

The Occlusal Mantra — At a Glance

It's about the bite. Prof. Riaz Yar, Specialist in Prosthodontics

Start With the Joints, Not the Teeth

Assess the muscles and joints first. Once they are confirmed healthy, the bite is **repeatable** — and only a repeatable bite gives stable, predictable occlusal contacts. Healthy joint and musculature → repeatable bite → restore with confidence. Everything below is about the role of the **teeth**, and assumes that check has already been made.

The Mantra: Static, Dynamic, Phonetics

THE MANTRA	WHAT IT MEANS	WHAT GOOD LOOKS LIKE
Static occlusion	Balanced, simultaneous contacts in maximum intercuspation (MIP).	Even load sharing — no single tooth or quadrant taking the hit.
Dynamic occlusion	Guidance on the front teeth, chewing on the back teeth.	Smooth excursions, no balancing-side (non-working) interferences.
Phonetics	Space for speech, with no tooth contact.	Speech unimpeded; teeth stay apart through phonetic movements.

What Every School of Occlusion Defines

CRITERION	WHAT IT COVERS
Stability	Balanced static and dynamic occlusal contacts.
Replication	Facebows and articulators mimicking the stomatognathic system.
Health assessment	Differentiating health from pathology before anything is prescribed.
Adjustment methods	Custom occlusal modification, tailored to the case.

Clinical Relevance: Stand, Then Walk

Chewing, like standing and walking, is a learned behaviour that develops in childhood, driven by central pattern generators in the brainstem and medulla — which is why the principles of occlusion mirror the principles of balance in locomotion. Stand on two feet and the load is shared evenly; shift onto one leg and the forces redistribute, and you feel unstable. Walk on a smooth floor and it is effortless; add one obstacle and you become consciously aware of every step. Occlusion behaves the same way. Balanced, simultaneous contact is stable and efficient. An interference breaks that balance — and the patient starts to notice.

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