

BITE INDEXES AND ARTICULATION ©

Several scientific studies have shown that, if possible to do (enough teeth on either side of the restoration to “read”), hand-articulation is far more accurate than using dentist-made bite indexes. Obviously, the most predictable way to hand-articulate is using full arch models.

Please remember that when you have a restoration with no posterior occlusal stop (e.g. a terminal molar or a terminal bridge), always use full arch, non-triple tray, impressions.

The most predictable way to accurately mount a case with no posterior occlusal stop (e.g. a terminal molar or a terminal bridge) is to have the lab make TWO PMMA temporaries. BOTH temporaries will be finished, erring slightly on “high” occlusion. BOTH temporaries will be adjusted to perfect occlusion in the mouth. One temporary will be delivered to the patient to wear as a provisional until the final restoration can be delivered. The other temporary will, after occlusal adjustments, be sent back to the lab to be used as a very accurate index for mounting. The final crown/bridge can then be finished to as perfect occlusion as is possible. If the lab-made temporary happens to be in infra-occlusion, please deliver it back to the lab with a bite index.

When you make **any** bite index, only squirt bite-index material between the prepped tooth and the opposing arch. Never squirt bite-index material in a long “sausage” right across the arch, half arch or even across a quadrant. You should **never** have bite index material in-between teeth that are touching!

There are several reasons for this:

- a) You can’t control how the patient bites when you squirt a “sausage”, because you can’t SEE if the patient is in maximum intercuspation.
- b) It is notoriously unreliable to ASK the patient if they are fully closed, if they are biting on a long “sausage” of bite index material. They will ALWAYS say they are fully closed even if they are not because, to them, it feels like they are fully closed when the index material is setting.
- c) If you use a small piece of bite index material – only filling the space between the prep and opposing – it is EASY for you to check around the arch to actually SEE if the patient is fully closed.
- d) When I get the case, I don’t need a bite index to see how the teeth fit together (I can see that better with hand articulation), but I do need a precise recording of the space between the prepped tooth and the opposing arch, especially if I’m dealing with a terminal restoration with no posterior occlusal stops.