

Passionate Dentistry

Treating the Patient as a Whole

By Kathleen Jackson

Step into the office of Dr. Sue Wendling, and you are greeted with a warmth and friendliness that extends throughout the office and staff. Relax to the sounds of the water feature, recline on the plush sofa, and note the elegant mahogany accents that surround you. This environment is designed to offer a sense of comfort, peace and serenity—and is exactly what this doctor ordered.

"My passion is to make my patients happy and healthy, and I take that responsibility very seriously," Dr. Wendling states proudly. She readily admits, "I am the worst patient I know." Her phobia and empathy lead directly to the office dedication to easing the

fears of patients like herself. Her planning and foresight are obvious in many extras her pampered patients enjoy. These extras include a Brookstone massage chair, lavender-scented towels, paraffin hot wax hand dip, Shea butter lavender-scented lip balm, heated neck pillows and blankets, and door-to-door town car service. The "spa-like" therapy affirms Dr. Wendling's treatment philosophy of treating the whole patient—not just the teeth.

Barb Dalby, Dr. Wendling's office manager for six years, explains, "Dr. Wendling's passion for her patients and staff comes from the heart. It's exhilarating working for someone who is so talented and inspiring. Our whole team enjoys being an integral

Dr. Wendling explains the results of a current neuromuscular scan conducted on the K6-I computer to patient Judy Fisher. "As I was looking at my options, I told my husband that I didn't care that much about plastic surgery or fancy cars or cruises," Judy said. "The only thing I wanted was a nice smile, and I couldn't be happier!"

PHOTO BY STEVEN BEALS, CAELESTIS PRODUCTIONS





Dr. Wendling values the contribution of her staff so much that she includes their names on the door signage—with her own name. Staff from left: Stacey Inloes, Teri Dewey, Angie Botsford, Dr. Wendling, Barbara Dalby and Gaillyvonne Needham.

part of changing people's lives." Barb also says, "It's fun to work with patients who are so appreciative of all we do. When they come in for their appointment, it seems more like a wonderful visit with friends."

Dr. Wendling describes her office environment as a "culture."

From the Publisher

"You don't know what you don't know," Dr. Wendling said. She was quoting Dr. Bill Dickerson of LVI. And I have heard this from several other sources recently, seems to bear repeating.

This statement sums up the theory behind this issue's Cover story—"Neuromuscular Dentistry." Dr. Wendling asked the question when we first spoke, "How can one make up their mind about something before they have investigated it?" Learning what she "doesn't know" really sums up Dr. Wendling's dedication her patients. Her enthusiasm about bringing new lives to patients goes far beyond the clinical realm. Patients frequently provide feedback like, "My new smile has changed my life as people look right at me now, right in my eyes." And, "Sometimes now I just look in the rearview mirror and smile at myself. I can't believe what a difference this new smile has made in the way people treat me." These are a few of the reasons that we are certain the *Doctor of Dentistry Magazine* Advisory Board made a great choice in Dr. Wendling to tell the story of the K61 computer software and Neuromuscular Dentistry.

Denice Nichols
Publisher

"I have a relatively small number of patients, but a very high utilization of services. The vast majority of our patients are referrals from existing patients. It's important to me to get to know each of my patients on a personal level. I also strive to make a visit to the dentist something not to be dreaded, and in fact, many of our patients tell us they look forward to their dental appointments. I think it's wrong to assume that anyone wants less than the very best for their mouth, so I only offer the very best, but I let the patients go at their own pace as far as when the treatment is accomplished. I think patients really appreciate this." It is very recognizable that her true passion is to exceed all of her patients' expectations.

Dr. Wendling typically places composite and porcelain filling materials because, among other things, a natural looking smile is what her patients expect. "It is not the brand of composite or porcelain that is placed that makes them successful; it is the technique," she asserts. "Dentists who claim posterior bonded restorations are not long-lasting probably do not follow established placement protocols. Some claim that since silver fillings last 20 years, they are successful. Maybe the filling has lasted that long, but it often cracks the tooth so badly that a crown is indicated.



A typical patient, Tony Christler says in a letter to Dr. Wendling, "Your input regarding the color and shape of my teeth was invaluable and the results speak volumes for your ability to combine artistry with dentistry. I can not thank you enough for the smile you have given me."

"Amalgam fillings do not bond to the tooth. Because it isn't bonded, the vast majority of the amalgams that I remove have decay underneath them. Many proponents of bonded dentistry jokingly refer to amalgams as 'temporary crowns,' knowing that if they are left in long enough, eventually that tooth will need a crown. Studies have shown that a tooth that has a bonded filling is almost as strong as a tooth that has never been filled. Properly placed composites have a very long life span."

Dr. Wendling's quest for excellence began in 1994 when she attended a seminar where she heard Dr. William Dickerson speak about cosmetic and posterior bonded dentistry. She reminisces, "It was like a religious experience." This excitement inspired her continued participation with The Las Vegas Institute for Advanced Dental Studies and Neuromuscular Dentistry (LVI). She went on to become their first female clinical instructor, an activity she continues to this day. "This is a great way to keep up with the newest of techniques. Every time I teach, I learn just as much as I teach. I love spreading the word about

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cosmetic and neuromuscular dentistry. The time away from my practice seems a small sacrifice and price to pay to assure my patients get my greatest abilities."

The CEO and president of LVI, Dr. William G. Dickerson, describes Dr. Wendling: "Sue has been a clinical instructor at LVI for many years. She has helped many dentists in North America understand and master the principles of restorative dentistry. I applaud Sue for her continued commitment to providing her patients the best dentistry has to offer. She is totally dedicated to her patients!"

While practicing and now teaching cosmetic dentistry, she continued pondering, "Everything has a cause and an effect. If people were coming to me for the rejuvenation of worn and fractured teeth with abfractions and gum recession, what was going to prevent the same thing from happening to those gorgeous glass teeth I was giving them? I had been pretty lucky, but I still had that occasional fracture that puzzled me. I felt that the next area of dentistry where I absolutely needed more training was in the area of occlusion. I wanted to be comfortable guaranteeing my work, and I certainly didn't want to create any TMD patients secondary to giving them a smile makeover."

For the next couple of years Dr. Wendling studied different CR (Centric Relation)-based concepts with some of dentistry's leading educators. "I agreed with some of the philosophies," said Dr. Wendling. "Still something wasn't quite right. I continued my search primarily because my own mandible didn't feel comfortable in the CR position. I thought if I didn't want to be restored in that position, why would I restore someone else in that position?"

She then attended an LVI seminar on the concept of neuromuscular dentistry. This technology was a revelation. "It seemed like almost a no-brainer to me to center the condyle of the mandible in the fossa of the maxilla. Why would this joint be any different from any other joint in the human body? Why would we not place it concentrically? Why would we put it off center like CR dentists believe? Some dentists believe that the maxilla braces the mandible in occlusion. Dentists who practice neuromuscular dentistry

Protocol Errors That May Contribute to Premature Composite Failure

- Insufficient isolation or non-utilization of a rubber dam
- Over-etching of the tooth
- Over-drying of the dentin
- Non-utilization of caries detector
- Under-curing due to insufficient curing light maintenance

believe that teeth brace the mandible when in occlusion. This seems like common sense to me," asserts Dr. Wendling.

Neuromuscular dentistry is the science of using computer technology to help identify the relaxed position of the muscles of mastication and subsequently placing the jaw into an optimal physiologic position. Thirty-seven years of research and clinical experience have shown this technique to be effective in treating patients with various levels of head and neck pain. Dr. Robert R. Jankelson states, "The ability to measure patient muscle response to cosmetic procedures is an invaluable tool to assure the best possible bite to perpetuate total body health. Dentists know that the teeth affect everything from head to toe; our opportunity is to educate patients so that they understand this." Dr. Wendling believes neuromuscular dentistry is very useful in finding the optimal jaw position before restorative dentistry and greatly increases the longevity of restorations and natural dentition. In addition to removable orthotics and restorations, Dr. Wendling may recommend physical therapy, upper cervical, chiropractic, massage therapy and sometimes even tonsillectomies to treat the whole patient.

With the utilization of a sophisticated computer called the K6-I, "Now I have scientific data to tell me if the mandible is in the correct position or not," Dr. Wendling affirms. The K6-I records temporomandibular joint sounds, masticatory muscle activity and the path of movement the jaw follows in function. This information helps to find the most relaxed physiological position for the jaw, and combined with tomography, it helps determine the best jaw position for patient comfort and aesthetics. As the doctor explained, "Any other technique seems too random; the K6-I gives scientific feedback for a neutral 'happy jaw' position.

"With the use of several different scans, it tells me if I have the

"It seemed like almost a 'no-brainer' to me to center the condyle of the mandible in the fossa of the maxilla." Her patients and their well-being are always her deep concern and always come first.



Before: Patient Tony Christler with worn, misaligned dentition with broken-down restorations.



After: Patient Tony Christler with full mouth reconstruction in the neuromuscular position utilizing IPS Empress restorations (thanks to John Lavicka of Dental Ceramics).

mandible in the correct position. Then I send them to Dr. Art Parker here in Portland for tomograms." Dr. Wendling then places full mouth reconstruction patients on a removable appliance for several months prior to the procedure, to make sure that the occlusion is perfect. Only then does reconstruction begin.

Occlusal disharmony causes many people to suffer from a variety of different symptoms: headaches, dizziness, facial pain, neck, shoulder and back pain, even congestion or stuffiness of the ears. Dr. Wendling describes one patient who is getting close to reconstruction. During her initial evaluation, she revealed that almost every night she suffered with plugged ears. She'd toss and turn to change her