

Full Mouth Rehabilitation

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Description:

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Details:

Collins Street Specialist Centre | Full Mouth Rehabilitation

What is full mouth rehabilitation?

At Collins Street Specialist Centre, full mouth rehabilitation — also called full arch reconstruction or comprehensive occlusal rehabilitation — is the systematic restoration of all or most teeth in both arches, addressing function, structure, and aesthetics within a carefully coordinated treatment plan.

This is not a single procedure. It is a series of precisely sequenced clinical interventions, often spanning multiple disciplines, guided from beginning to end by a specialist prosthodontist. The prosthodontist coordinates the entire treatment: assessing the existing bite relationship, planning the intended restorative outcome, and directing the surgical, periodontal, endodontic, and orthodontic components that may be required before definitive restorations can be placed.

Full mouth rehabilitation becomes the right pathway when a patient's dental situation cannot be adequately resolved by treating individual teeth in isolation — when the underlying problems affect the bite, the jaw relationship, the bone level, or the structural integrity of the dentition as a whole.

When might you need full mouth rehabilitation?

The conditions that lead to full mouth rehabilitation are varied, but they share a common thread: cumulative damage or deterioration across many or all teeth, to the point where ongoing patch-by-patch repair is no longer a reliable long-term strategy.

Severe tooth wear (erosion, attrition, abrasion)

Tooth structure, once lost, cannot regenerate. When teeth have been worn down through years of bruxism (grinding), acid erosion from reflux or dietary causes, or abrasive habits, the vertical height of the bite decreases — the face effectively "closes down" — and the remaining tooth structure becomes increasingly fragile.

Restoring a worn dentition is among the most technically demanding challenges in prosthodontics. The bite must first be reassessed and re-established at a new vertical dimension before any definitive restorations can be placed. This requires careful pre-treatment planning, a diagnostic wax-up, and a period of adaptation at the new bite height before any permanent restoration is cemented.

Advanced periodontal disease with tooth loss

Untreated or inadequately managed gum disease leads to progressive bone loss around tooth roots. By the time a patient presents for reconstruction, multiple teeth may have already been lost, remaining teeth may have compromised bone support, and the ridges that would ordinarily support implants may

have resorbed considerably.

Rehabilitation in this context is genuinely multidisciplinary. The periodontist addresses active disease and performs bone and gum grafting to create a stable biological environment; the oral and maxillofacial surgeon may be involved in more complex bone reconstruction; and the prosthodontist designs and sequences the definitive restorative phase, which may combine implants, bridges, and crowns across both arches.

Multiple failed or failing restorations

Patients who have accumulated a history of dental work — large fillings, older crowns, failed bridges, worn partial dentures — over many years may reach a point where individual repairs are no longer the most predictable path forward. A comprehensive assessment and a coordinated full-arch rehabilitation plan will often produce a more reliable and longer-lasting outcome than continuing to manage problems one tooth at a time.

Developmental or congenital tooth anomalies

Some patients present from a relatively young age with conditions such as amelogenesis imperfecta (defective enamel formation), dentinogenesis imperfecta, or significant congenital absence of teeth. Full mouth rehabilitation in these cases may begin in adolescence and evolve across several stages as growth completes and the clinical picture matures.

Severe dental trauma

Major facial trauma can result in the loss of multiple teeth alongside associated bone and soft tissue. Reconstruction following significant trauma requires close coordination across multiple disciplines, including maxillofacial surgery, periodontics, and prosthodontics.

Functional problems

Patients with long-standing jaw joint (TMJ) pain, chronic muscular jaw pain, or significant bite discrepancies may need rehabilitation to establish a stable, comfortable bite position as a central part of managing these conditions.

What to expect: step by step

Full mouth rehabilitation is a phased process. The precise sequence depends entirely on the clinical situation; the following represents the general framework most cases follow.

Phase 1 — Comprehensive assessment

The assessment phase is thorough and is not rushed. It includes:

- Clinical examination of every tooth, the gum tissue, the bone levels, and the jaw joints
- Digital intraoral scanning using the 3Shape TRIOS 3 scanner
- Photographic records, both intraoral and extraoral
- Radiographic assessment — dental radiographs and, in complex cases, cone beam CT (CBCT) imaging through Collins Street Imaging at Level 9
- Bite and jaw function assessment — recording jaw position in centric relation, measuring the vertical dimension of occlusion, and evaluating the range and quality of jaw movement
- Articulated study models, which capture the bite in three dimensions for detailed laboratory analysis

Following this assessment, the prosthodontist presents a comprehensive treatment plan that maps every tooth and the proposed restoration or intervention at each site, with a clearly sequenced timeline.

Phase 2 — Preparatory treatment

Before any definitive restoration begins, the clinical foundation must be stable. Preparatory treatment typically includes:

- **Periodontal treatment** — gum disease must be treated and controlled before restorations are placed. The specialist periodontists at Collins Street Specialist Centre manage this component, providing the stable gum and bone environment that underpins long-term restoration success.
- **Endodontic treatment** — any teeth requiring root canal therapy are treated by the specialist endodontists before being crowned or used as bridge abutments.
- **Surgical preparation** — bone grafting, sinus lifts, implant placement, or gum recontouring as required by the individual case.
- **Orthodontics** — in selected cases, repositioning teeth before restorations are placed can reduce the number of crowns required and improve the precision of the final bite relationship.

Phase 3 — Occlusal stabilisation and provisional phase

Before permanent restorations are cemented, the new bite position is established using provisional restorations — temporary crowns and bridges that reproduce the planned final outcome. The patient wears these for weeks to months to confirm that the new bite position is comfortable, functional, and stable in everyday use.

This provisional phase is critical. It functions as the safety net of full mouth rehabilitation — an opportunity to identify and correct any issues before irreversible permanent restorations are fabricated and placed.

Phase 4 — Definitive restoration

Once the provisional phase has been confirmed, definitive restorations are fabricated in the in-house dental laboratory. Depending on the case, this may involve:

- All-ceramic or zirconia crowns across multiple teeth
- Fixed bridges, whether tooth-supported or implant-supported
- Porcelain veneers in the aesthetic zone
- Implant crowns and abutments
- Full-arch implant prostheses (All-on-4 or similar)

Restorations are seated in a coordinated sequence, maintaining the established bite relationships throughout. The CEREC CAD/CAM system (Primsan scanner + Primemill) can be used to mill certain restorations in-house, and the broader laboratory workflow uses Exocad DentalCAD for digital restoration design.

Phase 5 — Maintenance and review

Completion of the restorative phase is not the end of the treatment relationship. Full mouth rehabilitation at Collins Street Specialist Centre requires an ongoing maintenance programme: regular professional review and cleaning, monitoring of bone levels around implants and at teeth with previous periodontal compromise, occlusal splint use at night for patients who grind, and periodic photographs and bite assessments to detect any changes early.

Recovery and aftercare

Recovery from full mouth rehabilitation is specific to each phase of treatment — the surgical, periodontal, and endodontic phases each carry their own recovery requirements, detailed on the respective procedure pages. The prosthodontic stages themselves — crown preparation, fitting, and cementation — are not significantly uncomfortable for most patients.

The overall timeline varies considerably from case to case. A more straightforward full-arch reconstruction may take 6–12 months from initial assessment to final cementation. A complex case involving extensive bone grafting, implant placement and integration, and a full-arch provisional phase may span 18–24 months.

What patients consistently report is that the process is genuinely worthwhile. The ability to chew without discomfort, to speak clearly, and to move through social and professional settings without self-consciousness about their teeth is a meaningful and lasting improvement in quality of life.

Why see a specialist prosthodontist?

Full mouth rehabilitation sits at the most complex end of dentistry. It requires a clinician with the specific knowledge and clinical experience to assess and establish the correct jaw position from first principles — a skill that takes years of specialist training to develop with confidence — to coordinate treatment across multiple specialties without losing the thread of the overall plan, and to communicate the restorative vision to the laboratory with the precision required to produce restorations that fit, function, and look as intended.

A specialist prosthodontist has completed a three-year, Dental Board-registered postgraduate clinical degree in which full mouth reconstruction is a core competency. This is a recognised specialty with a defined and specific scope, not general dental practice with supplementary training.

The multidisciplinary structure at Collins Street Specialist Centre means that every component of a full mouth rehabilitation plan can be coordinated internally — from periodontics to endodontics to oral surgery — with specialists who know each other, share digital records, and work as genuine colleagues. AHPRA specialist registration for all treating clinicians can be independently verified online.

Our specialists

****Prof Vasileios Chronopoulos**** DDS, MS, PhD (Pros) Specialist Prosthodontist with over 30 years of experience in aesthetic and functional full-mouth reconstructions. Internationally recognised for his work in smile rehabilitation, worn dentition, and complex implant reconstruction. National and international lecturer.

****Dr Fotios Angelis**** BDS (Hons)(Melb), DClinDent (Melb) Specialist Prosthodontist with expertise in complex reconstructive dental care, including multidisciplinary full-arch rehabilitation.

****Dr Jamie Foong**** BDSc (Melb), DClinDent (Melb) Specialist Prosthodontist with experience in occlusal rehabilitation and restorative reconstruction, and a clinical supervisor at the University of Melbourne.

****Dr Simon Hinckfuss**** BDSc, DCD (Pros), Cert.Perio MS (Minn) The only clinician registered in Australia as both a Specialist Prosthodontist and a Specialist Periodontist. This dual expertise is particularly valuable in complex full-mouth cases where periodontal health is foundational to the restorative outcome.

All specialists hold current registration with the Dental Board of Australia. AHPRA specialist registration can be independently verified online.

Related treatments

Full mouth rehabilitation draws on components from across all dental specialties available at Collins Street Specialist Centre:

****Prosthodontics:**** - ****[Dental Crowns](/procedures/prosthodontics/dental-crowns/)**** — The core restorative unit in most full-arch plans - ****[Dental Bridges](/procedures/prosthodontics/dental-bridges/)**** — Fixed bridges to span gaps within the arch - ****[Porcelain Veneers](/procedures/prosthodontics/porcelain-veneers/)**** — Aesthetic facings for the

front teeth where tooth structure is preserved - ****[All-on-4 Rehabilitation]/(procedures/prosthodontics/all-on-4-full-arch-implant-rehabilitation/)**** — Full-arch implant solution for edentulous or near-edentulous arches - ****[Dental Implants (Prosthodontic Restoration)]/(procedures/prosthodontics/dental-implants-prosthetic-restoration/)**** — Individual implant crowns and bridges as part of the reconstructive plan - ****[Dentures]/(procedures/prosthodontics/dentures/)**** — Removable options within a broader rehabilitation plan

****Supporting specialties:**** - ****[Periodontal Treatment]/(procedures/periodontics/gum-disease-treatment-gingivitis-periodontitis/)**** — Foundation gum and bone management before reconstruction - ****[Bone Grafting (Periodontics)]/(procedures/periodontics/bone-grafting-guided-bone-regeneration/)**** — Rebuilding bone support for implants - ****[Dental Implant Surgery (Periodontics)]/(procedures/periodontics/dental-implants-periodontal-specialist-placement/)**** — Surgical placement by the specialist periodontist - ****[Root Canal Treatment]/(procedures/endodontics/root-canal-treatment/)**** — Treating compromised teeth before they are restored with crowns - ****[Orthognathic Surgery]/(procedures/oral-maxillofacial-surgery/orthognathic-surgery-corrective-jaw-surgery/)**** — Jaw repositioning in cases where a skeletal discrepancy underlies the bite problem - ****[Bone Grafting (OMS)]/(procedures/oral-maxillofacial-surgery/bone-grafting-oral-maxillofacial-surgery/)**** — Major bone reconstruction for severely deficient sites