Due to time constraints in the curriculum, the need to focus on teaching fundamental restorative principles, as well as the basic level of student understanding and their ability at this stage of clinical training, it is necessary to limit complicated and extensive restorative treatment at the predoctoral level. Students must also be able to recognize the level of their diagnostic and treatment capabilities, and the indications for patient referral. The Prosthodontic Diagnostic Index (PDI) assessment must be completed for all partially and completely edentulous patients. The following guidelines must be adhered to at the predoctoral level:

1. Only materials identified by the Department of Restorative Dentistry (Dental Materials Committee) and dispensed by the College of Dentistry may be used in the preclinical courses and clinics. Students must not use personal supplies and materials for patient care (gypsum, provisional material, etc).

The following treatment procedures may **not** be initiated at the predoctoral level:

2. Posterior Resin Composite restorations must **not** be used unless adequate isolation can be obtained by placement of a rubber dam. In addition, Posterior Resin Composite restorations must **not** be used for:
   a. Restorations that are greater than two-thirds of the intercuspal dimension.
   b. Cuspal replacement.
   c. Centric occlusal stops.
   d. Restoration of occlusal rest areas for a removable partial denture.

3. Treatment involving any change in the patients presenting occlusal vertical dimension (e.g., opening, restoring, re-establishing). The only exception are patients with at least one completely edentulous arch.

4. Overlay removable partial dentures for the purpose of altering the occlusal vertical dimension.

5. Fixed prosthodontic rehabilitation involving bilateral posterior reconstruction where the stability of posterior occlusion may be interrupted. At least one posterior occlusal vertical stop must be maintained as part of any fixed care.

6. All PDI type IV and many PDI type III partially and completely edentulous patients.

7. Fixed partial denture treatment involving more than 4 connected units.

8. Anterior esthetic rehabilitation involving more than 4 adjacent units.

9. No more than a total of 6 units of Fixed Prosthodontic care can be treatment planned for a patient, including all single and FPD units. Exceptions to this may be considered up to 7 and a maximum of 8 units. However, the prosthodontic consultant and Managing Partner must review and approve the exception (7-8 units of fixed prosthodontic care) in Axium.
10. A cantilevered FPD may be indicated for replacing a maxillary or mandibular lateral incisor. They may also be considered for a maxillary or mandibular premolar when opposed by a removable prosthesis. When a premolar cantilever FPD is utilized it must include double abutments. Lateral incisor cantilevers can use canines as single abutment.

All patients that a cantilever FPD is being considered for must have an implant consultation (room 311) prior to completion of the treatment plan and the initiation of any care involving the area under consideration.

11. Semi-precision or precision attachments for fixed or removable prostheses. This does not preclude implant or root supported attachments such as Locators and Ball attachments used with full overdentures.

There are no exceptions to the above guidelines, unless approved in writing by one of the Managing Partners in Axium. These treatment limitations should not interfere with student learning through discussions of diagnosis and treatment planning options that may include the above. If the patient needs any of the above therapies during the treatment planning process, s/he should be referred to the prosthodontic specialty program or to the faculty dental practice for evaluation.

**Other items to consider:**

1. Resin Bonded FPD guidelines: There must be adequate enamel and sound tooth structure for preparation and etching. The occlusal clearance and prep must allow adequate interocclusal space. Single tooth replacement only. Patients with Class III and/or reverse articulation (crossbites) must not be treated with resin bonded FPD’s.
2. All-Ceramic Restorations must be limited to anterior teeth.
3. Valplast or Cu-Sil type of RPD as a treatment alternative must be reviewed and approved with the designated prosthodontic consultant.
5. Porcelain Butt margin must be limited to anterior teeth and premolars.
6. No implant supported crowns for maxillary central incisors, second and third molars, or mandibular anterior teeth.