



KEVIN C LIN, DDS, FACP

PROSTHODONTIST

Dr. Kevin Lin is a board-certified specialist in prosthetic dentistry. He has extensive clinical training and experience rehabilitating patients with complex dental problems using composite resin, dental implants, veneers, crowns, bridges, and dentures. He is an expert in creating and maintaining partials and dentures for older adults. Moreover, he has restored thousands of dental implants and related fixed and removable dental appliances.

Dr. Lin has published numerous papers in peer-reviewed journals, written book chapters, and presented in international and national professional conferences and regional study club meetings on issues concerning prosthetic dentistry.

He actively participates in local study clubs to learn and share new clinical knowledge and techniques; he works tirelessly with specialists, general dentists, and lab technicians to provide the best quality patient care possible. He currently serves as a mock-board examiner for the UCSF Postgraduate Prosthodontic Residency Program.

Postgraduate Credentials

- Diplomate, American Board of Prosthodontics
- Fellow, American College of Prosthodontists
- Fellow, International Congress of Oral Implantologists
- Mock-board Examiner, UCSF Postgraduate Prosthodontics Residency Program
- Ad-hoc Journal Reviewer, Journal of Prosthetic Dentistry and Journal of Prosthodontics
- Former Assistant Professor, University of the Pacific, Arthur A. Dugoni School of Dentistry
- Volunteer Faculty, Pre-doctoral Prosthodontic Clinic, University of California, San Francisco

EDUCATION

- Board Certification, American Board of Prosthodontics
- Certificate in Prosthodontics, UCSF Postgraduate Prosthodontics
- Doctor of Dental Surgery, UCLA School of Dentistry
- B.S. Biological Sciences in Medical Microbiology & B.A. Psychology, UC Davis

WHEN SHOULD YOU CONSIDER REFERRING TO A PROSTHODONTIST?

Prosthodontists are specialists in esthetic, implant, and reconstructive dentistry.

1. Treatment complexity is beyond your typical practice.

Vertical dimension discrepancies, severely resorbed ridges, limited restorative space, poor implant angulation, TMJ dysfunction, severe bruxism, traumatic tooth loss, or congenital abnormalities.

2. Patient has extensive needs and is draining too much of your chair time!

If your patient requires treatment from multiple specialists, we can help sequence and manage the interdisciplinary treatment plans.

3. Patient wants a perfect smile!

If the patient has a gummy smile, thin gum and susceptible to recession, or extremely picky!

4. You want to discuss a case with a colleague to ease your mind.

We are an excellent resource for you to ask questions about complex treatments. We can work with you or complete the treatment for you to achieve the best in both function and esthetics for your patients.

RECONSTRUCTIVE DENTISTRY UPDATES

APR/MAY 2024

Evidence Based Clinical Practices in Prosthodontics

DO YOU HAVE A COMPLEX PATIENT CASE WHERE THERE IS A COLLAPSED BITE, CHALLENGES WITH EATING, AND DISSATISFACTION WITH THE SMILE?

Your patient may present with **long-term dental neglect, severely worn dentition, multiple missing teeth, and a collapsed bite.**

Additionally, the patient is disappointed with the existing smile and chewing function. You are unsure whether you can meet his/her treatment expectations and manage your clinical time effectively...

C.W. presented to our office for a comprehensive evaluation and consideration for full-mouth rehabilitation...



Inside This Issue

CASE REPORT

Do you have a complex patient case where there is a collapsed bite, challenges with eating, and dissatisfaction with the smile? [PAGE 1-2]

CLINICAL DENTAL RESEARCH

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RECONSTRUCTIVE DENTAL SPECIALIST

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DO YOU WANT TO CHAT ABOUT A COMPLEX PATIENT CASE? WOULD YOU LIKE TO MEET AND SHARE IDEAS?

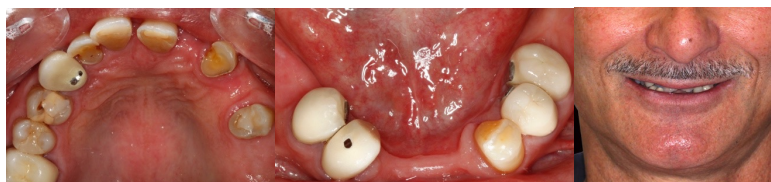
Managing a patient's dental complications and unforeseen prosthetic breakage can be daunting, especially for solo practitioners or non-restorative dental specialists.

I'm eager to collaborate with you on challenging patient cases. Through the mutual exchange of knowledge and experience, we can both enhance our skills as clinicians. Combining your reputation for quality dental service and my expertise in addressing complex dental needs, we can work synergistically to exceed patient expectations and build our practices. I look forward to discussing this further over the phone or meeting with you in person!



FULL MOUTH REHABILITATION

WORN DENTITION, MULTIPLE MISSING TEETH,
COMPROMISED SMILE



Initial Presentation

C.W. presented to our office with a challenging dental situation. His dental history involved sporadic visits, prompted by issues such as crown/tooth breakage, cavities, or gum infections.

Approaching retirement, he made the decision to prioritize his health by addressing his dental needs. He sought our expertise for a thorough evaluation and treatment assessment.



Fig. 1a

Fig. 1b

Fig 1. occlusal views of the upper and lower arches with crown preparations refined and implant abutments inserted

Problem list:

- Generalized worn dentition
- Low smile line
- Uneven gingival margin and occlusal plane
- Collapsed vertical dimension of occlusion and limited restorative space
- Insufficient posterior support
- Multiple missing teeth

TREATMENT SUMMARY FOR C.W.'S CASE

- Comprehensive case work-up and treatment planning
- Collaboration with implant surgeon for implant planning and related surgeries
- Full mouth provisionalization and subsequent occlusal and esthetic refinement
- Completion and insertion of the interim fixed restorations and definitive ceramic restorations
- Post-insertion and re-care maintenance



Fig. 2

Fig. 2: upper and lower arch provisional restorations with implant healing abutments inserted pending final implant integration confirmation

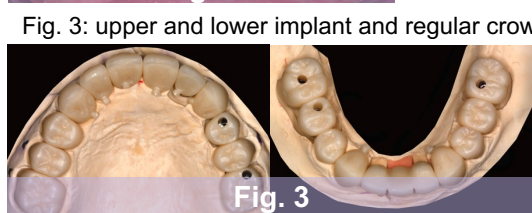
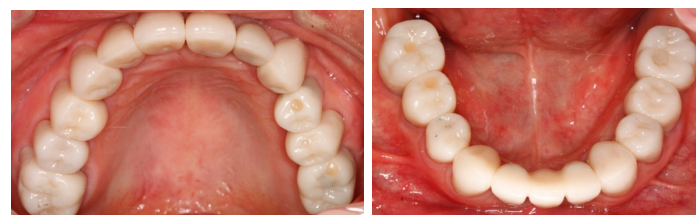


Fig. 3

Fig. 3: upper and lower implant and regular crowns bisque try-in to verify contour, esthetics, and occlusion prior to final staining and glazing.

Treatment sequence:

- Comprehensive assessment and diagnostic treatment planning
- Patient discussion and review of the proposed prosthetic treatment options and limitations
- Implant placement with the use of surgical guides
- Full mouth preparation and provisionalization
- Modification of the provisional restorations to improve esthetics, occlusion, and chewing function
- Confirmation of implant osseointegration
- Fabrication and insertion of the definitive screw-retained ceramic restorations
- Post-insertion and re-care maintenance



Definitive Restorations + Full Front Smile



Occlusal Vertical Dimension: Best Evidence Consensus Statement

GARY GOLDSTEIN, CHARLES GOODACRE, AND KIMBERLY MACGREGOR.

JOURNAL OF PROSTHODONTICS 30.S1 (2021): 12-19.

Purpose

Patients in need of extensive prosthodontic treatment may need restoration of their occlusal vertical dimension (OVD) due to tooth wear, tooth loss, or changes that have occurred to existing prostheses over time. Prosthodontic treatment is based on the clinical application of the available evidence regarding interocclusal distance (IOD), the positional stability of rest vertical dimension (RVD), and the effect of altering the OVD. Hence, **the purpose of this consensus document is to examine available data related to IOD, RVD, and alteration of the OVD.**

Materials and Methods

The search was limited to Clinical trials, Randomized Controlled Trials, Systematic Reviews and Meta-analyses. Key words were healthy patient, mean, range, interocclusal rest distance; healthy patient, mean, range, freeway space; and dentistry, interocclusal gap, and no citations appeared... Expanding the search to include journal article found 260 citations with only one relevant to the question. Mandible, rest vertical dimension, alteration, harm revealed no citations; mandible, occlusal vertical dimension, alteration, revealed 15 citations, 1 of which was relevant; mandible, occlusal vertical dimension, changes, revealed 75 citations, none of which were relevant; mandible, occlusal vertical dimension, rehabilitation revealed 10 citations, none of which were relevant. Expanding the search strategy to include Journal article, mandible, occlusal vertical dimension, alteration, received 159 citations, 4 of which were relevant; mandible, occlusal vertical dimension, restoration revealed 208 citations, 1 of which was relevant. Numerous other articles were culled by going through the reference lists of the aforementioned articles.

Results

For IOD, 27 articles were found relevant to the search question, which confirmed a mean of 3.0 mm with ranges from 1 to 9 mm. Five articles revealed little evidence as to whether the RVD changes during life. For OVD, 20 articles, including 4 systematic reviews, revealed some evidence that skeletal growth continues from mid adolescence into mid adulthood; strong anecdotal evidence that some unopposed teeth will continue to erupt; no clinical evidence to support the concept that abraded teeth in occlusion in a patient with bruxism will undergo continuous eruption; and some evidence from clinical case reports that restoring OVD in patients with severe abrasion is a successful treatment.

Conclusions

There is a range of dimensions for the interocclusal distance (IOD) with many normal dental patients functioning with a higher or lower IOD than the commonly used 3.0 mm average dimension. The resting vertical dimension (RVD) is a 3-dimensional range with little evidence related to changes in the RVD during life. However, **aging can cause a decrease in muscle tone which could affect the RVD. The restoration of the OVD can be successfully accomplished if proper diagnosis and treatment planning are performed.**

WOULD YOU LIKE TO STAY UP TO DATE WITH THE MOST CURRENT CLINICAL DENTAL RESEARCH?

You're not alone in your pursuit of continuing education! You have the opportunity to join like-minded clinicians in the community and challenge yourself to learn in a friendly, non-judgmental atmosphere. We would love to have you at study club events, lecture presentations, and treatment planning seminars. For more details on future events, please feel free to contact us!

