PHILIP H. LEVY, *Editor*

Foreword

The overriding and common objectives for dentistry's clinical subspecialties are threefold:

1. The promotion of oral health.
2. Preservation of teeth.
3. The development and maintainance of a satisfactory and masticatorally effective occlusion.

Progress toward these ends continues in the search to provide patients with the achievable optima. With the broadening of our perspectives and conceptual options, we are from time to time led to modify or abandon previously held views. As in any other field it is not uncommon for yesterday's truths to become tomorrow's growing pains. Conceptual changes of any magnitude are rarely achieved without accompanying emotional trauma and resistance.

Providing the dental patient with the ability to triturate his food efficiently and painlessly (whether with natural or prosthetic teeth) has historically constituted the direction of most dental effort. Much has been written concerning accurate jaw registration methods for both the centric and eccentric positions. A considerable number of laboratory studies as well as clinical evidence suggest that the traditional representation of the maxillomandibular relationship (centric relation) as static or unchanging is in error. This symposium with varying approaches (histologic, anatomic, physiologic, endocrinologic, and clinical) reexamines centric relation in terms of genetic predetermination as opposed to environmentally induced responsive adaptation to altered function. The evidence presented indicates that the interaction of form and function dictates the nature of the temporomandibular articulation.

The reader is invited to reassess the clinical significance of the

concept of a dynamic or alterable centric relation in diagnosis and treatment planning for prosthodontic reconstruction, orthodontics, surgical orthodontics, and the temporomandibular joint pain syndrome.

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Guest Editor

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We previously have used the me
to good effect in the study of cranial
of this method is its operationalism, t
sis of function. When we observe em
or function is being carried out, we
carried out. In this effort we attemp
tomical tissues and organs involved
to study the nature of the interactio
etal elements of the operational syst

Since considerable study previc
growth[7] it seemed reasonable that a
tric relation might be valuable.

A review of a variety of current
centric relation as well as of the tech
nation of this mandibular position,
clinical workers regard centric relati
tional, fixed, and reproducible.

However desirable such a positi
ence to any given technique of clini
article will suggest, on the basis of
mandibular joint, that centric relatio
is it habitual or common. Its clinica
rogenic. Further, current knowled
responsiveness of skeletal tissues to
environments suggests that the te
cantly adaptive to alterations in ora
Accordingly, possible, and biomec
positions are not immutably fixed.

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