# STANDARDS & GUIDELINES

## 3.1 PROFESSIONAL TECHNICAL SKILLS

### *3.1.1 COMPLETE DENTURES*

**Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA.***

**Purpose of the Standard**

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of complete dentures.

**Standard of Practice**

Procedures conducted in the fabrication of complete dentures must meet the minimum standards detailed in Appendix A for 3.1.1 as they relate to:

- Treatment planning
- Impression techniques
- Bite registration – centric, protrusive and vertical dimension
- Try-in – with considerations of esthetic, function and speech
- Insertion and post insertion instructions

**Summary and Conclusion**

Proper fabrication of complete dentures will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures.

## APPENDIX A for 3.1.1 – COMPLETE DENTURES

### PATIENT HISTORY AND TREATMENT PLAN

The following factors are critical requirements:

1. Complete medical history and obtain patient signature.
2. Dental history.
3. Patient examination must include:

    a. tissue condition
    b. residual ridge status
    c. ridge relation
    d. general oral health

### IMPRESSIONS

Utilizing the material of choice, the final impression must meet the following criteria:

1. Accurately capture in detail landmarks including:

    a. tuberosities
    b. hamular notches
    c. fovea palatine
    d. incisal & labial frenums
    e. entire muco-buccal fold
    f. retro-mylohyoid area
    g. lingual fold
    h. retro-molar pads

2. The entire surface is free of surface imperfections.
3. There is no evidence of tray or compound impingement on tissue.
4. Impression material is uniform thickness and secure on trays.

### CENTRIC AND PROTRUSIVE RELATIONS ESTABLISHED

Centric records shall have the following characteristics:

1. Accurately record a repeatable centric occlusion relationship.
2. Permit predetermined freeway length.
3. Reflect ultimate incisal tooth length.
4. Trimmed to reproduce a desired plane of occlusion.
5. Total occlusal contact maxillary and mandibular rims.

Protrusive records shall:

1. Permit a minimum of 3 mm protrusive extension.
2. Be a minimum of 12 mm in length.
3. Be capable of being accurately relocated on occlusions rims.
4. Demonstrate through marking on rims that no lateral shift has occurred.

Note: Recognized alternative techniques that can be demonstrated to achieve comparable results may be employed.

**DENTURE TRY-IN**

The try-in must verify the following:

1. Esthetics is acceptable to patient and practitioner.
2. Correct plane of occlusion has been retained.
3. Tooth contact in centric and eccentric is verified.
4. Patient's phonetics is not impaired.
5. Check vertical dimension.
6. Predetermined freeway space is evident.

**DELIVERY OF DENTURES (INSERTION)**

The following critical requirements shall be met:

1. Esthetic requirements are met.
2. Predetermined occlusal vertical dimension is maintained.
3. Predetermined freeway space is evident.
4. Centric occlusion demonstrates repeatable maximum intercuspation of maxillary and mandibular teeth.
5. All eccentric relations demonstrate bilateral balance occlusion.
6. Denture is retentive.
7. Patient has relative phonetic freedom.

The member/practitioner shall provide the patient with a detailed home care and post insertion instructions.

## *3.1.2 PARTIAL DENTURES*

**Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA.***

### Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of removable partial dentures.

### Standard of Practice

Procedures conducted in the fabrication of removable partial dentures must meet the minimum standards detailed in Appendix B for 3.1.2 as they relate to:

- Treatment planning
- Appliance planning and design
- Prescriptions
- Insertion and post insertion instructions

### Summary and Conclusion

Proper fabrication of removable partial dentures will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures and remaining natural dentition.

## APPENDIX B for 3.1.2 – PARTIAL DENTURES

### PATIENT HISTORY AND TREATMENT PLAN

The following factors are critical requirements:

1. Complete medical history and obtain patient signature. Patient refusal should be noted and verified by a third party.
2. Dental history.
3. Patient examination must include:

    a. tissue condition
    b. residual ridge status
    c. ridge relation
    d. general oral health
    e. status of remaining natural dentition (may require consultation)

### PLANNING AND DESIGN

Comprehensive planning and design of Removable Partial Dentures should include the following:

1. Tripoding.
2. Surveying.
3. Rational for selecting the type and design of partial

### PRESCRIPTION

Prescriptions should be completed neatly and detailed as to reflect positively on the profession.

They should include:

a. major connector
b. minor connectors
c. support
d. retention
e. reciprocation
f. method of tooth retention
g. preferred finish

## DELIVERY OF DENTURES (INSERTION)

The following critical requirements shall be met:

1. Prior to delivery of the prosthesis, the practitioner shall confirm that the appliance conforms to the prescribed design as to ensure the integrity of remaining natural dentition.
2. Esthetic requirements are met.
3. Centric occlusion is established.
4. Denture is retentive.
5. Patient has relative phonetic freedom.

The member/practitioner shall provide the patient with a detailed home care and post insertion instructions.

### *3.1.3 RELINE / REBASE AND REPAIRS*

**Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA.***

## Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the following procedures:

- Relining of complete and partial dentures
- Rebasing of complete and partial dentures
- Repairing of complete and partial dentures

## Standard of Practice

Procedures conducted under this section must meet the minimum standards detailed in Appendix A for 3.1.1 and Appendix B for 3.1.2 as they relate to delivery of dentures.

## Summary and Conclusion

Proper relining, rebasing and/or repairing of dental prosthesis will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures and remaining natural dentition.

### *3.1.4 IMMEDIATE DENTURES*

**Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA.***

## Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of immediate dentures.

## Standard of Practice

Procedures conducted under this section must meet the minimum standards detailed in Appendix A for 3.1.1; and

- In addition, refer to 2.2.1 Referral Procedures
- Disclosure of additional fees for subsequent treatment

## Summary and Conclusion

The risks associated with providing immediate dentures present unique consequences in addition to potential patient discomfort, premature deterioration of underlying structures and remaining natural dentition.

The patient's expectations are often greater than initially communicated. Pre-treatment documentation should provide the patient with detailed prognosis and post-insertion requirements.

### *3.1.5 IMPLANT SUPPORTED DENTURES*

**Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA.***

## Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of implant supported dentures.

## Standard of Practice

Procedures conducted in the fabrication of implant supported dentures must meet the minimum standards detailed in Appendix C for 3.1.5.

## Summary and Conclusion

Proper fabrication of implant supported dentures will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures

## APPENDIX C for 3.1.5 – IMPLANT SUPPORTED DENTURES

### IMPLANT GUIDELINES

Implant services can be defined as the fabricating, repairing and maintaining of implant retained and supported prostheses.

To provide implant prostheses the Denturist works in a co-operative effort with an Implant Team - appropriate dental practitioner(s).

The Denturist should have adequate knowledge of the principles of the osteo-integrating process and appropriate knowledge of the prosthetic phases of treatment in order that the standards of practice and professional responsibility are maintained.

The Implant Team may consist of members of the following Colleges:

- College of Denturists of Ontario
- Royal College of Dental Surgeons of Ontario
- College of Dental Technologists of Ontario

### REMOVABLE PROSTHESES

1. The Denturist (as a member of the Implant Team) would perform all the prosthetic procedures required for the construction of the implant prosthesis in accordance with all appropriate and reasonable protocols. All treatments and services will be recorded in the patient's file record.

The following **ARE NOT** performed by Denturists:

a. implant placement;
b. implant exposure;
c. soft tissue modification or adjustment;
d. placing or changing temporary or final transmucosal abutments;
e. performing prophylaxis or scaling of implant abutments;
f. taking of radiographs of implants;
g. providing regular maintenance to the implant and transmucosal abutment.

## EDUCATIONAL REQUIREMENTS

1. Prior to performing any implant procedures, Denturists involved in implant prostheses fabrication should take a comprehensive course(s) which is (are) recognized by the College of Denturists of Ontario, which is (are);

    a. conducted by persons who have had formal training and experience performing implant services and procedures;
    b. one that has a participation component (hands on);
    c. one that teaches methods that has been shown to be successful as a result of investigative basic science and by long term scientific studies;
    d. one whose duration is equivalent to not less than one full day of instruction for each of the surgical prosthodontics and laboratory phases; each phase should have didactic and clinical teaching.

2. It is recommended that Denturists complete a recognized Radiographic Pattern Recognition Course.

## PROFESSIONAL RECORDS – RESPONSIBILITIES

**Denturist records should include:**

1. Names of the members on the implant team.
2. Documentation that "informed consent" was received after an adequate written explanation of the treatment plan, prognosis and risks.
3. Copies of all related correspondence.
4. Prosthodontic notes which should include the prosthodontic procedures performed as well as:

    - implant manufacturer;
    - number and location, size and type;
    - size and type of abutment used;
    - type of prosthesis fabricated;
    - type of connection (screw or cement);
    - all components placed in the patient's mouth.

## PROFESSIONAL RESPONSIBILITIES

The Denturist must recognize the need to refer the patient to the other dental health team members on the first signs of abnormalities or complications post-surgically.

It is the responsibility of the Dentist to use components, which have been approved by the Health Protection Branch of Health and Welfare Canada. Prosthetic components must be compatible with those accepted implants and approved techniques must be used to restore those implants.

N.B. Comprehensive training programs in the utilization of dental implants will serve to protect the public in Ontario as well as afford protection for the practitioner. Lack of adequate training may place a practitioner at risk in the courts if there are adverse results due to the treatment rendered. Denturists may also be subjected to a review by the College if unsatisfactory results or patient complaints are received.

### *3.1.6 LOW LEVEL LASER THERAPY*

**Purpose of the Standard**

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the application of Low Level Laser Therapy.

**Standard of Practice**

**(RESERVED)**

**Summary and Conclusion**

Lack of adequate training before undertaking this treatment technique may place the practitioner at risk in the courts.

This procedure is not a controlled act under the *RHPA* and is in the public domain at this date.

### *3.1.7 ORAL SCREENING DEVICES*

**Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA.***

## Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum professional expectation during the application of Oral Screening Devices. [1]

## Standard of Practice

Denturists are not qualified to diagnose oral irregularities in natural tissue. Observance of oral abnormalities must be referred to an appropriate medical / dental professional for diagnosis.

The principle of informed consent means that clients undergoing an Oral Screening Examination must understand its purpose and should not receive a false sense of security as to their oral health.

## Summary and Conclusion

Lack of adequate training before undertaking this screening technique or inappropriate communication with the client may result in regulatory or civil proceedings.

[1] College publications contain practice parameters and standards which should be considered by all Ontario denturists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

## APPENDIX E FOR 3.1.7 – ORAL SCREENING DEVICES

Oral Screening Device examinations are performed immediately following a regular visual and tactile examination. As an adjunct to these exams, Oral Screening Device examinations may detect abnormalities difficult to detect with the naked eye and, as such, contribute to the thoroughness of the screening process.

Denturists are not qualified to clinically diagnose oral abnormalities. The Denturist must recognize the need to refer the patient to other oral health team members on the first signs of abnormalities.

The Denturist should have adequate knowledge of oral screening devices using brush test, chemiluminescent light source and blue phenothiazine dye, and/or fluorescence visualization technology in order to maintain the standards of practice and professional responsibility.

As with all procedures, clients must give informed consent for Oral Screening Device examinations. Clients should understand that the primary purpose of the examination is to assess the suitability of the oral tissue for Denturist services. Clients should not leave with the impression that any part of the assessment, including the Oral Screening Examination, is a diagnosis of the oral health condition of the client. Denturists would be well advised to remind all clients that regardless of the results of the examination, that the client should see their dentist at least annually.

The oral health team to whom referrals of oral abnormalities may be appropriate may consist of members of the following Colleges:

College of Physicians and Surgeons of Ontario
Royal College of Dental Surgeons of Ontario

## Treatment Plan – Oral Screening Device

**Patient Name:** _____

**Estimated Cost:** _____

**Patient Consent:**
I have been informed of my treatment options, including estimated costs and I understand what has been presented to me.

I accept the Oral Screening Device examination and give permission to _____, DD to provide me the services as a means primarily of assessing the suitability of the oral tissue for Denturists services and of screening for oral irregularities. I understand that Denturists are not qualified to diagnose oral irregularities in natural tissue. Observance of oral abnormalities must and will be referred to an appropriate medical/dental professional for diagnosis.

The oral health team to whom referrals of oral abnormalities may be appropriate may consist of members of the following Colleges:

College of Physicians and Surgeons of Ontario
Royal College of Dental Surgeons of Ontario

As an adjunct to the regular visual and tactile oral examination, Oral Screening Device examinations may detect abnormalities difficult to detect with the naked eye and, as such, contribute to the thoroughness of the screening process. The Oral Screening Device Examination is an observation of the oral health conditional of the client, and regardless of the results of the examination, the client should see their dentist at least annually.

Patient Signature: _____ Date: _____

Denturists Signature: _____ Date: _____

Comments:
_____
_____
_____
_____
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