



FIGURE 51.
(A-B) Occlusion and lateral excursions when the yet un-cemented maxillary FDP is "test-driven". What tensions to which the FDP is exposed during excursions can be discerned with the fingers of the operator as sensors on the un-cemented maxillary FDP. The effect of grinding adjustments to reduce the horizontal forces becomes evident. The FDP in the photograph moved minimally in this test.

culator are seldom in accordance with the contacts in the mouth. Consequently, even if the occlusion is correct when the reconstruction is tried in the mouth, the lateral and protrusive excursions must be controlled and adjusted.

To "test-drive" FDPs

Before cementation it is possible to get a good perception of the forces the cement will be exposed to. With a steady grip on the uncemented FDP between thumb and index finger of one hand, the other hand steers the mandible into la-

teral and protrusive excursions (figure 51). If it is difficult to keep the FDP steady, the cement will have a tough, perhaps an impossible task (Figure 51-52).

As the reconstruction is adjusted so that the cusp angle becomes more flat and the forces more axially directed, the fingers will discern that the FDP moves less, until, when completely successful, it hardly moves at all. It is important to "test-drive" the FDP in protrusion also.

Use a thin occlusion foil. If one pulls slightly on the foil while the patient occludes and makes sliding movements, one can clearly discern how

FIGURE 52.
Lateral excursion where 13, 12 and 11 are pontics in a large FDP. This was the patient's third maxillary FDP, all of which had loosened from some of the abutments after a far too short term of function. This time the FDP had loosened from the abutments 21 and 22. If the FDP had been "test-driven" before cementation it might perhaps never have been cemented?

