

How to Schedule An Equilibration Appointment

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Let's assume that if you're reading this you've performed your complete exam, gathered your records, done your lab work, and have now formulated your treatment plan. You've had your consultation, and the patient accepted your recommendation. Now for the next step: Equilibration.

I usually perform my equilibrations over a period of three visits, approximately two weeks between each session.

There are many times that equilibration is either the first step, or the only step in an individual patient's plan, while at other times it is performed in conjunction with: orthodontics, restorations or provisionalization. We will review the separate equilibration visit here, but it can be applied to all visits that involve balancing the occlusion. I usually perform my equilibrations over a period of 3 visits, approximately 2 weeks between each session.

VISIT 1: First of all, don't be intimidated, this is a process that you have done a hundred times before on a single tooth basis – you are now going to be doing the more complete or thorough version. For your first few equilibrations, I suggest that you block out 90-120 minutes in your schedule. In all likelihood, you will not need all of this time, but it will make you feel less rushed and pressured if you have it. After you've got a few under your belt, you'll realize that 60-90 minutes is usually far more than adequate, and occasionally 30-45 minutes is enough.

Since this is one of the most important and valuable procedures you can perform for your patient, try to make sure you don't have to get up too many times during the visit. Just like during an intensive restorative procedure, perform your hygiene check before you start, so you should have almost 2 hours until your next hygiene check. This way you will be prepared with good isolation techniques, at least two sets of Miller articulating forceps, and a roll of Accufilm 2 or similar small (8-12 micron) thickness red/black paper. Two of the forceps are loaded with the articulating paper, while the other two are loaded with dry 2x2 gauze. We use a good cheek retractor (Optragate by Ivoclar) to get all the soft tissues out of the way.



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I usually do not promise the patient anything except that their bite will feel much different, and will be much healthier when we are finished. Here are my first steps:

- Begin by leaning the patient back
- Use cotton rolls (or the Cranham Deprogrammer) to deprogram for a couple of minutes
- Use bimanual guidance to seat the condyles and load test
- Find and relieve our first interferences (marked in black)



Dr. Rajeev Upadya practices Cosmetic, Restorative and Implant dentistry in Florham Park, NJ, and remains active in the dental community as an Associate Faculty Member and Mentor for the Dawson Academy as well as a board member of several publications. His commitment to staying current on the new advancements in dentistry and his dedication to the profession have inspired him to found several local dental study clubs focused on furthering knowledge as well as giving back to the community.

Just like in our trial equilibration on the models, we slowly, but surely, hone our contacts without removing them, and sharpen our cusps until we have equal intensity contacts around the mouth. Then we flip the forceps to red, have the patient go into all excursions and protrusive, flip back to black, and “chop-chop,” removing all red marks until they are beautifully super-imposed on the black. Sitting the patient up, we check and adjust for long centric and fremitus as needed. CR is now co-incident with MI. The vast majority of the time the patient will sit up and say “WOW, this is so different. . . I never realized that my bite could or should feel this way!”

After having performed a couple, you, your staff, and your patients will actually **HEAR** the difference. . . a solid thud as they close together, like a heavy car door closing. Once my assistant hears that sound, she knows that we are pretty much done for the visit. After making sure there are no sharp edges, we give a fluoride rinse or varnish, and re-appoint the patient for a 30-minute follow-up in 2 weeks.

VISIT 2: The 2nd visit is often performed in the side column, and will usually take about 10-20 mins. To be on the safe side, we block 30 minutes just in case it is needed. This is to account for any rebound of previously mobile/loose teeth, etc. The patient will often very easily go to CR on their own, and will sometimes be able to point out exactly what needs to be relieved.

VISIT 3: Most of the time there is little to no adjustments at this visit. Maybe a spot adjustment or two. We use this visit to discuss and reinforce the value of the treatment that we have performed, and kindly ask the patient for a testimonial if they were pleased with the outcome.

Common questions and Helpful Hints:

- **How much should we charge for this service?** We charge roughly the fee of a single crown. After you have performed a few, the total time spent on all 3 visits will be 120 minutes or less, so it can actually be quite profitable providing occlusal therapy. Many patients don't even feel the need for the 3rd visit.
- **How do I gain confidence to do the procedure?** Your trial equilibration on your mounted models should provide you with some initial confidence. Equilibrating occlusal splints on live patients is another way to boost your confidence while helping your patients.
- **How do I equilibrate with provisionals or restorations?** It is actually even easier to perform equilibrations when in the presence of any restorative component – the actual total time of the equilibration can be 30 mins or less. I still see the patient for follow-ups to touch up the occlusion.
- **What burs should I use?** I absolutely love the Dawson equilibration kit from Brasseler. I have at least 3 in each op.



Conclusion

In my office, my entire staff knows that I am happiest while I am performing occlusal therapy. It is a service that dramatically improves the overall health of our patients, but is also extremely profitable. I honestly don't know if there is any better procedure in all of dentistry!! Now get out there and EQUILIBRATE!!!

Equilibration in real time (black = first interferences in CR, red = excursions + protrusions, the goal is matching points of contact on both the red and black marks)

