PATTERNOED OCCLUSAL PATHOMECHANICS AND THEIR POSSIBLE UNDERLYING BIOMECHANICAL CONTRIBUTION

After significant reflection on historical “patterned occlusal pathomechanics” of the teeth and corresponding feet over the years of clinical integrated interdisciplinary practice, I believe the human neck is the greatest neuromechanical mediator and indicator of treatment outcome.

Restoring normal occlusal patterns of function at specific stages of tooth to tooth contact/interference and foot to ground contact/interference reduces cervical pathomechanics and related symptomology. This is the intent of this course… “Occlusal Cervical Restoration – An Interdisciplinary Approach to Treatment of Patterned Occlusal Pathomechanics.”

The four major interdisciplinary dental abnormalities that are related to underlying biomechanical patterned function of either the appendicular or axial systems, and the cervical spine as a mediator of stabilization and a generator of compensation, are:

- Posterior Crossbites,
- Open Bites,
- Crowded Teeth, and
- Intorsion (Lingual tipping or rolling of mandibular molars)

Before someone reminds me of the significance of a Class II, Div II, or an over bite or an overjet, or a supernumary tooth, or the common seen trauma to a tooth or the TMJ, etc., I want to remind the attendee that this is a discussion solely on abnormalities that have high clinical incidence of relationships with other coexisting patterned malalignments, mal-adaptations, or malfunction to the ground or floor that ‘supports’ and ‘solidifies’ neurological inter-system patterned drive for homeostasis.