CURRICULUM VITAE

October 12, 2019

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MANDARIN , TAIWANESE , ENGLISH

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CHIEF TEACHING RESIDENT IN GRADUATE PROSTHODONTIC PROGRAM
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General Dentistry Residency
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Attending Staff
Chang-Gung Memorial Hospital, Prosthodontic Department of Lin-Kou Branch, Taiwan
July 1999 – October 2003

Chair
Chang-Gung Memorial Hospital, Dental Department of Keelung Branch, Taiwan
October 2003 – October 2006

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Chang-Gung Memorial Hospital, Department of General Dentistry, Taipei, Taiwan
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Chair
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THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

THE AMERICAN SOCIETY OF OSSEOINTEGRATION

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RESEARCH INTEREST :

THE EFFECT OF LUTING AGENTS ON THE RETENTION AND MARGINAL LEAKAGE OF DENTAL IMPLANT-SUPPORTED PROSTHESES “

THE STRENGTH OF CEREC CROWNS ON DIFFERENT CROWN PREPARATION DESIGNS

THE FINITE ELEMENT ANALYSIS OF THE IMPLANT OVERDENTURE ABUTMENT

ASSESSMENT OF THE MECHANISMS OF MANDIBULAR TRAUMA USING MODEL ANALYSIS

ANALYSIS OF SCREW FRACTURE FOR IMPLANT-SUPPORTED PROSTHESES

RESEARCH PROJECT:

CMRP Project (From December 2005 to September 2007)

Title:
利用模態形狀量測分析下顎骨挫傷機轉之研究
Assessment of the mechanisms of mandibular trauma using model analysis

Mandible fractures are the most common disabling injuries among the facial trauma. Clinical observation found that the usual sites of the mandible fractures are subcondyle region, mandibular angle, parasymphsis, mandibular body, alveolar process, ascending ramus and coronoid process. In traumatic biomechanical analysis, traumatic injuries typically result from an impact force by a hard object. Such impact forces are, in general of short duration (1-20ms) and most probably give rise to a vibrational response, superimposed on rigid body motion of the impact tissue. Since dynamic response analysis is an important basis for analyzing the mechanism of trauma, to evaluate the

possibility for vibrational assessment of mandible, in this study proposal, resonance frequency(RF), obtained from in vitro tests and finite element method, are carried out to be a parameter for assessing the relationship between dynamic behavior of mandible and mandible fractures. Furthermore, the effects of various muscles on the vibrational characteristics of mandible, and their roles play in the mechanism of oral-facial trauma are also investigated. In this proposal, to test the mode shape and vibrational frequencies, seven positions based on the anatomy of mandible are choose for modal testing. Although the muscles were not including, results of our preliminary studies showed correlations could be found between the usual fracture sites of mandibles and its vibrational mode shapes. The middle area of mandible body is probably a nodal position where bone fracture is less likely to happen. On the contrary, the greatest amplitude was found at the parasymphysis of the mandible and the subcondyle region where bone fracture are prone to occur. These preliminary results showed that the application of dynamic vibration analysis to mandibotrauma is feasible. Therefore, In this study proposal, we re-design and expand our experiments to investigate the effect of each muscle on the mandibotrauma. To achieve the goal, in vitro modal testing experiments along with finite element method were design. The results of this study will provide a more insight into the mechanism of mandibotrauma, and will become a useful reference for future advanced experiments.

CMRP Project (From January 2008 to December 2009)

Title:
利用有限元素法分析不同形式垂直齒槽骨缺損時之牙齒穩定度變化
Finite element analysis of the effects of vertical alveolar bone defects on tooth stability

To assess the Influence of various simulated types and degrees of alveolar bony defects on tooth mobility, 3-D finite element models of the human maxillary central incisor, canine and first molar were established. To simulated periodontal attachment loss, the bone elements of these models were deleted between 3mm to 10mm in 1mm decrements from cementum-enamel junction (CEJ). Resonance frequency values (RFV) of simulated one-side, two-side and three-side bony defects were calculated for comparison and discussion. Our results showed that RFV of teeth was closely related to their surrounding bone level. When the horizontal bone loss was simulated, the RFV of the teeth demonstrated liner relationships with their attachment level. On the other hand, when the vertical bony defect was simulated using these three teeth models, different effects of surrounding bone on the mobility of the teeth could be found.Our results of this proposal will provide the evidences that alveolar bone play an important role in the mobile characteristics of tooth teeth. These findings will suggest that vibration analysis method could be a useful, auxiliary clinical tool in diagnosing of periodontal attachment loss.

CMRP Project (2017 國科會退件, 2019已修改好再投國科會或CMRP)

Title:
利用有限元素分析法來探討開口運動時，植體支持式固定義齒對於下顎形變的影響

1921 年，Grunewald 指出，由於外翼肌作用的方向及附著的位置，外翼肌作用時，會讓下顎骨產生一向中心聚縮之形變 (Grunewald, 1921)。De Brul 及 Sicher 兩位學者也提出，當下顎進行張口以及前突運動時，外翼肌之作用會導致髁頭產生一向內，向前及向下之運動，並認為此彎曲作用會發生於下顎聯合(symphisis)，並且產生應力集中，造成下顎後方寬度之減少 (De Brul & Sicher,1954)，因此有許多學者針對此一現象，開始進行一連串的體內與體外實驗。

Regli 與 Kelly 在不同程度的張口運動時印取模型，並在此體外模型上利用咬合板(occlusal templates)及測微計(micrometer)測量下顎寬度之變化，結果發現在下顎第一小臼齒區域，其寬度變化量為 0.03mm，而在下顎第二大臼齒區域，則為 0.09mm (Regli & Kelly,1967)。

也有許多研究是直接在病患口中作量測，由於測量儀器多需要直接接觸到堅硬不可移動的硬組織上，因此要直接測量下顎骨上的位移，必須使用手術方式將測量儀器安裝於下顎骨上。因此，體內實驗多半是將儀器貼附在下顎牙齒上，測量下顎齒列相對位置的距離變化(Osborne & Tomlin,1964; Goodkind & Heringlake,1973; De Marco & Paine,1974; Gates & Nicholls ,1981)，但不論是哪一種，在操作上均不方便且易造成較大誤差。

由於自然牙擁有牙周韌帶的包圍，存在著一些可移動性，而且每個臨床測量的方法及精確度皆不同，因此，每個實驗數據都有些許的差異。在下顎做張口運動時，在下顎臼齒區的寬度變化量，其量測數值範圍隨不同作者及量測方式而有 0.02mm ~ 0.8mm 之不同報告，(McDowell & Regli,1961; Osborne & Tomlin,1964; Regli & Kelly,1967; Burch & Borchers,1970; Bowman,1973; Goodkind & Heringlake,1973; De Marco & Paine,1974; Gates & Nicholls ,1981)。 1976 年 Fishman 利用不同型態的固定式贋復物，探討贋復物型態對下顎內縮作用的影響。研究指出，當將下顎所有牙齒，用一跨牙弓式贋復物連結之後，可以發現下顎的內縮將減少成原來的 48.7%，而其他類型的贋復物，雖然能減少對下顎內縮的限制，但是仍無法完全恢復原本的狀態(Fishman,1976)。

臨床統計發現，全美約有兩千萬人正面臨下顎全口無牙的狀態(Marcus et al.,1996)，而傳統性的治療，即為全口義齒贋復。但下顎全口義齒有易鬆脫、咀嚼功能較差、穩定性不佳，以及發音上的困難，尤其對於下顎骨嚴重吸收的病人，更容易有配戴上的問題發生(Redford et al.,1996)。

六零年代至今，牙科植體已被大家廣泛的接受，並且應用於牙科臨床治療上。對於下顎全口無牙的病患，可選擇植體穩定式覆蓋式義齒(implant-stabilized overdenture)，或是植體支持式固定義齒(implant-supported fixed partial denture)。雖然植體穩定式覆蓋式義齒，能夠大幅增加假牙的穩定性，提供下顎無牙病患很大的幫助(Mericske-Stern,1994)。但是，由於覆蓋式義齒仍是活動假牙的一種，容易有食物堆積的問題，且有些病人無法接受活動義齒的不便，更有臨床報告指出，植體穩定式覆蓋式義齒較固定義齒需要更多的調整(Walton & MacEntee ,1994)，因此，以植體支持式固定義齒恢復下顎的功能，則是目前被大家廣泛接受的治療方式(Misch,2005)。

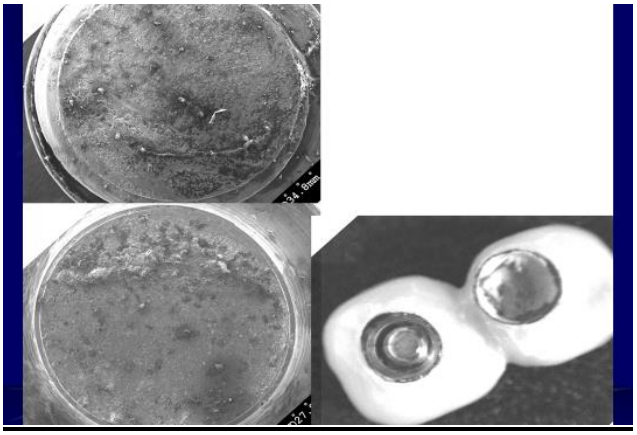
Branmark 在設計下顎全顎無牙之植體贋復物時，主張在下顎神經孔(mental foramen)之前種植四到六顆之植體，並向後方延伸出兩端遠心懸臂樑，並認為此種設計，將有助於緩解下顎運動時對於下顎型變的限制。但是，亦有研究指出，遠心懸臂樑之設計，會造成最後端植體受力過大，因此造成植體周圍骨吸收較無懸臂樑之設計嚴重(Hälg et al.,2008;)，導致植體成功率降低(Shackleton et al., 1994)，且遠心懸臂樑的延伸也有所限制，只能達到第二顆小臼齒區域。因此，有學者提出，下顎植體應越往後方種植為佳，並且植體的數量越多，對於咬合力的分散越佳(Zarb & Schmitt , 1995)。

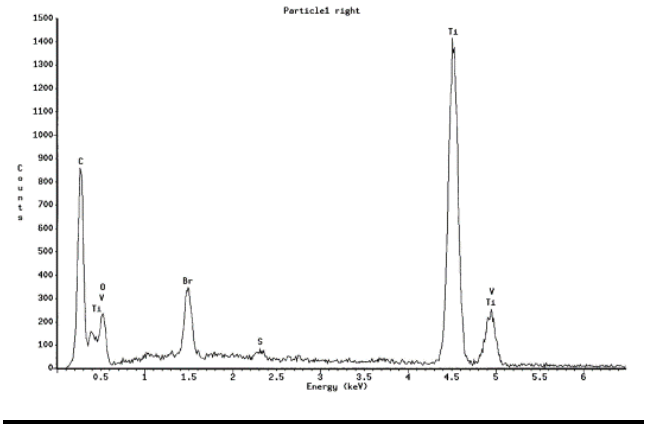
但是相對的，若將下顎植體，以一跨牙弓式固定贋復物作為連結時，則會發現遠心端的植體存活率較低 (Miyamoto et al., 2003)。因此下顎全口植體支持固定式義齒贋復物的設計，必須有更周全的考量。有學者主張將贋復物分為多個單位，期望能夠分散施加於骨頭與植體交界面的應力，進而減少植體的失敗率(Fishman,1990; Paez et al.,2003)。但目前並無長期的臨床證據顯示，不同設計的贋復物，對植體成功率有影響。本實驗之目的即在探討開口運動時，植體支持式固定義齒對於下顎形變的影響。並期望能以不同的贋復物設計，降低對下顎形變的限制，並且改善不良的應力集中情形，減低未來可能發生的併發症，以及臨床上需要修復的機會。

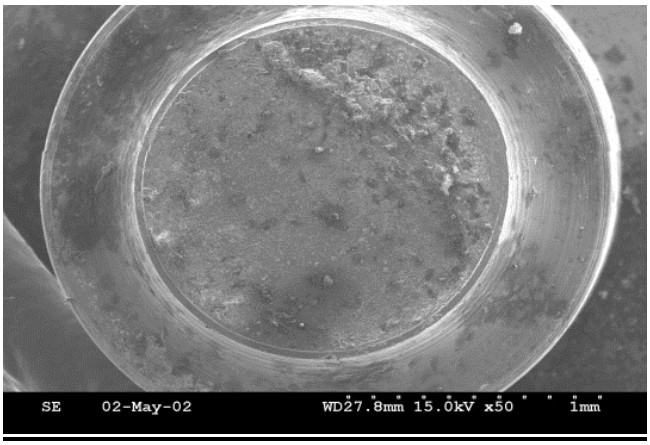
CMRP Project (2019提出申請，審查中)
與長庚大學護理系基醫組張美姬教授合作

計畫名稱(中文)：短鍊脂肪酸對骨細胞與單核球細胞生物活性之影響: 受體活化. 活性氧.組蛋白乙醯化與內質網壓力的調控作用
計畫流水號:【201909032645】

自2018年1月開始與國立陽明大學牙醫學院許明倫院長合作以Implant complication為主軸進行研究。例如abutment screw fracture，以元素分析儀先檢測screw本身材質是否有異，再以電顯分析斷面，推測造成screw斷裂的咬合力方向，作為之後植牙支持贋復體改進的參考。







BIBLIOGRAPHY :

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(SCI; IF=2.776; Multidisciplinary 24/69= 34.78%)

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(SCI; IF=2.776; Multidisciplinary 24/69= 34.78%)

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