

Defining oral rehabilitation

The phrase “oral rehabilitation” means different things to different people. It is amazing to see the range of treatment that can be called an “oral rehabilitation.” The current television show “Extreme Makeover” has shown the potential of various forms of human cosmetic improvements, involving the work of various categories of health professionals, cosmetologists and others. Dentistry certainly must be an important part of an overall cosmetic upgrade, since improvements in the face and the smile play an important role in changing a person’s appearance and improving self-esteem.

Many people want to look younger, have a more ideal appearance and feel positive about their appearance. However, beauty is different to different people, and what some call an “oral rehabilitation” is not necessarily an “oral rehabilitation” to others. An oral esthetic upgrade can require one of several levels of oral rehabilitation, ranging from conservative to relatively radical. Because of commercial television hype and lay publications about esthetic/cosmetic dentistry, patients have been led to believe that their appearance can be improved only by bleaching, a major redo of the existing tooth restorations and esthetic recontouring of the teeth with veneers or crowns—even to the extent of crowning all of the teeth. These false beliefs are causing needless removal of tooth structure, unnecessary cost to patients and placement of restorations that have a finite life span and will need to be replaced within a few years.

Additionally, some commercial institutes and

continuing education groups are advertising to the lay public that only “graduates” of their programs are capable of accomplishing the type of oral rehabilitations observed in the television cosmetic makeovers. This, of course, is not true.

I will discuss several levels of oral rehabilitation, some providing excellent esthetic results and others maintaining excellent oral function with esthetic results acceptable to most people. I will include suggestions as to the type of dental practitioner capable of accomplishing each type of rehabilitation.

TREATMENT OF DEFECTIVE TEETH ONLY

Many patients do not require or desire an esthetic upgrade in their oral appearance. They are pleased with their appearance, although it may not be perfect by ideal standards. They want long-lasting, comfortable dental restorations and a reasonable smile. They do not seek the glamorous, but often short-lived, esthetic restorative therapy popularized on television. When treating these patients, the practitioner often need perform only conventional dental therapy. If the subject is presented properly and accompanied by patient education, these patients may accept tooth bleaching, but some of them even refuse it. Usually, they do not come to a dental office seeking an esthetic upgrade. Some will accept tooth-colored restorations, if such treatment is explained to them.

Adequate completion of this minimal treatment can be termed an “oral rehabilitation.” Any competent general dentist should be able to provide the therapy needed for these patients.

TREATMENT OF DEFECTIVE TEETH WITH AN ESTHETIC UPGRADE

In my opinion, the majority of patients fall into this category. They want to look acceptable, have a pleasant smile and be able to eat normally. Most are not interested in having absolutely perfect-appearing teeth that are snow-white. However, usually they will accept a moderate level of esthetic upgrade while receiving therapy for their dental caries or defective restorations.

The practitioner can treat this category of patient easily and well using at-home or in-office tooth-whitening procedures, perhaps placing a few veneers or crowns and restoring any obviously displayed metal restorations or darkened teeth with crowns. Patients with the described needs or desires are typical dental patients who come into dental offices by the thousands every day. They make an average American income, usually have a fair-to-good dental third-party payment plan and often have a family to support on a minimal amount of money.

Phased treatment plans, spanning several years, can be proposed to these long-term oral rehabilitation patients. Payment for some of the rehabilitation can be made by annual benefits from their plans, or by personal savings oriented toward the planned oral rehabilitation. As with patients in all treatment plans, these patients should be advised regarding which part of their therapy is mandatory and which part is purely elective.

I have treated thousands of this type of patients with phased oral rehabilitations. They are able to afford the

therapy and look forward to beginning additional new therapy each year as the new benefit year rolls around. Their occlusion develops slowly and predictably as each portion of the treatment is accomplished. They are extremely appreciative of the improvements in their appearance and their oral function. Longevity of the resultant therapy usually is good.

These patients make up the majority of oral rehabilitations in America. Their treatment can be provided by almost all up-to-

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date general dentists or the appropriate dental specialists. The treating clinicians in such cases need not have graduated from a special commercial institute.

TREATMENT OF ALL TEETH FOR THERAPEUTIC OR ESTHETIC REASONS

This level of oral rehabilitation is being promoted in many continuing education courses and routinely is suggested to patients. Usually, crowns, veneers, elective cosmetic periodontal surgery, some occlusal therapy, perhaps elective endodontic therapy or orthodontics and even orthognathic surgery are suggested. Much of the treatment is for esthetic reasons only and is not required for any therapeutic reason. The cost of the therapy is, of necessity, very high. Unfortunately, much of the commercial and lay hype

about esthetic/cosmetic dentistry involves this level of therapy.

In my opinion, the current controversy about unethical behavior and overtreatment by dental practitioners involves this level of oral rehabilitation. What defines an ethical or unethical oral rehabilitation? What defines ethics in cosmetic plastic surgery, or in any other phase of life activity? Does a person require a face lift, a tummy tuck or a breast augmentation? Does an automobile require repainting because of a few dings or scratches? Do you need a new suit or dress just because you have worn the older one for a few months? What about a new or bigger home, when the old home was serving well? All of these examples are elective items.

The examples closest to comprehensive oral rehabilitation are from plastic surgery. If a person desires to upgrade his or her appearance, is it unethical for a health practitioner to do so? In my opinion, a strong point must be made in relation to this question. If a patient is informed that the therapy is not required because of disease, and that it is elective and primarily esthetic, the matter of ethics becomes somewhat clearer. Within reasonable limits, it is the right of the patient to have whatever he or she wants done to his or her body. However, if the patient is led to believe that the mostly esthetic therapy is needed for therapeutic reasons, including questionable occlusal pathosis reasons for treatment, or if the more conservative therapies are not explained to the patient, the practitioner is treading on unethical ground.

The practitioners involved in

accomplishing a comprehensive oral rehabilitation should be competent, qualified prosthodontists, periodontists, orthodontists, oral surgeons or other specialists, or general practitioners who have had significant experience in the respective clinical areas. It is not necessary for a practitioner to attend a specific commercial continuing education institute to be competent to accomplish the procedures involved in a comprehensive oral rehabilitation. However, various courses currently available may help practitioners become more competent in major oral rehabilitation procedures. This information should be disseminated to the general public to address the widespread advertising by commercial firms implying that only those who have attended their

courses are competent to accomplish esthetic/cosmetic oral rehabilitations.

SUMMARY

“Oral rehabilitation” is a phrase that is used to encompass several levels of oral therapy. Usually, dentists think of an oral rehabilitation as meaning restoration of all of the teeth in a given mouth. However, when only the defective teeth in any mouth are restored, that too could be defined as an oral rehabilitation. The advent of esthetic dentistry has encouraged oral rehabilitation for esthetic reasons only. This article suggests that such oral rehabilitations should be preceded by thorough informed consent and education about other, more conservative, therapies. Patients should have full knowledge that such reha-

bilitations are not required, and that they may require frequent re-treatment at significant cost. Qualified specialists or experienced general dentists are capable of treating all levels of oral rehabilitation, and completion of courses at specific commercial institutes is not necessary. ■

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.

Educational information on topics discussed by Dr. Christensen in this article is available through Practical Clinical Courses and can be obtained by calling 1-800-223-6569.



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