i. Introduction of classification (B.p.no. 19-23, A.p.no.1)

ii. Requirements of an acceptable method of RPD classification (B-p.no. 9-10; A-p.no.8)

iii. Kennedy classification of partially edentulous arches (A-p.8; B-p.20-23)

iv. Applegate’s modification for the Kennedy classification (A-p.10-13; B-p.20-23)
INTRODUCTION

• Consistent decline in prevalence of tooth loss has increased tremendously in tooth supported as well as tooth – tissue supported partial dentures (PD).
• Classification is needed for these situation for better treatment options finding.
• Many classifications has been introduced for RPD;
  • Kennedy
  • Cummer
  • Bailyn
TOOTH SUPPORTED

• For tooth supported situation first option is;
  • Implants
  • Implant supported Fixed partial denture (FPD)
  • FPD
  • RPD.

• These options depends on number & location of missing teeth.
TOOTH TISSUE SUPPORTED

- For tooth tissue supported situation first option is;
  - Implants
  - Implant supported Fixed partial denture (FPD)
  - RPD.
- These options depends on number & location of missing teeth.
WHY WE NEED CLASSIFICATION FOR RPD?
REQUIREMENT OF ACCEPTABLE METHOD OF CLASSIFICATION

I. Should permit immediate visualization of the type of partially edentulous arch.

II. Should permit immediate differentiation between tooth-supported & tooth & tissue-supported RPD.

III. Should be universally acceptable.

IV. Serve as a guide to the type of design to be used.

KENNEDY’S CLASSIFICATION

- Kennedy classification was originally proposed by Dr. Edward Kennedy in 1925.

- Kennedy divide all edentulous class in four basic classes.

- Edentulous area other those determining the classification were designated as modification spaces.

KENNEDY’S CLASSIFICATION

1. Class I: Bilateral edentulous area located posterior to the natural teeth.

KENNEDY’S CLASSIFICATION

II. Class II: A unilateral edentulous area located posterior to the remaining natural teeth.

KENNEDY’S CLASSIFICATION

III. Class III: A unilateral edentulous area with natural teeth remaining both anterior & posterior to it.

KENNEDY’S CLASSIFICATION

IV. Class IV: A single, but bilateral (crossing the midline) edentulous area located anterior to the remaining natural teeth.

KENNEDY’S CLASSIFICATION

Advantage:

a. Permits immediate visualization of the situation.

b. Easily differentiation between tooth & tooth tissue supported.

C. Permits logical approach to the design.

HOW WILL YOU CLASSIFY THIS?
Kennedy classification is difficult to apply to every situation without certain rule for application.

Applegate provide eight rules which governing Kennedy’s classification.

Ref: McCraken’s Removable partial prosthodontics. P.no.22.
Rule No. 1: Classification should follow rather than precede any extraction of teeth that might alter original classification.

Rule No. 2: If third molar is missing and not to be replaced, it is not considered in the classification.

Rule No. 3: If third molar is present and is to be used as an abutment, it is considered in classification.

Rule No. 4: If second molar is missing and not to be replaced, it is not considered in the classification.
APPLEGATES’S RULES FOR APPLYING KENNEDY’S CLASSIFICATION

- **Rule No. 5:** The most posterior edentulous area (areas) always determine the classification.

- **Rule No. 6:** Edentulous area other than those determine classification are referred to as modifications & are designated by their number.

Ref: McCraken’s Removable partial prosthodontics. P.no.22.
Rule No. 7: The extent of the modification is not considered, only the number of additional edentulous area.

Rule No. 8: There can be no modification area in Class IV.

Ref: McCraken’s Removable partial prosthodontics. P.no.22.
Without learning classification and implication of it during all steps of RPD fabrication, the communication, designing of RPD and other steps will be very difficult.
THANK YOU

DETERMINATION

"Determination is the wake-up call to the human will."

- Anthony Robbins