CLINICAL APPLICATION OF THE FACEBOW AND CENTRIC RELATION
Artisan's 23rd Annual Golf Tournament and Fundraiser
Friday June 7th, 2019

Proceeds will be donated to The Terry Monetti Memorial Scholarship Fund at OHSU and Medical Teams International

Shotgun starts at 8:30AM
4 Person Scramble - $200 per golfer
Bring your own foursome for $700
$75 per person is tax deductible
Awards & banquet lunch following

Riverside Golf & Country Club
8105 Northeast 33rd Drive
Portland, OR 97211

Please register online at:
www.artisanandentalgolf.com
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Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

Membership Matters accepts original submissions for publication from member dentists. For viewpoint articles, please limit to 800 words. For clinical articles, please limit to 1,600 words. Membership Matters is not a peer review publication. Publication of any article is at the discretion of the Editor. Please disclose any financial interests you may have in products or services mentioned in your article. Email ODA staff Kristen Paul at k paul@oregondental.org with any articles or questions.

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Women in Dentistry

By Alayna Schoblaske, DMD
Editor of Membership Matters

ON MY MOST RECENT 5 A.M. FLIGHT from Medford to Portland for an ODA board meeting, it struck me that, when it came to gender, the flight crew was equal. There was a female captain, a male first mate, a male lead flight attendant, and his lone female assistant. This equality is rare in aviation, and it is also rare in dentistry. As a proud woman and a proud dentist, I want to take this editorial to explore gender dynamics in dentistry in 2019. First, I want to provide two caveats. I will rely heavily on data because I believe that knowledge is power and allows us to act in an evidence-based manner. (I’m also the daughter of an engineer-turned-math-teacher, so numbers are my jam.) Second, gender identity is a spectrum. I apologize for oversimplifying the conversation to only males and females in this piece.

To be sure, I have personally experienced corners of the dental world that exemplify both ends of the gender equality picture. The ODA Board of Trustees is currently 67 percent male (12 out of 18), while the team of dentists I work alongside in Medford is 73 percent female (8 out of 11). Our profession as a whole more closely resembles the Board. According to the ADA’s Health Policy Institute (HPI), in 2018, 67.7 percent of all dentists were male and 32.3 percent were female.¹ To be sure, national female representation has increased. In 2001, the split was 84 percent male and 16 percent female.² The HPI last evaluated individual states in 2016, when Oregon had 73.2 percent male dentists (compared to 70.5 percent nationally).³ Our specialties have a wide degree of variability. For the 2017-18 school year, the specialty training program with the most men was oral & maxillofacial surgery, with 85 percent male residents. The programs with the most women were pediatrics and dental public health, tied at 65 percent female residents.⁴ And what does our country look like as a whole? According to the U.S. Census Bureau, the civilian labor force between 2013 and 2017 was 58.2 percent female, while the overall population in 2018 was 50.8 percent female.

Phew! That was a lot of numbers. Why do they matter? I believe that the people caring for a population should reflect that population, and dentists are a long way from that benchmark. I believe that our patients better trust their dentists when they relate to them as people. I believe that aspiring dentists seek out mentors who look like them. I believe that women and men bring unique qualities to the dental field. The Journal of the American Medical Association explained that female physicians are more likely to provide preventive care, use patient-centered communication, and provide psychosocial counseling.⁵ I would posit that the same is true for many female dentists. We need equal representation of both women and men’s unique attributes so that our profession can be at its best.

What can be done to move toward equality? The ODA is leading the way by prioritizing recruitment and retention of female members (we exceeded our 4 percent increase goal by achieving a 15 percent increase in female membership in 2018).

Organizational-level change like this is important. So are small individual actions that empower female dentists and advocate for more women to join the profession. Encourage a woman who is interested in dentistry: Welcome her into your office to shadow, invite her to an informational interview, and be honest with her about our profession, including our continued need for diversity. Prioritize women’s voices during meetings.

By sharing our stories and lifting each other up, we will enhance our unique qualities to the dental field. We have different passions and motivations for becoming dentists. We have different strengths, and different approaches to our work. When we experience different realities, we have different conversations. By sharing our stories and lifting each other up, we will enhance our unique qualities to the dental field. We have different passions and motivations for becoming dentists. We have different strengths, and different approaches to our work. When we experience different realities, we have different conversations.
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Multnomah Dental Society

Corey Buring, DMD
Multnomah Dental Society

Randy Castle, DMD
Multnomah Dental Society

Kendall Horn, DDS
Marion and Polk Dental Society

Julie Lezotte, DMD
Central Oregon Dental Society

Richard McKinney, DDS
Washington County Dental Society

John Pak, DDS
Clackamas County Dental Society

Saulo Sousa Melo, DDS
Multnomah Dental Society

Travis Weimer, DDS
Marion and Polk Dental Society

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Board Meeting Highlights
Friday and Saturday, January 25-26, 2019

• Dr. Amberena Fairlee, Dr. Britta Martinez, and Dr. Sita Ping were appointed to the New Dentist Council.

• Dr. Terrence Clark was appointed to the Annual Meeting Council.

• The Beta Test Facebook group was opened to all ODA members.

• Mr. Michael Castro was appointed to the Moda Inc. Board, to replace Mr. Anthony Barth as a non-dental director.

• The 2020 ODA House of Delegates will be held September 25-26, in Sunriver.

• Board Policy on ODA Affiliation Agreements was approved.

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## Events & Education Component CE Calendar

(Calendar provided by Mehdi Salari, DMD)

<table>
<thead>
<tr>
<th>Date</th>
<th>Host Dental Society</th>
<th>Course title</th>
<th>Speaker</th>
<th>Hours CE</th>
<th>Location</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/23/19</td>
<td>Clackamas</td>
<td>Customized Surgery: 3D Printing</td>
<td>Stacy Geisler, DDS, PhD</td>
<td>2</td>
<td>Oregon City (Provide Willamette Falls Comm. Center)</td>
<td><a href="http://www.clackamasdental.com">clackamasdental.com</a> or <a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a></td>
</tr>
<tr>
<td>04/26/19</td>
<td>Lane</td>
<td>Pediatric Dentistry</td>
<td>Dr. Greg Psaltis</td>
<td>6</td>
<td>Eugene (LCC Downtown)</td>
<td><a href="http://www.lanedentalsociety.org">lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a></td>
</tr>
<tr>
<td>05/07/19</td>
<td>Lane</td>
<td>Systems, Teams &amp; Technology</td>
<td>Laci Phillips</td>
<td>2</td>
<td>Eugene (LCC Main Campus)</td>
<td><a href="http://www.lanedentalsociety.org">lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a></td>
</tr>
<tr>
<td>05/07/19</td>
<td>Washington</td>
<td>TBA</td>
<td>TBA</td>
<td>1.5</td>
<td>Beaverton (Stockpot Restaurant)</td>
<td><a href="http://www.wacountydental.org">wacountydental.org</a> or <a href="mailto:contact@wacountydental.org">contact@wacountydental.org</a></td>
</tr>
<tr>
<td>05/14/19</td>
<td>Marion &amp; Polk</td>
<td>The “Standard of Care” in Dental Treatment of Sleep Apnea</td>
<td>Michelle Aldrich, DMD &amp; Kimberly Ross, DDS</td>
<td>1.5</td>
<td>West Salem (Roth’s)</td>
<td>Contact Sabrina H. — <a href="mailto:marionpolkdentalsociety@gmail.com">marionpolkdentalsociety@gmail.com</a></td>
</tr>
<tr>
<td>05/22/19</td>
<td>Multnomah</td>
<td>Table Clinics</td>
<td>N/A</td>
<td>2</td>
<td>Portland (MAC Club)</td>
<td><a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a></td>
</tr>
<tr>
<td>05/28/19</td>
<td>Clackamas</td>
<td>Digital Marketing</td>
<td>Ian McNickle — WEO Media</td>
<td>2</td>
<td>Oregon City (Provide Willamette Falls Comm. Center)</td>
<td><a href="http://www.clackamasdental.com">clackamasdental.com</a> or <a href="mailto:executivedirector@clackamasdental.com">executivedirector@clackamasdental.com</a></td>
</tr>
<tr>
<td>07/19/19</td>
<td>Central Oregon</td>
<td>Safety and Simplicity in Root Canal Instrumentation</td>
<td>Dr. Anne Koch</td>
<td>6</td>
<td>Sunriver (Sunriver Resort)</td>
<td>Register through OHSU Dental CE Dept.</td>
</tr>
<tr>
<td>07/20/19</td>
<td>Central Oregon</td>
<td>Current Status &amp; Future Advances for Dental Composites</td>
<td>Dr. Jack Ferracane</td>
<td>3</td>
<td>Sunriver (Sunriver Resort)</td>
<td>Register through OHSU Dental CE Dept.</td>
</tr>
<tr>
<td>10/15/19</td>
<td>Lane</td>
<td>Temperomandibular Joint Disorders</td>
<td>Dr. James X. Rapson</td>
<td>2</td>
<td>Eugene (LCC Main Campus)</td>
<td><a href="http://www.lanedentalsociety.org">lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a></td>
</tr>
<tr>
<td>10/16/19</td>
<td>Multnomah</td>
<td>Digital Dentistry</td>
<td>Samantha Jones &amp; Kristen Minto</td>
<td>2</td>
<td>Milwaukee (MODA Plaza)</td>
<td><a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a></td>
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<tr>
<td>10/28/19</td>
<td>Clackamas</td>
<td>Digital Marketing</td>
<td>Ian McNickle — WEO Media</td>
<td>2</td>
<td>Oregon City (Provide Willamette Falls Comm. Center)</td>
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</tr>
<tr>
<td>11/08/19</td>
<td>Lane</td>
<td>New Generation of Hybrid Dentures</td>
<td>Dr. Marco Brindis</td>
<td>6</td>
<td>Eugene (LCC Main Campus)</td>
<td><a href="http://www.lanedentalsociety.org">lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a></td>
</tr>
<tr>
<td>12/06/19</td>
<td>Multnomah</td>
<td>Risk Management &amp; Medical Emergencies</td>
<td>Chris Verbiest &amp; Normund Auzins, DDS, MD</td>
<td>7</td>
<td>Portland (McMenamins Kennedy School)</td>
<td><a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a></td>
</tr>
<tr>
<td>02/18/20</td>
<td>Lane</td>
<td>Infection Control</td>
<td>Dr. Monica Monsantofili</td>
<td>2</td>
<td>Eugene (LCC Main Campus)</td>
<td><a href="http://www.lanedentalsociety.org">lanedentalsociety.org</a> or <a href="mailto:office@lanedentalsociety.org">office@lanedentalsociety.org</a></td>
</tr>
</tbody>
</table>

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Frances Sunseri, DMD
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Owner
# Health Professional Incentives Available to Oregon Dentists

**AN IMPORTANT TOOL TO INCREASE ACCESS** to care across the state, provider incentive programs help support underserved communities in recruitment and retention of high-quality providers. These programs help ensure there are adequate healthcare services for all Oregonians, particularly for underserved populations and in rural communities. There are many incentive programs available to Oregon clinicians. Check out a few of the options available for dental providers below.

<table>
<thead>
<tr>
<th>Program Commitment</th>
<th>NHSC Loan Repayment Program</th>
<th>Oregon Partnership State Loan Repayment Program (SLRP)</th>
<th>Healthcare Provider Incentive Loan Repayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work at an NHSC-approved site in a high-need urban, rural or frontier community in a designated Health Professional Shortage Area (HPSA) for at least two years (likely threshold HPSA score for 2019 is 17 or higher)</td>
<td>Work at an NHSC-approved site in a high-need urban, rural or frontier community in a designated Health Professional Shortage Area (HPSAs) for at least two years (likely threshold HPSA score for 2019 is 17 or higher)</td>
<td>One year of clinical service at an approved site for each year of loan repayment</td>
<td>One year of clinical service at an approved site for each year of loan repayment</td>
</tr>
<tr>
<td>Minimum Commitment</td>
<td>2 years</td>
<td>2 years</td>
<td>3 years</td>
</tr>
<tr>
<td>Eligible Practice Site Must</td>
<td>Provide outpatient, ambulatory, primary health services in Health Professional Shortage Areas (HPSAs)</td>
<td>Nonprofit, offer discount to patients below 200 percent FPL, no patient asset testing, HPSA, and approved by ORH</td>
<td>Serving Medicaid and/or Medicare patients, HPSA, and approved by ORH</td>
</tr>
<tr>
<td>Eligible Practice Type</td>
<td>High-need NHSC-approved site in urban, rural or frontier community</td>
<td>Outpatient primary care</td>
<td>Outpatient primary care</td>
</tr>
<tr>
<td>Patient Criteria</td>
<td>Must see all patients regardless of ability to pay</td>
<td>Must see all patients regardless of ability to pay</td>
<td>Must see Medicaid and/or Medicare patients</td>
</tr>
<tr>
<td>Maximum</td>
<td>No limit</td>
<td>$35,000 per obligation year, with a lifetime max of $100,000</td>
<td>$35,000 per obligation year</td>
</tr>
</tbody>
</table>
What Three Accomplishments, Personal and/or Professional are You Most Proud of?
I feel that my family and work balance that dentistry has given me is the best accomplishment I have achieved. I look forward to improving that, with my second accomplishment being transitioning from working at a Federally Qualified Health Center into private practice and the challenge that brings. My third accomplishment would have to be the ODA Presidential Citation I received in 2016 for the work I was able to do in reviving the Mid-Columbia Dental Society after it had been dormant for a number of years with the amazing help from ODA staff.

How Does the ODA Support You, Your Practice and Your Patients?
The ODA staff is always available for help when I have questions either about specifics for the local dental society or for when I have questions about getting the most out of my membership. They make me feel like we have a small dental community and are always excited to help me engage my benefits, making things easier for me and allowing me to focus more on patient care.

How Has the ODA Contributed to Your Leadership Skills and Experience?
The leadership teams that ODA has available and allowed me to be a part of have given me great insight into issues that are affecting dentists locally, in Oregon, and nationally. They’re always inclusive and encouraging to get younger dentists involved in whatever capacity you are able, which is great experience to also help improve your own leadership skills.

What Do You Enjoy Most about Dentistry?
With a background in art before going into dentistry I have really enjoyed the blending of art/science that dentistry has given me. The fulfillment of being able to do this and then help someone have a great smile and their gratitude is what I enjoy the most about it.

If You Could Impart Any Wisdom to New Dentists (Pre-doctoral Students, or Pre-dental Students Depending on the Member), What Would It Be?
Don’t be overburdened by student loans. It’s easier said than done,
as I can tell you from personal experience. It's an elephant that you just have to eat one bite at a time, and with sound planning you will be able to balance your work/life and eventually pay them off. Focus on why you went into dentistry and be flexible. Work will be work sometimes, but remember to take joy in why you went into this great profession. Life doesn’t go to your plans sometimes, but putting your patients first will always be the best investment you can make for them and in turn also yourself.

What Do You Foresee for the Profession of Dentistry in the Next 10 Years?
It will be interesting to see how the burden of student loans will change the landscape of dentistry. I think we are seeing some of the changes happening with group practices and FQHCs being more attractive options. Purchasing a private practice is not as simple as it used to be but still a great option as well. I had a few years of experience before the right opportunity was available. With the integration as well as whole person care keeps coming up and even hospitals becoming more involved with dental care, it will be interesting to see how that develops as well for the future of dentistry.

What Would Your Colleagues Be Surprised to Learn about You?
Most people are surprised that I enjoy brewing my own beer. But I’m a part of an amazing group of homebrewers known as the “Brewers of the Gorge” (B.O.G.). We have many local brewery brewmasters involved with us as well, which allow me to apply all the organic chemistry and microbiology I studied for dental school in a different way so I get to maximize the money spent on my student loans at least. 🍺
ADA’S NATIONAL SIGNING DAY (NSD) is a national program aimed at engaging and encouraging dental school seniors to apply for ADA membership. National Signing Day brings together dental schools, state and local dental societies, and ASDA chapters to welcome new dentists to the profession. In partnership with ODA DS4 representative Paul Lamoreau and OHSU’s ASDA chapter, Oregon was able to sign 100 percent of the DS4 class into membership for the fourth consecutive year! OHSU Alumni and ODA volunteers Britta Martienz, DMD, and Eddie Ramirez, DMD, led the program, sharing their personal insight and journey after dental school with the class of 2019.
Legislative Update

THE 2019 LEGISLATIVE SESSION BEGAN IN JANUARY, and ODA staff and members have been in Salem working on behalf of organized dentistry. Check out some updates on ODA’s legislative agenda below:

**House Bill 2220:** This bill would allow dentists to administer vaccines, creating increased access to care across the state. The bill had a public hearing on March 12th, and three member dentists testified on behalf of the ODA: Dr. Patrick Hagerty, Dr. Phil Marucha, and Dr. Jim Smith.

**Senate Bill 824:** This bill clarifies that the Oregon Board of Dentistry may accept alternative examinations (such as the OSCE: objective structured clinic examination) as minimum requirements for licensure. The bill had a hearing in the Senate Health Care Committee on March 13th. Dr. Bruce Burton, Dr. Phil Marucha, and OHSU 4th year dental student Tysa Judd all testified for the ODA.

**Senate Bill 834:** This bill would allow licensees under the Oregon Board of Dentistry to explain an error to a patient without the threat of that conversation being used against them in court. Dr. Bruce Burton and Dr. Leah Hickson testified on behalf of the ODA on March 13 in the Senate Health Care Committee.

A huge thank you to all our members who have been involved in the legislative process this session! Interested in getting involved? Join our ODA Action Team! You can sign up and learn more about ODA’s Legislative Agenda on our website at oregondental.org!

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Share your advice and experience with dental students. We invite you to be a mentor at the annual mentor dinner sponsored by the ODA New Dentist Council.

The mentor dinner provides dental students with a chance to meet with practicing dentists who can answer students' questions about “life after dental school.”

**Date:** Thursday, May 9th  
**Location:** OHSU School of Dentistry, Room 3A001  
**Time:** 5:30-7:30 p.m.  
**Dinner is provided.**


Questions? Contact Kristen Paul, ODA Membership Manager, at 503-218-2100.
FACEBOWS

History
In 1892, Gilmore Thomas, an oral surgeon, was the first to suggest the use of a facebow. William Walker in 1896 used a head strap as a research tool, and it was the first type of facebow. George Snow in 1899 is known as the inventor of the current concept of the facebow, a maxillary bow, “The Snow Bow.” Alfred Gysi in 1910 fabricated a mandibular bow to register hinge axis position, horizontal and sagittal movements. Rudolph Hanau in 1923 improved the Snow Bow using aluminum alloy and an anterior locking device. In 1925, Beverly McCollum fabricated several designs of mandibular bows and developed the concept of gnathology.

Definitions
The definition of facebow and its parts has been published in the “Glossary of Prosthodontic Terms” in the Journal of Prosthetic Dentistry.

-Ninth edition (2017):

Facebow: An instrument used to record the spatial relationship of the maxillary arch to some anatomic reference point or points and then transfer this relationship to an articulator; it orients the dental cast in the same relationship to the opening axis of the articulator; customarily the anatomic
references are the mandibular transverse horizontal axis and one other selected anterior reference point.

**Facebow Fork:** That component of the facebow used to attach the occlusion rim to the facebow.

**Facebow Record:** The registration obtained by means of a facebow.

**Facebow Transfer:** The process of transferring the facebow record of the spatial relationship of the maxillary arch to some anatomic reference point or points and transferring this relationship to an articulator.¹

Most current facebows utilize the Frankfort Horizontal Plane; however, some use Camper’s Plane (Ivoclar). Frankfort Horizontal Plane is defined as an eponym for a plane established by the lowest point on the margin of the right or left bony orbit and the highest point on the margin of the right or left bony orbit and the highest point on the margin of the right or left bony auditory meatus.

Facebows use three points of reference: maxillary teeth, hinge axis and a third point. This third point varies from system to system; the most common are the orbitale (Hanau and Denar) and Nasion (WhipMix and SAM). Currently, most facebows arbitrarily choose average left and right points located toward the ears for an estimated hinge axis.

**OCCLUSION**

**Gnathology**

In 1926, McCollum defined gnathology as the science that treats the biologics of the masticatory mechanisms; that is, the morphology, anatomy, histology, physiology, pathology and the therapeutics of the oral organ, especially the jaw and teeth and the vital relations of the organ to the rest of the body. The early goals of gnathology included to establish a hinge axis locating rotational centers of the condyles, and record 3D border movements of condyles via the mandibular recorder (ultimately developed into the pantograph). Stallard and Stuart proposed to eliminate balancing contacts by having the cuspids disclude the posterior teeth in eccentric motion. Peter K. Thomas contributed to the cusp to fossa occlusion concept. Niles Guichet simplified gnathology by introducing a new instrument (Denar articulator accepting the Dental Pantograph) and provided extensive continuing education about it.

**Goals of Occlusion**

- No interferences between centric occlusion (maximum intercuspation) and centric relation.
- Cusp-to-fossa occlusal scheme.
- A minimum of one contact per tooth.
- No posterior contacts with protrusive jaw movements.
- No cross-tooth balancing contacts.
- Eliminate all possible fremitus.
- No balancing contacts.
- Canine guidance or group function.

**Conclusions**

*Treatment goals for the musculoskeletal stable position.*

For a variety of conditions such as muscle disorder, inflammatory disorder, or severely debilitated dentition, the clinician should provide optimum functional occlusion when the condyles are in the most musculoskeletal stable position (centric relation).

1. Condyles are resting in their most superioanterior position against the slopes of the articular eminences.
2. The articular discs are properly interposed between the condyles and fossae. This does not apply to disc derangement disorders.
3. When the mandible is brought into closure in the musculoskeletal stable position, the posterior teeth contact evenly and simultaneously. All contacts occur between centric cusp tips and flat surfaces directing occlusal forces through the long axes of teeth.
4. When the mandible moves eccentrically, the anterior teeth contact and disocclude the posterior teeth.
5. In the alert feeding position the posterior tooth contacts are more prominent than the anterior tooth contacts.

Because these goals are beneficial treating functional disturbances, they also become the goals in permanently restoring the dentition. ²

**Reference**


www.oregondental.org
Abstract
Mechanics and function constitute the proper bases for dentistry. A good masticatory function depends on the correct physic and mechanic of all parts of the masticatory system, particularly the correct intercuspation of teeth. It is very important to understand the whole mechanism of occlusion, and changes to the teeth should be made by dentists versed in the science and art of treating the masticatory apparatus. Unfortunately, the definition of centric relation (CR) has changed repeatedly over the years. Numerous definitions for CR have been given; however, no consensus exists, and the definition given by the glossary of prosthodontic terms may be confusing. The aim of this report is to review, from historical concepts based on literature, some of the most controversial topics in occlusion. Centric relation is clinically significant since it is the only clinically repeatable jaw relation, the starting joint position and the logical position to fabricate prosthesis.

Introduction
The concept of centric relation (CR) is without a doubt one of the most important and controversial in contemporary dentistry. This is a concept that has been changing through the years based on personal opinions, occlusal philosophies, and success and failure in clinical care.

Historical Aspects
The first important concept to describe is from Sears in 1925. He defined equilibrated occlusion; this concept consisted in having bilateral balance during all lateral movement and protrusion. The equilibrated occlusion was developed for complete dentures, and it is based in bilateral contact to stabilize the denture during mandibular movements. The
concept was widely accepted, and it was employed in fixed prosthodontics by Young in 1926 and Meyer in 1933.

Centric Relation
Centric relation is a classic term in dentistry; however, its definition is still considered an enigma, as is demonstrated by several different definitions in the literature. It has been defined as a maxillo-mandibular relation, as cranial-mandibular and as a mandibular posture. Related to space, Celenza in 1978 positioned as a completely retruded location, Dawson in 1979 as the most superior, and Stuart in 1969 as the most posterior superior and medial. Winberg in 1984 defined this as a tridimensional position, and the controversy goes on. Centric relation is usually defined by describing an anatomic point, and other types of definitions are based on neuromuscular mechanisms.

In 1956, Moyers defined CR as the mandibular position determined by neuromuscular reflexes learned to control the mandibular position when primary teeth are in occlusion. He defined centric occlusion as relationship of teeth during centric relation.

P. Saizar in 1971 mentioned the three theories developed to explain centric relation. The three widely accepted theories are: muscular theory, ligament theory and osteofibrous theory.

Iraj Shafagh in 1975 found changes in position of CR; he pointed out that CR follows a position that could change based on the fluid of the temporomandibular joint.

Peter Dawson mentions that there are many misconceptions related to the term of centric relation. It has been defined in so many different ways that it has lost its importance. A basic point of this misconception is the confusion between the terms CR (centric relation) and CO (centric occlusion). Moreover, the standard definition of CR as the most retruded is not correct from the anatomic point of view, and many methods to register the centric relation do not place the mandible in a physiological position within the articular cavities. The most retruded position is not a physiological position and also could damage the alignment of the condyle-disc and can affect the muscles. Positioning the mandible at the most retruded position could constitute the most common error in dentistry. Unfortunately, it is one of the most used procedures. Dawson defines CR from the anatomical function point of view. It is good to remember that CR is referred to the position of the temporomandibular joints, so it is a maxillary-mandibular relationship. This is an axial position, meaning the joint can rotate to open and close the mouth without losing the centric relation position; the mandible can keep this position even when teeth are not in occlusion. Only in CR can the mandible rotate on the same axis without the need to use the pterygoid muscles. Based on the previous information, we can define centric relation as the relation of the mandible regarding the maxilla when the disc is aligned, in the post superior position against the articular tubercle, and it is independent on the teeth position and vertical dimension. Centric occlusion (CO) is referred to the relation between the mandible to the maxilla when teeth are in maximum occlusion, and it is independent of the position or alignment of the condyle-disc relation, and it is also called maximum intercuspation position. The goal for occlusal treatments is to have maximum intercuspation in harmony with the condyle-disc complex, and coinciding the CR and CO.

Okeson in 1995 introduced the concept of a functional and optimal position, naming it as musculoskeletal position. He mentions that CR has been used in dentistry for several years, but it has many definitions; in general, this is a mandibular position in which the condyles are located in a functional position. As a summary, the optimal joint position determined by the muscle is when the condyles are situated in the most superior-anterior position in
relation to the fossas. However, we also need to consider the disc position, so the optimal position is when articular discs are in adequate position between condyles and articular fossas. Therefore, the complete definition of the optimal joint position is when condyles are in the most superior anterior position in relation to the articular eminence, with the articular discs intercalated correctly, and this position is considered a musculoskeletal stable position of the mandible.10

William McHorris in 1986 tried to describe and define CR, and considered that this position has some anatomic and physiological requirements in order to maintain the position. He also discussed this as a therapy. He defined CR as the physiological relation of the mandible to the maxilla and the cranial base when both condyles are properly aligned to their articular discs, and the condylar disc is stable against the posterior eminence of the glenoid fossa. He believes that CR is a border position, and this position usually has no coincidence with maximum intercuspation, but whenever this happens it is known as occlusion in centric relation.11

Different definitions of centric relation have been published in the “Glossary of Prosthodontic Terms” in the Journal of Prosthetic Dentistry:

-First edition (1956):

  **Centric Relation:** The most retruded relation of the mandible to the maxillae when the condyles are in the most posterior unstrained position in the glenoid fossae from which lateral movement can be made, at any given degree of jaw separation.12

  **Centric Occlusion:** Not defined.

-Third edition (1968):

  **Centric Relation:** The most retruded physiological relation of the mandible to the maxillae to and from which the individual can make lateral movements. It is a condition which can exist at various degrees of jaw separation. It occurs around the terminal hinge axis.

  **Centric Occlusion:** The centered contact position of the lower occlusal surfaces against the upper ones; a reference position from which all the other horizontal positions are eccentric.13

-Ninth edition (2017):

  **Centric Relation:** A maxillomandibular relationship, independent of tooth contact, in which the condyles articulate in the anterior-superior position against the posterior slopes of the articular eminences in this position, the mandible is restricted to a purely rotatory movement; from this unstrained, physiologic, maxillomandibular relationship, the patient can make vertical, lateral or protrusive movements; it is a clinically useful, repeatable reference position.

  **Centric Occlusion:** The occlusion of opposing teeth when the mandible is in centric relation this may or may not coincide with the maximal intercuspal position.14

Melvin Moss in 1975 suggested the bases of the TMJ biomechanics, and mentioned that CR is never a functional position nor common. The current knowledge about the TMJ suggests that it adapts to the oral function as needed, and it adapts whenever it is needed in real time.15 Dr. Moss provided conclusions without evidence.

In 1978, Moffett wrote an opinion article considering the biology of the CR. Defining it as the most posterior superior and medial position, he concludes that the joints adapt to function, especially the joint capsule and ligaments as active structures and not just as mechanical parts; therefore, there is no biological complication for using CR as a reference point in occlusion.16 However, the author does not provide any evaluation of his explanation.

In 1987 and 1989, doing a rigorous methodological study, Jimenez concluded that it is more the dental stability than the antero-posterior position of the mandible. He also concluded that the CR is not an optimal position, and therefore the occlusal scheme is more important than the mandibular position.17,18

Tarantola in 1997 evaluated the reproducibility of the condylar position with different techniques; he has shown CR records that capture condylar positions...
with a maximum variation of 0.1 mm. He concluded that CR can become a predictable, repeatable starting point for occlusal therapy.\(^{19}\)

**Discussion**

The definition of CR has been changing over the past century from being a posterior-superior position to an anterior-superior position of the condyle in relation to the glenoid fossa. Before 1987, centric relation was considered a retruded condylar position. This concept of the more retruded the better was still used in the mid 1980s, and many authors were reporting this method of positioning the mandible more posteriorly.

The TMJ is a biological structure capable to adapt and remodel according to extrinsic factors by muscle and ligament response. Then an impetus for the shift in thinking was introduced with the TMJ imaging that led to the change in the definition of CR from a posterior-superior to an anterior-superior position. The argument for anterior-superior positioned condyles was the belief that distally displaced condyles can cause anterior and medial displacement of the TMJ discs.

Ismail in 1980 conducted a radiographic study of condylar position and concluded that in CR position, both condyles were placed in a more posterior and superior position in their fossa. The evidence available suggested that there is no ideal position of the condyle in the glenoid fossa, but there is a range of normal positions. Celenza concluded that there might be several acceptable CR positions. The change of definition of CR from posterior-superior to an anterior-superior position logically has eliminated or reduced the magnitude of centric slides.

**Conclusions**

As you can see, the definition of centric relation has been changing through the years from a posterior and superior position to finally an anterior and superior. We cannot compare CR with CO, because the first one is condylar position and the second one is a dental-occlusal position. From the clinical point of view, what is important is the way that the patient responds to the dental treatment based on the knowledge of the CR as a functional position rather than a reference point for diagnosis. The temporo-mandibular joint is a biomechanic structure capable to adapt and remodel according to extrinsic factors affecting muscles and ligaments.

**References**

DFO Partners with Moda Health

For the second year, the Dental Foundation of Oregon has partnered with Moda Health as part of its February Dental and Health Heart initiative. As a featured nonprofit partner to Moda Health, the DFO hosted an information table at the February 13, 2019, Portland Trail Blazers game, where they distributed more than 100 dental kits filled with toothpaste, a toothbrush and dental floss to youth and their parents who attended the game.

Spirit Mountain Community Fund Grant

The Dental Foundation of Oregon is pleased to announce a one-year grant in the amount of $50,000 from the Spirit Mountain Community Fund. The grant will be used to support the Tooth Taxi in its ongoing efforts to provide dental care to low-income and economically disadvantaged youth ages 5 to 18 years of age throughout Oregon.

DFO staff and board leadership joined other Oregon nonprofit leaders on March 13th at the Confederated Tribes of Grand Ronde government office, where they were presented with the grant check by Spirit Mountain Community Fund leadership and tribal leaders.
2019 Texas Hold’em Event

On behalf of BnK Construction, Columbia Bank and The Dental Foundation of Oregon (DFO), we extend our deep appreciation to the 100 players and our team of volunteers for their support at the 10th Annual Texas Hold’em Poker Tournament! Together, we raised $26,000.

Special thanks to our friends at Moda Health for hosting the tournament at their southeast Portland facility, and to Harry Barmon — In Your Face Photography for sharing these photo images from the event.

Top 8 finishers at this year’s tournament were: Doug Shepherd 1st Place; David Greenberg 2nd Place; Brad Siever, DMD, 3rd Place; Rick Sennet 4th Place; Luke Kapper 5th Place; Matt Malone 6th Place, Ben Gaunt 7th Place; and Brandon Posey 8th Place. Rounding out the list were Stacey Bagent — Last Woman Standing; and Aaron Raasch — First Person Out.

2019 Chip for Teeth Golf Tournament

The 15th Annual Chip for Teeth Golf Tournament will be held Friday, June 14, 2019, at Langdon Farms, consistently recognized as one of Oregon’s top-rated golf courses. Register your foursome here: https://app.etapestry.com/onlineforms/OregonDental/2019ChipForTeeth.html
The Tooth Taxi

The Tooth Taxi started the year by spending two weeks in Marion County serving kids from Cloverdale, Turner and Aumsville Elementary schools. We had the help of district Executive Assistant Cheryl Harmon, who not only transported kids back and forth but made sure we didn’t go hungry by supplying snacks!

Dr. Sita and the team worked with several families to schedule before and after school appointments, allowing for some of our more apprehensive patients to have a familiar face present for treatment.

In Aumsville, we had a kindergartener come on for a cleaning. I noticed right away that she was unsure, but she climbed up in the chair, letting me get her X-rays. As I set her back in the chair to start, I noticed she was visibly shaking, so much so that her teeth were chattering. I asked her if she was cold and she said, “No, I’m just scared.” I made sure to take extra time, telling and showing her everything I was going to do, having her hold my hand that was using the prophy angle so she could help me polish her teeth. Each step of the way, I could see her relax a little more, and by the end of the appointment she was back to being a chatty six year old telling me about her ability to do cartwheels and how much fun she was having on the Tooth Taxi. A big part of our job is easing fears, educating and helping teach kids to become good patients. This girl left with a smile on her face, feeling good about her experience at the dentist, excited about taking care of her teeth and for her next checkup.

Realities from the Road

Sometimes you get to enjoy the scenery around you. The Tooth Taxi team was able to get out after work for a quick hike at Silver Falls State Park.

Kid Quotes

While getting X-rays taken on the Tooth Taxi, a young girl asked, “Do my teeth look pretty?” After getting treatment done, she asked, “Do they look even prettier now?”

TOOTH TAXI STATISTICS (September 2008 – January 25, 2019)

21,867 students screened
12,533 appointments in the van
22,860 students received oral hygiene education in the classroom
$7,277,009 value of free dental care provided

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ASSOCIATES WANTED

Are you ready for a new career opportunity? After 40 years in the dental industry, Dr. V. Kim Kutsch is looking to transition out of private practice over the next 1-2 years. Kutsch and Renyer Family and Cosmetic Dentistry is known for excellence in the dental community, has a dedicated long-term staff and a large loyal patient base. If you have an impeccable work ethic, embrace modern dentistry, and enjoy high level CE, we would love to speak with you. Timetable and terms are flexible for the right person. DETAILS: Large private practice, office hours Mon-Thurs 7:30-5:00. Partnership possible for the right candidate. REQUIREMENTS: Oregon Dental license, passion for clinical excellence, strong communication skills to achieve patient trust and rapport, excited about dental innovation and implementation. Interested candidates, please forward a CV to Lisa@kandrsmiles.com for confidential consideration.

Associate positions in Salem, Albany and Roseburg. FFS, well-established 2 locations expanding the brand to Salem, Albany Roseburg. Beneficial to confidently perform endo, oral surgery, surgical implants. Contact Megan@omni-pg.com, 503-830-5765. (OD122)

ASSOCIATE SALEM, OREGON Associate position. Large free-standing building with 1 GP, 1 endodontist, and 1 periodontist. Has been a dental office for 40 years. Tiered compensation package and potential equity interest. Contact Megan Urban, 503-830-5765, megan@omni-pg.com. (OD117)

ASSOCIATE SOUTHERN OREGON Larger, established practice looking for associate with future buy-in potential. Ideal candidate would be able to do most Endo procedures. Owner was a Spears Mentor for 10 years and Cerec is available. Benefits: malpractice and medical insurances, 401K, and CE allowance. Contact Megan at 503-830-5765, megan@omni-pg.com. (OD116)

Endo associate needed in sunny southern Oregon. Long-standing endo practice with plenty of room and microscopes. For information, contact Megan Urban at megan@omni-pg.com or call 503-830-5765. (OD126)

EQUIPMENT: SALE/SERVICE


PRACTICES FOR SALE

Small 3 op practice for sale in Vancouver, WA. Paperless with Gendex sensor. Small patient base of PPO and cash patients. Office is open 1 day a week and is an ideal start up practice. Implants, wisdom teeth extractions referred out. Office has been in business since 1980. Rent is 950 a month. Sale price 120k or best offer. Please email clinic.inq@gmail.com.

Calling all General & Specialty Dentists! Does your office look and smell like a dental office? Time to treat yourself and patients to a modern, refreshing dental experience with views of Puget Sound from every window. This fully loaded, turn-key office in Mukilteo, WA, 3ops (plumbed for 4th), low monthly rent and potential 100% financing through BoF. High visibility, 1 mile from Boeing. Building owner open to selling property. Contact: Lindsey Pierce 425-466-8595

McMinville Heart of Wine Country - Cozy, 3 operatory, digital, “bread and butter” practice. Team has been together for over 20 years and would like to work more. 2017 collections around $243,000, room to grow! Lease space is zoned medical/dental only. Contact megan@omni-pg.com; 503-830-5765. (OD123)

G/P PRACTICE FOR SALE IN WEST PORTLAND Annual collections approximately $575K. Hi net, lo overhead practice. Great collection policy in place. 3 fully equipped operatories, 3 more plumbed. 2,500 SF office, digital X-rays. Modern building located on a very busy street. Lots of parking. Contact info@reasorprofessionaldental.net; 503-680-4366. (OD124)

Portland building and fee for service oral surgery practice for sale collecting about $860,000 on 2 days per week. Building newly remodeled. Contact Megan at 503-830-5765; megan@omni-pg.com. (OD125)

EAST VANCOUVER Mid-sized practice in popular area. 4 equipped in about 1800 sf. Marius equipment, digital, Dentrix. Ideal for second location or an affordable place to grow. All endo, ortho and implants are referred out. 10-15 new patients/mo via Google and insurance. 2017 collections around $300K. Contact 503-830-5765, megan@omni-pg.com. (WD239)

SALEM, OREGON Extraction Clinic — Retiring oral surgeon has been in same location over 20 years. Patient referrals from a large area and from 2 denturists. Cash only practice, collecting about $320 per hour for simple extractions. Asking $60,000. Contact Megan Urban for more information — megan@omni-pg.com / 503-830-5765. (OD120)

SOUTHERN OREGON - GP practice and building for sale collecting $527,000 in 180 days. Beautifully updated, great location! 5 ops - 4 equipped, 1 plumbed. For more information, contact Megan at megan@omni-pg.com or call 503-830-5765. (OD110)
NE Portland Practice and Building - Charming, impeccably maintained building off I-84 - great visibility. 3 ops, Daisy, onsite parking, potential option to expand. All perio, endo, surgery, ortho referred out. Dedicated team prepared to help new dentist grow the practice. Contact megan@omni-pg.com 877-866-6053. (OD113)

Endo Practice For Sale in Southern Oregon. Annual collections of $600,000 on 100 days of work. Incredible potential for growth. Doctor will introduce you to all referrals. Asking $300,000. Email Megan@omni-pg.com for info. (OD105)

Southern OR Dental, Denturist Practice, Building for sale. Mostly C/B, extractions, bone grafts, dentures. 6 ops. CBCT, 2 soft tissue lasers. 1900sf building, large parking lot. Contact megan@omni-pg.com, 503-830-5765. (OD127)

Oregon-Practices for Sale - Columbia River Scenic Area has a General practice for sale. Practice collected $726k in 2018, working 3 days per week! For additional details contact Lynne or Donna at Practice Management Associates 888-762-4048 or info@practicemanagementassociates.org www.practicemanagementassociates.org.

LIST OF MEDICAL/DENTAL BUILDINGS FOR SALE OR SPACE TO LEASE
We have an updated list of medical/dental buildings for sale in Clackamas, Multnomah, Washington, Yamhill, Marion and Polk Counties. Building range from 2,000 sq. ft. to 20,000 sq. ft. Some have existing dental space already plumbed. Contact Megan at megan@omni-pg.com.

Albany - 4 op building for sale in Albany near hospital and related services. Parking, street signage exposure. 2,025 square feet. Has been dental office 43 years. Contact Megan@omni-pg.com for more information. (OD108)

SPACE AVAILABLE/WANTED
For sale or lease: 1200 sq. ft., 3 operatory, dental office in Lakeview, Oregon-population 2800-with surrounding of 10,000. This downtown, corner location, and practice, has served the community for 65 years. Only 1 other fee-for service dentist serves this area. For info: contact: Pat Sabin DMD-541-947-3035

NE Portland/Montavilla Dental, Dental Lab, Denturist or Vet building for sale 1,652 sq ft on Glisan at I-205, great visibility 4 ops/exam rooms, very large lab 4,268 SF lot. Contact Megan Urban at megan@omni-pg.com; 503-830-5765 for details. (OR101)

NE Portland — Charming and impeccably maintained 1 story wood free standing building with parking lot. Great visibility, right off I-84. Currently used as dental practice with 3 operatories. If used for another purpose, could be 5 exam rooms or offices. Contact Megan Urban, megan@omni-pg.com; 503-830-5765. (OR102)

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