

**PLANNING FOR  
BIOLOGICAL CHANGES THROUGHOUT LIFE**

**MANDIBLE SHOULD BE ABLE TO FUNCTION FORWARD WITHOUT RESTRICTION BY TEETH.**

**INCISAL TOOTH STRUCTURE DISOCCLUDES POSTERIORS OUTSIDE OF ENVELOPE OF MANDIBULAR FUNCTION.**

Occlusion adapts through tooth wear, tooth migration or treatment by dentist, etc., to gradually increasing demands for mandibular protrusion and/or lateral freedom; this is a new job for you, Doctor.

The dentition needs to adapt gradually with time to the critical life sustaining biological demands for airway and postural changes.

The patient's vital overall survival needs will prevail above the survival importance of the dentition - whenever necessary - tooth structure was intended to be gradually expendable as needed, to allow mandibular function.

**MUSCULAR CENTRIC** - May produce a more forward position of condyle disc assembly against upward rearward slope of eminentia which protects against posterior condylar displacements. Centric relation is not determined by ligaments.

**INCISAL GUIDANCE** (poor term - must not guide in function, only when asked by dentist in testing excursion). Functional anterior tooth form is a result of the design of upper anterior concavities whose lingual contours are outside of the envelope of mandibular function (function = speaking, chewing, breathing, etc. with various head postures in protrusive and lateral directions).

The most critical part of a therapeutically successful occlusion.

Posterior cusp height and fossa depth cannot be correct if this is not solved first.

Not a mechanical reflection of condyle paths, although they probably modify simultaneously.

**FUNCTIONAL ANTERIOR TOOTH FORM DETERMINANTS** may change with respiratory difficulties or head and neck injuries or other postural body changes throughout life. Tooth form should be modified to accommodate "life needs" of the body.

**CYCLICAL FREEDOM WITHIN TOP OF ENVELOPE OF FUNCTION**

**TWO ROWS OF CENTRIC CONTACTS** - Positioned to pass between each other to allow central, long axis, vertical only loading of posterior teeth.

**NO WORKING OR NON-WORKING POSTERIOR CONTACTS**

**CUSP FOSSA OCCLUSION** (when possible)

**NO TRIPODIZATION** - Poor adaption to modification with time. When mandibular function becomes progressively more protrusive, tripod becomes bi-pod = incline plane = unstable centric stop.

DONALD G. SMITH  
551 BARGELLO AVE.  
CORAL GABLES, FL 33146