

The Kois Center Graduate: Pursuing Dental Excellence



ARE ALL DENTISTS CREATED EQUAI?

knowledge. At the beginning of their careers, dentists can provide adequate care to the average person. However, dental school graduation is merely the start of a long career, and that initial equality soon comes to an end, based on the educational path your dentist decides to follow. Each individual they want to become. It is your to excellence.

Surprisingly, the answer is "Yes." dentist's commitment to lifelong. To move beyond beginner status, dental practice. Your dentist has All dentists graduate from dental learning that determines what kind school with similar skills and level of dentistry you receive.

Many dentists choose to provide good dental care that is satisfactory and meets the standard for serviceable dentistry. Another group will develop more skills to become better than average. Finally, there is a small group who choose a long, difficult journey to become the best chooses how far to grow in their they can be, to practice dentistry at profession—how good a dentist the top level. These dentists commit

dentists must regularly take classes found this at the Kois Center. to improve existing skills and learn new ones. Dental courses are not created equally, so it can be a challenge to find comprehensive classes with teachings based in published science, a requirement for dentists who want to develop into skilled and knowledgeable practitioners. Dentists need quality post-graduate training that will challenge them, mentors that will guide them, and strategies to implement these new skills in their

This book is about the rigorous path your dentist chose to become that skilled expert and why their commitment to excellence is important to you, their patient. You will learn what makes a Kois Center graduate unique. Flip through a few pages to see how this dentist's focus on excellence will help you smile and chew for a lifetime.



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The committee would like to extend its warm appreciation for the support given by the staff members at the Kois Center.

The concept of the coffee table book was developed by Dr. Sam Romano and his wife Terry.

The committee would like to thank Dr. John Kois for his relentless pursuit of excellence and his undying devotion to the education of dentists throughout the world.

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WHAT IS THE KOIS CENTER?

"...a system that enables of Lake Union. Fifteen years ago, But the Kois Center is unique incorporate their new knowledge us to share information, develop new ideas and create solutions in dentistry that will leave a legacy..."

The Kois Center is an advanced graduate didactic and clinical program for practicing dentists. The Center features a comprehensive nine-course curriculum, with implant and restorative dentistry. motivated dentists to achieve restorative dentistry."

What makes the Kois Center special?

Seattle, Washington, on the shore on patient simulators.

dentists from around the world sought spaces on waiting lists, hoping to be one of the twelve.

The Kois Center in Seattle was built the latest advances in esthetics, to accommodate the increasing number of dentists eager to The curriculum is based upon become students, and incorporates the mission statement: "Enabling the latest technology to maximize student learning over each three-day extraordinary levels, expanding course. Live patient demonstrations knowledge and application skills in can be broadcast directly to each Graduates can return annually of the 26 students. Multimedia to attend the Symposium, which electronic presentations allow includes a review of the prior rich content to be memorably year's published dental science, shown, and students have the speakers who are pioneers in their The Kois Center is located in opportunity to practice new skills field, and the inspiration of like-

the Center began forty miles south because it is SO much more than a into their dental practices, they can of Seattle in the back room of a physical location or a facility. The apply to become Mentors, who dental office in Fife, around a table Kois Center is part of an educational with room for only twelve students network inspired by John Kois and to attend each class. As word trav-populated by dentists who have John Kois elled about the incredible teaching made a commitment to a rigorous to be found in that back room, program of continuing education. This network is actually a living, maturing postgraduate educational think tank. The Center's growth is the result of the continued support and participation of those who have graduated. The collaboration of these members has created an ever expanding knowledge base at the Center and is a pathway for extraordinary professional growth.

minded colleagues. As graduates

return regularly to the Center to offer help to current students, continuing the cycle of contributing to an improved dental profession. The Kois Center can now use the knowledge of its membership to improve the curriculum of the Center, enhance the professional growth of its members and improve the dental health of the patients

The Kois Center provides an intense educational experience which allows your dentist to acquire the necessary skills and knowledge to assist you, the patient, in keeping your teeth healthy and esthetically pleasing for a lifetime.



WHOIS JOHN KOIS?

John C. Kois, D.M.D., M.S.D.

Received his D.M.D. from the University of Pennsylvania, School of Dental Medicine and Certificate in Periodontal Prosthodontics with an M.S.D. from the University of Washington, School of Dentistry. He maintains a private practice limited to prosthodontics in Tacoma and Seattle, Washington and is an Affiliate Professor in the Graduate Restorative Program at the University of Washington. Dr. Kois continues to lecture nationally and internationally, is a reviewer for many iournals and is the Editor-in-Chief Education in Dentistry, Dr. Kois is the teaching program.

recipient of the 2002 Saul Schluger Memorial Award for Clinical Excellence in Diagnosis and Treatment Planning, and received a Lifetime Achievement Award from both the World Congress of Minimally Invasive Dentistry and the American Academy of Cosmetic Dentistry. He is the past president of both the American Academy of Restorative Dentistry and American Academy of Esthetic Dentistry, and a member of numerous other professional organizations. In addition, he continues to work with restorative dentists at the for The Compendium of Continuing Kois Center, a didactic and clinical

Who Is John Kois?

has "great hands"—an inborn talent for dentistry. He became a master through dogged perseverance and years of hard work, with an attitude that embraced challenges. He is a student every day, willing to be wrong and willing to change his changes the lives of those who these systems that form the core provide. come to his teaching center, both through his personal example and his unwavering belief that inside each student is an expert waiting to be born.

Master clinician

"I don't have a problem with failure: I have a problem with not learning from failure."

John Kois is an outstanding clinical dentist because he views every patient and every restoration as an opportunity to excel. Yet he is not tion. He is also willing to reject subject, he works long hours year and mentors for support and afraid to examine a failure, regarding it as an opportunity to improve and scientific basis. When he saw too design new ways to teach. He is a to expertise.

teachings at the Kois Center.

Creative innovator

"If you have to think outside the student." box, you need a bigger box."

avoid that pitfall tomorrow. His many exceptions to accepted successful teacher because he has dentistry sets a standard for precibeliefs, he carefully examined his never stopped being a student: John is not a master because he sion and he is recognized by his own work to better understand questioning, challenging, learning. peers as a master clinician. He what was successful and why. He He understands new knowledge is the expert that other dentists formed his own research center to must be used for learning to be seek for their own dentistry, test theories and add to the science effective, so he developed compre-He uses practical experience to of dentistry—entirely so dentists hensive notebooks for each student develop systems and checklists can make better decisions for their to take home to aid in implementing so Kois-trained dentists can more patients. He continues to develop what they had learned. easily and uniformly provide excel- innovations and instruments to beliefs when necessary. John lent care to their patients. It is make excellent dentistry easier to

Master teacher

"Never the teacher, ALWAYS the

Have you ever been inspired by a community of likeminded dentists John Kois is a relentless questioner: teacher: One who saw the great- who are committed to continuous Why does this smile look so natural? ness inside of you? A teacher who learning. Kois Center graduates are Why have the teeth worn in this helped you reach a goal that you members of a family—a think tank particular pattern? How can we would have never believed was populated with dentists dedicated make our success more predict- possible? A teacher who could to helping each other and their able? He is unwilling to blindly present complex material in a clear, patients achieve the absolute best. accept conventional thinking about understandable way? John Kois is When a dentist completes a class, dentistry without rigorous evaluathat teacher. Passionate about his they can stay connected with peers popular theories that have no after year to stay current and advise them on their own journey

Visionary leader

"None of us is smarter than all of us."

John believes that together we can be better than any of us could ever be separately, and his leadership has created and fostered a unique



"A master in the art of living draws no sharp distinction between his work and his play; his labor and his leisure; his mind and his body; his education and his recreation. He hardly knows which is which. He simply pursues his vision of excellence through whatever he is doing, and leaves others to determine whether he is working or playing. To himself, he always appears to be doing both."

Francoise Rene Auguste de Chateaubriand



WHAT IS A KOIS CFNTER GRADUATE?

emphasis on community exists, and this goal.

The Kois Center is a family of beliefs in pursuit of excellence. The and get to know each other better. tional standards and examination

professionals who attend the courses in the curriculum at the Center which promotes a culture Center. Once students become of generosity, humility, kindness graduates, they have the opportu- Graduates have made a serious their patients. and passion for learning. These nity to attend an Annual Sympo- commitment to this rigorous individuals are integrity-based and sium. At the Symposium, current curriculum—sacrificing time away committed to both their patients updates based on new studies are from families, home and their pracand education. Dentists who attend discussed, and our community of tices—challenging themselves to the Center seek evidence-based professionals and their families be the best. To achieve this goal knowledge, willing to question their have the opportunity to network has required questioning of tradi-

dentists and dental professionals. Kois Center community works to. Graduates also have the privilege of strongly held beliefs under the who are passionate about dental provide the best, most efficient and of being part of our referral service light of published evidence. It has healthcare and have the discipline cost-effective care to their patients on the website, wherein other also required the courage and willto pursue excellence. A heavy and help one another to achieve graduates can search for contact ingness to change, when necessary, information and refer patients who how they practice dentistry. I am proud to associate with the Graduates have completed all nine are moving or are out of town to another highly trained and Kois Center are committed to ex-

Above all, dentists attending the cellence and doing their best for

John C. Kois



EXCELLENCE IN DENTISTRY

What does it mean when your dentist autographs their work with excellence?

and provide in-depth training in the future. for their employees. These offices Excellence cannot be static. The personify excellence.

barded with mediocrity and apathy their work with excellence; they aim through poor customer service and for perfection on every procedure, continuing professional growth. the performance of products below every day, even when no one is Excellence is the sum of many parts. expectations, it is refreshing and watching. Decisions that will affect Attention to detail and accuracy of reassuring to encounter excellence. your oral health and well-being for diagnosis, along with the skilled

excel at customer service, also ration with someone who is looking will provide you efficient, informahave a tendency to hire carefully out for your best interest now and tive, individualized treatment in

doctors and staff that you entrust It simply feels different when you Excellence in dentistry includes with your dental health must walk into a store or an office where words like integrity, trust, and continually seek new knowledge to excellence is the standard. In an era empathy. It means you can trust enhance the predictability of their when people are constantly bom- your dentist and staff to autograph work and remain connected with exceptional colleagues who support an overview of how Kois-trained

Dental offices that consistently a lifetime must be made in collabo- hands of an experienced dentist,

a cost-effective manner. Your dentistry will be fabricated using the best materials available with a built-to-last attitude. At the Kois Center, EXCELLENCE permeates every educational and interpersonal interaction—ALWAYS! This book is dentists make excellence their standard and how you, their patient, will benefit.



NOT GUILTY AS CHARGED!

Have you ever felt a twinge of guilt caring for their teeth throughout tells us that your resistance to get-people, hesitant to seek dental care, with your oral health.

and guilt have simply nothing to do stands that gaining or maintaining start when you are an infant. Your oral health depends on more than risk for dental problems begins Some people have spent hundreds just daily flossing. They are conof hours and thousands of dollars cerned about risk because science. If you are one of those embarrassed

when the dental hygienist asked their lifetime, yet continue to expeting a cavity or losing the support please let go of any guilt and about your flossing habits? Do you rience new areas of decay, gum around your teeth is specifically understand that your Kois-trained hesitate to make a dental appoint- disease, or teeth that break and related to both your ability to fight dentist will not judge you. They will ment because you will have to wear-seemingly no matter what disease and to the type of bacteria thoroughly learn about your admit how long it has been since they do. Often these people are that inhabit your mouth. Your den-current oral conditions, determine your last cleaning? These twinges embarrassed to seek help because tist also knows that bite and jaw your susceptibility to future breakof guilt can be greatly magnified if they believe that the condition problems occur when the muscles down and discuss a plan to help you believe that your mouth is un- of their mouth is purely their and joint cannot adapt to imperfec- you successfully achieve and mainhealthy or your smile unattractive— own fault. Sadly, they may even tions in the way you chew. Some of tain a healthy attractive smile. and it is YOUR fault. But the surdescribe their mouth as "hopeless." these tendencies are determined prising truth for many is that fault Your Kois-trained dentist under- by your genetic makeup, and some



TIME FOR A NEW WAY OF THINKING?

Paradigm shift

A paradigm is defined as a model to follow with a set of rules and that does two things:

2. Tells you how to behave inside the boundaries in order to be successful.

A paradigm shift: a change to a new game, a new set of rules.

practices of dentistry, with little or without any research to test the and procedures are questioned as

For instance in the 1960s, the origi-Dentistry has been a very traditional one would brush twice a day with practices just because they were and technologies. profession with a long-established Crest and see their dentist twice taught to us years ago. We are paradigm where the rules of the a year. This advertising slogan committed to learning, growing game have changed very little became part of the dental para- and getting better for our patients over the past 100 years. Accepted digm, accepted as scientific fact and their care. All dental practices

no scientific basis, have been and validity. Dental insurance compa- to their purpose; the rationale and continue to be taught in dental nies subsequently established a basis for their use are continually schools and continuing education policy to cover teeth cleanings being examined. We are willing to regulations (written or unwritten) programs. This has had an unfavor- twice a year. The scientific truth is build a bigger box—or even throw able outcome on the level of dental some people do not need two away the box-if science and treat-1. Establishes or defines boundaries health care, perceptions of what is cleanings a year while others would ment in the best interest of our needed in order to maintain dental be better served by having their patients calls for that action. In this health and what insurance compa- teeth cleaned four times a year. The manner a Kois Center Graduate is nies will cover for their participants. best cleaning interval depends on at the forefront of technology and

> nal Crest toothpaste advertising At the Kois Center, we are not concampaign promised healthy teeth if strained by dental philosophies and to date and predictable procedures

knowledge when diagnosing and treating patients with the most up



PROVE IT.

prove or disprove a point. Evidence- responsible research. based dentistry is different; quite For example, when evaluating a

As a patient of a Kois-trained decisions and recommendations your bite. The evidence gives your published evidence and determine

simply it is dentistry firmly rooted tooth with a large filling, your in proof and confirmation. When dentist knows from published evidence, they are using the based on the size and width of the decisions for your teeth, your latest reliable research to make filling coupled with the strength of dentist must know how to evaluate

dentist, recommendations made to for you, their patient. They use dentist reliable information about which study is applicable to your improve your dental health often their knowledge and experience which teeth in your mouth are more situation while staying current on use evidence-based dentistry. The to properly apply the available likely to break and why. Your dentist new information. All protocols for word evidence may bring to evidence and may adapt can apply the evidence to make treatment that dentists learn at mind a courtroom, where materials their treatment recommendations recommendations on how best to the Kois Center are grounded in are gathered and manipulated to based on trustworthy and protect vulnerable teeth. A dentist published science, and Kois Center whose practice is evidence-based graduates are proficient in uses research and will make different understanding the dental literature. recommendations based on you, Course content is continuously the patient, and your susceptibility. dentists base their practice on studies how much weaker it is In order to make appropriate

updated to teach only the most recent science.



"There can be many different ways to treat disease, but there can be only one proper diagnosis."

Morton Amsterdam, DDS, ScD



WHY DO YOU NEED THAT JUST TO

Comprehensive evaluation

you need? The dental examination your dentist with an informed decisions that can affect your information about you. Systemic every angle. mouth for the rest of your life. diseases and some medications can The exam must be thorough and make dental problems more likely, complete. Your dentist collects and successes (and failures) of past detailed information about your treatments are important clues mouth in many ways, each of them about your unique situation. critically important.

The information you provide about Complete radiographs (or X-rays) disease and weakness, look for worn your overall health—as well as provide information that cannot teeth, evaluate muscle and jaw joint details about previous dental treat- be seen when your dentist looks function, and look for oral cancer. How does your dentist know what ment and experiences—provides in your mouth. Photographs and Your dentist considers all of this models of your teeth allow your forms the foundation for treatment starting point when gathering dentist to evaluate your teeth from for your mouth. Once the diagnosis

> your "teeth are checked" actually is for you. much, much more. Your dentist will make measurements of gum health, check teeth and fillings for

evidence when making a diagnosis is made, they can recommend the The part of the dental exam where best course of dental treatment



WHERE DO WE START?

Diagnosis

"the identification of the nature of an illness or other the signs and symptoms."

Oxford Dictionary

The human body and its workings are very complex. An understanding of good health, typical illness and disease is important, but for a Koistrained dentist, it is just the beginning. A person's oral condition is a mystery to be uncovered through thorough examination and careful consideration. John Kois enjoys The four dental risk groups, as in your mouth? So what do those invoking the image of actor Peter explained in the next chapter, form conditions mean for your dental

tions below the surface.

Your Kois-trained dentist will gather detailed information about you and your mouth—a thorough and thoughtful search for clues. You will be astonished at the thoroughness and be intrigued by the dedication to understanding your dental condition.

Detective Columbo always gathered How did your situation arise? Why may be harmless, while a crack in routine information needed to are your teeth worn? Why are you another tooth may cause destrucinvestigate a crime, but solved cases suddenly getting cavities? Or, how tion of tooth, bone and even neighproblem by examination of by asking deeper questions, prob- is it that you're 50 years old and boring teeth. Accurately reading ing for hidden meaning and connec- have never had a cavity? Your den- and interpreting the clues in your hints and evidence. Your teeth and Center dentist. gums tell a tale that reveals secrets your dentist can use to help you attain, or maintain, a high level of dental wellness.

Diagnosis answers the questions "What" and "So what" about you: What are the conditions currently Falk, who played a detective in the a current snapshot of you and will health today and in your future?

1970's television series Columbo. raise questions about your mouth. For example, a crack in one tooth tist will need to know about your mouth to make the right diagnosis past dental experience, looking for for you is the hallmark of a Kois



"There is no dentistry better than no dentistry."

John Kois



High periodontal risk



High biomechanical risk



High functional risk



High dentofacial risk

DENTISTRY 101

Periodontal: Gums and Bone

Biomechanical: Tooth Structure

Functional:
Jaw Joints,
Muscles, Bite and
Chewing Surfaces

Dentofacial:Smile Characteristics

The four dental risk groups

Everyone has heard of and recognizes the four food groups and the importance of a well-balanced diet. The Kois Center uses this concept to distinguish the four areas of the mouth that must be evaluated to develop a risk assessment, make a diagnosis and provide treatment recommendations for our patients. The four dental risk groups are Periodontal, Biomechanical, Functional and Dentofacial.

RISK PROFILE Patient Name				
GUM & BONE	Low	Mod.	High	
TOOTH STRUCTURE		0		
JOINT (TMJ), BITE AND CHEWING		0	•	
SMILE CHARACTERISTICS		0	•	
MEDICAL PRECAUTIONS		0		
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RISK PROFILE			
Patient Name			
Date			
	Low	Mod.	High
PERIODONTAL		<u> </u>	
BIOMECHANICAL		0	
FUNCTIONAL		0	
DENTOFACIAL		0	
MEDICAL PRECAUTIONS		0	
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ONE SIZE DOES

"Those who do not remember the past are condemned to repeat it!"

Past dental disease and treatment is a very important and significant indicator of future dental health and disease concerns. After your dentist completes a thorough examination, they have an excellent understanding of your specific risk for future dental problems Traditionally, a dentist would treat a cavity or a gum disease issue after it caused a problem or hurt. The Your dentist's recommended treatstandard model was to fix problems ment and preventive regimens will after they developed or caused be based on exactly what you symptoms. A different approach need-not some predetermined list

during the examination process in future dental problems. developing a plan to maintain or In an effort to clarify where you George Santayana improve your dental condition. When you and your dentist understand that you may be likely to have a problem develop, special efforts can be made to focus on preventing that problem or catching it at a very early stage. Just as importantly, knowing that your particular risk of developing a dental disease is very low may help avoid unnecessary dental treatment.

uses a risk assessment strategy. that is applied to everyone. This is

This method takes you, specifically critical in designing dental care that How does my dentist and individually, into account will help you reduce your risk of

> may be most at risk, the dentist will classify your risk as low, medium or high in each of the four dental risk groups using the dots green, yellow or red. Green is Good. Red is Bad.

What is my risk profile?

Your risk profile is actually a lifetime report card for your dental health. This is a summary of your mouth's current condition and potential problems. Any area that does not have a green dot would be an area where you could be at risk for further problems.

do that: reduce my risk of future problems?

Your dentist will choose treatments that give you the best chance of keeping your smile, your teeth, and your oral health for your lifetime! Kois Center principles teach dentists how to fix one area of your mouth without harming a different area. For example, when a Kois-trained dentist fixes your smile, they will choose a method that does not harm your gums. When your dentist thinks about risk reduction, it means they are planning for the long term-your lifetime-instead of using techniques that only help your mouth for a few years.



GOT BONE?

Periodontal disease: gum and bone support for your teeth

Periodontal disease, commonly referred to as gum disease, is a chronic, often silently destructive disease. It is a complex disease initiated by certain types of bacteria that live below the gums and which, by using modern technology, can actually be identified! These bacteria can trigger a series of events that ultimately lead to the loss of bone around your teeth. If periodontal disease advances to the point where your teeth get loose or move, tooth loss may be the outcome.

It is very important at regular response to the bacteria in your and bone loss is dependent on dental examinations that your mouth. Your dentist will make rec- controlling the destructive bacteria mouth be examined for the pres- ommendations to treat your disease in your mouth. Recommended

and precise measurements taken around your teeth to determine the level of health and bone support. Kois-trained dentists are passionate about understanding the science and susceptibility behind periodontal disease. They are using scientific breakthroughs in technology to diagnose and treat this disease. Armed with thorough, individual data collection, your dentist can explain whether periodontal disease is present in your mouth and if you are at risk for future periodontal disease. Other factors or risk Reducing your risk modifiers like your family history, medical conditions, ethnicity, and smoking can also influence the Reducing your risk for future gum

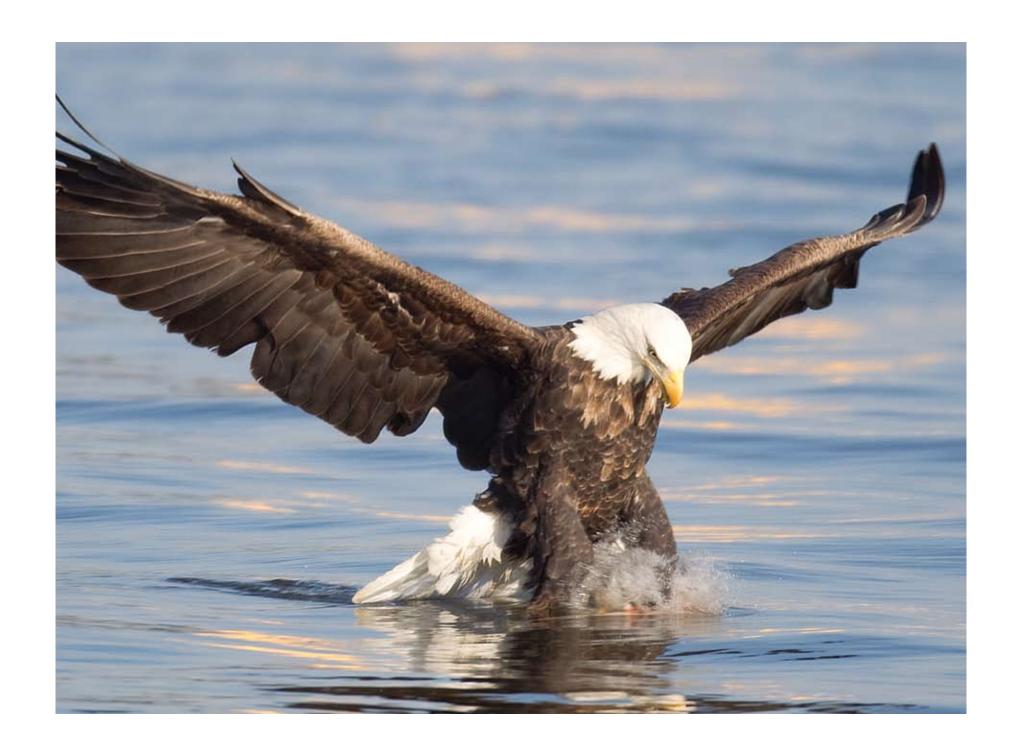
dentist needs both accurate X-rays help you avoid further breakdown.

The presence of untreated periodontal disease has also been linked to other conditions. Research shows a connection between Tobacco use greatly increases the periodontal disease and an in-risk of periodontal disease; tobacco creased risk of coronary artery dis- cessation strategies may be emease, stroke, diabetes and pre-term, ployed to help you quit smoking low birth weight babies. Improving and thereby improve your prognoyour periodontal condition can sis. Consistent monitoring and have a positive affect on several maintenance of blood sugar will other aspects of your health as also have a positive effect in well as improving the quality of patients who have diabetes. your life for years to come.

of gum destruction

ence of periodontal disease. Your and follow up with suggestions to treatments can be varied based on the findings by your dentist from their thorough evaluation and will be tailored to meet the needs of individual patients.

Your dentist has many treatment options, based on scientific evidence, to customize a plan that will help lower your risk of periodontal breakdown and help you maintain periodontal health.



NOT ANOTHER CAVITY!

Biomechanics

Teeth can break down for many reasons. Although everyone is familiar with tooth decay, it is only one part in the determination of biomechanical risk. Decay has traditionally been considered a simple process caused when plaque (a bacterial colony) on the tooth surface was exposed to sugar. Over a period of time acids generated by the plague weakened the enamel surface, eventually leading to a cavity. Today we realize that this process is much more complex and is actually affected by many other factors. Many prescription medications cause a decrease in salivary flow. Dry mouth, which seriously compromises the body's ability to flush the mouth of needed restorations.

severely destroy the teeth.

The aging of our population and increased life span also increases the risk for tooth breakdown. Exposed root surfaces, more common as we age, are softer than enamel and therefore more cavity prone. Teeth are enduring eight

acidity, as do a wide variety of These individuals may need popular beverages. The acids further investigation to eliminate an individual's physician. literally melt away the tooth the cause of their susceptibility, structure and can quickly and including dietary monitoring, salivary flow examination, and acid level monitoring.

Biomechanical risk reduction

Once the risk level is known, a to the nerve inside the tooth, Kois-trained dentist will determine why the risk is elevated and develop tooth will need root canal and nine decades of chewing a plan for eliminating or reducing treatment in the future. Sometimes, forces, thus making them more the factors that may result in despite the best that dentistry has subject to wear, fracture and decay. continued breakdown. Prevention to offer, a tooth will simply be too Extensive prior dental work can of future decay may be weak to predictably restore and result in weaker teeth, without accomplished by using the most is best removed. Fortunately, adequate tooth structure to support effective forms of fluoride dental implants offer a reliable or anti-bacterial rinses. When replacement for missing teeth as food and debris, buffer mouth Individuals who have multiple consumption of sugary foods, soft they do not decay and can be part acids, and remove plaque from areas of decay, large fillings, or drinks or other acidic beverages of a strategy to reduce the risk of the teeth. Some systemic diseases, have lost teeth in the past due to contributes to risk, dietary future problems.

like bulimia and gastroesophogeal lack of tooth structure are at counseling and modification may be reflux (GERD), increase mouth higher risk for future breakdown. indicated. Management of systemic problems can be coordinated with

> When decisions are made to restore teeth, the biomechanical risk is minimized by conserving, or keeping, as much tooth structure as possible. Many new materials and techniques can be quite conservative. This minimizes trauma decreasing the chance that the



MYTEETH ARE WORN!

Function/joint, bite and chewing surfaces

complex and early signs of disease than the person. are subtle. Coordination among the two jaw joints, the chewing for some signs and symptoms to muscles and the teeth is necessary for healthy function. The long-term health of this system is dictated by the harmony among these three components and their ability to adapt to changes over time.

When the body cannot accommodate excessive force in the chewing treatments may be avoided.

system, the weakest link in the Functional risk system will be affected. In some instances the jaw joints may The key questions in bite evaluation become tender and, over time, can Due to the subtle nature of functional years?" The chewing system is very worn—teeth that are aging faster

> Unfortunately, it can take years appear. Tooth wear, in particular, enough though, extensive rebuilding may use a removable appliance to

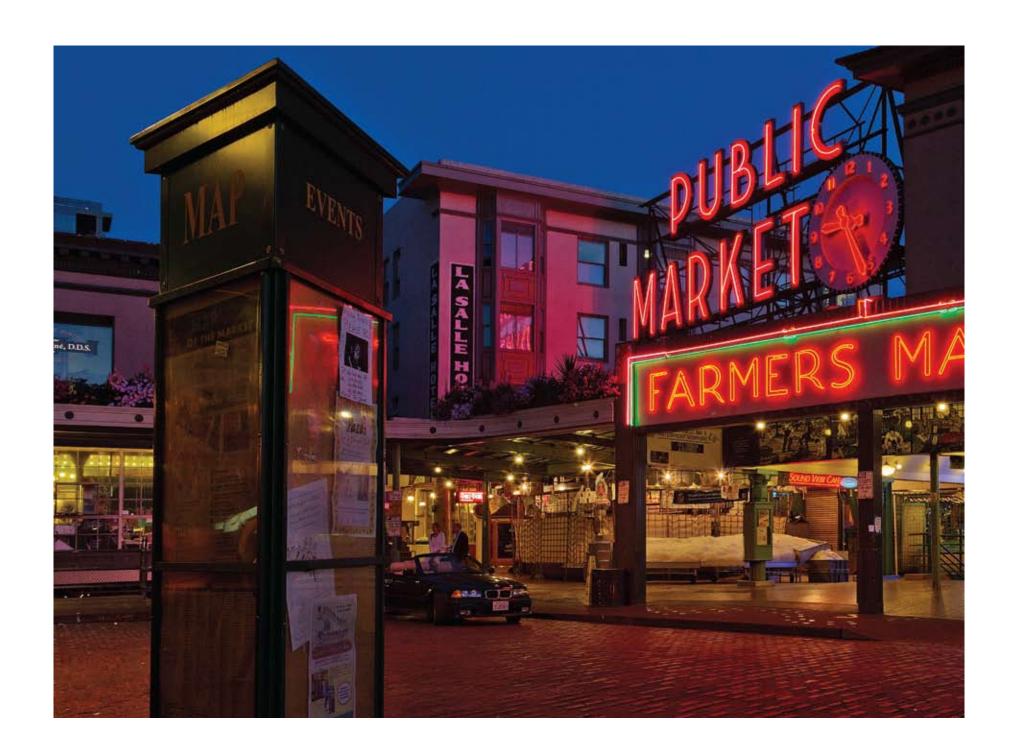
reduction

is "Can this person chew result in irreversible changes to the problems, it is essential that this comfortably, without pain in his joint. Sometimes the muscles will be risk be identified and managed at teeth so the jaw joint, muscles, and jaw muscles, joints or teeth? Has he overworked, causing muscle pain an early stage of the disharmony. A teeth are in harmony. Final dentistry noticed any changes like wear or and headaches. When the teeth well-trained dentist can determine can then follow, in the newer, more chipping of his teeth in the last five are affected, they become loose or if the condition occurred in the comfortable position. past or is currently destructive. Once a proper diagnosis has been made, destructive patterns can be altered, often halting the ongoing breakdown.

> may not be noticed until significant The cause of the destructive sleep. In this situation, risk reduction loss of tooth structure has occurred, patterns will be identified, then can be achieved by the use of a because the wear may be slow and treated or managed to allow both nighttime appliance to protect tolerable in the early stages. If the teeth and dentistry to last as long the teeth. disharmony can be caught soon as possible. Kois-trained dentists determine how best to treat the

excessive forces. Once the cause is determined, the risk for future wear or pain can be reduced by reshaping the teeth to correct the bite or possibly repositioning the

Some people squeeze, clench, or grind their teeth even with excellent tooth and jaw alignment. For most people with this condition, the greatest damage occurs during



SMILE, PLEASE!

these components.

The final area of oral health that appropriate treatment for your are an option? Is tooth whitening necessary, although in some cases your dentist evaluates is dentofa- individual esthetic needs. Under- alone enough? Is cosmetic gum teeth may be restored esthetically cial, which examines smile charac- standing a person's dentofacial risk surgery needed? Should the front to appear in better alignment. teristics and how your teeth makes natural-looking, esthetic teeth be longer or shorter? look in your face. Kois-trained results more predictable. The dentists understand this is the materials that your dentist uses starting point for all esthetic depend on how much tooth and reduction dentistry. Your dentist has been gum are displayed when you smile. trained to understand the elements Smiles that "show everything" that are necessary for a beautiful require materials that have a and healthy smile. Your risk is higher esthetic value but may not determined by how much your be the strongest. Those who show front teeth show in your happiest less may be able to use a material smile, the size and shape of that is stronger with less need the teeth, and their color. Your for cosmetic value. Many other dentofacial risk is determined by all decisions are also based on your dentofacial risk: Do the teeth need Crooked teeth may need to be The dentofacial diagnosis helps you to first be moved into the right placed in their proper position.

Cosmetic risk

Predictably improving a smile—and therefore reducing dentofacial risk-requires understanding where esthetics assures that you will the teeth must be positioned in the receive the most predictable face, how the teeth should be esthetic treatment options available, shaped for visual harmony, and whether you seek a more youthful if gum tissue contributes to the smile, cosmetic dentures, or the unfavorable appearance.

and your dentist select the place so that conservative veneers Orthodontics or braces may be

Creating harmony and balance between teeth and gum tissue on both sides may necessitate gum tissue alterations.

Your dentist's training at the Kois Center and understanding of facial rebuilding of worn-down teeth.



HOW LONG WILL THIS LAST?

huge stone blocks have endured with traditional craftsmanship.

What comes to mind when you and longevity. They were carefully it is expertly created using the in a natural, comfortable manner. hear that something is built to last? hand-built using the best tools finest dental materials. Maybe it is the Pyramids where available at the time in combination Your dentist learned these same

timeless fundamentals at the Kois the hot desert winds for 5,000 How long should my dental work Center and employs them to design years, or perhaps you think of the last? While the durability of your and craft your dentistry. They finely honed walls at Machu Picchu— dental work is influenced by your have learned techniques to create. This is dentistry that is predictably still standing after 600 years. individual risk for dental disease in restorations that will perform for a long-lasting—clearly built to last. Both of these famous landmarks each of the four dental risk groups, long time and serve you well. were painstakingly constructed by your dentistry will last longest and These are restorations that are people whose goal was perfection have a much better prognosis when esthetically pleasing and function

Since nothing lasts forever, they have planned ahead for the time when a repair may be needed so you can continue to smile and function for many years.



MOVING FORWARD.

practice: the practice of a Kois- what treatment choices you may lower, risk.

for you, the dental consumer, so different risk groups fit together has unique needs and unique risks dental problems. you can become familiar with the and influence each other in your for dental disease. Thanks to their A plan, from start to finish, that is concepts that your dentist will use mouth. You will see where your training, this dentist has the skill to defined by EXCELLENCE. to address your dental concerns. mouth is in the red risk zone and be understand what you need. They

This book was written to provide Your dentist will gather all the offered strategies that move each will develop a plan for your information about a special dental necessary information to determine category towards the green, or mouth: a plan that will fit together well, improve your oral health trained dentist. And it was written have. They will show you how the No two mouths are identical. Each and lessen your risk for future



DEDICATION

I would like to take this opportunity to thank all the individuals involved in making this book possible: the membership for their responses to our surveys, the committee members and their wonderful ideas, the Kois Center for their continuous and immediate support, and the photographers who unselfishly allowed us to use their work. I am truly appreciative to all of you. I also want to express my sincere appreciation to Rob Warnick, the graphic designer who made this book so beautiful to view and to Jean Martin and Nancy Hartrick whose tireless drive to get it right pushed me way beyond my own abilities and to a level that I never dreamed was possible. John's familiar phrase, "None of us is smarter

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Sincerely,

Michael Palmer, DMD

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