

## Practical Occlusal Adjustments not taught in Textbooks

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'Occlusion' is a very difficult area of dentistry. Dentists who have just obtained their license are unsure and do not know how to properly make occlusion. In addition, experienced seniors and scholars suggest various methods that are not unified, which is confusing. Of course, we can learn from textbooks the history of occlusion and the various occlusal schemes and forms of normal occlusion. However, in actual clinical practice, we encounter patients with occlusions that are much more diverse and complex than those in the textbook. And at this time, we have an obligation to provide dental treatment that is functional while also being comfortable. And sometimes we encounter truly difficult situations where a patient with an uncomfortable occlusion asks us to solve the problem. Even for me as a speaker, it is difficult to be certain about how to make occlusion for a given patient. And I also know that it is difficult to explain this completely logically. I think the reason is the lack of accumulated scientific data in the 'occlusion' and the difficulty in proving causal relationships.

So, when we encounter occlusal discomfort after dental treatment such as restorative treatment, we analyze the occlusion in detail and try various occlusal improvements. So, conversely, there are many cases where knowledge about occlusion is verified and solidified by cumulatively experiencing problems being solved through one or more of these methods. Therefore, in this lecture, we will meet the following various cases of patients who experienced occlusal discomfort after the fixed prosthetic restoration process or treatment or had occlusal problems from the beginning, and the speaker's own treatment experience and a little information about occlusal formation. I would like to share this tip with you.

1. Cases of discomfort in occlusion or jaw during/after prosthetic restoration
2. Case of complications of prosthesis presumed to have occurred due to occlusion
3. A case in which securing CR and occlusal adjustment are essential before prosthetic restoration

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