

Adopting computer-assisted technologies in patient care

–

to be or not to be a prosthodontist of the future



Professor Asbjørn Jokstad
UiT The Arctic University of Norway

asbjorn.jokstad@uit.no

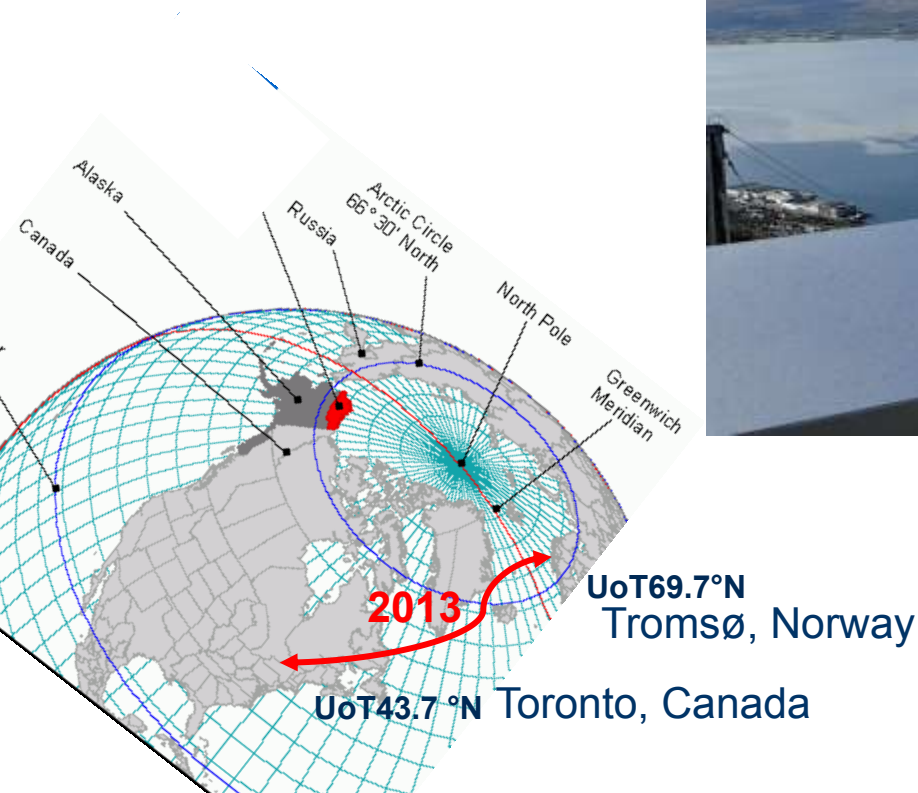
LOOKING WEST: Kvaløy island



LOOKING EAST: The Mainland



THE ISLAND OF TROMSØ



Innovations in digital technologies has influenced the career decisions of many

Dentistry student
U. of Oslo



Military dentist
North Norway

1974-1979

1979-1982



Professor
Jon Ørstavik
(1937-†2003)



One of the co-
founders of EPA
in 1977

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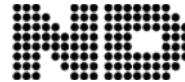
1974-1979

Military dentist
North Norway

1979-1982

Computer Science, U. of Oslo
General biology graduate studies
Dental faculty, clinic instructor

1982-



NORSK DATA

1967 to 1992

- CERN Nuclear Accelerator Project
- International F-16 pilot training simulator program
- French aerospace agency
- ++...



ND-100 32-bit
minicomputer

“The Norwegian
version of the
NOKIA cell
phone adventure”

Object-Oriented Programming - “O.O.P.-language”: SIMULA
(Today: Java, C++, etc.)

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1982-1984

1984 -



University of Oslo
Faculty of Dentistry
Anatomy Department



~1980: Electron microscopy went digital



→ 1984 Department of Anatomy, U of Oslo



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Dental faculty, clinic instructor

1982-1984

1984 -

Oslo Dental Faculty, Anatomy Dept.
SEM / TEM microscopy



Jeol 1200 EXII

Transmission
Electron
Microscope



Philips SEM 515

Scanning
Electron
Microscope

Then:

8" → 5.25" → 3.5" floppy disks (250Kb→9Mb)

Today:

USB sticks (Gb) / External harddisk (Tb)



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Dental faculty, clinic instructor

1982-1984

1984 -

Oslo Dental Faculty, Anatomy Dept.
SEM / TEM microscopy **JEOL**

Computer-Network infrastructure



Jeol 1200 EXII

Transmission
Electron
Microscope



Philips SEM 515

Scanning
Electron
Microscope

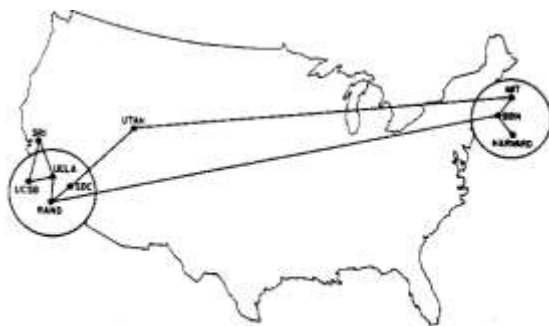
Arpanet

Arpanet

1969



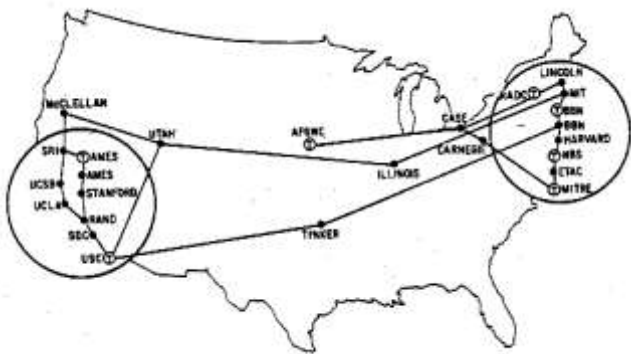
1970



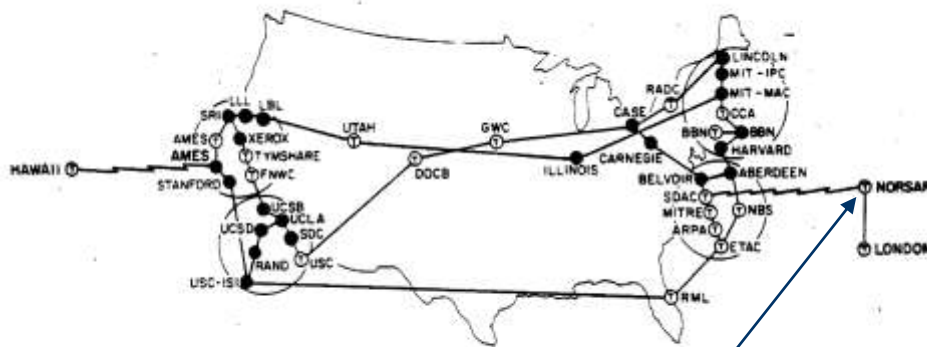
1971



1972



1973



Norway - of all places!?

An early packet switching network (FTP)

Transmission Protocols: Kermit →
TCP + Internet Protocol (IP) →
TCP/IP 1983-01-01 →
WWW (Mosaic 1993)

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1979-1982



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Dental faculty, clinic instructor

1982-1984



1984-

Oslo Dental Faculty, Anatomy Dept.

SEM / TEM



Computer-Network infrastructure

&



1985-

Nordic Institute of Dental Materials

NIOM

Nordic Institute of Dental Materials



Professor Ivar A. Mjör
1st NIOM Director
On leave from the
Department of Anatomy

October 1985:

- The computer collapsed!
- All datafiles were corrupted and required tedious reconstruction!!
- All clinical data accumulated over 10 years since the inception of NIOM were in a disarray!!!

(....backup routines are only for the cowards..)

**URGENT need for a computer geek
with a dentistry background!!!**



DEC Vax

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U. of Oslo

1974-1979



Electron Microscopy

Military dentist
North Norway

1979-1982



Computer Science, U. of Oslo
General biology graduate studies
Dental faculty, clinic instructor

1982-1984



1984-

Oslo Dental Faculty, Anatomy Dept.

SEM / TEM



Computer-Network infrastructure

&



1985-

Nordic Institute of Dental Materials

Clinical trials



Restorative materials
(Amalgam-)Toxicology



Clinical studies program

How will a restoration perform as a function of the qualities of the cavity prepared by the dentist?

Cavity designs for class II amalgam restorations

A literature review and a suggested system for evaluation

Asbjörn Jokstad and Ivar A. Mjør

Department of Anatomy, School of Dentistry, University of Oslo, and
NIOM, Scandinavian Institute of Dental Materials, Oslo, Norway

Jokstad A, Mjør IA. Cavity designs for class II amalgam restorations. A literature review and a suggested system for evaluation. *Acta Odontol Scand* 1987;45:257-273. Oslo. ISSN 0001-6357.

A classification system for variations in cavity design and finish has been developed for application on models of teeth with class II cavities for amalgam restorations. The system was based on a review of the literature, on principles for clinical studies, and on examination of models of 623 teeth in which routine class II cavity preparations had been made. Preliminary data on the agreement of rating of evaluators indicated that the classification system can be used with good consistency for assessment of variations in cavity preparations. Longitudinal clinical studies on the performance of restorations will be decisive for the validity of the selected criteria and for a relevant differentiation between acceptable and unacceptable preparation features. □ *Conservative dentistry; failure of restorations; longevity of restorations; operative dentistry*

Asbjörn Jokstad, Department of Anatomy, Dental Faculty, P.O. Box 1052 Blindern, University of Oslo, N-0316 Oslo 3, Norway

56 A. Jokstad & I. A. Mjør

ACTA ODONTOL SCAND 47 (1989)

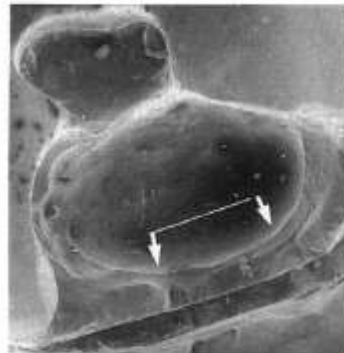


Fig. 5. Example of a cavity preparation with unsupported enamel along the gingival margin (arrows), at the mesial surface in an upper first premolar.

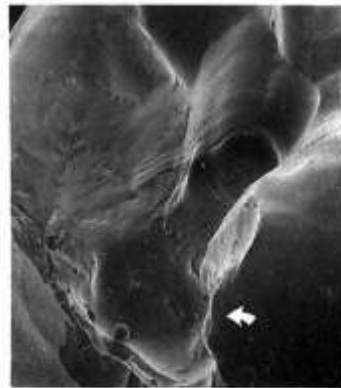
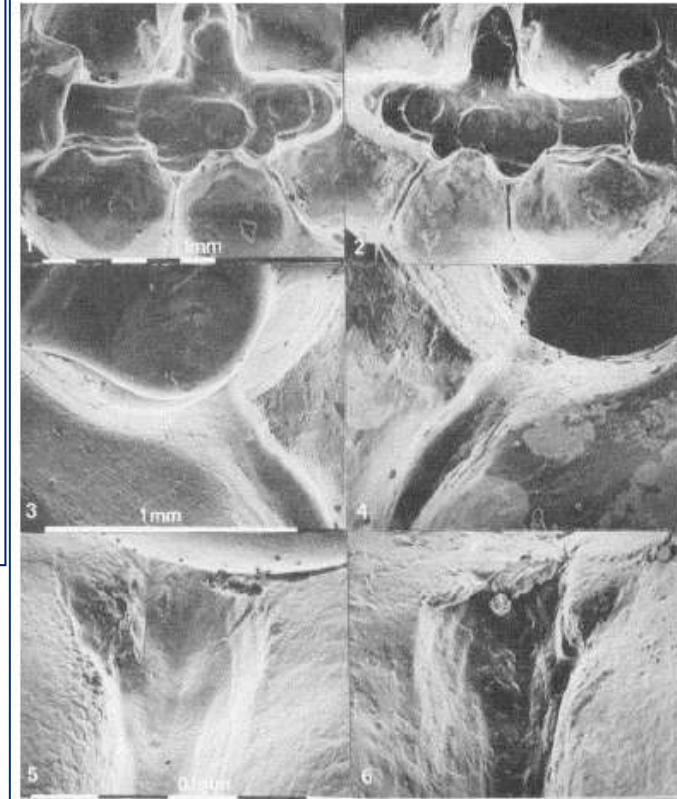


Fig. 7. Example of a cavity preparation with irregular margin on the lingual wall (arrow), at the distal surface in an upper second premolar.

18 A. Jokstad & I. A. Mjør

ACTA ODONTOL SCAND 49 (1991)



Figs. 1-6. SEM micrographs of a class-II cavity preparation made in 1979. Figs. 1, 3, and 5 are 10-year-old negative replicas made of a condensation silicone elastomer, while Figs. 2, 5, and 6 are 10-year-old positive replicas made of epoxy. Magnification: Figs. 1 and 2, $\times 10$; Figs. 3 and 4, distobuccal fissure on Fig. 1, $\times 75$; Figs. 5 and 6, mesiobuccal fissure on Fig. 1, $\times 200$. The light gray zones on the surface on the epoxy replicas are presumably caused by a chemical interaction between the impression material and the epoxy material at the time of casting.

NOT FEASIBLE IN 1986
Stereo-photogrammetry
Computer Stereo Vision

Restoration performance followed 10 years

Department of Anatomy, Dental Faculty,
University of Oslo
and
NIOM, Scandinavian Institute of Dental Materials

Class 2 Cavity Preparations and Restoration Performance

Asbjørn Jokstad



Thesis

Submitted in partial fulfillment of the requirements for the degree of Doctor Odontologiae at the University of Oslo, 1992

COST-PROHIBITIVE IN 1992:
Stereo-photogrammetry
Computer stereo vision

Dentist Months	Patient: Age Gender DFTInc.	Restoration: Type Tooth Material	Last margin score before failure (Method)	Restoration Volume (mm ³) Bulk (mm)	Tooth fracture			
					Widths	Depths	Quality	
72	#4 7111 Female Medium	26 MO Tytin	Alfa-4 (USPH-Imp) 24 13	25 33 25 25 33	3.0	2.0 1.5		

Dentist Months	Patient: Age Gender DFTInc.	Restoration: Type Tooth Material	Last margin score before failure (Method)	Restoration Volume (mm ³) Bulk (mm)	Secondary caries			
					Widths	Depths	Quality	
18	#1 4112 Male Low	47 MOD Tytin	Charlie-5 (USPH-Imp) 112 15	40 50 40 80 50 60 50	3.0 2.0 2.5 3.0	2.5 4.5		

Dentist Months	Patient: Age Gender DFTInc.	Restoration: Type Tooth Material	Last margin score before failure (Method)	Restoration Volume (mm ³) Bulk (mm)	Bulk fracture			
					Widths	Depths	Quality	
50	#4 7107 Female Medium	16 MO Dispersalloy	Alfa-2 (USPH-Imp) 26 13	25 25 25 25 33	3.5	2.0 2.0		
59	#4 7106 Female High	26 MO Tytin	Beta-4 (USPH-Imp) 35 15	33 40 33 33 50	3.5	2.0 1.5		
60	#4 6710 Female High	15 DO Tytin	Alfa-4 (USPH-Imp) 22 19	33 33 33 25 25	3.0	2.0 2.0		
64	#1 4606 Female Low	46 MO Revalloy	Beta-5 (USPH-Imp) 67 8	50 50 40 50 99	3.0	2.0 2.5		
67	#1 4609 Female Medium	14 DO Tytin	Alfa-3 (USPH-Imp) 32 15	33 33 33 40 40	3.0	2.0 2.0		
68	#2 4607 Male Low	25 MOD Amalcap	2-2 (Imp-Pho) 89 19	40 40 33 33 33 40 50	3.0	3.0 3.0 4.0 4.0		
79	#1 4906 Female Low	46 MOD Revalloy	Beta-3 (USPH-Imp) 133 22	50 60 40 84 80 40 40	4.0	2.0 2.0 2.0 2.0		
81	#6 7004 Male Medium	16 MO Indiloy	Alfa-3 (USPH-Imp) 29 12	33 33 25 25 50	3.0	2.0 2.5		
82	#1 4312 Female Low	25 MOD Revalloy	Beta-5 (USPH-Imp) 119 22	50 60 50 50 50 40 40	5.5	3.0 3.0 3.0 3.0		

Epoxy models –
Qualitative appraisal &
quantitative measurements
of preparations +
covariates

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Oslo Dental Faculty, Anatomy Dept.

SEM / TEM



Computer /Network infrastructure
&



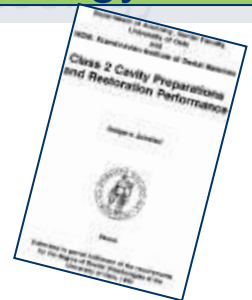
Nordic Institute of Dental Materials

Clinical trials



Restorative materials
(Amalgam-)Toxicology

1984-1992



Dept. Prosthodontics and
Stomatognathic Function

1995-

Prosthodontics
Graduate
Program
&
Private
Practice



Professor
Jon Ørstavik
(1937-†2003)

EPA President, 1988-1989

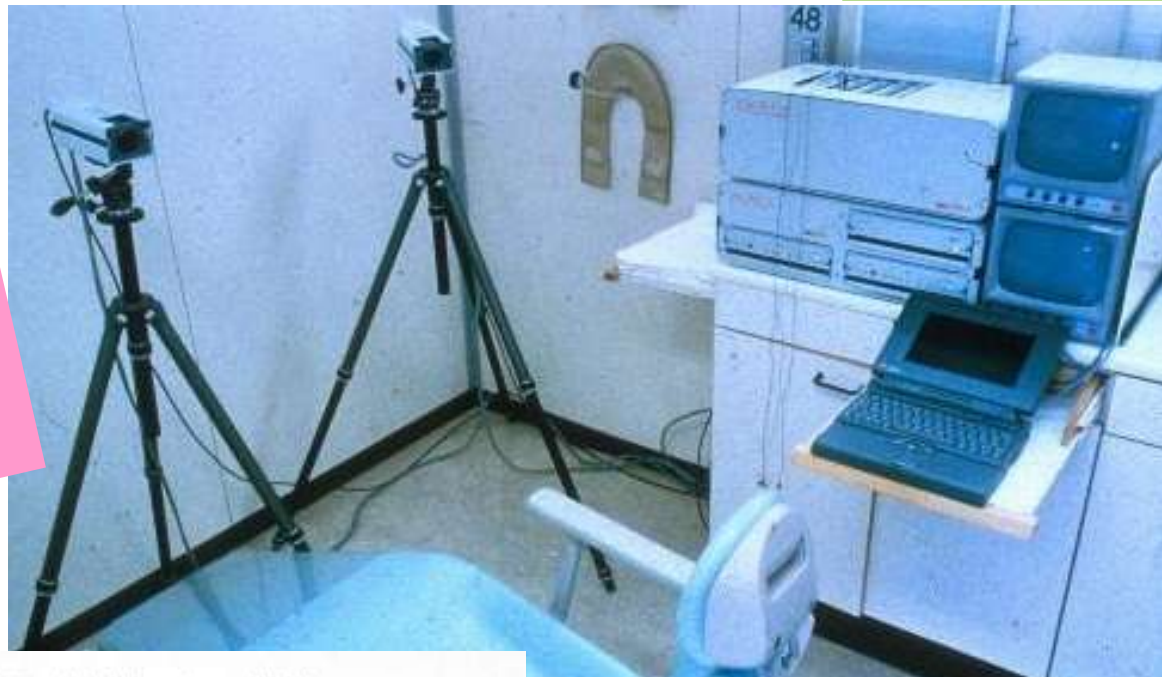
EPA meeting organizer, Oslo, 1988



Digital Motion Capture System + ElectroMyoGraphy (EMG)



Meeting surplus
1988 EPA Oslo
→
Purchase of \$\$\$
equipment



Journal of Oral Rehabilitation, 1982, Volume 9, pages 317-326

Computer-analysed movements in three dimensions recorded by light-emitting diodes

A study of methodological errors and of evaluation of chewing behaviour in a group of young adults

TORSTEN JEMT and STIG KARLSSON *Department of Prosthetic Dentistry, University of Göteborg*

Summary

Journal of Oral Rehabilitation 1996; 23: 121-128

Movement and signal analysis by means of a computer-assisted system

R. HAMBORG & S. KARLSSON* *Department of Prosthetic Dentistry and Stomatognathic Physiology, University of Göteborg, Göteborg and *Department of Prosthetic Dentistry, Göteborg University, Göteborg, Sweden*

Summary The aim of this study was to evaluate the suitability of an optoelectronic system for recording also reflected external vibrations. A clinical pilot study was performed to find a feasible site for attaching the

Digital Motion Capture System + ElectroMyoGraphy (EMG)



Meeting surplus
1988 EPA Oslo
→
Purchase of \$\$\$
equipment



HOWEVER - The user complexity was too high
Need for a computer geek with a background in
prosthodontics!!!



Digital Motion Capture System + ElectroMyoGraphy (EMG)



2xIR cameras - 40Hz

Graphic controller
EMG

Analogue x-y & y-z
video screens

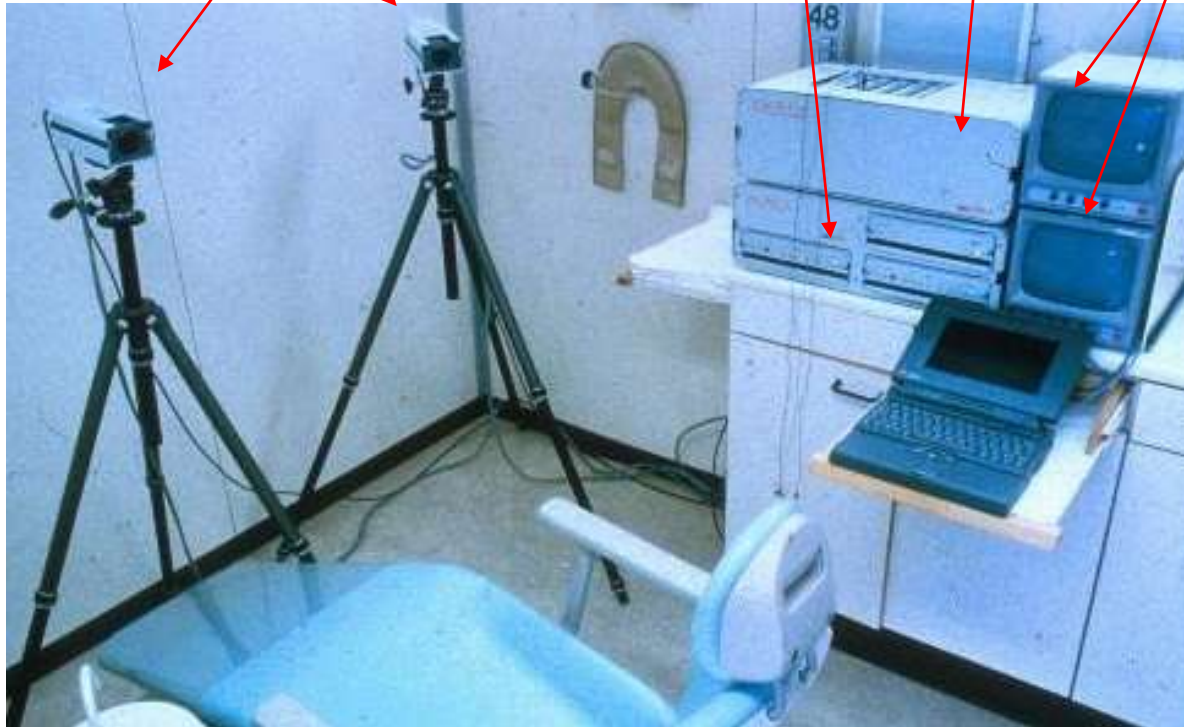
Calibration frame for
3D recording



Fiducial markers
(IR reflectors)



MacReflex software:
Triangulation of centre
points (40 Hz)
MacIntosh computer

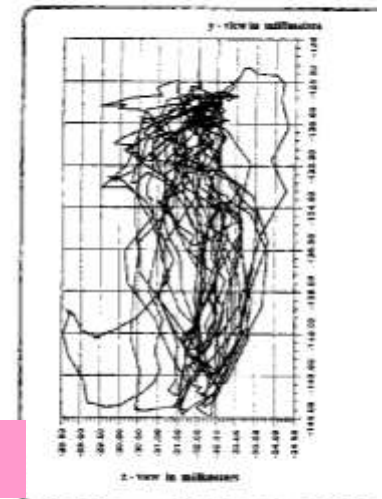
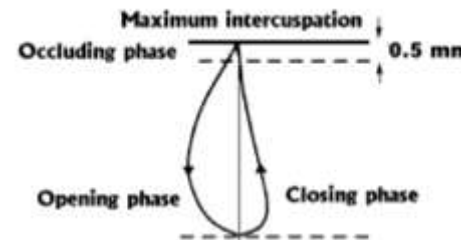
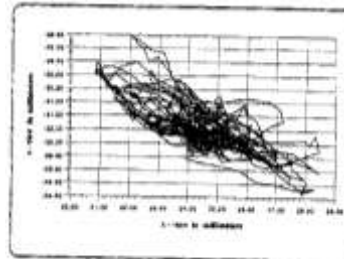
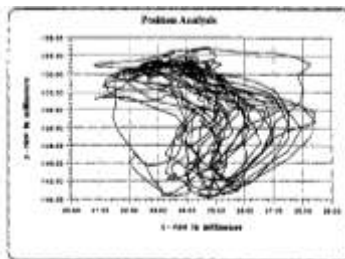


Digital Motion Capture System - chewing

Chewing Movements in TMD Patients and a Control Group Before and After Use of a Stabilization Splint

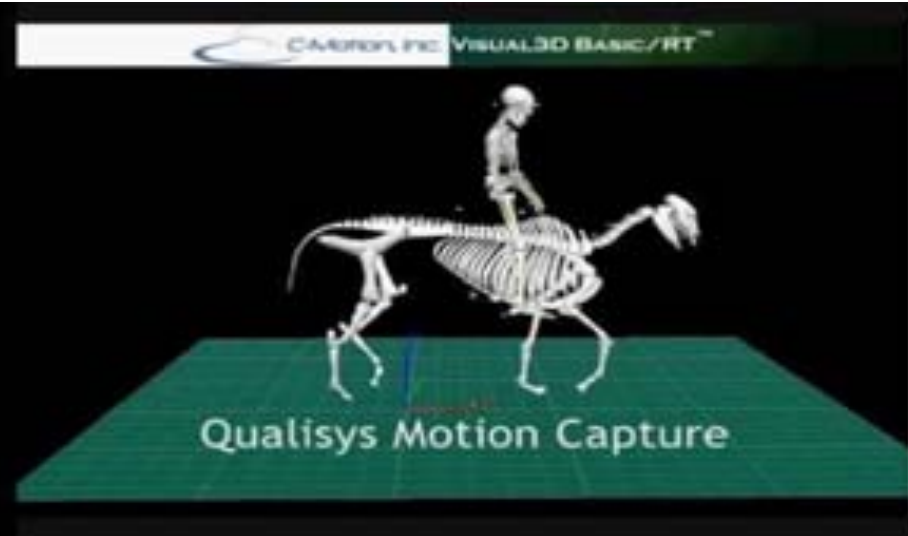
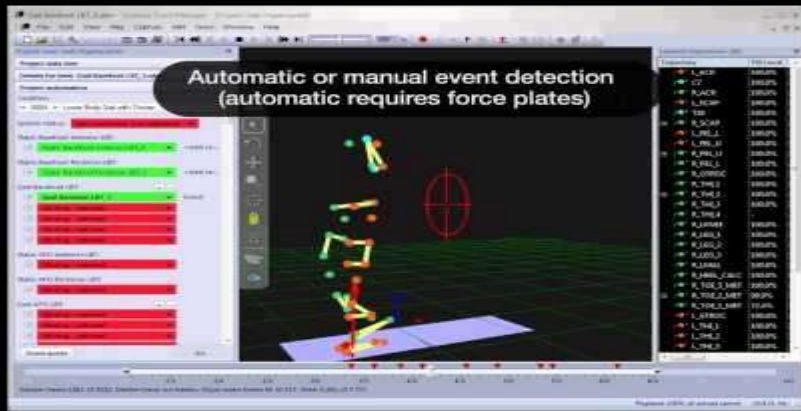
Una Soboleva, DDS, MSc^a
Asbjørn Jokstad, LDS, Dr Odont^b
Thomas Eckersberg, LDS, MSc^c
Bjørn L. Dahl, LDS, Dr Odont^d

Purpose: This study assessed the effect of using an occlusal stabilization splint in the maxilla for 6 weeks on certain parameters of chewing movements in subjects with and without temporomandibular disorder symptoms. **Materials and Methods:** Twelve male and 30 female temporomandibular disorder patients with and without a prior whiplash incidence, and individuals without signs and symptoms of temporomandibular disorders participated. The participants formed three groups matched according to gender and age ($n = 3 \times 14$). A maxillary stabilization splint was used during sleep for 6 weeks. An optoelectronic system (MacReflex, Qualisys) was used to record chewing movements at baseline, before using the splint, and after 6-weeks' use of the splint. Calculated parameters were the duration of the chewing cycles, the spatial displacement, and the mean velocity of the mandible while chewing paraffin wax for 20 seconds. **Results:** On a group basis, the use of an occlusal stabilization splint for 6 weeks did not change the jaw movement parameters in a predictable pattern as recorded under the conditions of this study. On an intraindividual basis, large variations in changes of chewing parameters over time were observed. **Conclusion:** The use of an occlusal stabilization splint for 6 weeks did not alter the jaw movements when chewing a substance with a soft consistency. *Int J Prosthodont* 1998;11:158-164.



ideal versus reality:

Digital Motion Capture Systems in the 90's



40 Hz



...a few years
later...
200 Hz

Computer performance in 1996

The clock rate is the frequency of the clock in any synchronous circuit, such as a central processing unit (CPU)

Clock speed (MHz)

<1	1971	Intel 4004 / Texas Instrument TMS100
1	1974	Motorola / Intel8008 / ZilogZ80 <u>8bit.Cp/M</u> (Commodore 64, Apple II)
4.77	1976/8	Intel 8086 <u>16bit</u> ; (Compaq, IBM PC) / Intel 8088 (IBM (1981))
8	1978	Motorola 68000 (Macintosh128k, Amiga1000)
6 – 25	1982-85	Intel 80286 / <u>DOS(1981)</u> / IBM-AT (1984)
12 – 40	1985-90	Intel 80386 / <u>32bit</u> ; Motorola 68040 (Macintosh, Amiga, NeXT))
20 – 100	1989-94	Intel i486; Cyrix
	1993-95	Intel Pentium / Pentium MMX → Pentium Pro
110	1994	IBM PowerPC 601 / Power Macintosh 8100



From
← Minicomputers to PC →



Computer performance in 1996 and innovations in digital technologies in dentistry

Clock speed (MHz)

<1 1971 Intel4004/ Texas Instrument TMS100

...

...

...

...

110 1994 IBM PowerPC 601 (Power Macintosh 8100)



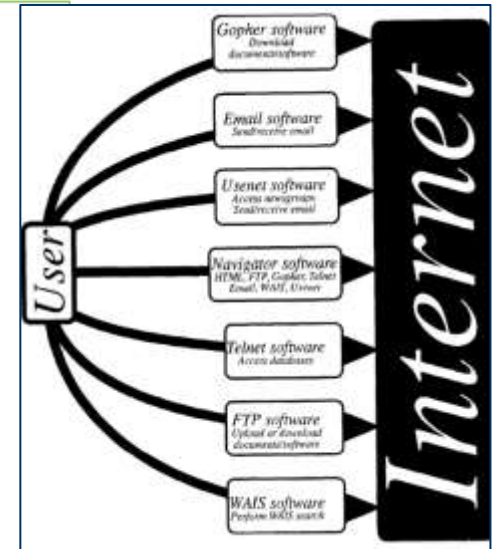
Digital technology innovations~1996

Use of the Internet for educational applications in prosthodontics

Meade C. van Putten, Jr., DDS, MS^a

The Ohio State University, College of Dentistry, Columbus, Ohio

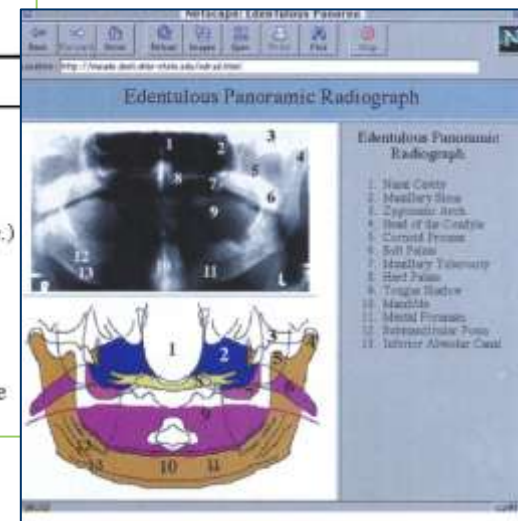
Internet is the common term for the information superhighway. The Internet has become a major information resource for educational, governmental, and business institutions. This article reviews the current operation of the Internet as a background for discussing educational opportunities for instruction in prosthodontics. Electronic mail, news groups, file transfer protocol, Gopher, and network navigators are discussed. The use of the World Wide Web for educational purposes by The Ohio State University College of Dentistry Department of Restorative and Prosthetic Dentistry is described. (*J Prosthet Dent* 1996;76:200-8.)



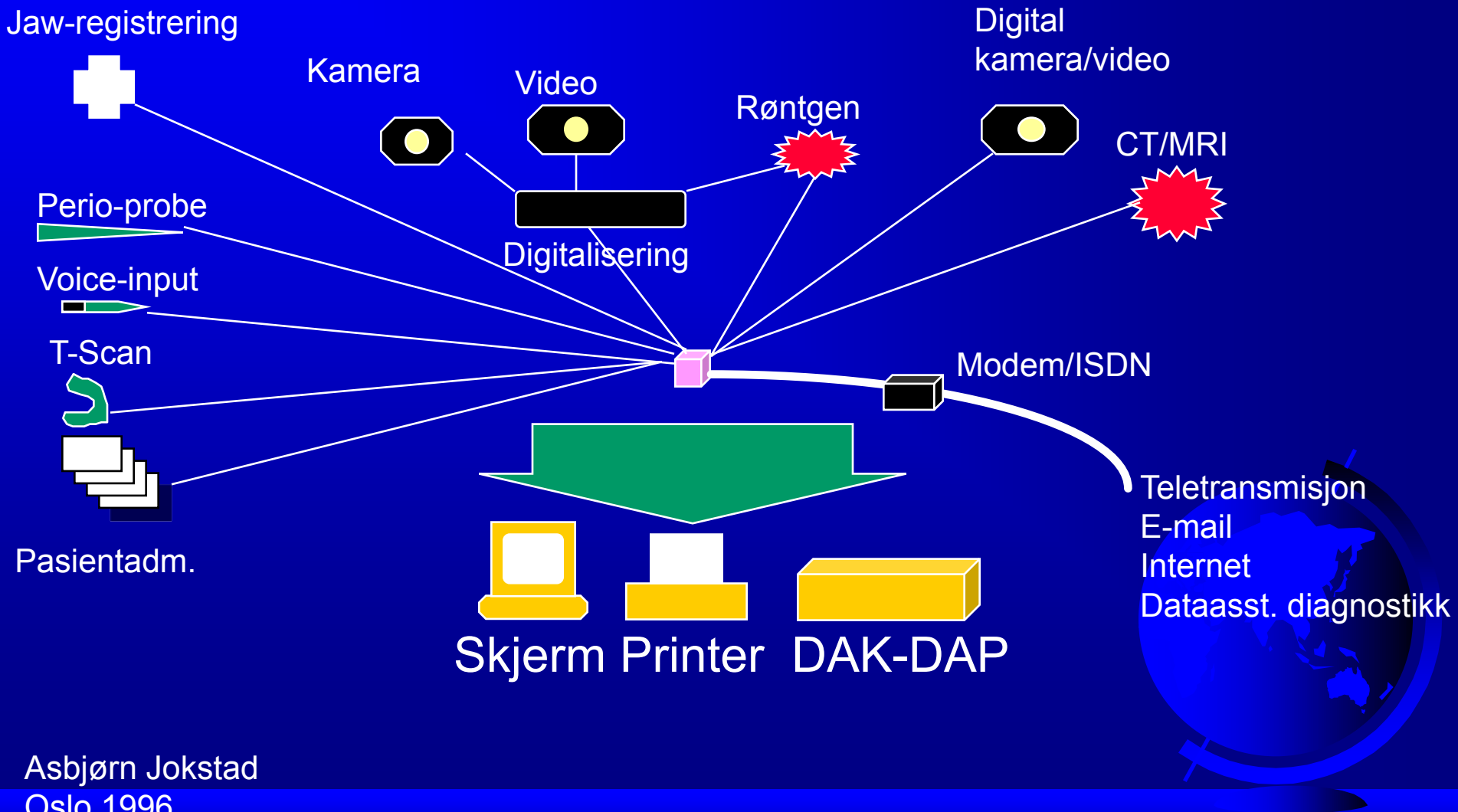
Health education institutions are undergoing significant changes in the delivery of information. One of the most notable technologic changes is the evolution of computerized network systems that allow storage and dissemination of information in a variety of multimedia formats. The Internet is undoubtedly the most significant of these systems. This powerful, universal network will have a significant impact on how health educators process and present information in the coming decades.¹⁻³⁶ As of August 1995, the Internet has provided worldwide access to information for more than 30 million users.³⁷ This complex of networks forms the initial pathway for the global information revolution that currently provides a link for

Table I. Computer equipment and software requirements for Internet access

Hardware	Software
Computer (486, Pentium, Mac II, PowerPC.)	Windows, Windows 95, UNIX, MacOS 7.0+
RAM 8 metabytes or greater	Navigator software (Mosaic, Netscape etc.)
Internet access device (Ethernet card or modem 14.4 bps or greater)	TCP/IP connection software (InterCon Syst Corp., Herndon, Va.)
Storage device (hard drive)	HTTP gateway software (MacHttp, Webstar)



Mikroprosessoren i tannklinikken

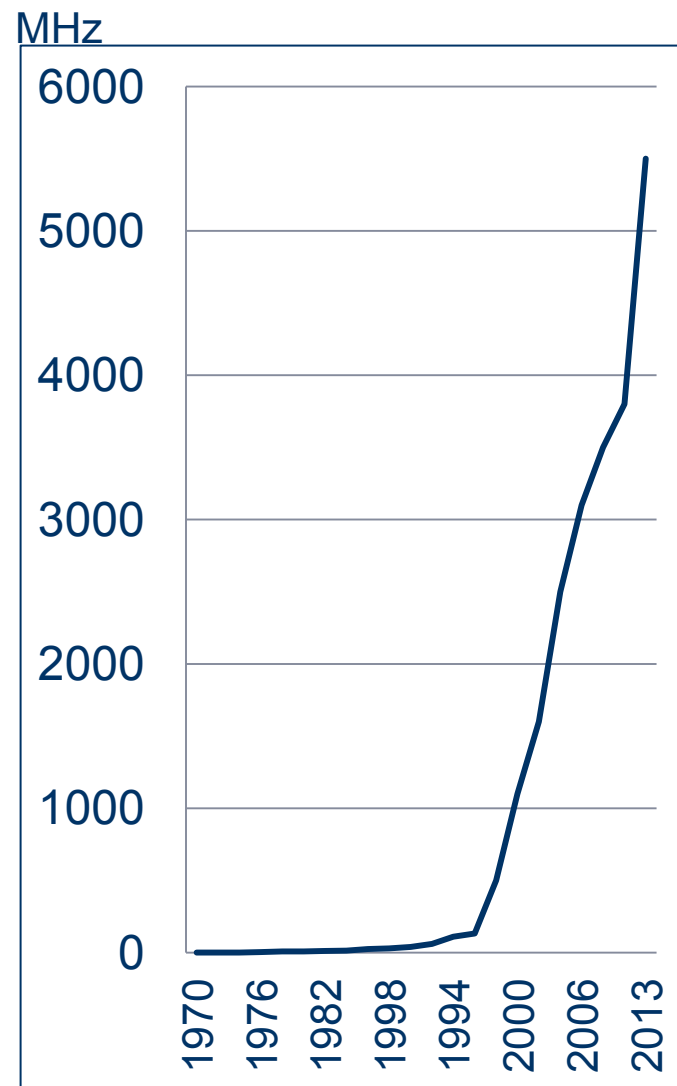


Computer performance today

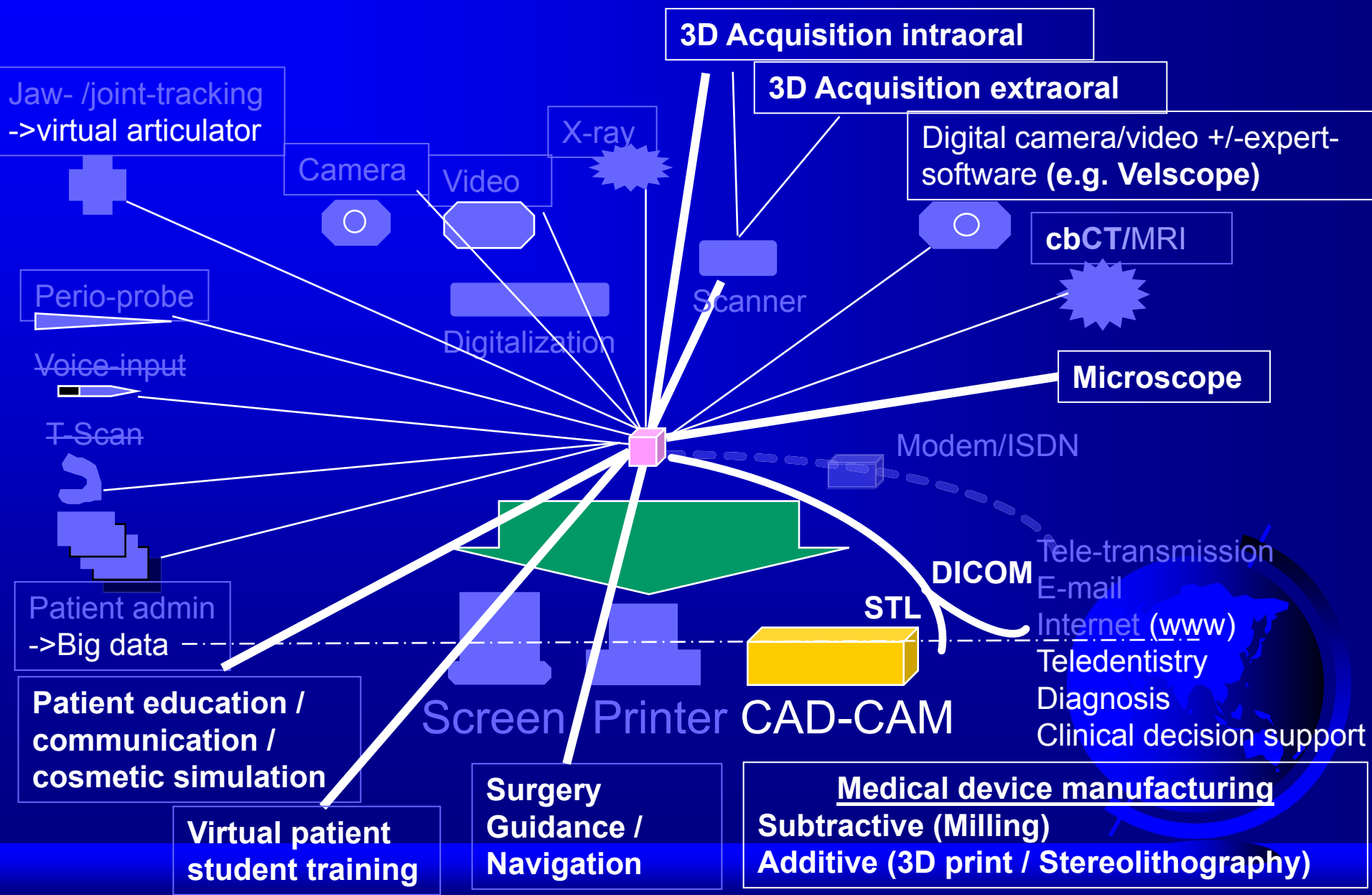
Different benchmarking tests provide different performance indicator

Clock rate is no longer considered as a reliable benchmark since there are different instruction set architectures & different microarchitectures – “MIPS” is more common)

<1	1971	<u>4 bit</u>
	1974	<u>8bit</u>
4.77	1976	<u>16bit</u>
12 – 40	1985	<u>32bit</u>
20 – 100	1989-94	→ Pentium Pro
110	1994	IBM PowerPC 601 / Power Macintosh 8100
.....		
500	1997	IBM PowerPC 750 (iMac)
1400	2002	Intel Pentium III (Celeron/Zeon)
3000	2001	IBM PowerPC950 (PowerPC G5)
3800	2001	Intel Pentium 4 (Pentium M/D)
3000	2003	AMD Athlon <u>64bit</u>
3200	2005	AMD Athlon <u>64bit X2</u>
.....		
5500	2013	IBM zEC12



Computer-assisted technologies in dentistry



Digital Electron Microscopes life range



**MOORE'S LAW RULES!
DEPRECIATION TIME DECREASES!**

Moore's law & digital tooth shade acquisition

Chromacan (Sterngold)

Castor (Nordmeditech)



ShadeEye (Shofu) EX → NCC

Dental Color Analyzer (Wolf)

SpectraScan (PhotoResearch)

DigitalShadeGuide DSG4 (A.Rieth)

dcm-ikam (DigitalcolorMeasurement)

ShadeScan (Cynovad)

ClearMatch (Clarity → Smart Technology)

ShadeScanSystem (Cortex Machina)

ShadeVision (X-rite) → Shade-Rite → Colortron II → Shade-X

iKam (Metalor)

Spectroshade (MHT) → SpectroshadeMicro

EasyShade (VITA) → EasyshadeCompact → EasyshadeAdvance

iDentacolor II (iDenta)

ShadePilot (Degudent)

CrystalEye (Olympus)

BeyondInsight (BeyondDental)

ShadeWave

ZfX Shade (ZfX)

MOORE'S LAW RULES!

1990

1995

2000

2005

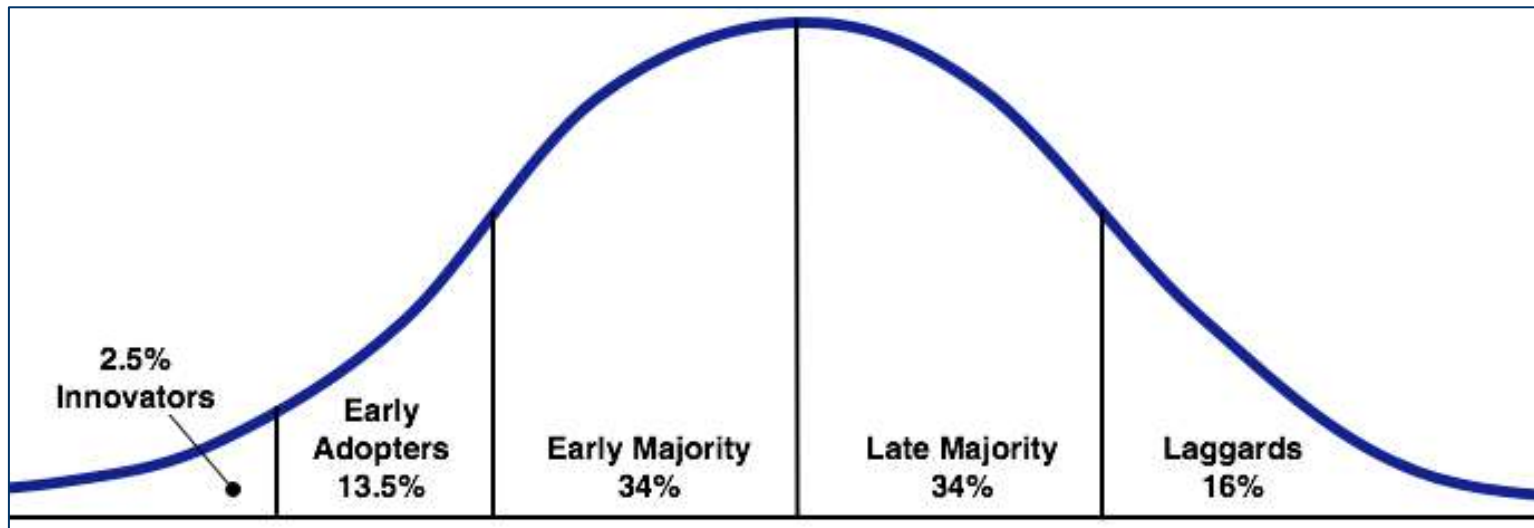
2010

2015



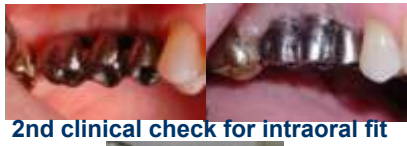
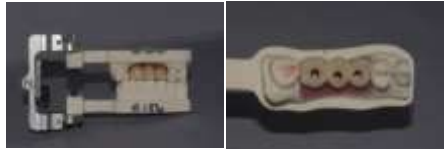
The diffusion of innovations

- People have different levels of readiness for adopting new innovations
- The characteristics of a product affect overall adoption
- Individuals can be classified into five groups*



*according to Everett Rogers (1962)

Are the early adopters like the first mouse that try to eat the cheese in the trap? -1



2nd clinical check for intraoral fit



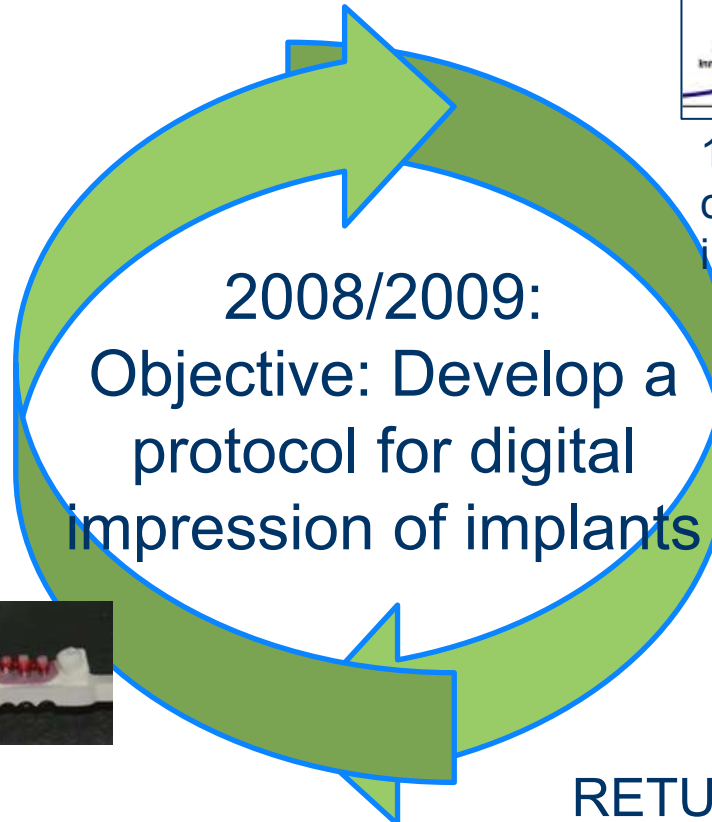
Verification jig for checking accuracy intraorally



Forced to retrofitting the implant analogues



Lab.photos: S Bilko LHM, Toronto



2008/2009:
Objective: Develop a protocol for digital impression of implants

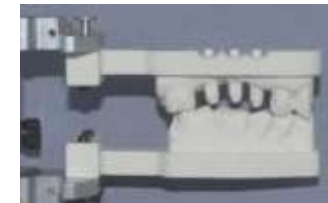


1st generation two-piece impression copings (PEEK) for digital impressions of Straumann Implants



iTero impression

RETURNED: Polyurethane model – with no implant analogues!



Are the early adopters like the first mouse that try to eat the cheese in the trap? -2

CLINICAL ORAL IMPLANTS RESEARCH 2015

*Eszter Somogyi-Ganss
Howard I. Holmes
Asbjørn Jøkstad*

Accuracy of a novel prototype dynamic computer-assisted surgery system

Somogyi-Ganss et al. Accuracy of

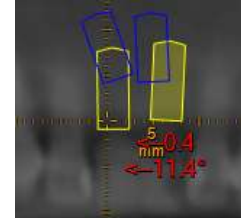
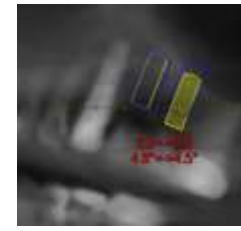
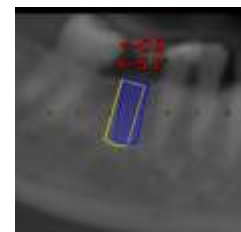
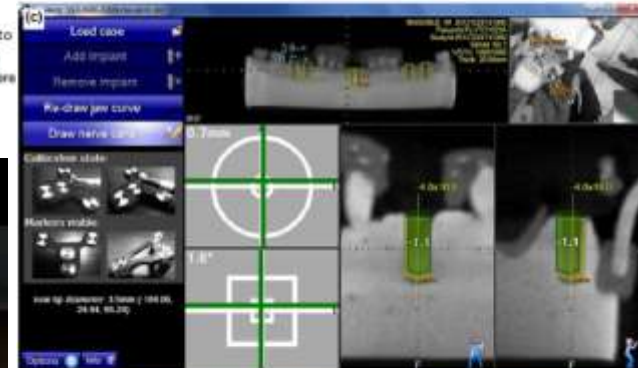
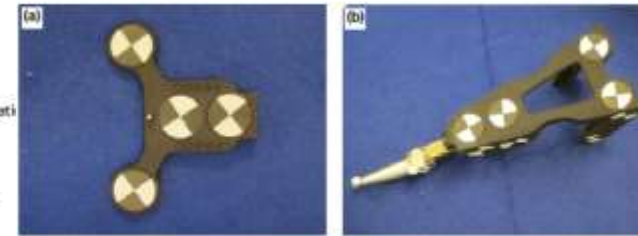


Authors' affiliations:
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Faculty of Health Sciences, UiT The Arctic University of Norway, Tromsø, Norway

Key words: accuracy, computer aided, computer guided, dental implant, navigation, static guide, stereolithographic guide

Abstract

Objectives: To implement and evaluate the accuracy of a prototype dynamic computer-assisted surgery (CAS) system for implant osteotomy preparation and compare its accuracy vs. three commercial static CAS systems and the use of an acrylic stent.
Material and methods: Eight osteotomies were prepared in radiopaque partially edentulous mandible and maxilla typodonts. After cone-beam CT acquisition, DICOM files were imported into a prototype dynamic, and three static CAS systems (NobelClinician, Simplant, and CoDiagnostiX). Implant placements were planned to replicate the existing osteotomies and respective guides were



In-vitro accuracy \neq in-vivo accuracy

Dynamic Navigation market 2017: 10 products

Intro	Brand name	Company	FDA
2017	Adens-NAVI	U&I Adens Dental Clinic, Taiwan	-
2014	AQ Navi Surgical Navigation System	Taiwan Implant Technology Company, Taiwan	-
2016	DENACAM	Mininavident AG, Switzerland	-
2001	IGI-System (AKA DenX)	DenX Advanced Dental systems, Israel	<u>Yes</u>
2016	ImplaNav	BresMedical, Australia	-
2015	Inliant	Navigate Surgical Technologies Technologies, Canada	-
2015	IRIS-100 Implant Real-time Imaging System	EPED Incorporated, Taiwan	-
2014	Navident	ClaroNav Inc., Canada	<u>Yes</u>
2014	X-Guide Dynamic 3D Navigation	X-Nav Technologies, PA, USA	<u>yes</u>

MOORE'S LAW RULES!



Dynamic Navigation market 2017: 10 products



Launched Sep 19, 2017

neocis
Precision Healthcare Robotics

ROBOT-ASSISTED DENTAL IMPLANT SURGERY IS HERE

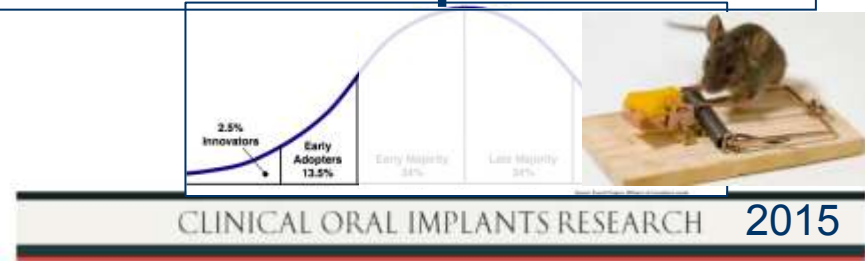
Yomi[®] provides an unprecedented level of precision and control.

For updates or inquiries, click here

YOMI
Robot-Assisted Dental Surgery
Precisely Where You Want To Be

Sold Yomi at auction

Are the early adopters like the first mouse that try to eat the cheese in the trap? -3



CLINICAL ORAL IMPLANTS RESEARCH 2015

Asbjørn Jøkstad
Babak Shokati

New 3D technologies applied to assess the long-term clinical effects of misfit of the full jaw fixed prosthesis on dental implants

Perforated PMMA stent on original stone model → Intraoral scan (iTero) → STL-file + Desktop scan (D810, 3Shape) of a cleaned FDP → STL-file



= STL-files compared by use of an industrial metrological software (Convince Premium, 3Shape)

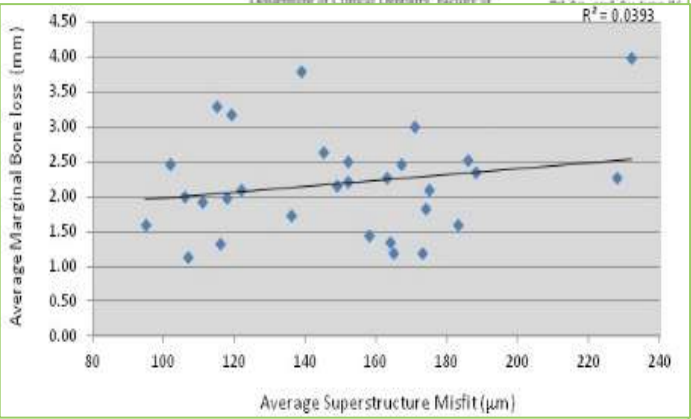
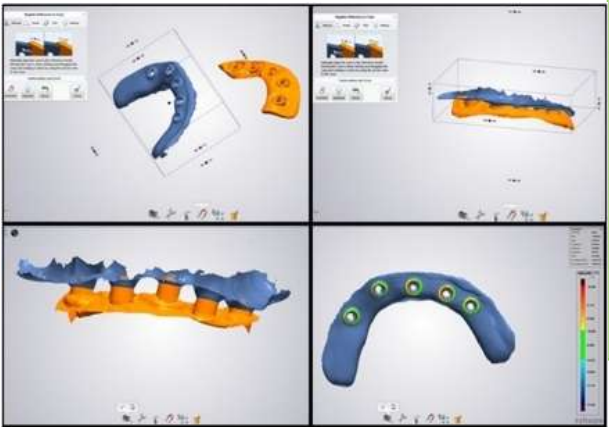
Authors' affiliations:
Asbjørn Jøkstad, Faculty of Dentistry, Discipline of Prosthodontics, University of Toronto, Toronto, ON, Canada
Asbjørn Alstad, Faculty of Health Sciences, UiT The Arctic University of Norway, Tromsø, Norway
Babak Shokati, Faculty of Dentistry, Discipline of Prosthodontics, University of Toronto, Toronto, ON, Canada

Corresponding author:
Asbjørn Jøkstad
Department of Clinical Dentistry, Faculty of

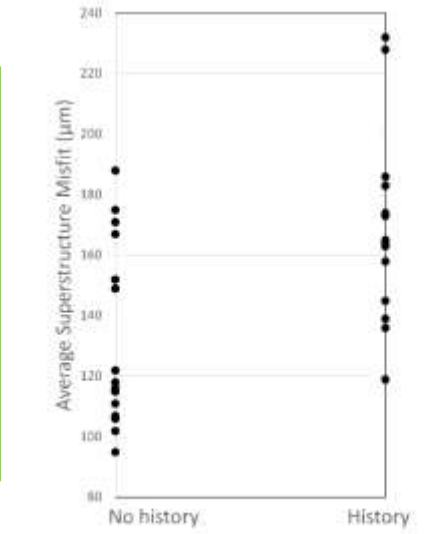
Key words: 3D measurement, 3D scanner, intra-oral digital optical impression

Abstract
Objectives: To assess implant:superstructure misfit in patients with an edentulous jaw restored by an implant-retained fixed dental prosthesis (FDP) and its association with biologic and mechanical adverse events over an extended period.

Material and methods: supported prosthetics by 6 implants to retain a F...



FDPs 12-32 years (mean 19 yrs)



History of screw issues

Current computer- aided/-assisted tools and concepts in prosthodontics

Patient administration

Electronic charting → “Big data”

Education

Student learning / assessment

Patient management

Detect/diagnose pathology

Radiography / tomography

Jaw-/TMJ-joint-tracking → “virtual articulator”

Decision support system (AKA expert system)

Treatment (surgery) planning

Surgery guidance (dynamic /static)

Patient communication

Visualization of procedures

Virtual treatment outcome

Medical device* production

Shade-matching

Designing “CAD”

Manufacturing “CAM”

*Intra- / Extra- -oral / -tissue /-tooth or interface constituents

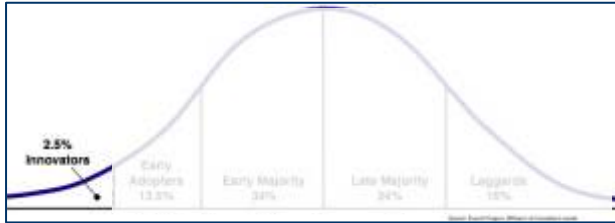
Tissue-engineering constructs

Other applications

Quality assurance “Registration”

Tele-dentistry

Innovations in CA **additive** / subtractive manufacturing methods ~1987



W. Mörmann / M. Brandestini
University of Zurich



Prototype 1985

**Product commercialized as:
CEREC by Siemens, Germany**

CONCEPT:

- Intraoral data acquisition by structured light
 - Point cloud (polygon mesh)
 - Surface reconstruction
- Milled inlays/onlays from blocks of ceram



First generation
CEREC from 1987

Innovations in CA **additive** / subtractive manufacturing methods ~1997



Cerec 2, Siemens → Sirona, Germany (1994)

Cicero, Elephant, Netherlands

DENStech, Dens, Germany

Decsy, Media Corp., Japan

Preident-DCS, DCS-Dental, Switzerland (1989)

Procera, Nobel Biocare, Sweden (1993)



“Closed systems”

“Milling centres”

Compact unit: Surface rendering + Design- & manufacturing-
software + CNC-Milling (Al_2O_3 -ceramic)

Innovations in CA **additive** / subtractive manufacturing methods ~2007



“Closed systems”

DECIM system (cad-esthetics)(1997)

Cercon smart ceramics®(2001)

Cerec 3 (2000) / InLab® (2001)

Cynovad Pro50 (1997)

Digident (1999)

KaVo Everest® (2002)

Lava® system (2002)

Procera Zirconia (2002)

Wol-Dent EPC 2019 (1999)

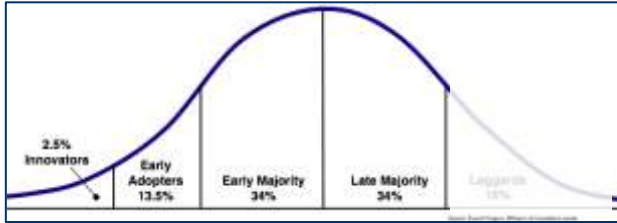


Intraoral scanner
CEREC 2003
(iTero 2007)
(Lava COS 2008)



“Open system (.stl)”
stand-alone scanners
BEGO (2002):
Etkon es1 (2000)

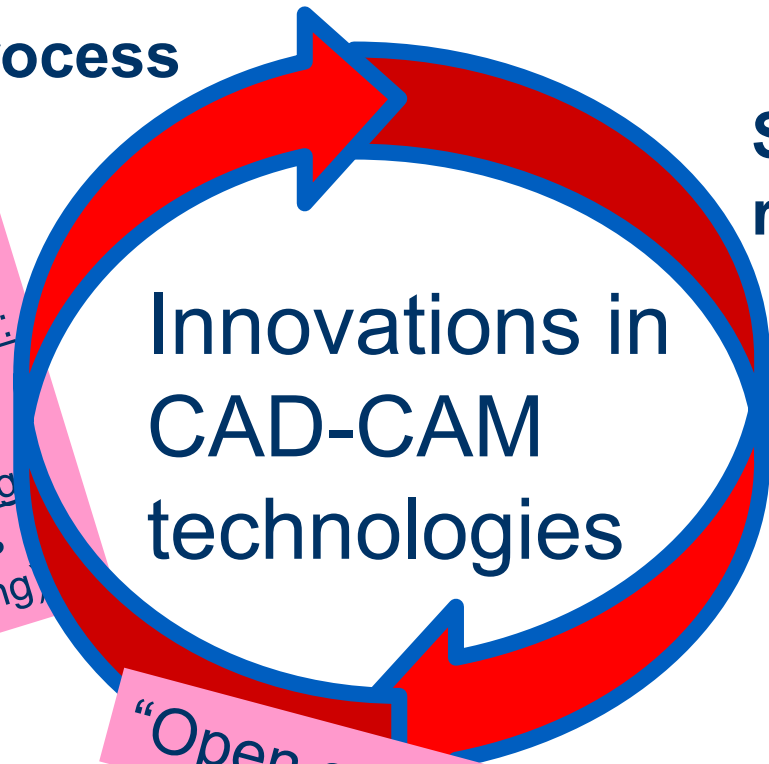
Innovations in CA additive / subtractive manufacturing methods ~2017 and beyond



Fabrication process

New methods
New materials
New designs

Restorative dentistry:
Zirconia
Hybrids
Tissue-engineering
Tissue constructs
(stress vs seeding)



Surface / volume rendering

Merging of surface
(.stl) and volumetric
(DICOM*) data

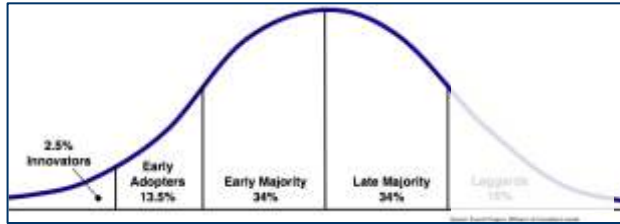
*Digital Imaging and
Communications in Medicine

Manufacturing software

“Open systems”

Designing software

Innovations in CA additive / subtractive manufacturing methods ~2016 and beyond



Fabrication process

Surface / volume rendering

Technology
Acquisition

Data export format(s)
Scan items

Innovations in
CAD-CAM
technologies

Manufacturing software

Designing software

Surface/volume rendering - parameters



Technology

Surface:

Mechanical-electric
+/- laser-adjusted

Optical-structural light

Optical-laser/video

Optical-laser-
triangulate/confocal

Optical conoscopic
holography

Volumetric:

X-ray Tomography

Magnetic res. Tomo.

Optical coher. Tomo.

Ultrasound Tomo.

Acquisition

Intraoral

Extraoral

Intra- & Extraoral

Scan export format

“Open system” format

Closed systems

Scan Items

Antagonist

Bite registration

Die

Full arch

Implant Abutment

Model

Prostheses

Wax-up

Reflex/Opacity

Surface preparation

Surface coating



Apart from DICOM*, there are no ISO-standards specific to digital dentistry

*Digital Imaging and Communications in Medicine

Intraoral surface scanning – pre 2010



CEREC
BlueCam

Laser Triangulation

Confocal light

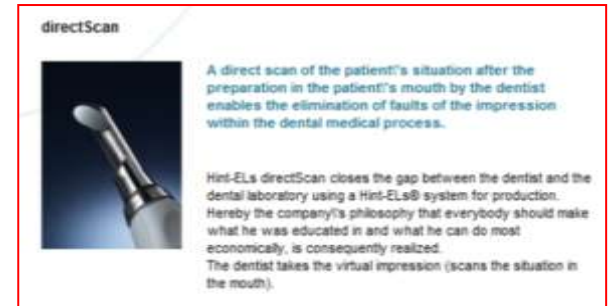


LAVA COS
(2008)

Per 2010;
4 systems
(+E4D)



Cadent Itero
(2006)



Hint-Els (2009)

Intraoral surface scanning

2010/2011:
4 new systems

REMEMBER
MOORE'S LAW



CEREC
Bluecam



LAVA COS



Cadent Itero



Hint-Els



Densys3D: MIA3d



Intellidenta/ Clon3D: IODIS



MHT: Cyrtina/3DProgress



3Shape: TRIOS /(Dentaswiss)

Intra oral surface scanning

2012:
3 new systems

REMEMBER
MOORE'S LAW



Zfx / Intrascan

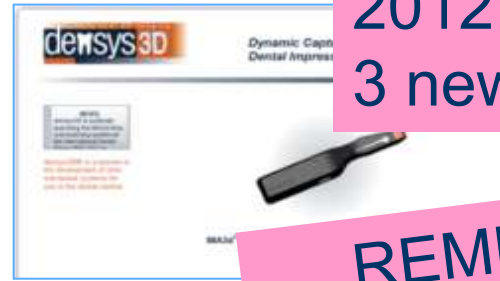
BLUESCAN-I INTRAORAL 3D SCANNER




Bluescan / a.tron3D



IOS: Fastscan



directScan



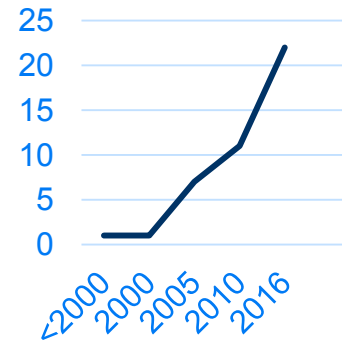
A direct scan of the patient's situation after the preparation in the patient's mouth by the dentist enables the elimination of faults of the impression within the dental medical process.

Hint-ELs directScan closes the gap between the dentist and the dental laboratory using a Hint-ELs® system for production. Hereby the company's philosophy that everybody should make what he was educated in and what he can do most economically, is consequently realized. The dentist takes the virtual impression (scans the situation in the mouth).

Intraoral surface scanning

2017: 22 products+

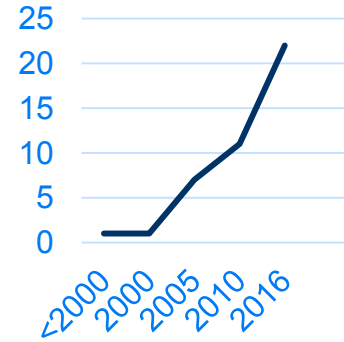
Product name	Manufacturer	Refs
3D Progress MHT	MHT (Medical High Technologies, Italy / Switzerland)	#
Aadva IOS ← Bluescan-I ← a.tron 3D	GC, Belgium ← 2016 a.tron 3D, Klagenfurt, Austria	0
Apollo DI	Sirona Dental Systems, Germany	#
CEREC OmniCam / BlueCam	Sirona Dental Systems, Germany	2
Condor	Condor International, Belgium	0
CS3500 / CS3600	Carestream Dental, USA	0
Dentium rainbow iOS	Dentium, Korea	0
Detection Eye	Zirkonzahn, Italy	0
directScan	Hint-Els, Germany	0
DWIO ← DiglImprint Steinbichler	Dental Wings, Canada ← 2013 Steinbichler	#
IntraScan Zfx	zfx, Germany	0
i/s/canoral	Goldquadrat, Germany	0
IOS Fastscan	Glidewell Laboratories, USA ← 2015 IOS technologies, USA	0
Itero Element / Itero	Align Technology, USA ← 2011 Cadent, Israel	3
KaVo Lythos	KaVo, Germany ← 2015 Ormco Corp.	0
MIA3D	Densys, Israel	0
Organical Scan Oral	R+K CAD/CAM Technologie, Germany	0
PlanScan ← E4D	PlanMeca, Finland ← 2015 E4D Tech, USA	1
Progress IODIS	Clon 3D / IODIS / Intellidenta (USA?)	0
TRIOS 3 / TRIOS Color / Standard	3Shape, Denmark	3
True Definition Scanner ← Lava COS (Chairside Oral Scanner)	3M ESPE, USA ← 2006 Brontes Technology	4



**MOORE'S
LAW
RULES!**

Intraoral surface scanning

2017: 22 products+

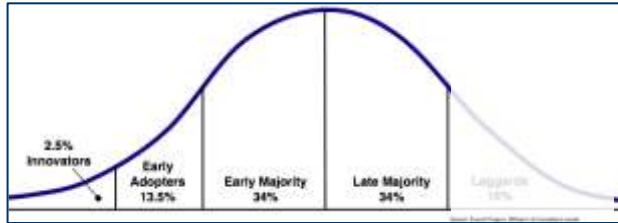


**MOORE'S
LAW
RULES!**

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Innovations in CA additive / subtractive manufacturing methods ~2016 and beyond



Fabrication process



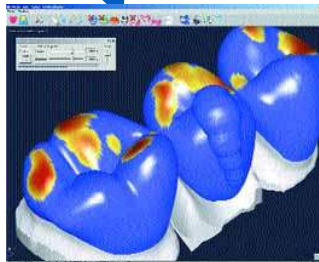
Manufacturing software
Data import/export formats / -
formatting
Manufacturing applications



Surface or volume rendering



Designing software
Data import/export
formats / formatting
Designing applications



Open (data / file / system) formats-(“free files”)

.STL (Standard Tessellation Language)

- a format native to stereolithography
- widely used for rapid prototyping and CAM
- only surface geometry - no representation of color, texture or other common CAD model attributes
- describes a raw unstructured triangulated surface by the unit normal and vertices of triangles using a three-dimensional Cartesian coordinate system

⋮

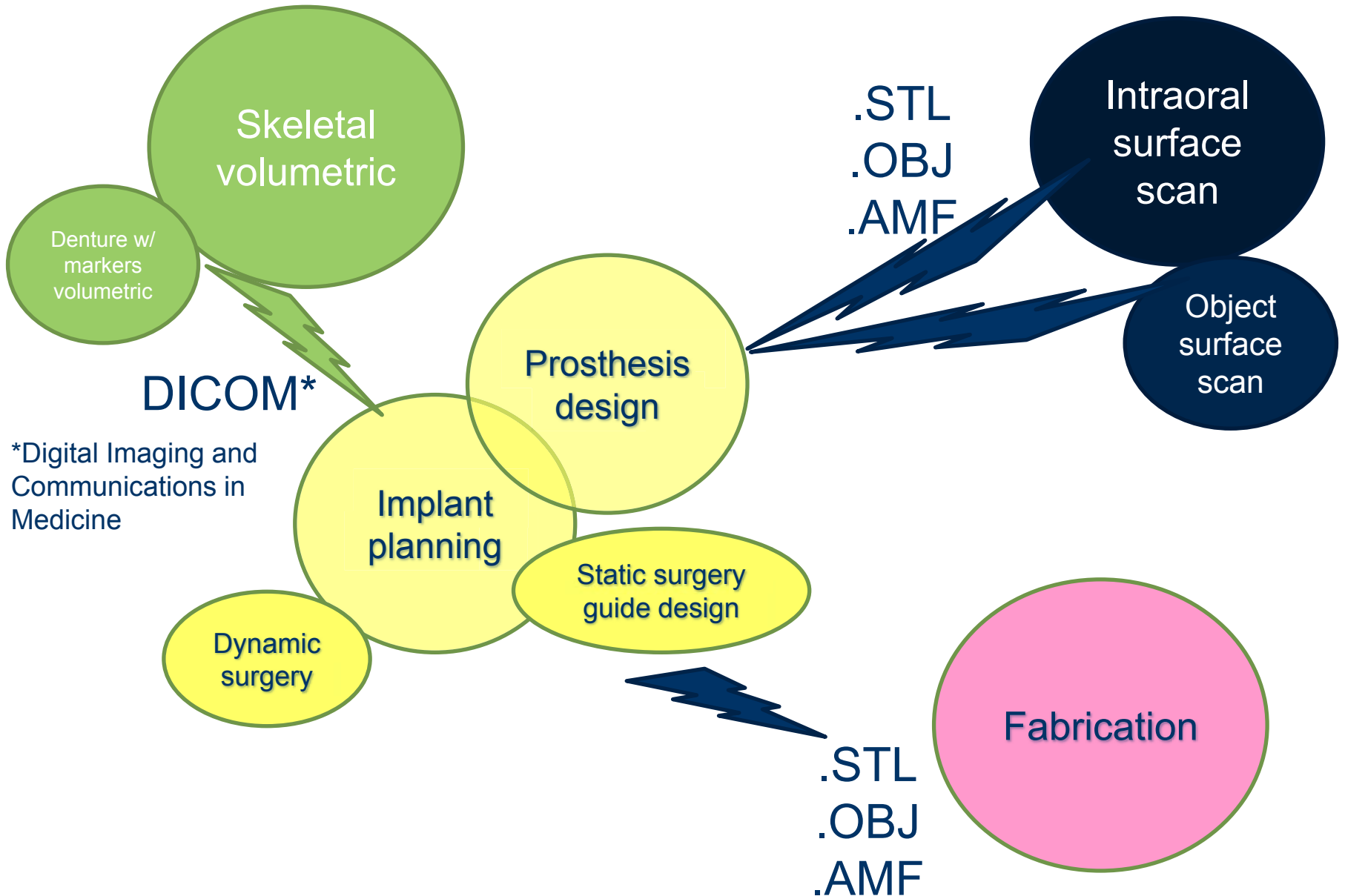
OBJ (Object files)

- include surface texture/color - developed originally for 3D graphics animation applications

.AMF (Additive Manufacturing File)

- describe color, materials, lattices, and constellations of objects for additive manufacturing processes (e.g., acellular scaffold manufacturing by printing)

Data / file / system formats



Design / Manufacturing software - Parameters

Import & export format(s)

Open system (.stl, .obj, .amf)

CAD-CAM bundled (Closed)

Top 3 O.S. market leaders:

3shape 

exocad

 dental wings

Prosthetic applications

Wax-up / temporary

Inlay / Onlay

Single-unit coping

Crown / monolithic crown

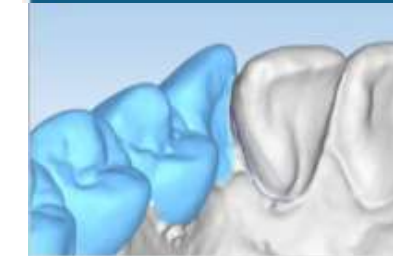
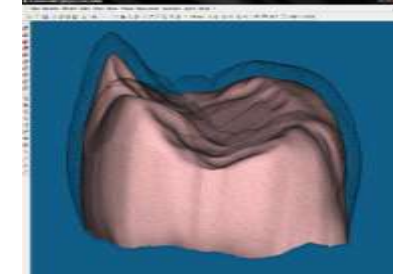
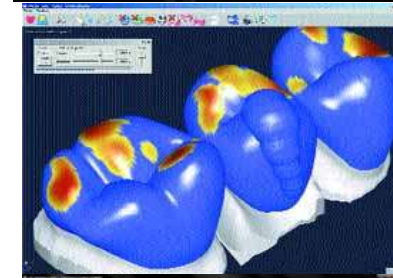
3 → 16unit / (4 → 7cm) FDP

Removable Dental Prosthesis
(Partial / Full)

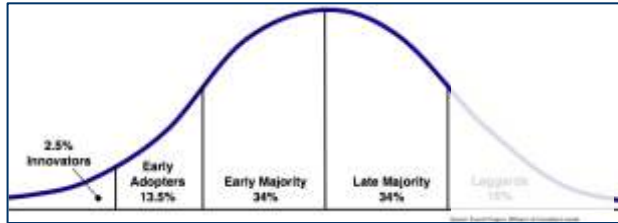
Implant “customised” abutment

Implant-suport. meso-structure

Implant-suport. super-structure



Innovations in CA additive / subtractive manufacturing methods ~2016 and beyond



Fabrication process

Manufacturing

Subtractive

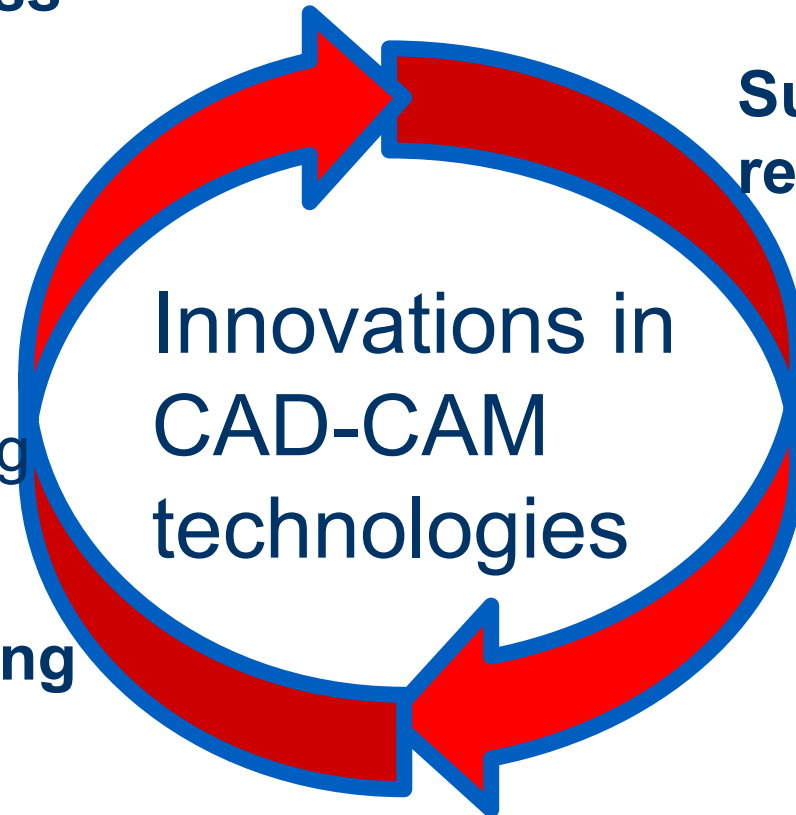
Additive

Device

Prosthesis

Tissue-engineering

Manufacturing software



Surface or volume rendering

Designing software

Fabrication process- parameters

Manufacturing

Subtractive

3 / 3.5 / 4 / 5 / 6-axes –milling --- +/- Sintering-furnace

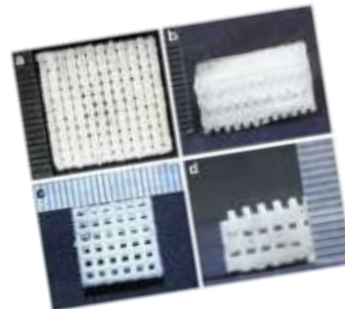
Additive

Solid freeform fabrication, stereolithography, powder-fusion printing, bioprinting

Device

Prosthesis

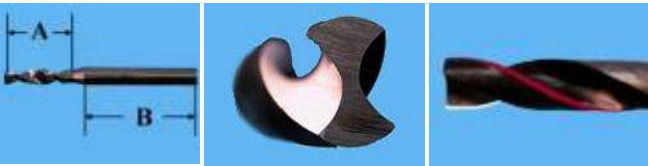
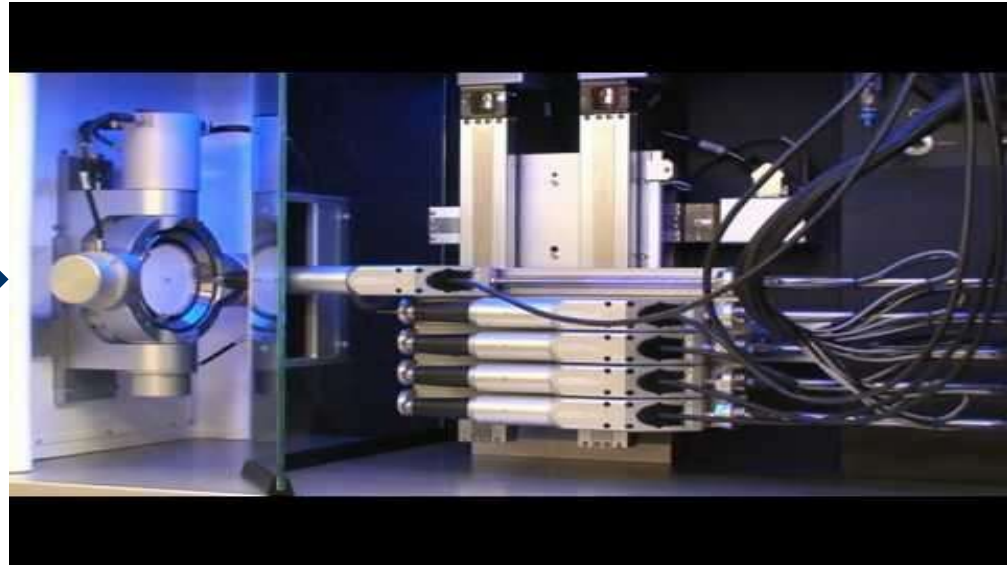
- In-/Onlay/Veneer
- Single-unit coping
- Crown
- Monolithic Crown
- 3 → 16unit(/4 → 7cm)-FDP
- Implant abutment
- Implant bars / Meso-structure
- (Endosseous dental implant)
- Surgical guidance stent
- Partial / Full Removable Prosthesis
- Wax-up / Provisional / Splint



Tissue-engineering

- Scaffolds +/- cells

Milling in dentistry – From 3→5→5+5 axes



Milling machines have moved from manually operated to mechanically to digitally automated via computer numerical control (CNC) re. e.g., torques, feed-rate, nature of cutters, etc..

Software algorithm compensation for errors introduced during milling processes

- Geometrical compensation
- Force compensation
- Thermal compensation
- Errors in the final dimensions of the machined part are determined by the accuracy with which the commanded tool trajectory is followed, combined with any deflections of the tool, parts/fixture, or machine caused by the cutting forces
- The effect of geometric errors in the machine structure is determined by the sophistication of the error compensation algorithms
- The cutting tools' trajectories are subject to performance of the axis drives and the quality of the control algorithms

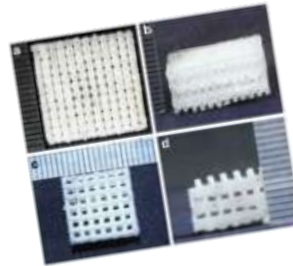


torque
feed-rate
cooling

Additive manufacturing technologies

Multiple ambiguous terms: 3D printing / Additive (freeform) fabrication / Layered manufacturing / Rapid prototyping /-manufacturing, etc.

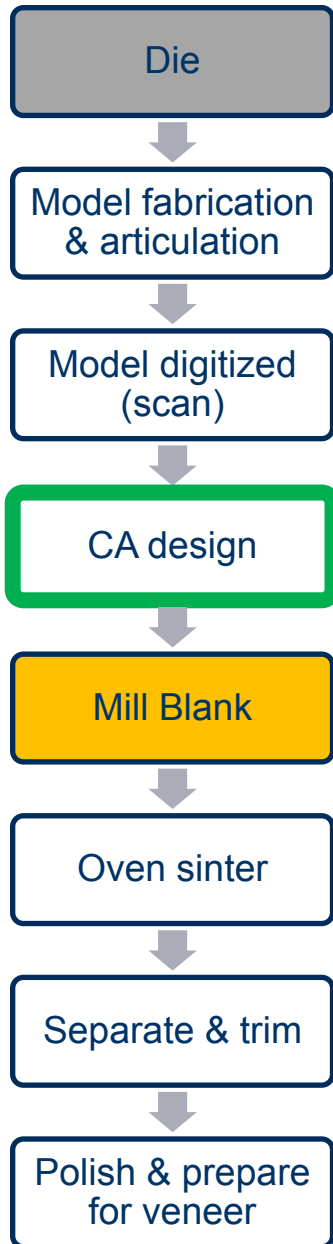
	<u>Tissue-engineering</u>	<u>Prosthodontics</u>
Solid freeform fabrication (SFF)*	Anisotropic scaffolds	Extensive
Stereolithography (SLA)	Precision scaffolds	Semi-permanent
Powder-fusion printing (PFP)	Rigid scaffolds	Experimental
Bioprinting (Laser/Inkjet/Extrusion)	Cellularized constructs	Soft-tissues



3D geometries physically constructed directly from 3D CAD.

*"Fused deposition modelling", "Laminated object modelling", "Direct Metal Printing", "Selective laser sintering", "Solid ground curing", "Robocasting"

CAM – subtractive manufacturing



MOORE'S LAW RULES!



Desktop size, e.g.

<u>Bien Air</u>	<u>Biolase</u>
Carestream	Ceramill
CEREC	<u>Degudent</u>
Degudent	Diasu
<u>Flussfisch</u>	IOS
<u>KaVo</u>	Kreos
Kutaz	<u>Lyra</u>
Planmeca	Reitel
Robocam	Roland
ZirkonZahn	Zubler

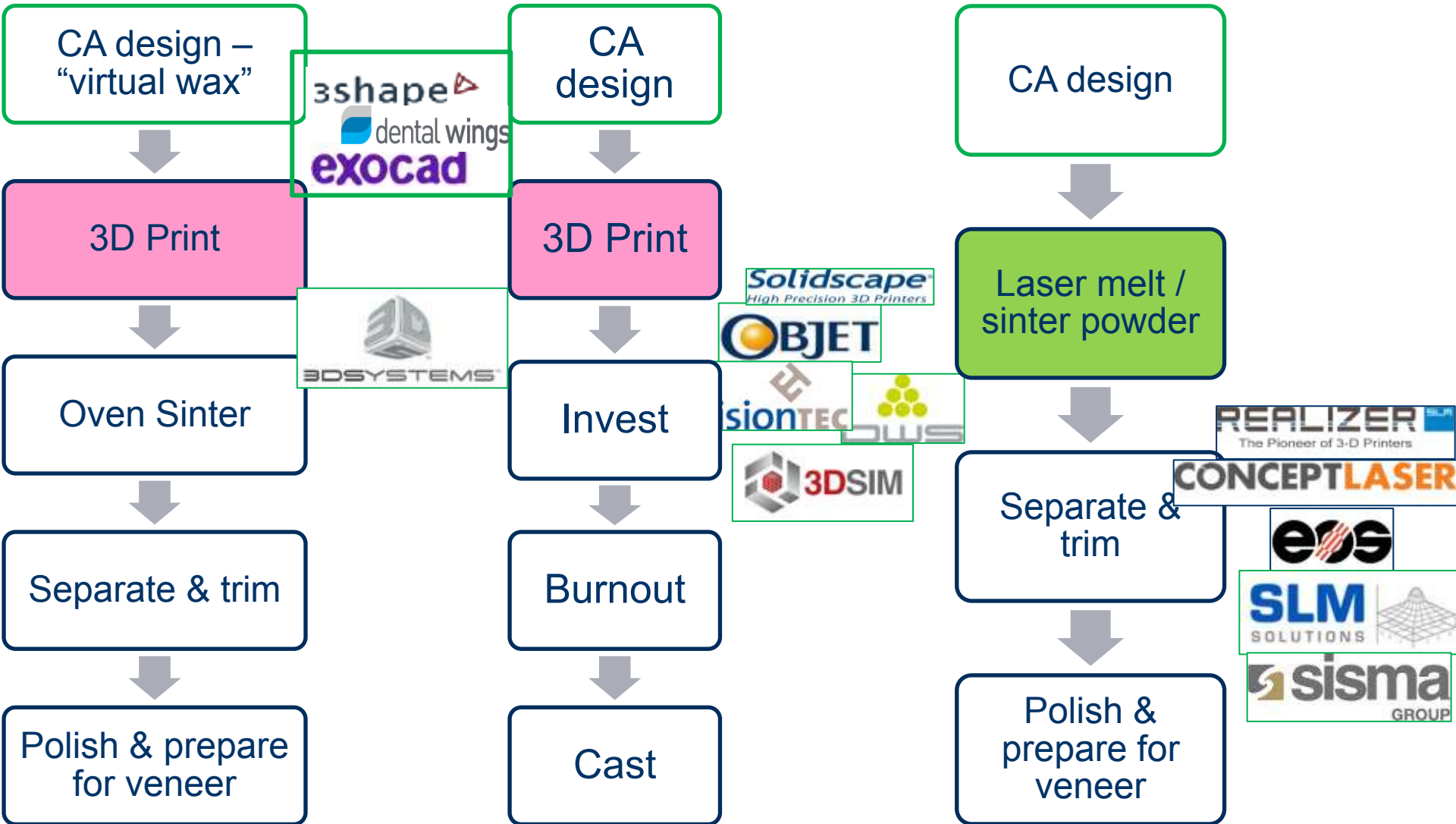
Mid-size,

CEREC
Charlyrobot
DentMaster
Dental Plus
Lycodent
Roland Noritake
Rübeling
Sisma
Upcera
VHF
Wieland
Yena Dent

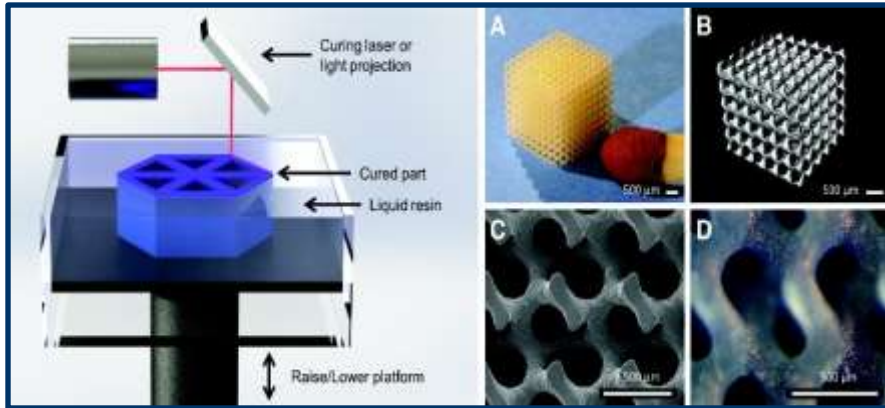
Heavy duty, e.g.

Agie Charmilles
Datron Dent-Tech
DMG Dyamach
iCM Imes-Icore
Isel LAVA
Mikron Roland
Röders Sauer
WilleminMacodel
Wissner Witech

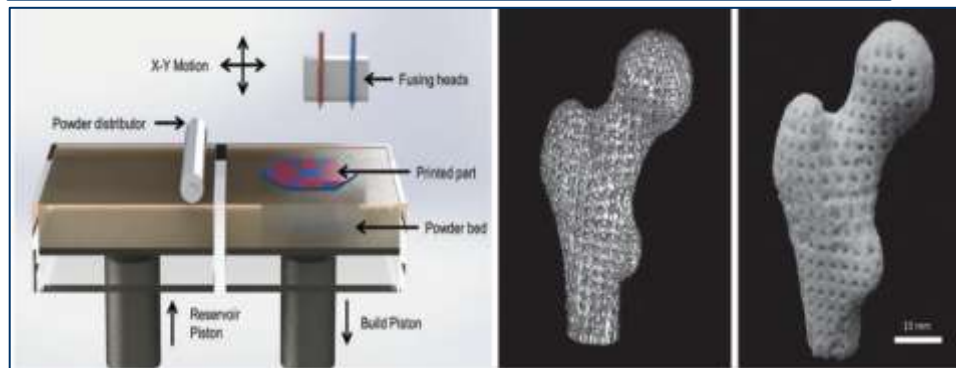
Additive manufacturing in prosthodontics



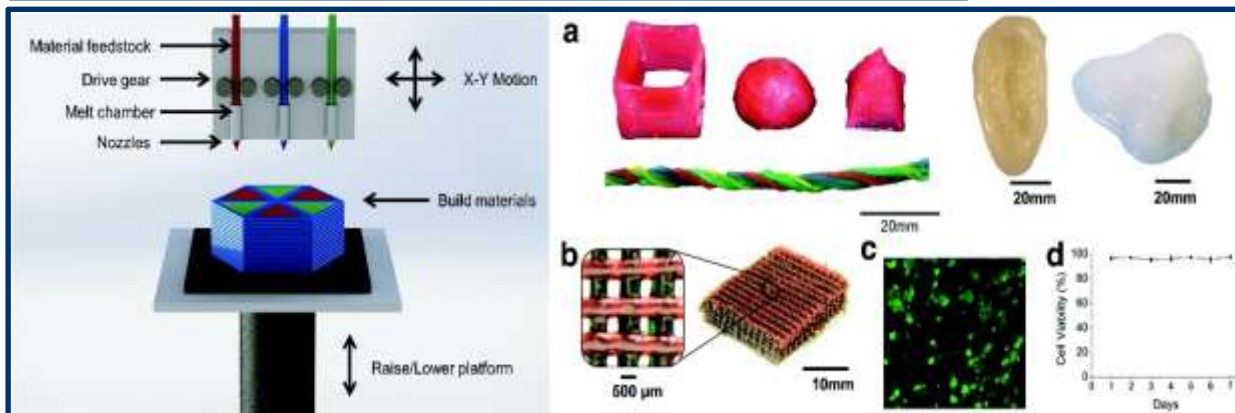
Additive manufacturing in Tissue Engineering



Stereolithographic printing technique and exemplary tissue engineering scaffold composed of poly(D-lactic acid)

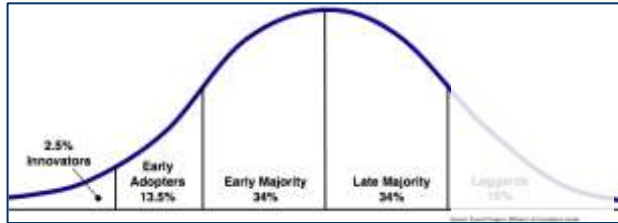


Powder-fusion printing technique and exemplary tissue engineering scaffolds composed of calcium phosphate–poly(hydroxybutyrate-cohydroxyvalerate),



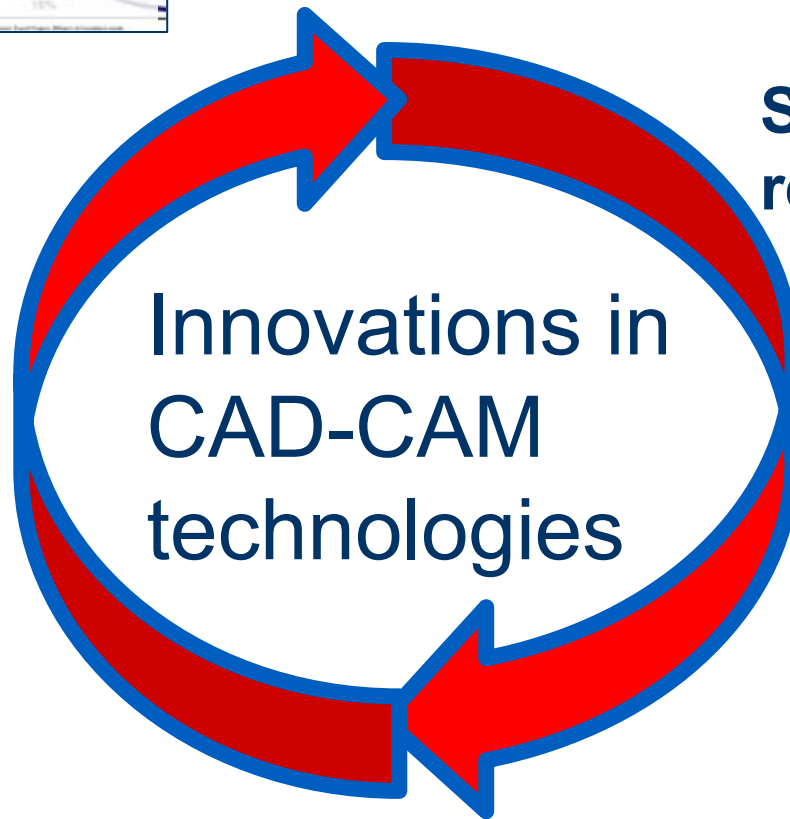
Solid freeform fabrication and exemplary tissue engineering scaffold composed of poly(ethylene glycol) diacrylate;, nanosilicates, and alginate

Innovations in CA additive / subtractive manufacturing methods ~2016 and beyond



Fabrication process
Subtractive
Additive

Materials
Prosthesis
Tissue-engineering



Surface or volume rendering

Manufacturing software

Designing software

Manufacturing methods - parameters

Additive fabrication

Laser sintering

Printing

Subtractive fabrication

3 / 3.5 / 4 / 5 / 6-axes -milling

with / without

Sintering-furnace

Device

In-/Onlays/Veneers

Single-unit copings

Crowns

Monolithic Crowns

3 → 16unit(/4 → 7cm)-FDPs

Implant abutments

Implant bars / Meso-structures

(Endossous dental implants)

Surgical guidance stents

Partial / Full Removable Prosthesis

Wax-ups / Provisionals / Splints

Materials - Restorative

Base alloys

Gold alloys

Non-precious alloys

Titanium / - alloys

Composite resins

Casting Resins / Wax

Polymers (PEEK, PMMA)

Hi/low-glass content ceramics

Feldspathic

Glass-ceramics, e.g., $\text{Li}_2\text{Si}_2\text{O}_5$

In-Ceram (Porous Alumina)

No glass content

Alumina (sintered)

Zirconia (porous/green state)

Zirconia (pre-sintered state)

Zirconia (sintered)

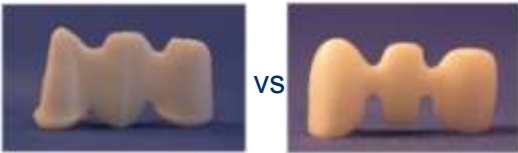
Zirconia (sintered & HIP-ed state)



Restorative materials for CAM



Photos: Song et al. (2013)

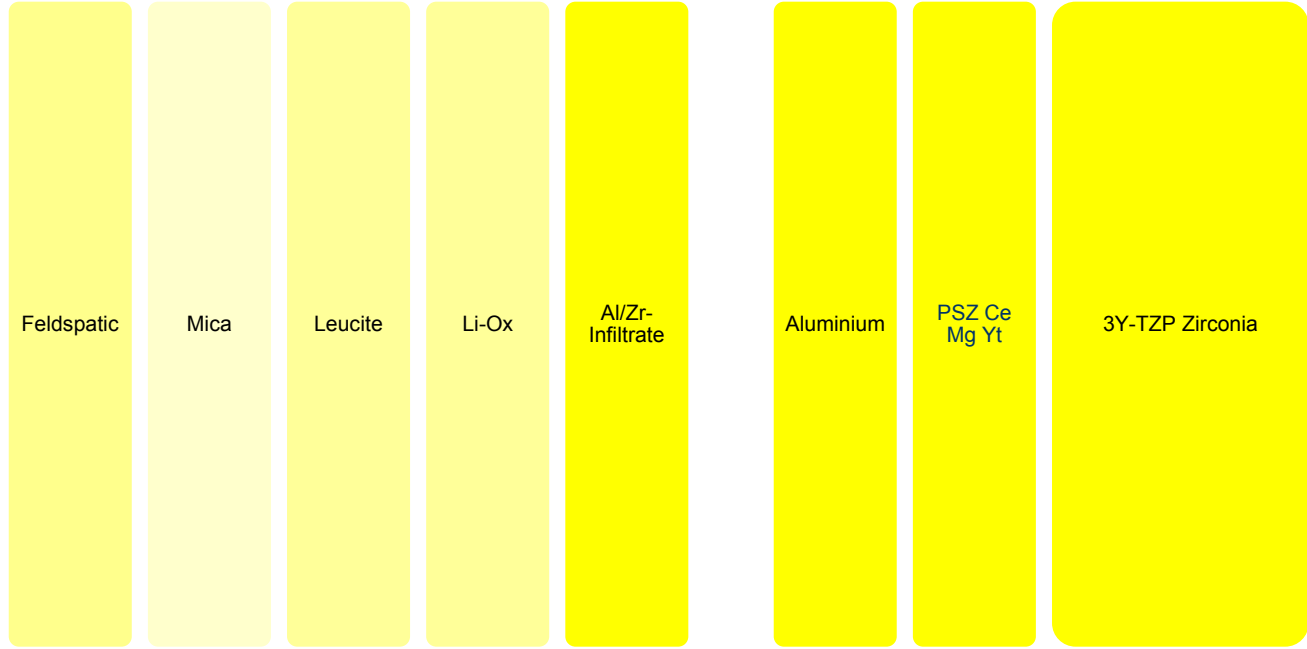


Photos: Mahmood et al. (2015)

FPD substructure dimensions?



Monolithic Veneer



High Temperature
Lava Ultimate
Cerasmart
Shofu block-HC

Light cured
Paradigm
MZ100

VITA Enamic

Polymers

Polymer-infiltrated
Ceramic
Network
(PICN)

Glassy Ceramics

Poly-crystalline

Zirconia milling substrates are not all alike!

		%
TZP*	ZrO ₂ / Y ₂ O ₃	95 / 5
TZP-A	ZrO ₂ / Y ₂ O ₃ / Al ₂ O ₃	~95 / ~5 / 0.25
FSZ	ZrO ₂ / Y ₂ O ₃	90 / 10
PSZ	ZrO ₂ / MgO	96.5 / 3.5
ATZ	ZrO ₂ / Al ₂ O ₃ / Y ₂ O ₃	76 / 20 / 4
Ce-TZP	ZrO ₂ +CeO ₂	98

Great variations regarding:

Hardness

Fracture resistance

Grain size

Tension strength

Elasticity module

Opacity

Sintering time

Who do you believe checks:

Veneering ceramic compatibility?

Optimal core-veneer layering thickness?



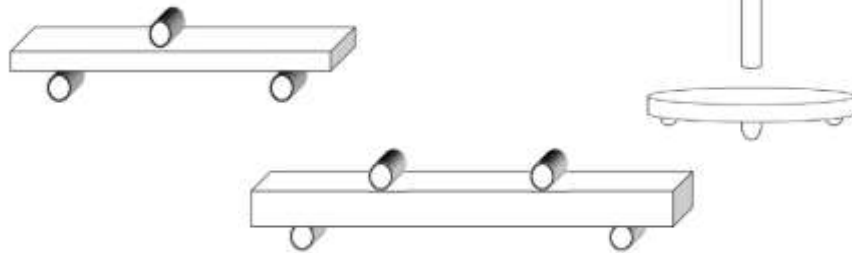
*TZP=(tetragonal zirconia polycrystals)

Zirconia milling substrates are not all alike!



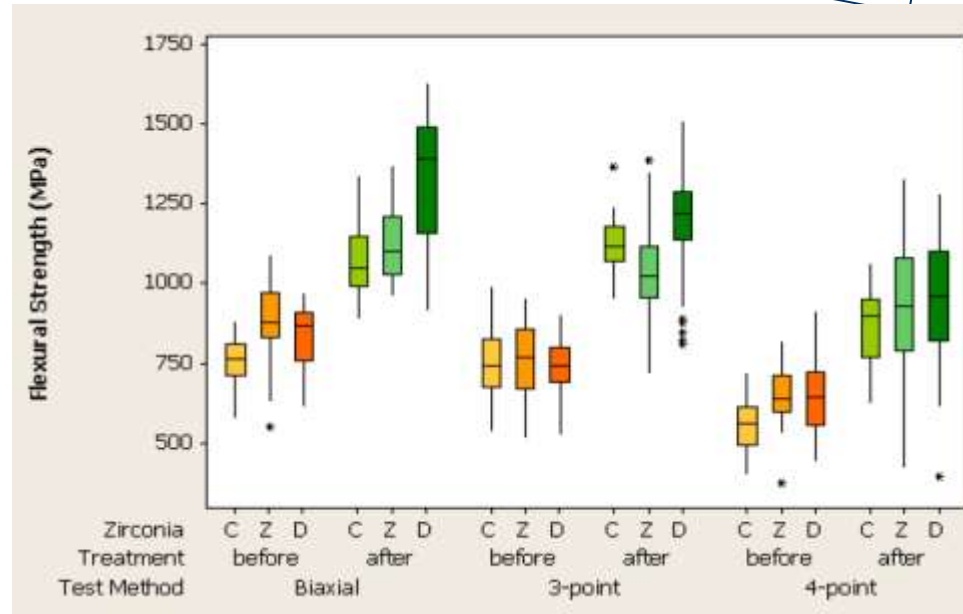
3 point
4 point
flexural strength test

biaxial



Fracture toughness may
be a better predictor

Beware when comparing
strength data

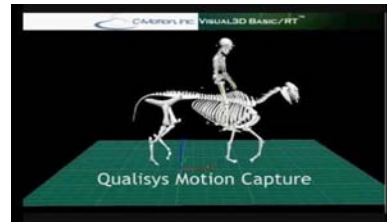


* dry polishing before sintering or
wet polishing after sintering

FUTURE TRENDS IN PROSTHODONTICS?



Digital motion capture systems to appraise and manage patients with oral dyskinesia



1990'ies: 3 dim., 40 Hz

Today: Multi-dimensional
→ 4000Hz

Past: 2 dim.

but increasingly also in neuromedicine

“MoCap”: is used extensively in films and cartoons; e.g., Avatar, Planet of the apes, etc.



Sensors 2015, 15, 21710-21745; doi:10.3390/s150921710

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sensors

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Review

Technologies for Assessment of Motor Disorders in Parkinson's Disease: A Review

Qi Wei Ong ^{1,*}, Hariharan Muthusamy ², Hoi Leong Lee ¹, Shafriza Nisha Basah ¹, Sazali Yaacob ², M...

JSLMR

Research Article

Face-Referenced Measurement of Perioral Stiffness and Speech Kinematics in Parkinson's Disease

Shin Ying Chu, ^a Steven M. Barlow, ^b and Jaehoon Lee ^c

The pace of technological developments compress the learning curve time for

- operating new devices for surface or volumetric rendering
- mastering CA designing software
- handling CA manufacture numerical control programs
- controlling new additive and subtractive manufacturing technologies
- optimal handling of new CAD-CAM-biomaterials

→ **Brokers & “bundle package industries”**



Patient

Dentist

Dental
Technician

Prosthesis
designing

Biomaterial
selection

Fabrication
process



Patient

Dentist

«Broker»

Prosthesis
designing

Biomaterial
selection

Fabrication
process



Medical device customised for your patient

ESSENTIAL:

1. It is always a **responsibility of a doctor** to maintain the control of the choice of biomaterial and chain of fabrication method
2. The choice of biomaterial and CAM method may not be compatible – time will tell
3. Stay with a validated concept or upgrade your knowledge about properties of new material & new CAM methods

Example, Customized abutments with CAM



Who decides whether the interface is in ceramic or metal?
The clinician or the CAM owner?

Virtual patients – already feasible today



An exclusive 3D face photo of our 3D X-ray units. This system produces a realistic CT image in a single imaging like a separate 3D face photo patient to any radiation.

The world's first X-ray integrated face camera

Diagnosis in 3D
The diagnostic needs of today's dentists. Planmeca ProFace is the only planning and treatment simulation and for sharing.

Safer and faster facial surgery
The 3D photo visualizes soft tissue in relation to dentine and facial bones. As both a CBCT image and a 3D photo are generated in one imaging session, the patient position, facial expression, and muscle position remain unchanged – resulting in images that are perfectly compatible.

Careful pre-operative planning – where you can study the facial anatomy thoroughly using our Planmeca Romexis® software

Planmeca

Cerec4.2(Sirona) 3dMDvultus

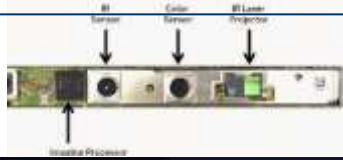
**Conebeam Rx
Facial scan**

✓
✓

✓

✓
✓

Facial scanning (structured light / laser / stereophotogrammetry)



Intel RealSense 3D
\$99

- Mesh Quality – 4/5: The mesh quality is really good. Dense and detailed.
- Texture Quality – 2/5: Texture quality is quite poor, the resolution of the sensor being limited to 640 x 480.

Synthesis: The 3D scans took a very long time to obtain. A decent result at an affordable price, however necessitates a lot of practice to get good results

[Intel on Amazon](#)

Shining 3D EinScan-Pro
\$3,999

- Mesh Quality – 4/5: High mesh quality, hair tends to degrade the performance.
- Texture Quality – 4/5: Good sensor quality. However the color module is in option and costs an extra \$700.

Synthesis: the scan process takes some time. The Einscan-pro is not specifically designed for face scanning but is a very versatile portable scanner.

Fuel3D SCANIFY
\$1,500

- Mesh Quality – 3/5: The mesh is really good in the center, the cheeks have less details and are more approximate.
- Texture Quality – 5/5: Excellent quality of the textures due to the technology and high resolution of the cameras.

Synthesis: Fuel3D SCANIFY delivers an excellent performance. The capture is instantaneous and the user can even keep his eyes open. The marker is the only constraint

Artec Space Spider –
\$27,600

- Mesh Quality – 5/5: Excellent mesh resolution and accuracy.
- Texture Quality – 5/5: Texture is very detailed and high resolution. Colors are less realistic compared to the SCANIFY. (Example is not very good as it is a picture of t computer screen.)

Synthesis: A product made for metrology and reverse engineering but capable of producing amazing face 3D scans. Its price puts it in an entirely different category.

From: [aniwaa.com](#)

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Conebeam Rx

✓

✓

✓

Facial scan

✓

✓

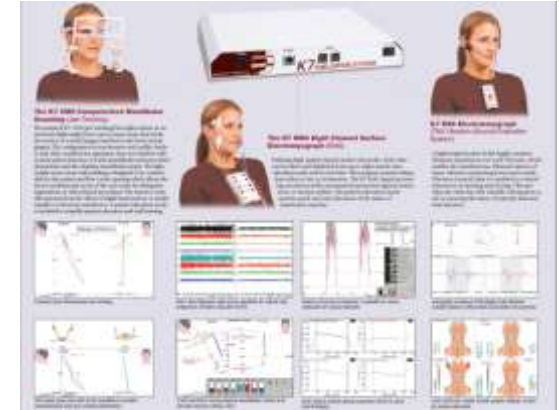
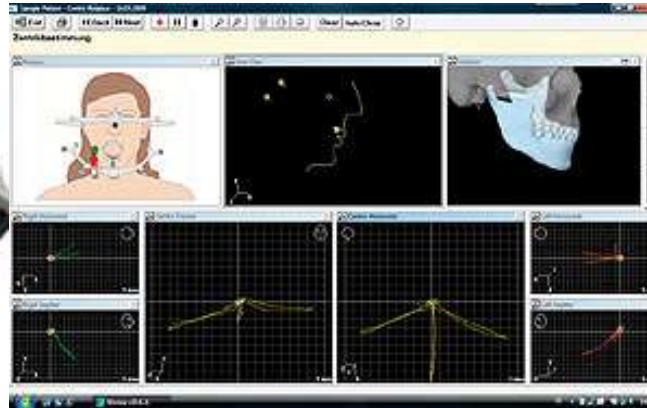
✓

Jaw tracking

✓

✓

CA jaw recording → (Virtual) articulator



WinJaw (Zebris) JMA20

Myotronics

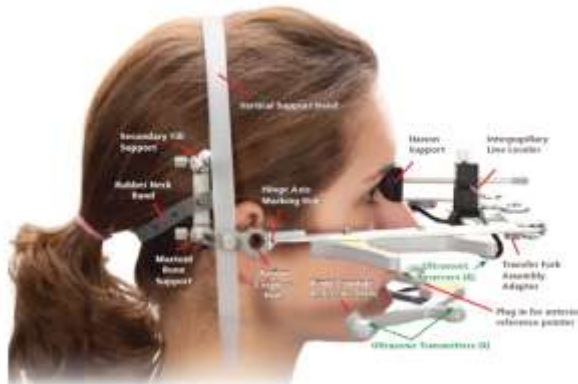
ARCUSdigma II (KaVo) Ultrasound

Axioquick Recorder (SAM)

Opto-electronic

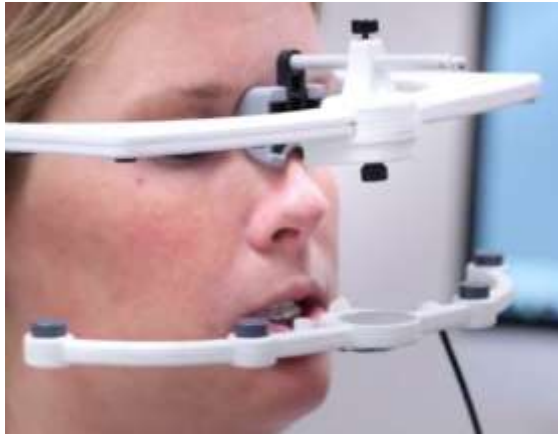


Cadiax



Freecorder BlueFox (DDI-Group)

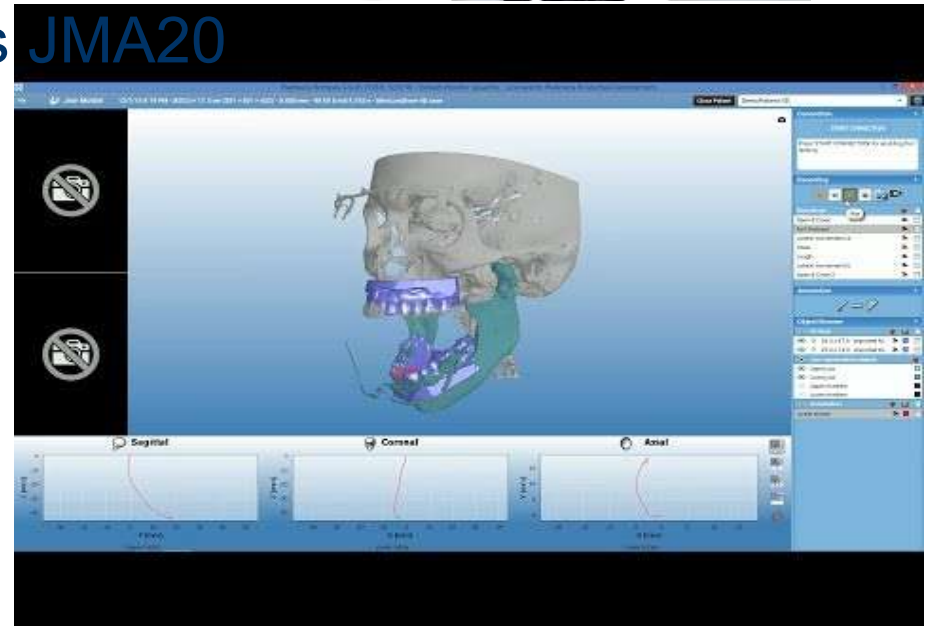
A virtual articulator may replace the mechanical in complex treatment cases



zebris JMA20

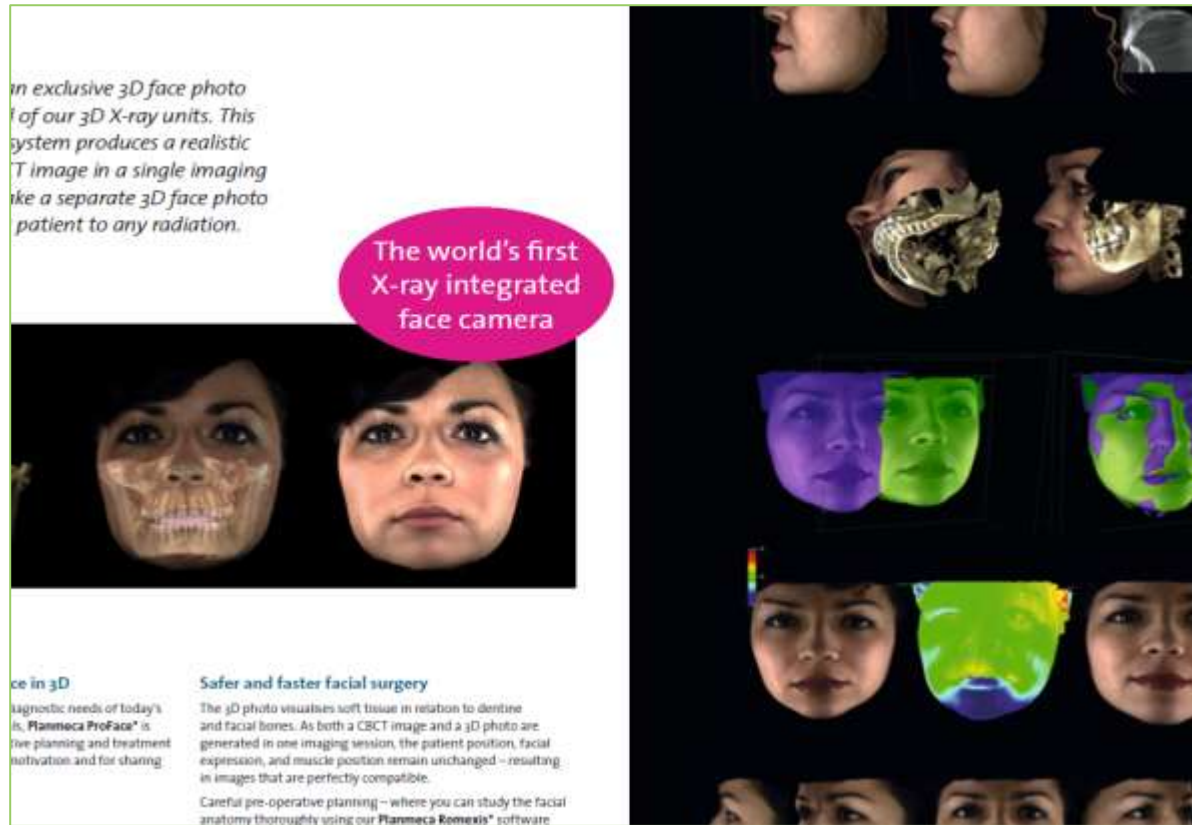


Sirona Scicat



Planmeca Romexis

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safer in 3D
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Planmeca

Cerec4.2(Sirona) 3dMDvultus

Conebeam Rx	✓	✓	✓
Facial scan	✓		✓
Jaw tracking	✓	✓	
Smile design	✓	✓	✓

Application of innovations in 2017 vz. 1996?

ONCE YOU GET THE PICTURE... THE RESULTS ARE BEYOND WORDS.

Take one patient through an exam with an INSIGHT system, and you'll understand how easily and naturally it fits into your practice. INSIGHT has refined the most advanced imaging technology into a total patient management system of unparalleled simplicity and capability. The only camera system with two lightweight handpieces - a 0° and 60° - eliminating the need to change handpieces. Mobile web-enabled and portable web-based reviewed systems make a doctor's patient files available to any team member, anywhere in the practice. With a PC and software by desktop, sharing and printing, you'll have seamless compatibility with almost all practice management software. Voice activation and dozens of other features save critical time and energy. And special on-screen displays build confidence and enhance communication with your patients. Leaving you free to focus on one thing: Caring. Best of all, INSIGHT can exist next with an affordable voice camera and printing system. Then simply add PC-based digital capabilities at any time to fit the needs of your practice. You've got the picture. Now get the details. Call 1-800-634-7349. **INSIGHT** It Takes Time to Build A Better Practice.



"VistaCam VALUE - That's what you get from your DENTAL DEALER when you buy a VistaCam Intraoral Camera."

Virtual smile

Digitized intraoral camera

Take one patient through an exam with an INSIGHT system, and you'll understand how easily and naturally it fits into your practice. INSIGHT has refined the most advanced imaging technology into a total patient management system of unparalleled simplicity and capability. The only camera system with two lightweight handpieces - a 0° and 60° - eliminating the need to change handpieces. Mobile web-enabled and portable web-based reviewed systems make a doctor's patient files available to any team member, anywhere in the practice. With a PC and software by desktop, sharing

and printing, you'll have seamless compatibility with almost all practice management software. Voice activation and dozens of other features save critical time and energy. And special on-screen displays build confidence and enhance communication with your patients. Leaving you free to focus on one thing: Caring. Best of all, INSIGHT can exist next with an affordable voice camera and printing system. Then simply add PC-based digital capabilities at any time to fit the needs of your practice. You've got the picture. Now get the details. Call 1-800-634-7349. **INSIGHT**



Great visual impact by use of the state-of-the-art technology in 1996

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7 Out Of 10 Dentists Choose AcuCam

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1-800-634-7349

NEW IMAGE PRODUCTION, INC.

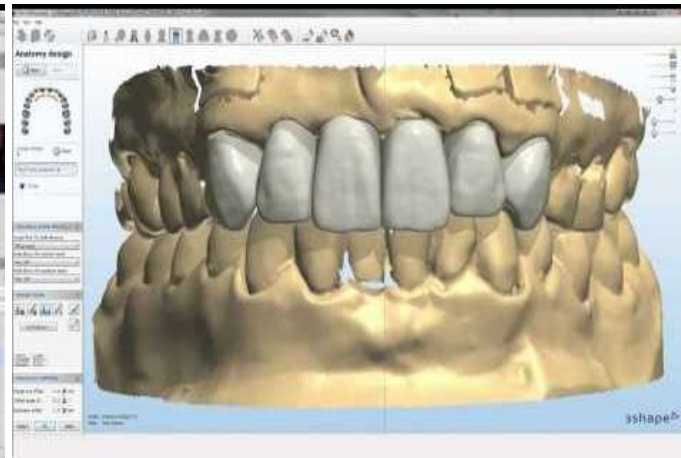
After waiting on the check, as your full service dentistry needs and after sales support, I call it **VISTA-CAM** service and it's available only through your Air Techniques VistaCam dealer!

AIR TECHNIQUES

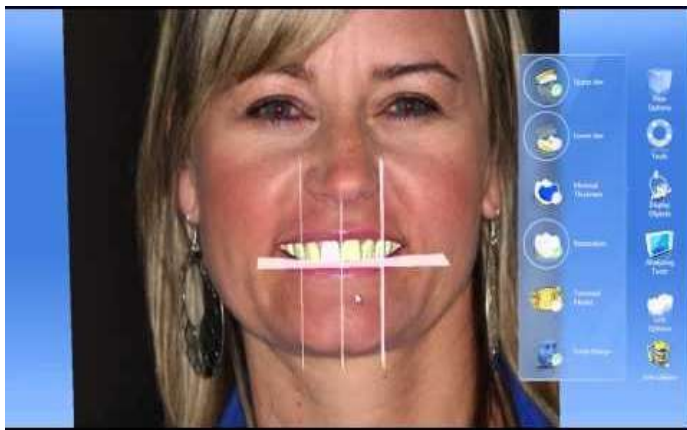
Virtual smile designing in 2017- an even more impressive visual impact



Digital Smile Design



Smile composer



CEREC Smile Design



Romexis Smile Design

Product name	Manufacturer
CEREC Smile Design	Sirona, Germany
Digital Dentist	Digident, USA
Digital Smile Design	DSD, Spain
Digital Smile System	DSS, Italy
Envisionasmile	EnvisionASmile, USA
G Design / D Pack	HackDental, Romania
GPS Digital Smile Design	Dental GPS, Canada
Insignia Advanced Smile Design	Ormco, USA
Romexis Smile Design	Planmeca, Finland
Smile Composer	3Shape, Denmark
Smile Designer Pro	Tasty Tech, Canada
Smile-Vision System	Smile-Vision, USA
SNAP Instant Dental Imaging	SNAP Imaging Systems, USA



Thank you
for your
kind
attention