

INTRODUCTION TO

RPD

AND

KENNEDY'S

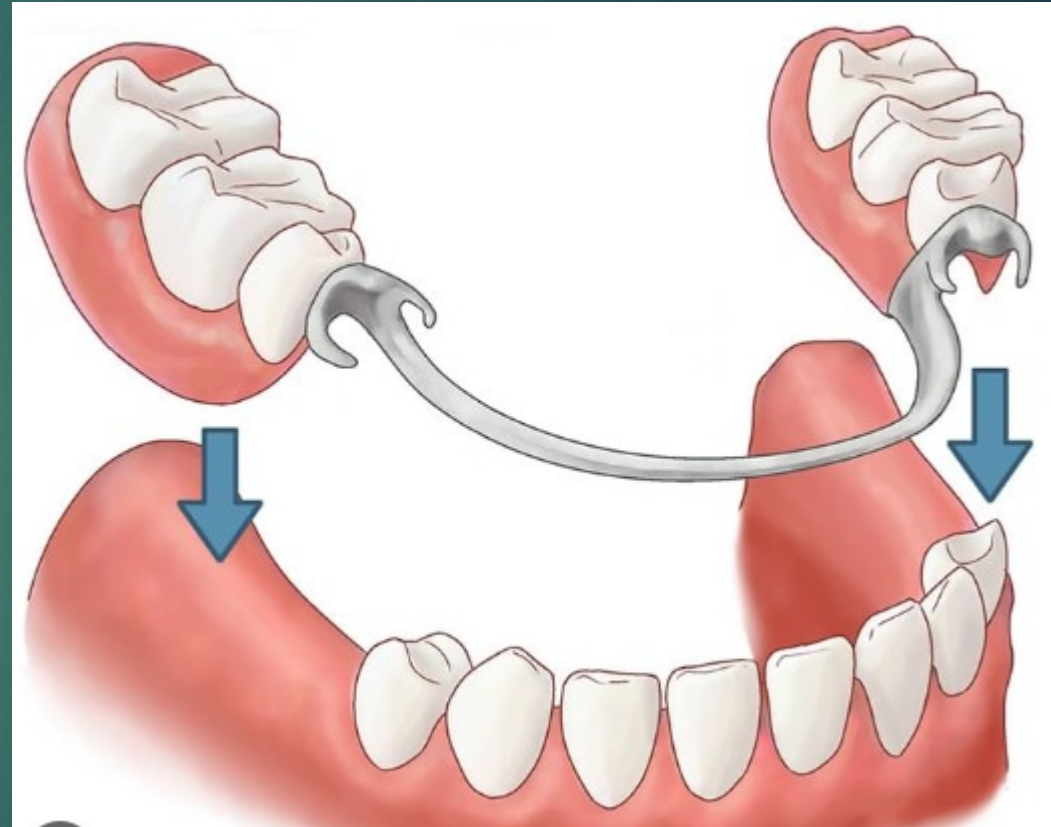
CLASSIFICATION

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definition

The replacement of missing teeth and supporting tissues with a prosthesis designed to be removed by the wearer"- GPT.



Common terminologies used in (RPD) removable partial denture

Tooth Supported Removable Partial Denture

A partial denture that receives support from natural teeth at each end of the edentulous space or spaces.

Tooth-tissue Supported Removable Partial Denture

The denture base that extends anteriorly or posteriorly and is supported by teeth at one end and tissue on the other end. They are also called *Distal extension partial dentures*.



common terminologies used in removable partial denture

Temporary Removable Partial Denture

They are used in patient where tissue changes are expected, where a permanent prosthesis cannot be fabricated till the tissues stabilize.

They should never be used as a permanent or prolonged form of treatment because of the danger of destroying the remaining oral tissues.



common terminologies used in removable partial denture

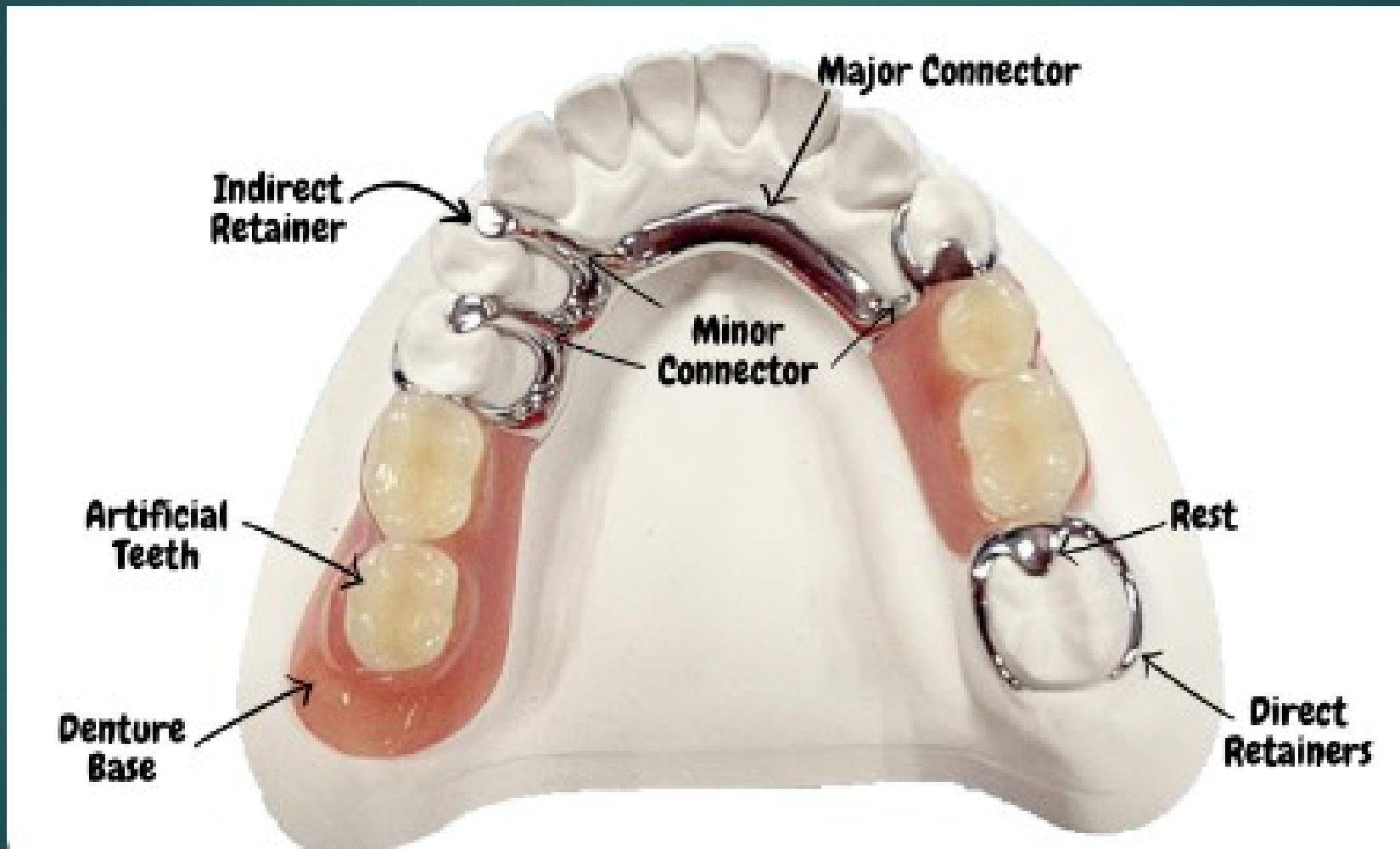
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Parts of RPD (removable cast partial denture)



Indications of RPD

The following statement should be considered before planning any treatment for a patient.

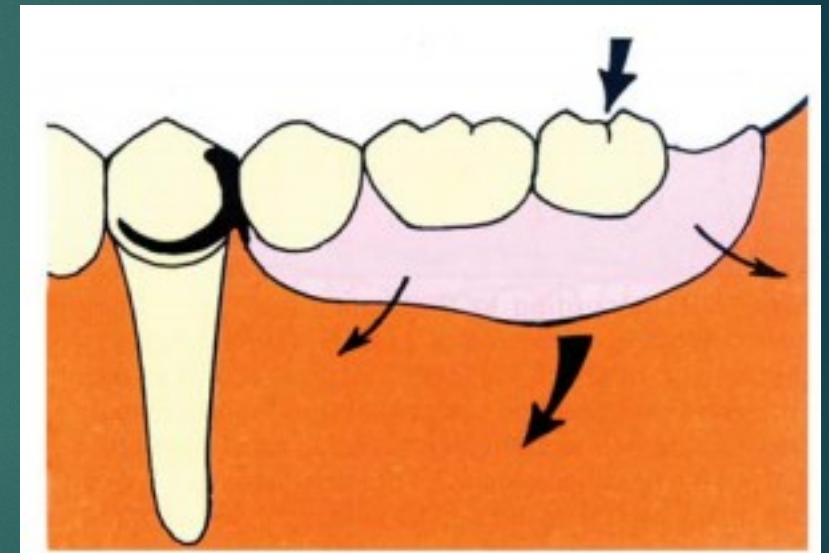
Muller De Van (1952) stated, "the preservation of that which remains is of utmost importance and not the meticulous replacement of that which has been lost."

Indications of RPD

1. Length of Edentulous Span

Removable partial dentures are preferred for longer edentulous arches. Unlike fixed partial dentures, removable partial dentures can take support from the tissues all along the ridge.

Fixed partial dentures are avoided in cases with long span edentulous arches because they produce excessive force on the abutment teeth.

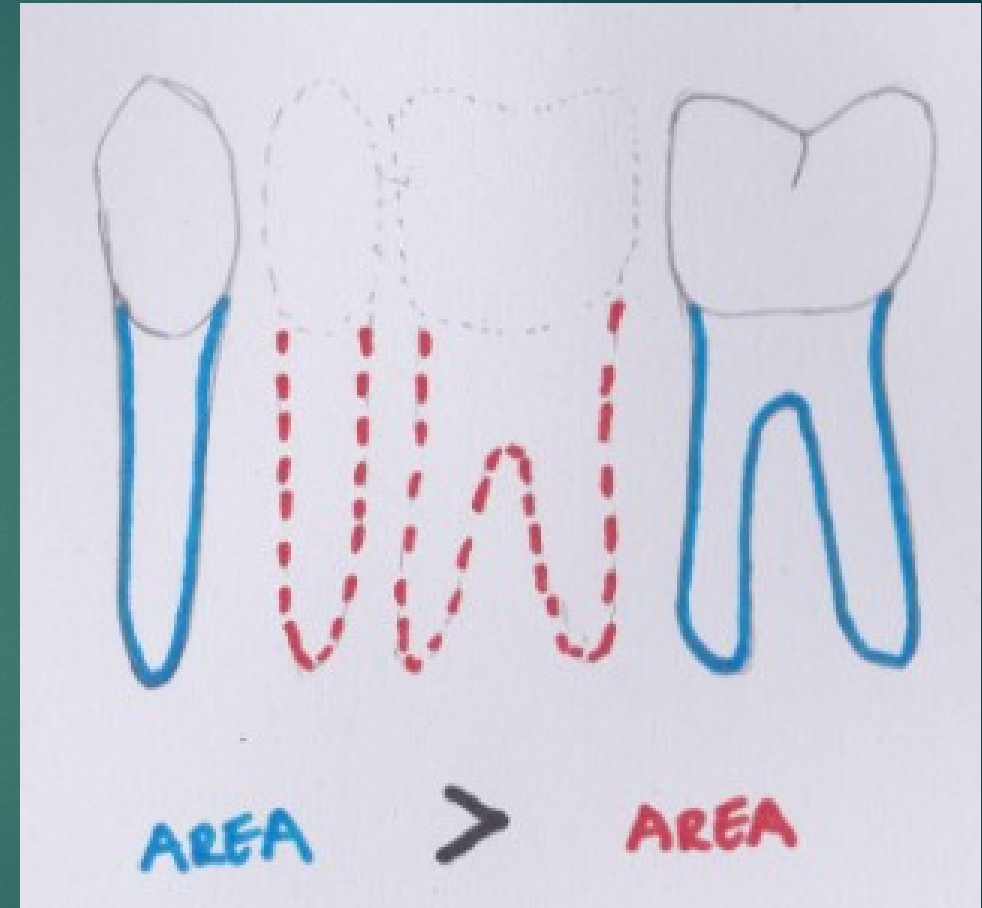


Indications of RPD

Ante's law determines if a fixed prosthesis can be used or not.

“Ante's Law”:

The pericemental surface area of the abutment teeth to be used for a fixed partial denture must be equal to or exceed the peri-cemental surface area of the teeth being replaced.



Indications of RPD

2. Age

In patients under the age of 17 years, a fixed partial denture is contraindicated because they have large dental pulps and lack sufficient clinical crown height.

We require sufficient height of the clinical crown for reduction). In old age, the reduced life expectancy and frequently failing health contraindicate the use of expensive fixed partial dentures.

Indications of RPD

3. Abutment Tooth

Fixed partial dentures can be used only if there is a posterior tooth for support. When there is no tooth posterior to the edentulous space to act as an abutment, a removable partial denture is preferred. Exceptions: Cantilever fixed partial Denture.

Indications of RPD

4. Periodontal Support of Remaining Teeth

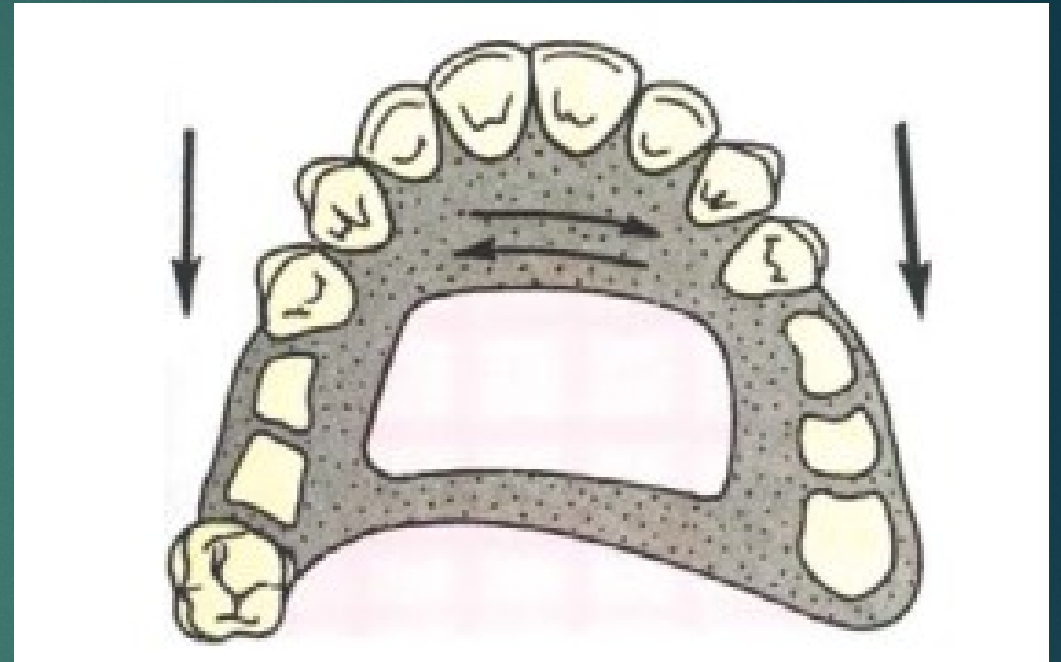
The periodontal membrane is the structure which transfers all the load from the teeth to the underlying bone. When the periodontal support of the remaining teeth is poor, a fixed partial denture is contraindicated and a removable partial denture is preferred, because, it requires less support from the abutment teeth.

Indications of RPD

5. Cross-arch Stabilization

When the remaining teeth have to be stabilized against lateral and anterior-posterior forces, a removable partial denture is indicated.

In removable partial dentures, the major connectors help to provide cross arch stabilization.



Indications of RPD

6. Excessive Bone Loss

When there is trauma or excessive residual ridge resorption (bone loss), it is difficult to place the artificial teeth of a fixed partial denture in an ideal buccolingual position. In a removable partial denture, the artificial tooth can be positioned as per the operators preference and the denture base can be fabricated to provide the required support and aesthetics. The denture base also provides good lip and cheek support such that it re establishes the normal facial contours.

Classification of RPD

CLASSIFICATION OF PARTIALLY EDENTULOUS ARCHES

Classification of a partially edentulous arch should be done for the following reasons:

- To formulate a good treatment plan.
- To anticipate the difficulties commonly to occur for that particular design.
- To communicate with a professional about a case.

Classification of RPD

There are many classifications available for classifying edentulous arches. The most common ones are:

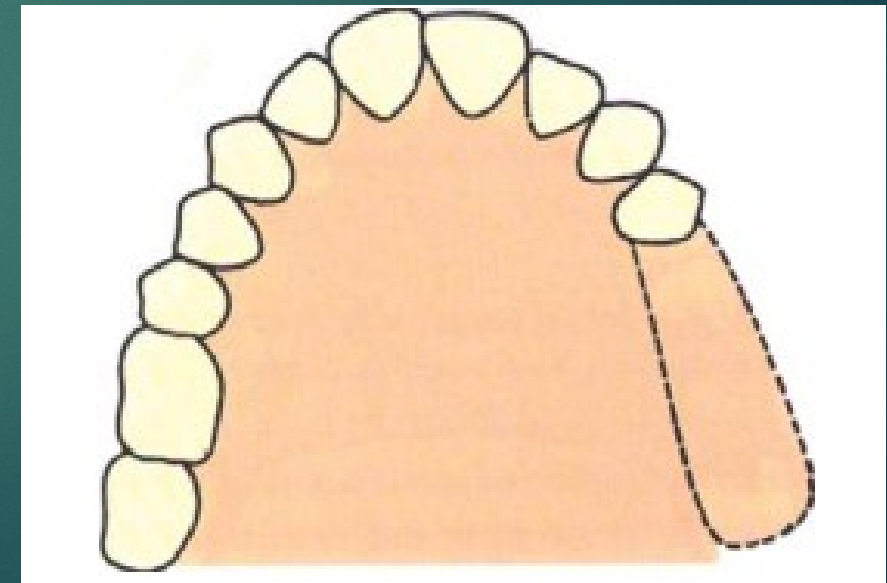
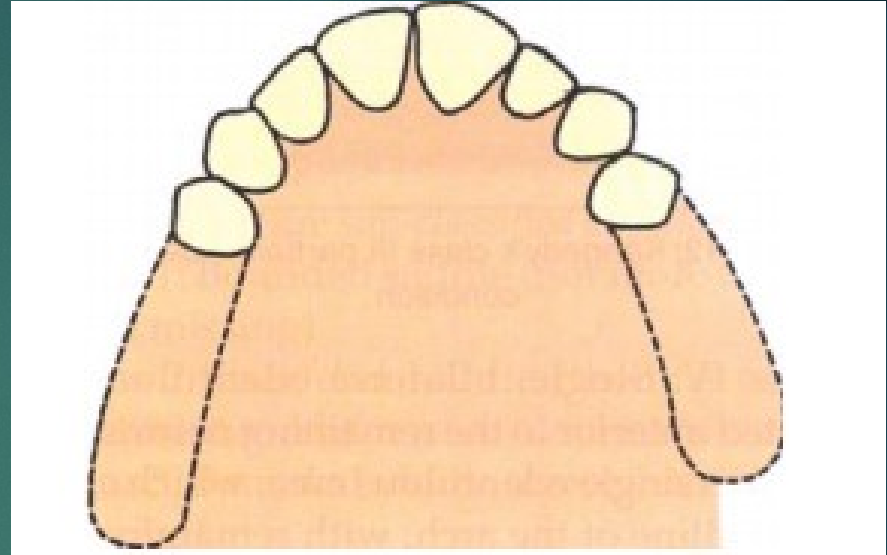
- Cummers classification
- Kennedy's classification – Applegates rules
- Bailyns
- Neurohr
- Mauks
- Wild
- Godfrey
- Friedman
- Beckett and Wilsons
- Swensons
- Costa
- Avant
- Osborne and Lammie

Kennedys Classification

Dr. Edward Kennedy of New York proposed this classification in 1923. This is the most popular classification.

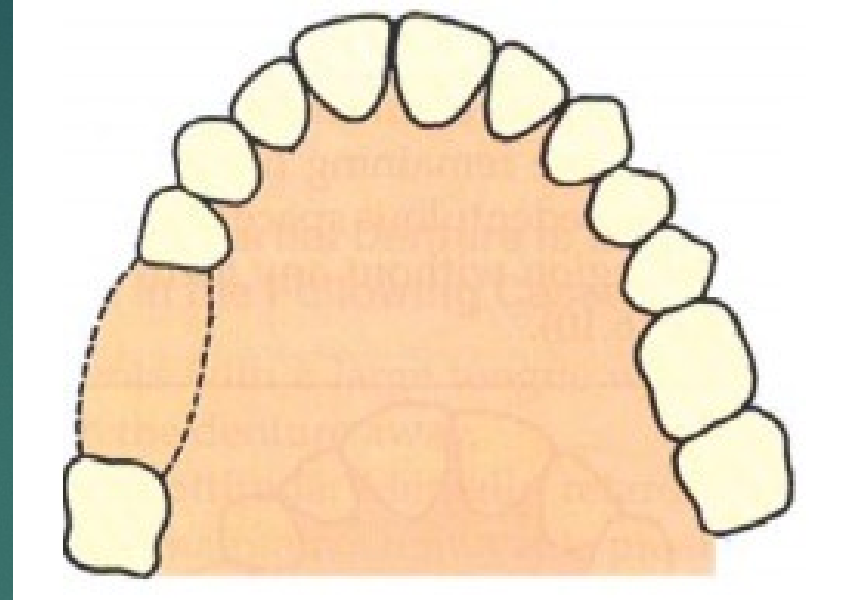
Class I: Bilateral edentulous areas located posterior to the remaining natural teeth i.e., there are two edentulous spaces located in the posterior region without any teeth posterior to it.

Class II: Unilateral edentulous area located posterior to the remaining natural teeth, i.e. there is a single edentulous space located in the posterior region without any teeth posterior to it

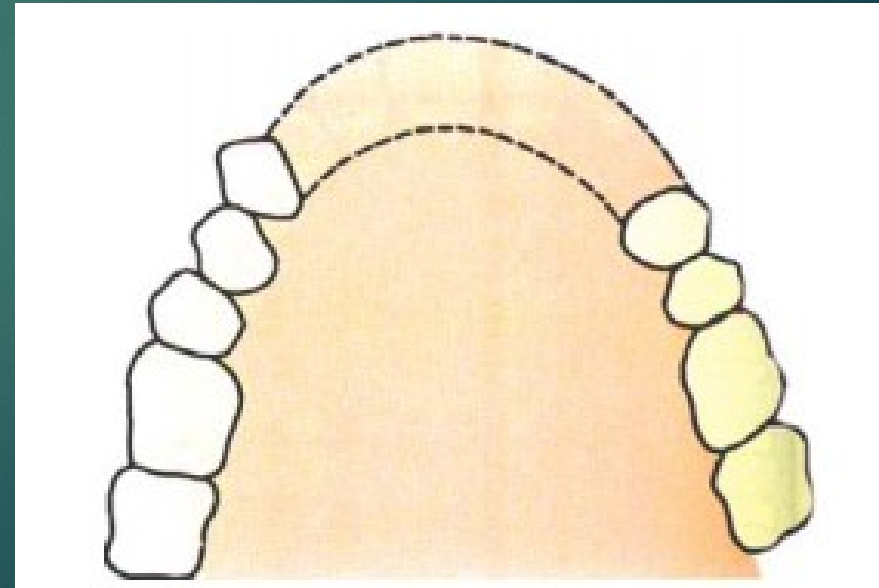


Kennedys Classification

Class III: Unilateral edentulous area with natural teeth anterior and posterior to it, i.e. this indicates a single edentulous area which does not cross the midline of the arch, with teeth present on both sides (anterior and posterior) of it.



Class IV: Single, bilateral edentulous area located anterior to the remaining natural teeth. This is a single edentulous area, which crosses the midline of the arch, with remaining teeth present only posterior to it.



Applegates Rules:

The following rules should be considered to classify partially edentulous arches based on Kennedy's classification.

Rule One. Classification should follow rather than precede extractions that might alter the original classification.

Rule Two. If the third molar is missing and not to be replaced, it is not considered in the classification.

Rule Three. If the third molar is present and is to be used as an abutment, it is considered in the classification.

Applegates Rules:

The following rules should be considered to classify partially edentulous arches based on Kennedy's classification.

Rule Four. If the second molar is missing and is not to be replaced, it is not considered in the classification.

Rule Five. The most posterior edentulous area or areas always determine the classification.

Rule Six. Edentulous areas other than those, which determine the classification, are referred to as modification spaces and are designated by their number.

Applegates Rules:

The following rules should be considered to classify partially edentulous arches based on Kennedy's classification.

Rule Seven. The extent of the modification is not considered, only the number of additional edentulous areas, i.e. the number of teeth missing in the modification spaces is **not** considered only the number of additional edentulous spaces are considered.

Rule Eight. There can be no modification areas in class IV. Because any additional edentulous space will definitely be posterior to it and will determine the classification.

