



## Has the time come?

Science is defined as the formulation of hypotheses based on organized observation. Because of the work of previous generations of scientists, the importance of the developing organized knowledge is sometimes overlooked. However, it is the observational data accumulated through drudgery that can pave the way to new techniques and development.

Nowhere is this more appropriate than when dealing with aging dentitions. With increased life expectancies, improved standards of living, and periodontal therapy, many individuals are keeping their teeth longer. We are frequently observing wear, fracture abfraction, erosion, and other phenomena. Strategies for management of these problems in a predictable manner can be prescribed only with careful observation and categorization, followed by clinical trials using various treatment strategies and materials.

Samet and Jotkowitz's paper is an initial trial of a systematic yet creative categorization scheme that could form the basis for clinical trials. This categorization is clinically oriented and evidence-based. It includes periodontal, endodontic, and biomechanical aspects of remaining tooth structure and occlusal factors. The evidence-based analysis, while not entirely definitive, is well-organized. In addition, a criterion of patient attitude and interest is included, significant because of the need for patient compliance with treatment and aftercare.

The goal of this scheme is to establish criteria for determination of the prognosis of individual teeth. The implications of this scheme are important. They can serve as the basis for determination of future management of a tooth, particularly if extensive and costly treatment, such as root canal therapy, periodontal surgery, or complex restorative treatment, is required. Decisions regarding extraction, bridge construction, and implant

### Editor's note

In dental treatment, a patient's initial evaluation and the resulting treatment plan are crucial. However, dentists often employ a different treatment plan for exactly the same case. This may be related to the dynamic nature of the oral physiology or our inclination toward different disciplines as dentists. Although we all have the same goal and understand the importance of all facets of dentistry, we may focus on different aspects. The multidisciplinary nature of our profession makes it difficult to create a categorizing scheme all dentists can accept that at the same time will serve as a validated scaffold for a treatment plan.

In this issue, Samet and Jotkowitz suggest a treatment scheme, as well as a comprehensive and practical evaluation system. The manuscript is appealing and may raise thoughts, questions, comments, and even objections.

We asked Professor Saul Weiner to comment on this article.

—Eli Eliav

replacement should be systematized to allow rational, predictable treatment.

This paper should serve as an impetus for a clinical conference to refine and further develop this diagnostic scheme and enhance its specificity and usefulness. We should all applaud the efforts of the authors and suggest that they further pursue this goal.

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