Editorial

# It's all in the sequence: Restoration of form, function, health, and esthetics

Only now in the treatment of our hypothetical patient—after issues of professionalism, assessment, disease management, and oral health maintenance have been successfully accomplished—do we turn our efforts to what general dentistry traditionally does: restorations and prostheses.

Only now—after establishing where we were at the beginning and where we wish to be at the end of treatment—do we enter the final clinical stage: restoration.

Only now—after recognizing and contending with every factor that could negatively impact our predictably successful long-term outcome—can we move with assurance toward a stable restorative dental intervention.

Only now—after our provisional mounting and occlusal development—can we be assured of the masticatory stability necessary to support our restorative recommendations in health, function, and beauty.

Only now—after the attending restorative dentist has made decisions regarding assistance from appropriate specialists and their respective supportive therapies have been carried out—can the final phase of definitive restorative dentistry confidently begin.

The attending restorative dentist is the foundation upon which successful therapy rests. If this individual must make all treatment decisions alone, the task is much more difficult and much more likely to be plagued with compromised results.

The rapid growth in knowledge about dental procedures, materials, and science has left most of us with large voids in our knowledge. Each specialty is growing apace, and the sophistication of new procedures makes it impossible for one dentist to be all things for his or her patients. Consequently, it is increasingly important for attending dentists to carefully consider specialty consultation in complex cases that challenge one's comfort zone.

Now, more than ever before, we all can appreciate the value of an interdisciplinary team approach to complex oral problems. For most of us in restorative dentistry, that team must involve at least an orthodontist, oral surgeon, and periodontist. Most of us would also include an endodontist, and if we are not experienced in prosthodontics, much can be learned from adding such expertise to the team.

When we are surrounded by knowledgeable experts, both comfort and confidence grow in the restorative dentist's mind. Better outcomes are assured and the entire team learns from each case how to better manage ensuing cases. This situation clearly makes for a better outcome, both for the patient and for the doctors who contribute to that patient's successful treatment.

The purpose of our editorials over the past year has been to elaborate the importance of a patient-centered sequential approach to full-mouth restorative dentistry. I wish to stress, again, the necessity to seek help when needed, involve the patient throughout the treatment process, and most important, consider *all* impediments to achieving and maintaining oral health. Successful treatment and the rewards that accompany it are much more likely when this path of comprehensive sequencing is followed.

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**Suggested reading**

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Roblee RD. Interdisciplinary Dentofacial Therapy. Chicago: Quintessence, 1994.