

کلاس های دروس نظری دستیاران تخصصی بصورت مجازی

برگزاری کلاس های دروس نظری دستیاران تخصصی بصورت مجازی

متابِق ابلاغیه دانشگاه علوم پزشکی تبریز، جهت کنترل و مدیریت پیشگیری از ابتلا به ویروس کرونا، کلیه ی دروس نظری دستیاران تخصصی از اسفند ماه سال ۹۸ به صورت مجازی، ه آنلاین، در حال برگزاری می باشد.

TABLE 6-2 Characteristics of Wide and Narrow Apical Preparations

Root Canal Preparation	Benefits	Drawbacks
Narrow apical size	Minimal risk of canal transportation and extrusion of irrigants or filling material Can be combined with tapered preparation to counteract some drawbacks	Little retrieval of infected debris Questionable rinsing effect in apical areas during irrigation Possibly compromised disinfection during retrograde irrigation
Wide apical size	Less compaction of hard tissue debris in canal spaces Removal of infected matter Access of irrigants and medications to apical third of root canal	Not ideal for lateral compaction Risk of preparation errors and extrusion of irrigants and filling material Not ideal for thermoplastic obturation

➤ the aim of apical widening is to fully prepare apical canal areas for optimal irrigation efficacy and overall antimicrobial activity.

➤ Most rotary techniques require a „own-down approach to minimize torsional loads, and they reduce the risk of instrument fracture.

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FIGURE 18-37 The custom open tray is fabricated so that the long fixation areas of the direct impression transfer, goes through the occlusal surface of the tray.

FIGURE 18-38 The body of the direct impression transfer remains in the open-tray impression, and this minimizes positioning errors when the cast is poured.

may be inserted into boiling water for more than 15 minutes to remove the excess monomer to eliminate the distortion. An alternate procedure is to use light-cured acrylic materials to fabricate the impression tray, and it can then be used immediately afterward for the impression without the problem of additional distortion.

The two-piece direct impression transfer pin should be screwed firmly into the abutment for screw (for implant body) in the patient's mouth to create complete seating without placing too much shear force on the implant-bone interface. The open tray is inverted and evaluated for overextension and so on before the impression is made. An adhesive is then used.

If the final prosthesis is to be connected to the abutment, the analog used should represent the abutment for screw retention, not the implant body. Some implant manufacturers suggest that impression transfers should always be of the master model, and the abutment for screw is selected and placed in the cast by the laboratory. The advantage of this approach is that the laboratory selects the abutment, so there is a reduction in inventory for abutments for screw retention by the dentist. Because these abutments may range from 1.0 to 6 mm in height, this may represent a significant overhead cost. However, this procedure may introduce another factor of error.

Study or Reference

Study or Reference	Direct	Fluoride	SD	Total	Weight	IV, Forest, 95% CI
1.1.1.1 Immediate effect						
Chen et al., 2006	0.8	0.8	1.0	2.0	16	1.0% [-2.61, 0.20]
Farah et al., 2017	1.0	1.0	3.0	3.0	7.1%	-0.36 [-1.33, 0.22]
Subtotal (95% CI)				5.0	88%	0.49 [-0.43, 0.35]
Test for heterogeneity: Chi = 0.03, df = 1 (P = 0.86), I ² = 0%						
Test for overall effect: Z = 2.39 (P = 0.02)						
1.1.2.2 30 to 90						
Chen et al., 2009	3.1	3.2	1.5	3.0	16	1.0% [0.02, 1.1, 2.27]
Casper et al., 2015	3.6	2.7	0.8	2.8	44%	-0.29 [-0.5, 0.92]
Paula et al., 2013 (a)	2.8	2.4	1.5	3.3	23	1.3% -0.79 [-0.86, 1.28]
Paula et al., 2013 (b)	1.1	1.2	1.3	2.5	15	1.8% 1.89 [0.56, 0.32]
Roy et al., 2016	3.5	2.7	1.5	3.5	23	1.3% 0.26 [-0.7, 1.22]
Subtotal (95% CI)				81	18.7%	-0.42 [-0.88, 0.24]
Test for heterogeneity: Chi = 3.26, df = 4 (P = 0.52), I ² = 39%						
Test for overall effect: Z = 1.52 (P = 0.22)						
1.1.3.1 24hrs						
Chen et al., 2009	2.8	3.0	1.5	3.1	16	1.0% -0.02 [-0.76, 1.72]
Casper et al., 2015	2.8	2.9	1.3	2.9	52	4.7% 0.30 [-0.72, 1.72]
Paula et al., 2013 (a)	2.1	2.0	1.0	2.1	28	1.2% -0.28 [-1.11, 1.52]
Paula et al., 2013 (b)	1.1	1.2	1.3	2.5	15	1.3% -0.60 [-1.27, 2.07]
Subtotal (95% CI)				111	12.2%	0.26 [-0.24, 1.28]
Test for heterogeneity: Chi = 1.12, df = 4 (P = 0.89), I ² = 0%						
Test for overall effect: Z = 0.18 (P = 0.86)						
1.1.3.2 6-24hrs						
Chen et al., 2015	0.3	0.8	1.3	0.2	37	38.6% 0.12 [-0.14, 0.38]
Chen et al., 2016	0.1	0.1	0.2	0	3	3.0% 0.00 [0.00, 0.00]
Paula et al., 2013 (a)	0.1	0.1	0.2	0	3	3.0% 0.20 [0.07, 0.32]
Paula et al., 2013 (b)	0.1	0.1	0.2	0	3	3.0% 0.20 [0.07, 0.32]
Subtotal (95% CI)				43	48.5%	0.01 [-0.21, 0.22]
Test for heterogeneity: Chi = 0.06, df = 1 (P = 0.81), I ² = 0%						
Test for overall effect: Z = 0.30 (P = 0.76)						
Total (95% CI)				433	100.0%	-0.08 [-0.26, 0.14]
Test for heterogeneity: Chi = 14.75, df = 13 (P = 0.30), I ² = 12%						
Test for overall effect: Z = 0.30 (P = 0.76)						

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Clamp Retention Methods

- Bonded Composite Buttons
- The absence of the typical anatomic height of contour on teeth that have been reduced by crown preparation may hinder clamp stability.
- Composite buttons can be bonded onto the cervical aspect of both the B and L crown surfaces to act as an undercuts for clamp retention.
- A clamp with apically inclined beaks may provide improved engagement of tooth surfaces. It can be a practical choice when composite "buttons" will be bonded after placement of the clamp.

Video (3)

Attendees (10)

Presenters (11)

Chat (Everyone)

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خطا/Error

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بالقوه باعث یک نتیجه ناخواسته می شود

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