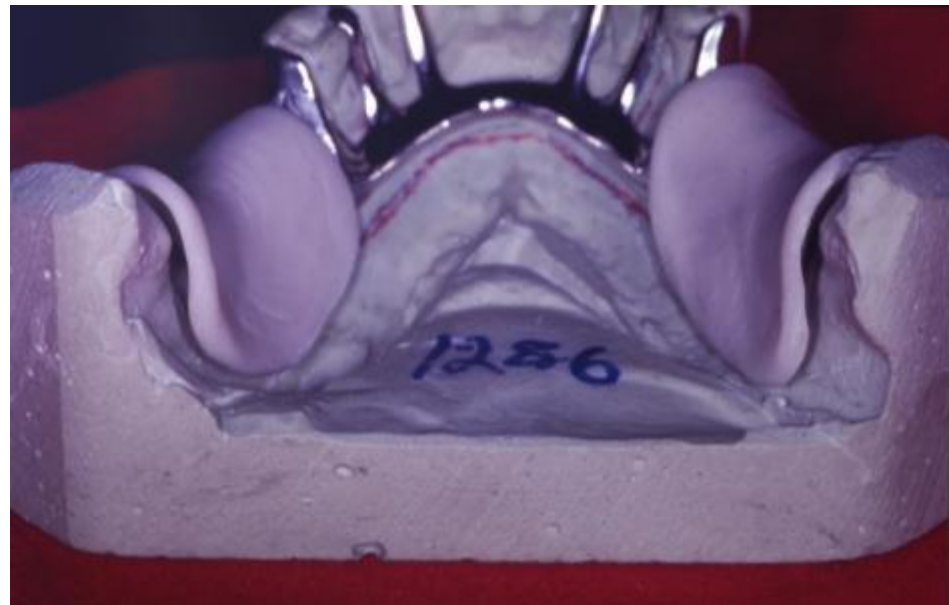
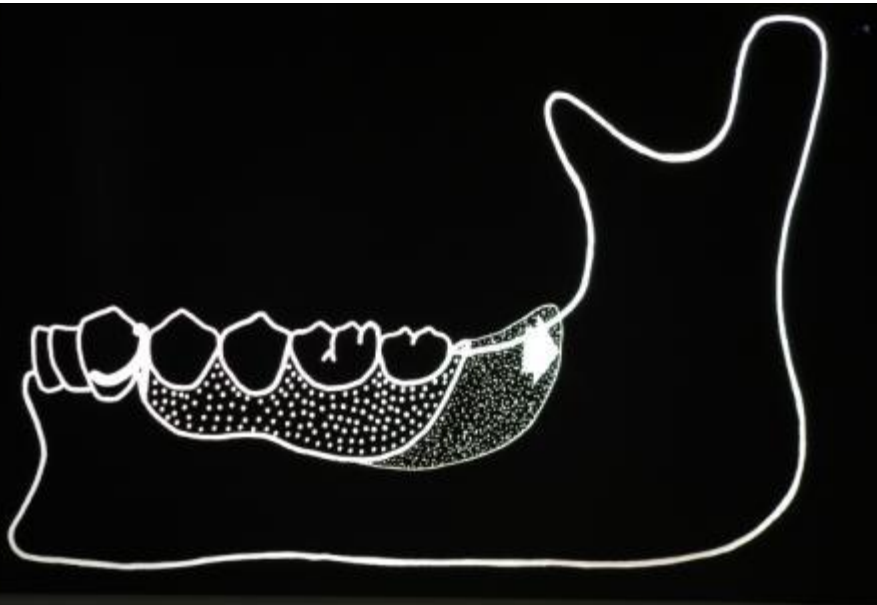
- Rest seat, guide plane – do not oversize, over prepare



# Common error 8



- Impression – do not overextend. Tray border should be 1-2 mm. shorter than the desired bases. Spacing 1-2 mm. is to provide adequate thickness of impression material.



# Common error 9



- **Good** Impression – surface integrity, correct extension
- Alternative technique - over impression



Over impression technique

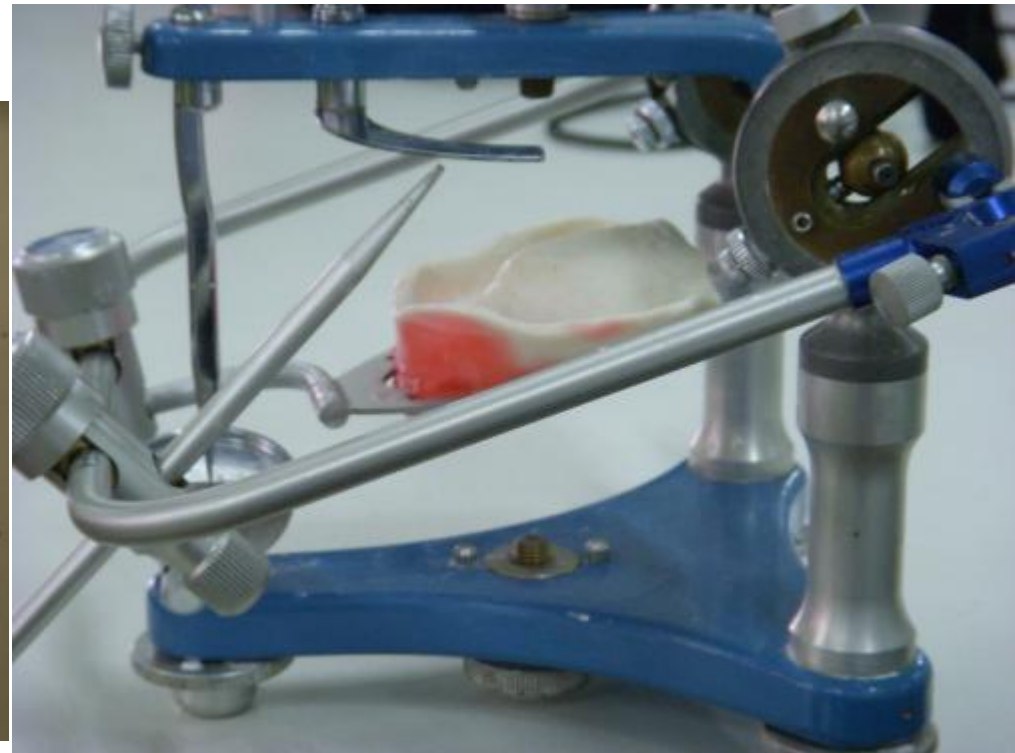
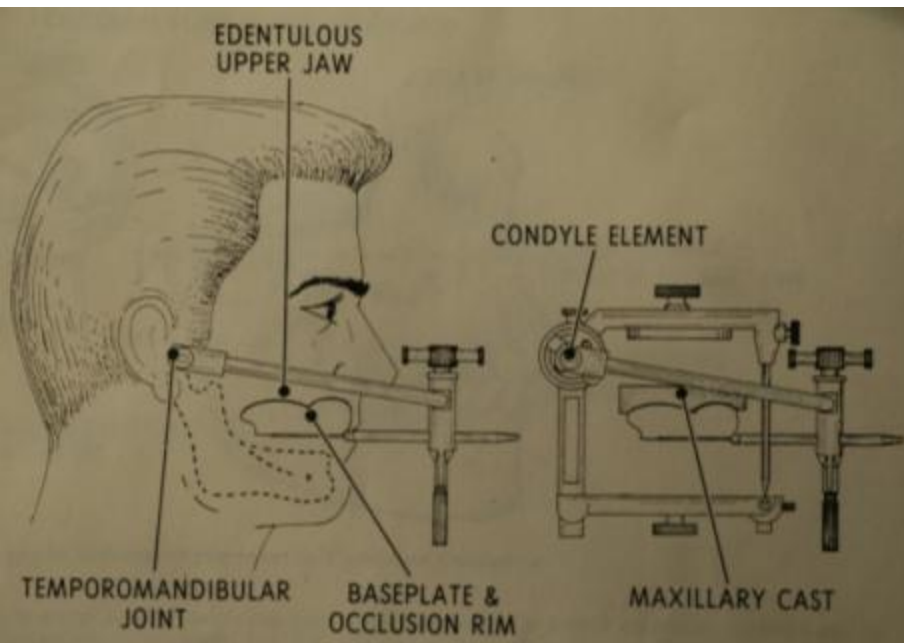


Conventional technique

# Common error 10



- Face-bow – selectively used, commonly found inaccurate manipulation (loose screws, occlusal instability)

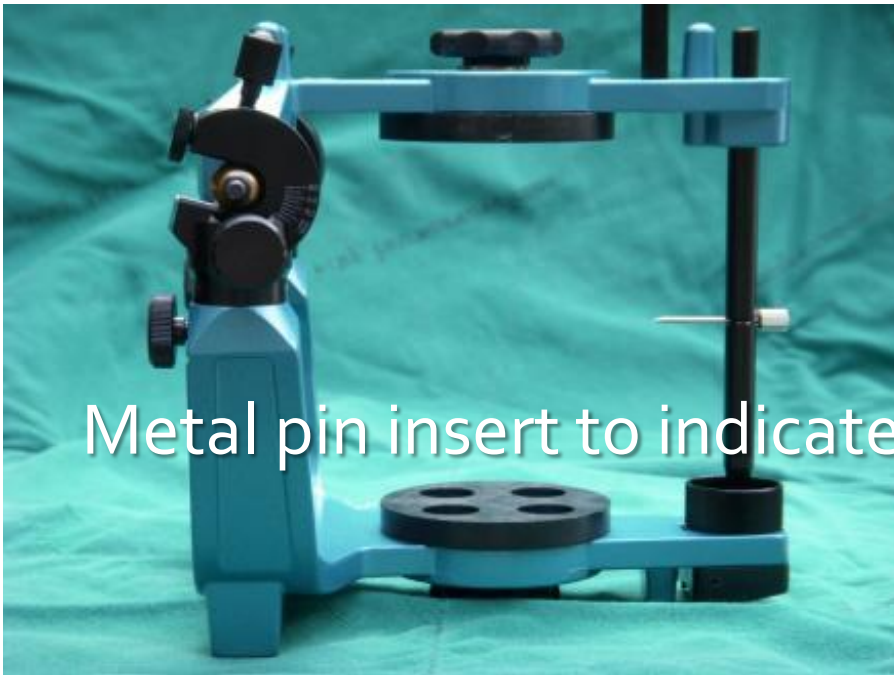




# Common errors 11



- Articulator – 1>average value setting, 2>custom setting (selectively applied with specific case)



Metal pin insert to indicate midsagittal at lower incisor

# Common error 12



- Articulating paper – do not use ShimStock film (expensive, narrow strip)



# Common error 13



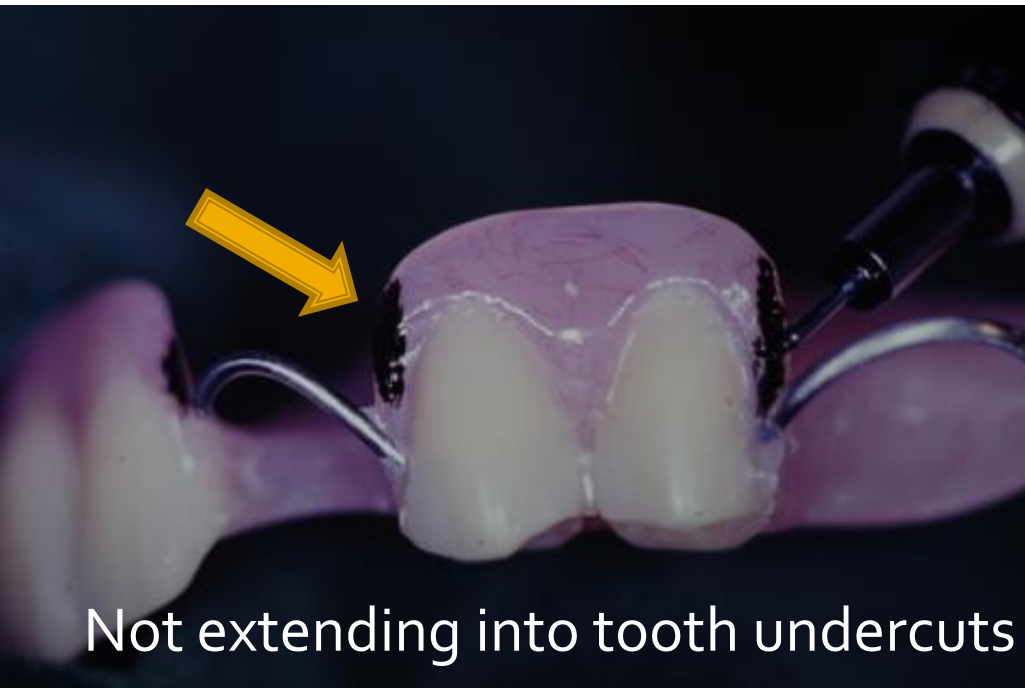
- Clasps – minimize their number, each clasp unit must provide adequate retentive force



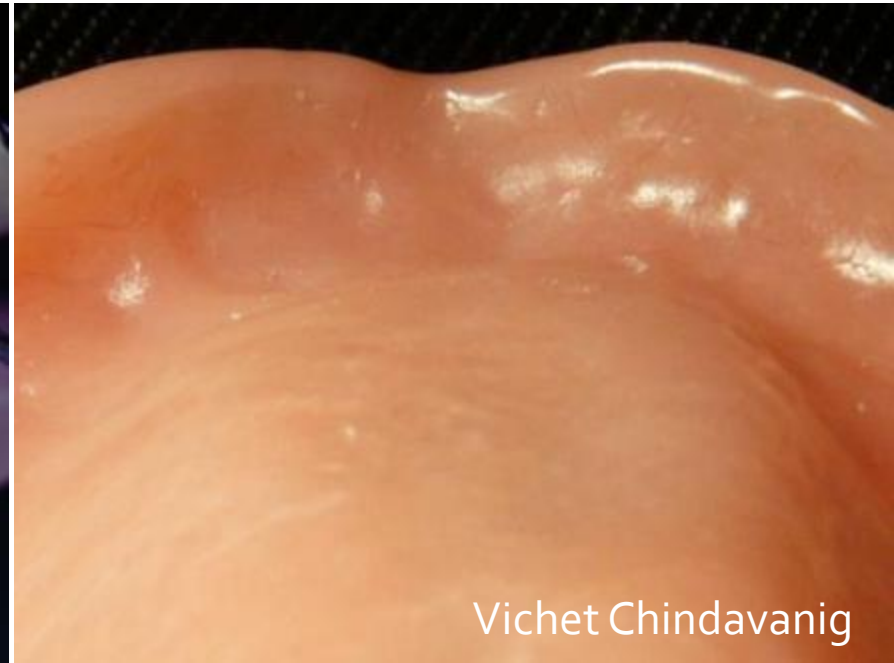
# Common error 14



- Base – eliminate unwanted extensions, acrylic nodules, beads



Not extending into tooth undercuts



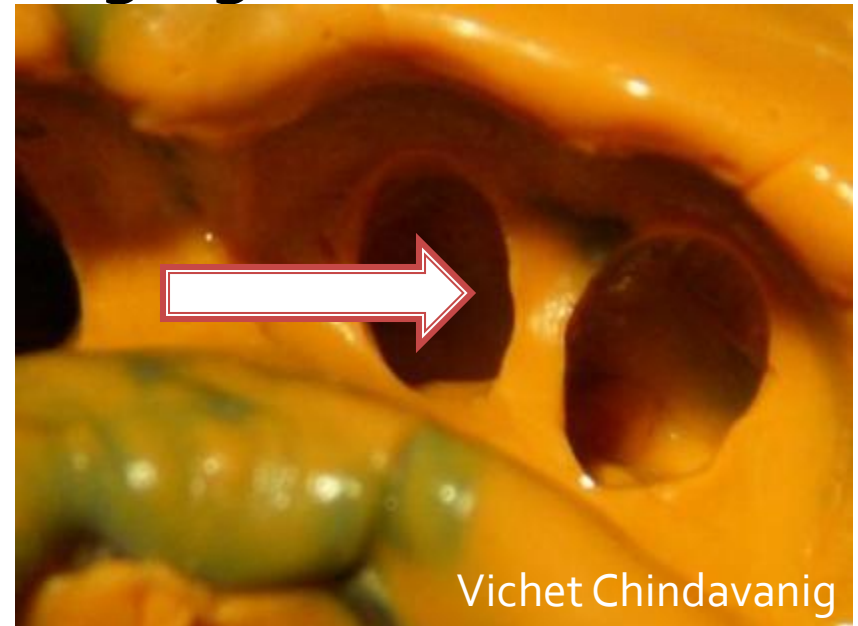
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No acrylic beads on tissue surface



# Common error 15

- Cast – type III dental stone is preferred.
- Block tooth undercut with wax, preventing tray get stuck.
- Trim retaining alginate at gingival embrasure.



# Common error 16



- Artificial tooth – select occlusal shape according to natural occlusal form



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# Common error 17



- Try-in – 1>tooth/tooth uses disclosing wax, or silicone, 2>tooth/tissue uses PIP, or silicone, **never use PIP with tooth/tooth contact**



# Common error 18



- Never oversize wax rim
- Wax rim width = buccolingual width of artificial teeth

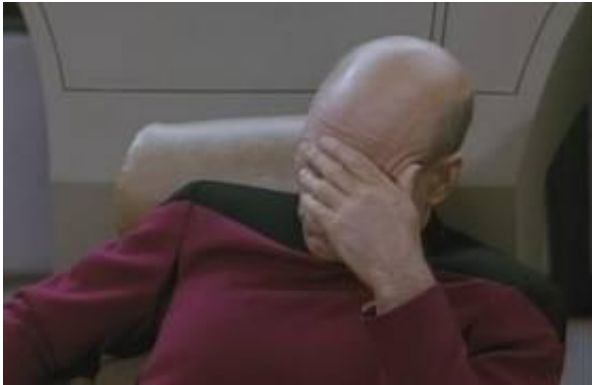




# Common error 19



- Corrupted work



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# Technique to position denture tooth



- Use remaining teeth/denture as a guide. Selectively uses **this** technique for tooth positioning.
- Silicone index



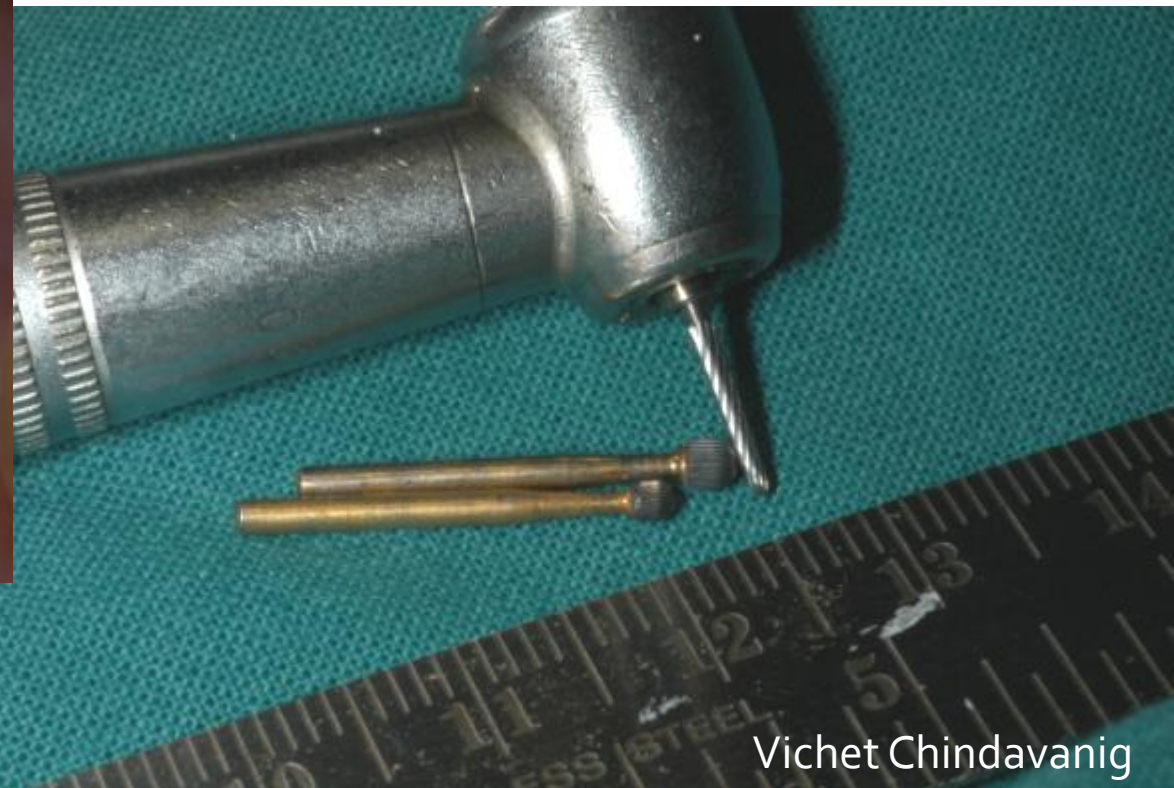
# Technique to smoothen tooth enamel



- Final prep. Always with carbide finishing burs



Smooth enamel surface



# Technique to polish metal alloys



- Burs for metal



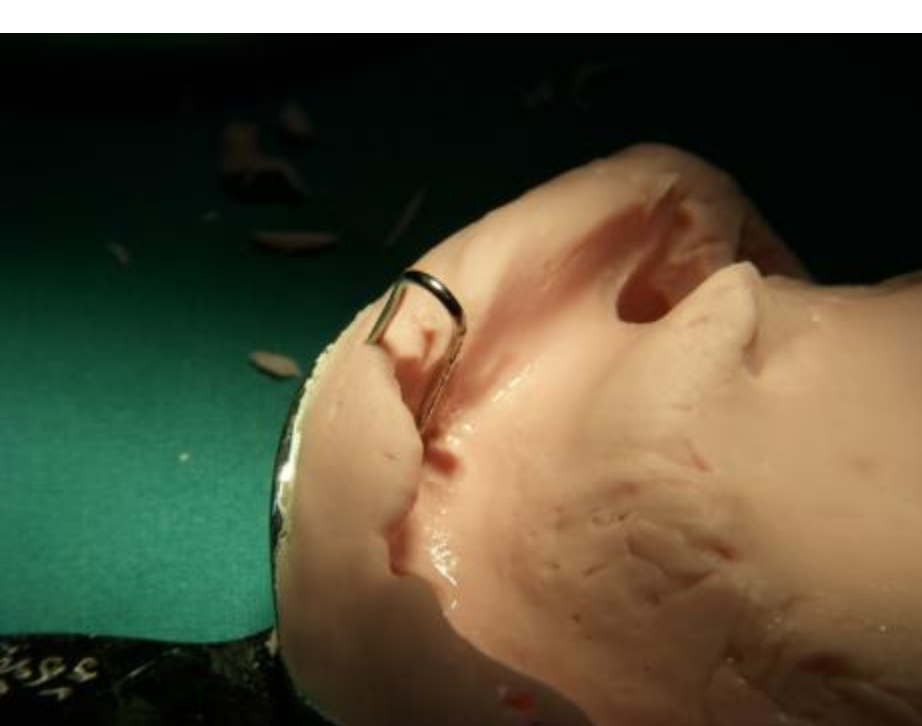
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# Technique to prevent stone tooth breaking



- Reinforce isolate tooth with wire (a paper clip) is helpful, to prevent stone tooth break.



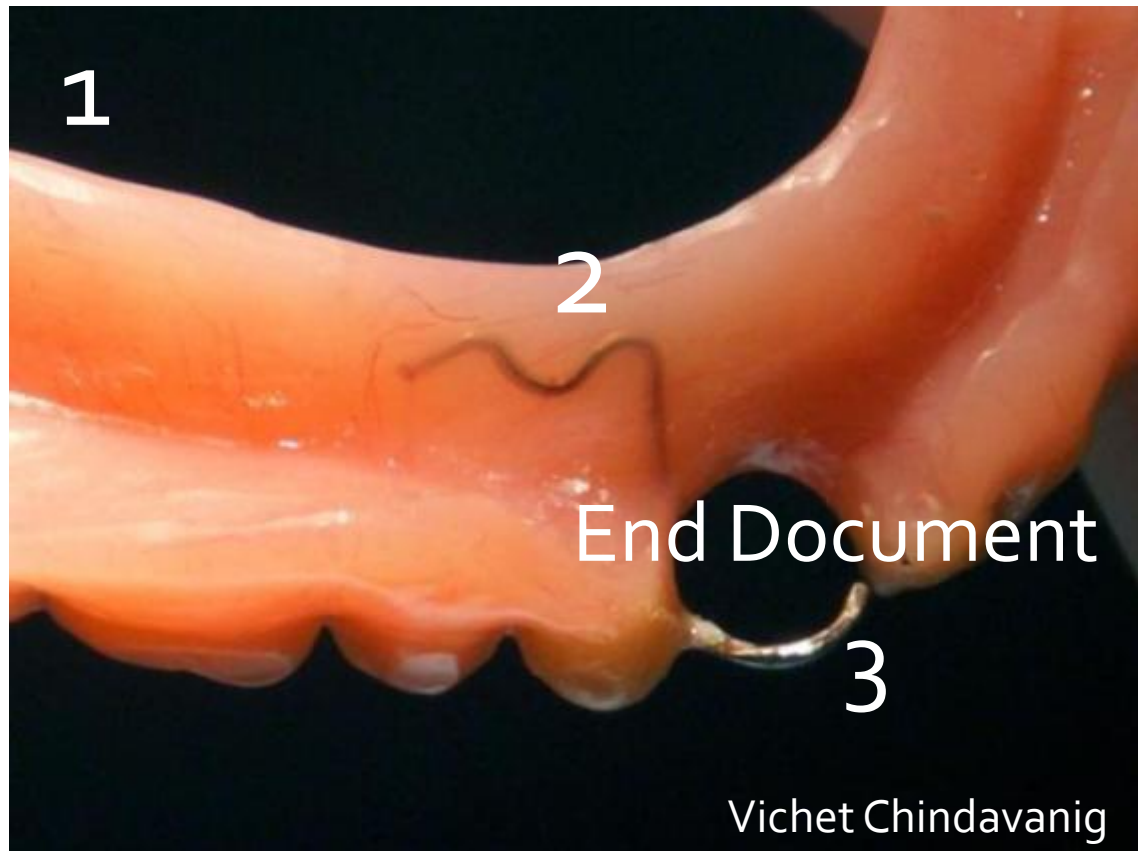
# Finishing ARPD (Acrylic based RPD)



- General criteria. What are they?



Challenge  
Reader showcase...  
**Your mission**



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