Meet The Doctor: Kevin C Lin, DDS, FACP Prosthodontist

Reconstructive Dental Specialist

Dr. Kevin Lin is a board-certified specialist in prosthetic dentistry. He has extensive clinical training and experience rehabilitating patients with complex dental problems using composite resin, dental implants, veneers, crowns, bridges, and dentures. He is an expert in creating and maintaining partials and dentures for older adults. Moreover, he has restored thousands of dental implants and related fixed and removable dental appliances.

Dr. Lin has published numerous papers in peer-reviewed journals, written book chapters, and presented in international and national professional conferences and regional study club meetings on issues concerning prosthetic dentistry.

He actively participates in local study clubs to learn and share new clinical knowledge and techniques; he works tirelessly with specialists, general dentists, and lab technicians to provide the best quality patient care possible. He currently serves as an ad-hoc journal reviewer for the Journal of Prosthetic Dentistry and the Journal of Prosthodontics.

Education

Board Certification, American Board of Prosthodontics
Certificate in Prosthodontics, UCSF Postgraduate Prosthodontics
Doctor of Dental Surgery, UCLA School of Dentistry
B.S. Biological Sciences in Medical Microbiology & B.A. Psychology, UCDavis

Post-Graduate Credentials

Diplomate, American Board of Prosthodontics
Fellow, American College of Prosthodontists
Fellow, International Congress of Oral Implantologists
Ad-hoc Journal Reviewer, Journal of Prosthetic Dentistry and Journal of Prosthodontics
Former Assistant Professor, University of the Pacific, Arthur A. Dugoni School of Dentistry
Volunteer Faculty, Pre-doctoral Prosthodontic Clinic, University of California, San Francisco

Kevin C. Lin, DDS

When should you consider referring to a prosthodontist?

Prosthodontists are specialists in esthetic, implant, and reconstructive dentistry.

1. Treatment complexity is beyond your typical practice.

Vertical dimension discrepancies, severely resorbed ridges, limited restorative space, poor implant angulation, TMJ, severe bruxism, traumatic tooth loss, or congenital abnormalities.

2. Patient has extensive needs and is draining too much of your chair time!

If your patient requires treatment from multiple specialists, we can help sequence and manage the interdisciplinary treatment plans.

3. Patient wants a perfect smile!

If the patient has a gummy smile, thin gum and susceptible to recession, or extremely picky!

4. You want to discuss a case with a colleague to ease your mind.

We are an excellent resource for you to ask questions about complex treatments. We can work with you or complete the treatment for you to achieve the best in both function and esthetics for your patients.

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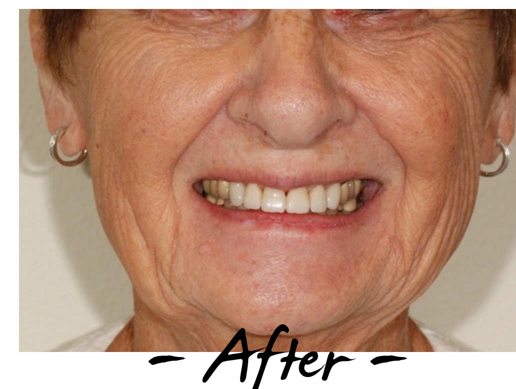
Kevin C. Lin, DDS, FACP
Board Certified Prosthodontist

Reconstructive Dentistry Updates

Apr/May 2021

Evidence Based Clinical Practices in Prosthodontics

Do you have a challenging esthetic patient case because of anterior deep-bite?



Here is the story of a patient who was referred to me by an orthodontist and the restorative dentist

The patient was referred to me mid-treatment during her clear aligner therapy. It was difficult for the restorative dentist to coordinate with the orthodontist regarding the amount of space needed to complete the patient's final porcelain crowns for the upper and lower front teeth.

If you encounter difficulties finishing the prosthetic treatment because of anatomic and orthodontic limitations - he/she may benefit from the help of a Prosthodontist.

Here is the story of my patient Mrs. G.

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Do you want to chat about a complex patient case? Or would you like to meet and share ideas?

With your reputation for quality dental service and my experience with complex treatments, we can work together and benefit as a team. We simply want to do what is best for the patients.

I would like to work with you on challenging patient cases and share knowledge and experience. I would love to meet you for lunch, over a coffee break, or at your office to discuss a difficult patient case or to share ideas.

Please don't hesitate to reach out to me. I'm looking forward to talking with you on the phone or meeting in person.

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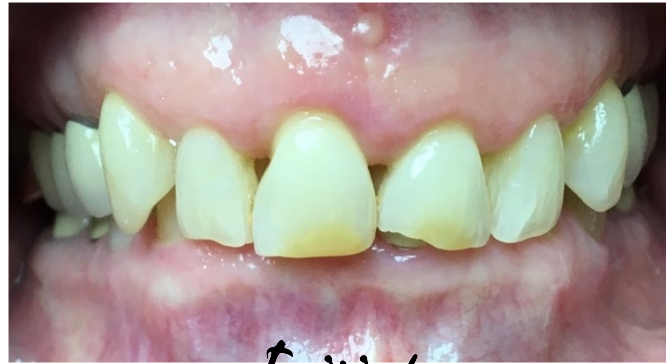
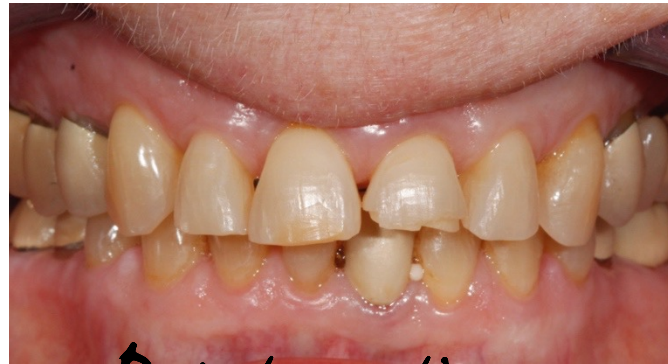


- Initial -



- Post clear aligner -

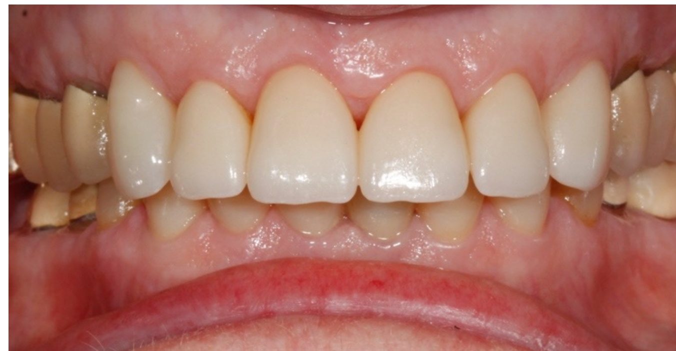
Mrs. G was referred to me during mid-treatment of the clear aligner therapy. The anterior deep-bite was still present and the restorative dentist was unsure about how to discuss with the orthodontist on the amount of space and the esthetics needed to finish the patient's anterior restorations.

The case was challenging because -

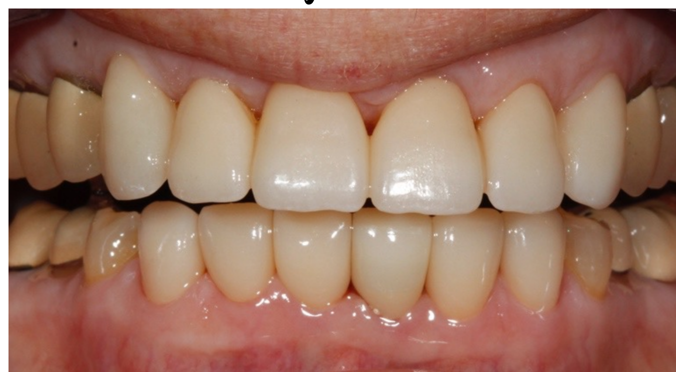
- Anterior deep-bite
- Limitation of anterior intrusion with clear aligner technology
- The need to minimize the amount of tooth reduction during the crown preparation

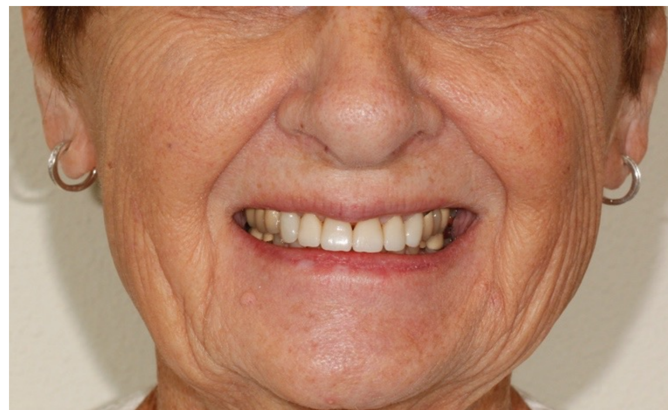
Treatment:

- Diagnostic casts and work-up to visualize the tooth movement required
- Discussion with the orthodontist on the treatment progress and develop a realistic expectation of the orthodontic result; subsequent communication with the patient
- Diagnostic wax-up and provisionalization of the anterior teeth
- Completion of the ceramic restorations



- After -





MY TREATMENT SUMMARY FOR MRS. G:

❖ Comprehensive evaluation and diagnostic work-up
❖ Additional orthodontic and restorative treatment planning prior to completing the orthodontic therapy
❖ Completion of the upper and lower ceramic restorations
❖ Regular maintenance re-care visits

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PREDICTED AND ACTUAL OUTCOME OF ANTERIOR INTRUSION WITH INVISALIGN ASSESSED WITH CONE-BEAM COMPUTED TOMOGRAPHY

MAHER AL-BALAA, ET. AL. AM J ORTHOD DENTOFACIAL ORTHOP 2021;159:E275-E280

Introduction

The purpose of this study was to compare predicted anterior teeth intrusion measurements with the actual clinical intrusion measurements using cone-beam computed tomography. Understanding the precision of the software in anticipating changes may help practitioners predict the need for overcorrection.

Methods

Twenty-two patients, with a mean age of 23.74 years, who underwent Invisalign (Align Technology, Santa Clara, Calif) clear aligners treatment for both arches only after having completed treatment with an initial series of aligners were included in this study. The pretreatment and posttreatment cone-beam computed tomography scans after the initial series were acquired by a single orthodontist practitioner. ClinCheck measurements were recorded with Align Technology. The long axis of the anterior tooth intrusion movement was measured in 142 teeth. A comparison between the predicted and actual measurements of anterior intrusion of the teeth was performed, and the intraclass correlation coefficients showed an almost perfect agreement in the linear measurements.

Results

A statistically notable difference between the predicted and actual measurements of anterior intrusion. The predicted intrusion movement of the maxillary canines ($P = 0.001$), maxillary lateral incisors ($P < 0.0001$), and maxillary central incisors ($P < 0.0001$) significantly differed from the actual values. Similarly, the intrusion movement in the mandibular teeth seemed to be inaccurate, with significant differences in the mandibular canines ($P < 0.0001$) and mandibular lateral and central incisors ($P < 0.0001$).

Conclusions

The mean precision of true anterior intrusion with Invisalign clear aligners was 51.19%, and the mean amount of correction was 48.81%. The use of other supplementary methods of anterior teeth intrusion may be helpful to reduce the rate of midcourse corrections and refinements.

Highlights

- Pre and posttreatment CBCT was measured to evaluate the Invisalign anterior intrusion.
- Dolphin Imaging software was used to measure the anterior intrusion.
- Predicted intrusion movements differed significantly from actual values.
- Auxiliary methods of anterior intrusion may help reduce the need for refinement.

WOULD YOU LIKE TO STAY UP TO DATE WITH THE MOST CURRENT CLINICAL DENTAL RESEARCH?

You are not alone for continuing education! You have the opportunity to join like-minded clinicians in the community and challenge yourself to learn in a friendly non-judgmental atmosphere. We would love to have you for study club events, lecture presentations, and treatment planning seminars. For more detail on future events, please contact me.

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