Teeth do their best work quietly. They chew, they smile, they hold a face together with a kind of architectural grace. When they start to wear down, the changes creep in slowly. A chip here, a flattened molar there, coffee getting under the enamel, a little zing of cold on the front teeth by the time Perimeter Highway traffic finally lets you get home. As a dentist in Winnipeg, I meet people at every stage of wear, from the tiny edge chips that only show up in Zoom photos to molars ground flat by years of night clenching through Prairie winters. The good news, and it is truly good, is that worn teeth can be stabilized and rebuilt with planning, craft, and a little patience.

This is how that process looks in a real clinic, not a brochure. It is part detective work, part engineering, and part art. And yes, we'll talk about night guards, but the story starts well before that.

Wear is not one disease

Teeth wear for different reasons. I rarely see just one cause on its own. Think of it like Winnipeg roads in April, the water and freeze-thaw and traffic all play a part. In mouths, the usual trio is mechanical grinding and clenching, chemical erosion from acids, and abrasive habits like hard-bristled brushing or sunflower seed addiction during Jets games.

- Signs that wear is active and matters now:
- Flattened chewing surfaces with shiny facets that match the opposing teeth
- Front teeth getting shorter, with small chipping or translucent edges
- Notches near the gumline that catch a fingernail
- Sensitivity to cold or sweets that lingers more than a few seconds
- New headaches on waking, jaw muscle fatigue, or a line on the inside of the cheek from clenching

I track patterns. Are the upper front teeth losing length? That can point to acid erosion. Are molars polished flat with matching facets and little cracks, the kind that love to split a cusp on a Friday night? That is classic bruxism. Are the gumline notches deep and wedge shaped, and the toothbrush looks like it's been scrubbing a barbecue? That is abrasion layered onto the rest.

The reason to pin down causes is simple. If we fix the shape without fixing the forces and chemistry, the new work wears again, faster and more expensively.

The Winnipeg factors that make a difference

Location matters. Long, dry winters create mouth-breathing habits that dry enamel, and dehydrated enamel is more likely to erode in acidic conditions. Many of my patients sip sparkling water or kombucha during the day to fight the heat cranked at the office. Carbonation and low pH soften surfaces, which grinding then planes down efficiently. Shift work in healthcare and airline crews means disrupted sleep, more clenching, and more gum recession. And because this city loves contact sports, I see more microfractures and abfractions in hockey adults than in any other place I have worked. None of that is destiny, but it changes how I coach prevention and how aggressive I am in restoring worn bite surfaces.

What the first visit looks like when wear is the concern

If someone books specifically about wear, I block a little extra time. A quick patch is not the right first step if the bite is unstable.

We start with photos, the unflinching kind under bright lights. I want to see how the edges line up, whether the upper teeth still overlap the lowers, whether the gums are creeping away at a few spots. I check the temporomandibular joints for clicking and deviation. I palpate the masseter and temporalis, sometimes you can feel the overworked bands before the patient admits their jaw hurts in the morning.

Radiographs help rule out old cracks and check that roots and bone are healthy. If erosion is suspected, your diet gets a gentle interrogation. I ask about reflux, even if you have never had heartburn. Silent reflux is real, and enamel does not lie. For active bruxism, I ask about sleep quality, snoring, and whether a partner hears you grinding like a cement mixer. Occasionally I refer to a sleep physician for a study, because treating apnea often quiets a destructive bite.

When the situation is complex or the front teeth have lost more than a millimeter of length, I take impressions or scan the mouth to mount models. That allows me to test how the jaw wants to close, to see whether the back teeth guide too much or the front cannot protect them. In some cases I use a leaf gauge or a small deprogrammer for a week so the muscles stop steering, and we can record a more stable bite position. These are unglamorous details, but they save money and grief later.

Stabilize first, then rebuild

People often arrive wanting *Seven Oaks Dental Centre* veneers or crowns right away, the cosmetic before the mechanics. I get it, edges look ragged in selfies and meeting rooms are bright. But if we do not slow the forces, new porcelain becomes an expensive chew toy. Phase one is stabilization.

Stabilization has a few pillars. We reduce acid attacks by tweaking habits, we ease the mechanical stress with a bite guard, and we settle inflammation in the gums so nothing bleeds when we bond. If you are sipping an acidic drink, I suggest having it with a meal and finishing with plain water. If reflux is in play, we talk to your physician and time restorations after it is under control.

A well-made night guard, usually a hard acrylic appliance for the upper teeth, acts as a shock absorber and spreads forces. It is not a cure for bruxism, it is more like winter tires. In some cases, if the front teeth can be used to guide the jaw, a smaller anterior-only guard is better because it shuts down intense clenching reflexes. I test which design suits your bite. If jaw pain is severe or muscles are hypertrophic, low-dose Botox in the masseters can help reduce intensity. It is not a first line, and I reserve it for specific cases after we have ruled out apnea and occlusal interferences.

While we stabilize, we repair the most vulnerable spots. Glass ionomer or resin-modified glass ionomer works well at gumline notches because it bonds to dentin and tolerates a moist field. For chipped edges, I sometimes place conservative edge bondings as a temporary protective shell.

Rebuilding the bite without guesswork

Once things quiet down, we plan the rebuild. There are many routes to a good outcome, and only one is right for your mouth.

For younger patients with mostly intact enamel and cosmetic edge wear, direct composite bonding is a strong option. It is additive, meaning no drilling if we can help it, just a careful sculpting of resin to return lost length. Properly placed with a good occlusal scheme, composites last 5 to 8 years on average before polishing or touch-up. They can stain a bit with coffee and red wine, but maintenance is simple. The trade-off is strength, they chip more easily than porcelain, especially in grinders who forget their night guard halfway through a playoff run.

If height has collapsed and the back teeth are flat, we consider increasing vertical dimension, the space between your upper and lower jaws when the teeth meet. That is not as dramatic as it sounds. I often test a proposed change with a reversible mock-up. We do a wax-up on models or digitally design the new tooth shapes, then I place temporary material over your existing teeth to simulate the final. Wear that for a couple of weeks. Your jaw and speech adapt, any tender muscles speak up, and we make small changes before committing to final restorations. Patients are usually surprised by how quickly chewing and talking feel normal again.

When strength and longevity are key, especially on molars, onlays or crowns in lithium disilicate or zirconia are the workhorses. Onlays preserve more tooth than full crowns by only covering the damaged surfaces. I prefer adhesive onlays whenever there is enough enamel for bonding. Full crowns make sense if cracks run deep or old large fillings are failing. I quote time and cost plainly at this stage. For composites, budget a few hundred per tooth. For ceramics, think in the low thousands, varying by lab work and the number of teeth involved. Big cases may be phased over a year to spread investment and keep weekends free of dental marathons.

Front teeth invite debate: veneers, crowns, or edge bonding. If the enamel is thick enough and the bite allows it, porcelain veneers are elegant and conservative. In an edge-to-edge bite or a heavy grinder, full coverage or layered composite may be wiser. We choose materials that play well with your bite rather than the trend on Instagram.

A deck restoration story from Portage and Main

Names changed, details intact. Gord coaches youth hockey, works construction, snores like a snowblower, and chews ice when he is anxious. He arrived with molars flat as a tabletop and front teeth shingled with little chips. No pain, just embarrassment about smiling. Examination showed click-free joints, hypertrophic masseters, and a faint white line inside the cheek from clenching. His wife diplomatically corrected him on the snoring.

We referred for a sleep study that confirmed mild sleep apnea. He started CPAP, and within a few weeks his daytime clenching eased noticeably. We built him a maxillary night guard, adjusted it three times during the adaptation phase, and placed a couple of glass ionomer patches at sensitive gumline notches. Two months later, we did a digital wax-up to add 1.5 millimeters of length to the incisors and restore molar anatomy with onlays. Gord tried a full-arch mock-up for 10 days. No muscle pain, only a brief lisp that faded by day three.

Final plan: adhesive ceramic onlays on the back eight teeth that needed shape, and composite edge bonding on the four front incisors. He kept the night guard. Two years on, he still grinds, but on acrylic, not on porcelain or his enamel. The edges look crisp, he smiles more easily, and he remembers to skip the ice chewing. He still coaches, still yells at refs, and my lab tech still talks about how symmetrical those onlays looked under the lights.

Erosion, the quiet accelerant

Not every worn mouth belongs to a grinder. Maya, a graduate student in physiology, loved citrus water, kombucha, and long study sessions with carbonated caffeine. Her front teeth lost length and brightness within two years, even though she never clenched. Erosion softens enamel, making it vulnerable to even light function. The trick is to control the chemistry before restoring the shape.

For erosive patterns, I tweak routines. Drinks that stay under pH 5 bathe teeth in acid. Sip them with meals, not as an all-day companion. Use a straw aimed past the teeth if you must sip between lectures. Rinse with plain water after. Do not brush for 30 minutes after an acidic drink, brushing right away polishes off the softened surface like sanding wet paint. I prescribe a high-fluoride toothpaste and, for sensitive patients, recommend a casein phosphopeptide paste to remineralize. If there is confirmed reflux, we coordinate with a physician and often treat the bite after the reflux is managed, because acid beats any dental material given enough time.

With chemistry settled and enamel a bit harder, direct composite is ideal for erosive cases because it bonds well to the preserved enamel islands, and we can keep things additive. If the acid history is long and the back teeth have cupped dentin, I may use a sandwich technique, placing a protective layer of glass ionomer and capping it with composite. It gives a forgiving foundation that handles pH swings better.

Precision details that matter more than Instagram

The small, unphotogenic steps that make or break these cases rarely show up online, but they are why a restoration lasts.

I use magnification to prepare minimally and to ensure clean margins. I isolate teeth well, because saliva is the enemy of strong bonding. If we are bonding to dentin, I manage moisture carefully and use a bond that tolerates a glistening surface without being wet. For ceramics, I choose thickness and material according to bite forces. Lithium disilicate at 1.2 millimeters loves beauty and translucency. Zirconia tolerates bruxers, especially in the molars, but needs thoughtful polishing and glazing so it does not abrade the opposing teeth.

Occlusion is where the art meets the screwdriver. I want back teeth to meet evenly but release smoothly when the jaw slides. Front teeth should guide that slide gently. Heavy contacts on a single molar cusp are a crack starter. A night guard protects everything while muscles learn the new landscape. It is not unusual to fine tune a bite over two or three appointments. I warn patients about that from the start. The willingness to adjust rather than declare perfection is what keeps cases comfortable.

When orthodontics or surgery enter the chat

Sometimes the best restoration is moving teeth to where they belong. If wear happened because lower front teeth sit too far forward, braces or clear aligners can create room for conservative bonding rather than shaving and crowning. I collaborate with orthodontists when the bite is skewed enough that restorations would be compromises. On rare occasions, skeletal discrepancies require orthognathic surgery if the jaw relationship is the root cause. Those are long journeys, but for the right person, they unlock stable, minimal restorations and healthy joints.

What it costs in time and dollars

Patients ask this early, and they should. Single-tooth additive composites for minor edge wear can be done in one visit and cost less than a weekend away in Kenora. Multi-tooth composite rehabs run into the low thousands total, depending on the number of teeth. Ceramic onlays and crowns vary widely, think in the four figures per tooth. A comprehensive case that restores a dozen or more teeth is a real investment, and many people stage it in quarters, one quadrant at a time, with temporary composites maintaining function between phases. This pacing also lets you adapt and confirm comfort at each step.

Insurance in Manitoba often helps with medically necessary restorations, but coverage varies by plan. I document everything with photos and notes that show function, not just appearance. If erosion from reflux contributes, a physician’s note helps justify the therapy.

Daily life with restored teeth

Good restorations blend into your life, not dominate it. You can bite into a sandwich, sip a Slurpee when it is minus 30, and smile in photos. Porcelain feels like tooth enamel under the tongue. Composites feel slightly warmer or smoother at first, then they just feel like you. Maintenance is sensible. Wear the night guard. Floss. See

me twice a year so we can polish minor scuffs before they become chips. If you are a grinder with coffee loyalty, expect an occasional polish of composite to keep it fresh.

Habits matter more than heroics. Chew nuts rather than ice. Choose a soft toothbrush, angle it at the gumline with a light grip, and let the bristles do the work. Acid drinks with meals, water between. If you get a new medication that dries your mouth, tell your dentist, because dry mouths wear faster. For contact sports, wear a proper mouthguard. Hockey is hard enough on knees, no need to donate incisors to the penalty box.

How a dentist in Winnipeg thinks about trade-offs

I balance three levers in every worn case, conservation, strength, and aesthetics. Additive composite scores high on conservation, medium on strength, high on repairability. Porcelain scores medium on conservation if used as onlays or veneers, high on strength, high on aesthetics, medium on repairability. Full crowns on heavily damaged teeth score high on strength but lower on conservation. The right combination depends on your bite forces, habits, the thickness of remaining enamel, and how much you value reversibility.

I also factor in climate and lifestyle. Winter dehydration and mouth breathing push me toward materials and techniques that forgive a drier field and occasional pH dips. Shift work and apnea nudge me to build in more bite protection. For a musician or teacher who speaks all day, phonetics matter when lengthening front teeth. I shape edges with attention to “F” and “V” sounds. Small things, big payoff.

If you are reading this because your teeth already look short

You are not late. Enamel loss feels permanent, but modern adhesive dentistry is built for exactly this problem. The pathway is predictable when we do it in order. First, diagnose the causes. Second, quiet the forces and acids. Third, prototype the new bite in a reversible way. Fourth, build with the right materials for your mouth. Fifth, protect and maintain.

- The practical sequence most patients follow:
- Comprehensive exam with photos, bite analysis, and any needed scans
- Stabilization with a guard, fluoride, and habit tweaks
- Mock-up or trial restorations to test changes
- Definitive restorations, often phased
- Night guard refinement and periodic maintenance

If you are looking for a winnipeg dentist who understands worn teeth and the way this city’s seasons and habits show up in mouths, ask to see examples of cases, not stock photos. A good dentist in Winnipeg will talk to you about forces, not just veneers. They will have a plan that survives January and July. And they will not push you into a single solution, because there isn’t one.

A last word about patience and payoff

The part patients rarely expect is how much better their jaws feel when the bite is balanced. Headaches ease. Morning jaw tension fades. Chewing sounds brighter, a strange but common description. Smiles take up more real estate on a face when the front teeth regain their length. If you are the kind who measures things, you will notice fewer sensitivity zings from cold water and chocolate. If you are more of a big picture person, you will simply stop thinking about your teeth. That is success in my book.

Whether you search for dentist winnipeg late at night after spotting a new chip, or you are already in a chair planning a rebuild, know that worn teeth are solvable problems. The fix is not a single appointment miracle, it is a set of smart steps applied in the right order by people who care about bite forces as much as they care about white smiles. Winnipeg may be hard on roads in April, but with the right plan, it does not have to be hard on your teeth.

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