the lower surface. The sheet is then replaced carefully against the upper teeth and the patient instructed to close slowly together until the lower teeth begin to enter the wax (Figure 8) If any resistance is felt, the sheet can be removed, further softened and this stage repeated. Ideally, the wax must be sufficiently soft to allow the teeth to come fully into contact and not deflect the mandible during closure. Therefore, several 'softenings' may be required at this stage.

- The wax is occasionally seen to distort away from the upper teeth as the lower teeth enter the sheet. It is appropriate to push the wax gently back against the upper teeth at this time. In addition, it may become evident that the buccal tooth relationships cannot be seen if excess wax develops buccally (Figures 9a and 9b). If this is the case, the sheet is removed, retrimmed to reveal at least some of the premolar and molar cusp tips and then replaced and rechecked.
- Depending on what occlusal relationship is being recorded, tooth contacts through the wax either will or will not be attained, as is required (Figures 10a and 10b).
- If the occlusal and incisal surfaces of the natural teeth are indistinct and do not make a clear indentation in the wax sheet, it is appropriate to use a small amount of *TempBond*® (Kerr Corporation, Orange County, California 92867, USA) to increase the clarity of the indentations. This is added to the wax sheet just prior to it being replaced into the mouth (Figure 11).
- The sheet is initially cooled in the mouth, whilst the patient maintains the occlusal position, using an air blast from the 3-in-1 along the buccal surfaces, and then removed. The sheet is then chilled in cold water. It is inappropriate to hold the sheet under running water, as it will distort under the water pressure, until it becomes rigid.
- Finally, the sheet is replaced in the mouth to ensure an accurate record has been obtained, prior to disinfection and transport to the dental laboratory.

**Acknowledgements**

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## Further reading

Warren K, Capp NJ. Occlusal accuracy in restorative dentistry: the role of the clinician in controlling clinical and laboratory procedures. *Quintessence Int* 1991; **22**(9): 695–702.

Warren K, Capp NJ. A review of principles and techniques for making inter-occlusal records for mounting working casts. *Int J Prosthodont* 1990; **3**(4): 341–348.

Shillingburg HT. Interocclusal records. In: *Fundamentals of Fixed Prosthodontics*. 3rd edn. Illinois: Quintessence Publishing Co Inc, 1997; pp.35-45.

## BookReview

**Evidence-Based Dentistry: An Introduction.** A Hackshaw, E Paul, E Davenport. Oxford: Blackwell Publishing (240pp. p/b, £27.50). ISBN 1405124962.

The book opens by defining 'evidence-based dentistry', considering what it is and how to practise it. The authors are clear that we need to have a strategy to approach research results in order to be able to interpret and apply them to our own practice.

The next three chapters go on to cover the percentages and proportions that you need to know about to be able to be critical about research results. They look at how to take measurements on people and compare populations. If, like me, the biostatistics module at University was certainly not a highlight, you will appreciate the straightforward way the concepts are presented with interesting examples to work through.

Chapters 5–7 look at how research is designed to assess the effectiveness of treatment options, to assess risk factors for disease and to look at disease screening. Study design is explored in more detail towards the end of the book, considering biases and the power of studies. The authors then cover how evidence is brought together to make stronger judgements on research questions, eg systematic reviews. They suggest many sources of information that the reader can follow up to find evidence.

Finally, there is a helpful reminder of statistical concepts and the answers to the tests of knowledge throughout the text. The reading list is thorough and useful. This book is aimed at undergraduates, postgraduates and dental practitioners and I feel it serves all well.

The style is relaxed and readable. There are numerous practical examples working through actual papers, which are reproduced in the text, to allow practise of the techniques. Key points are summarized at the end of each chapter to help reinforce what you have learned. I feel that using current papers and giving web addresses for information is helpful, but means that the book will more quickly become out of date.

If you work through the book, you will have a grasp of research methodology, different types of study, statistics you need to understand and results you need to be critical about. The book also provides awareness of how evidence is gathered together to provide consensus through systematic analysis.

In dental practice, we are bombarded with information from a multitude of journals, manufacturers and textbooks. This book goes a long way to outline an approach to help digest this information, equipping you to judge material as valuable or otherwise.

**Anna Lang**
**GDP, Glasgow**

## Erratum

We apologize to Jaspal Panesar for not citing him as lead author of the article: **'The Management of Abuse: 4. Abuse of Vulnerable Adults'** (*Dent Update* 2006; **33**: 555–559) in the November issue of *Dental Update*.

**Jaspal Panesar**