**Lec 14 .**

**\*What is the removable partial prosthesis ?**

It’s a prosthesis that replaces part of the teeth not all of them and can be removed “not fixed”.

**\*Indications of the RPD :**

1- long edentulous span

2- when the pt cant afford for an implants

3- free end saddle

4- when we have so much bone loss and at the same time we cant do bone augmentation so we do RPD

5- can be used as a provisional

6- In any case that has loss of hard and soft tissue

7- when there is multiple missing teeth

8- excellent oral hygiene ( actually its not an indication , it’s a **must** when we want to put an RPD)

**\*Types of RPD :** 1- acrylic 2- Co/Cr

Generally the acrylic RPD is used for : esthetic , space maintainer , to establish an occlusal relationship

**\*The components of RPD :**

**1- direct retainer “clasps” :** it provides retention , it engages in the under cut

**2- rest** : the rest seat provides support for the RPD ( also the type of the RPD aids in the support)

**3- major connector** : the part that connects the components on one side of the arch to the other side

**4- minor connector** : the part that connects everything with the major connector

**5- saddle** : the area where the teeth are missing , its replaced by a mish

**6- guiding plates** : part of the RPD , whereas the guiding planes are part of the teeth

**\*Classification of the RPD :**

1- support classification : tooth borne , mucosa borne , tooth and mucosa borne

2 - kennidy classification : according to the number and the place of the edentulous spaces

Class1 > bilateral edentulous free end saddle

Class2 > unilateral edentulous free end saddle

Class3 > unilateral bounded saddle

Class4 > anterior bounded saddle crossing the midline ( there is no modification for this class )

**General points:**  
\* primary imp. Made with **alginate or silicon or agar >> they are all an elastic material**

\*diagnostic cast , its made of type 3 or 4 stone ( usually type 3 ) . we need this study cast for these reasons :

- to put the treatment plan

- to do initial surveying on it

- record for the patient

- to present it to the patient

- for designing the RPD

- for communication with the technician

\*surveying >> its marking the most bulbous part of the tooth and the soft tissue before designing an RPD

\* dental surveyor : device used to determine the parallesim of the teeth surfaces and the undercut in relation to a common path of insertion and displacement of the denture

\*the components of the surveyor : base , vertical arm , horizontal arm , mandrel , accessories ( analyzing rod , carbon marker , wax trimmer, undercut guage )

\*Surveying line : it’s the hieght of contour of the tooth which there will be an undercut beneath it

\*The undercut : it’s the part that locates between the survey line and the gingiva. false undercut will happen when we tilt the cast so the occlusal plane wont be parallel with the table

* Also there is tooth undercut and soft tissue undercut .

\* The common path on insertion : shouldn’t be the same of the path of displacement . There is only one case that the path of insertion is the same of displacement >> when the cast at the zero tilt

\* The path of displacement should be **always** perpendicular to the occlusal plane

\* The main objective of surveying : defining the undercuts in order to block them , because if they aren’t blocked the RPD wont set properly .