



PATTERNED 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.