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Chapter 4

Knowledge, awareness, and clinical adoption of tabletop restorations among general dental practitioners in Maharashtra: A cross-sectional survey

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Abstract

Background: Tabletop restorations are emerging as a minimally invasive and conservative treatment option in restorative dentistry, particularly for posterior teeth with occlusal wear or structural compromise. Despite their clinical advantages, their adoption depends on the knowledge, training, and attitudes of general dental practitioners.
Aim: This study aimed to assess the awareness, knowledge, and clinical application of tabletop restorations among general dentists in Maharashtra.
Materials and Methods: A descriptive, cross-sectional questionnaire-based survey was conducted from January to March 2025 among general dental practitioners practicing in Maharashtra. A validated questionnaire comprising 20 questions covered demographics, theoretical knowledge, clinical experience, attitudes, and sources of information. Data were collected using Google Forms and analyzed using SPSS version 25.0. Chi-square tests were used to evaluate associations between demographic variables and key responses, with $p < 0.05$ considered statistically significant.
Results: Out of 200 valid responses, 54.5% of practitioners were familiar with tabletop restorations, but only 17.8% had attended formal workshops. Composite resins (72%) were the most preferred material. While 60% cited structural integrity as the primary indication, only 28.7% reported clinical confidence in performing the procedure. Over half of the respondents had never performed one. Lack of training (38.6%) and patient awareness (31.3%) were identified as main barriers. Despite this, 53.5% of dentists recommended tabletop restorations in appropriate cases.
Conclusion: Findings reveal moderate awareness but limited clinical adoption of tabletop restorations. Strengthening educational programs, hands-on training, and patient communication strategies is essential to enhance their integration into routine practice.

Keywords: Tabletop restorations, Restorative dentistry, Clinical awareness, General dental practitioners, Conservative treatment planning.

1. Introduction

In contemporary restorative dentistry, there has been a paradigm shift toward minimally invasive techniques that aim to preserve healthy tooth structure while ensuring functional and esthetic rehabilitation [1]. Among these, tabletop restorations have emerged as a conservative and promising solution for posterior teeth requiring occlusal reconstruction. These restorations are often indicated in cases of moderate tooth wear, erosive lesions, or structural loss, where full crown coverage may be unnecessary or excessively invasive [2,3]. Designed to be bonded adhesively to the remaining tooth surface, tabletop restorations restore the occlusal anatomy with minimal or no axial wall reduction, thereby preserving vital dentin and avoiding pulp complications [3].

Despite their clinical advantages, the adoption of tabletop restorations largely depends on the awareness, understanding, and willingness of dental practitioners to incorporate them into routine practice. With the increasing availability of CAD/CAM technology and advancements

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in adhesive protocols, the potential for predictable and long-lasting outcomes using such restorations has improved significantly [4]. However, limited undergraduate exposure, lack of practical workshops, and insufficient continuing education may pose significant barriers to their widespread implementation among general dentists.

In a geographically and demographically diverse state like Maharashtra, general dental practitioners serve as the primary providers of oral healthcare. Their knowledge and perception of emerging restorative approaches play a pivotal role in determining treatment outcomes and patient satisfaction. Yet, the current level of awareness and clinical application of tabletop restorations among these practitioners remains unclear. While literature on the mechanical and esthetic performance of tabletop restorations is expanding, studies evaluating the perception and preparedness of general dentists to utilize such restorations are still scarce [2-5].

The present cross-sectional survey study was designed to assess the knowledge, awareness, and attitude of general dental practitioners in Maharashtra toward tabletop restorations. The objective was to understand the extent to which these practitioners are informed about indications, material choices, bonding protocols, and clinical challenges related to tabletop restorations. To the best of our knowledge, this study is the first survey-based investigation of the knowledge, attitude and awareness of dental professionals regarding the tabletop restorations. The findings of this study may provide insights into existing educational gaps and guide future strategies for skill development, ultimately aiming to promote evidence-based, conservative restorative practices across general dental settings.

2. Materials and Methods

2.1. Study design and duration

The present descriptive, cross-sectional study was conducted to assess the knowledge, awareness, and attitude of general dental practitioners toward tabletop restorations. The study was carried out over a period of two months from January to March 2025. The study was conducted and reported according to STROBE guidelines.

2.2. Study population and eligibility criteria

The study targeted general dental practitioners currently practicing in the state of Maharashtra, India. Inclusion criteria for participation comprised licensed dentists holding a Bachelor of Dental Surgery (BDS) degree or higher, who were actively involved in clinical general dental practice. This included independent private practitioners, consultants in clinics or hospitals, and teaching faculty engaged in clinical care. Dentists undergoing postgraduate training but simultaneously engaged in general practice were also included.

Exclusion criteria comprised dentists practicing outside Maharashtra; undergraduate students and interns; and incomplete or duplicate questionnaire responses. Additionally, respondents not actively practicing at the time of the study (e.g., retired or academic-only professionals) were excluded.

2.3. Questionnaire development and validation

A structured self-administered questionnaire was developed based on a comprehensive review of current literature on tabletop restorations, adhesive dentistry, and restorative protocols. The initial questionnaire draft consisted of 20 items and was designed to capture five major domains: demographic details, theoretical knowledge, clinical experience, practitioner attitude, and sources of awareness or training. The demographic section included variables such as age group, gender, practice setting, and years of professional experience. Knowledge-related questions assessed familiarity with indications, contraindications, material selection, adhesive techniques, and clinical limitations of tabletop restorations. The clinical experience section investigated whether participants had performed tabletop restorations, the frequency of use, material preferences, and perceived challenges. The attitude domain captured the perceived importance of tabletop restorations in clinical practice, confidence in their use, and willingness to incorporate them into future treatment planning. The final section explored where practitioners had first encountered information about tabletop restorations, including formal education, workshops, journals, peer discussions, or online platforms.

Content validity of the questionnaire was assessed by a panel of five senior academicians from the fields of prosthodontics and conservative dentistry. Suggestions were incorporated to improve relevance, clarity, and structure. The revised version underwent pilot testing with 15 general dentists to assess comprehensibility, clarity, and response time. The pilot responses were excluded from the final analysis. Internal consistency of the finalized questionnaire was confirmed using Cronbach's alpha, which yielded a value of 0.89, indicating high reliability.

2.4. Questionnaire administration and data collection

The final validated questionnaire was digitized using Google Forms. A preamble was included on the first page, which provided participants with detailed information regarding the objectives of the study, confidentiality assurance, and a mandatory informed consent statement. The questionnaire link was disseminated electronically through professional networks, including WhatsApp practitioner groups, emails, and social media platforms such as Facebook and Instagram. Snowball sampling was encouraged by requesting participants to share the form with other eligible colleagues practicing in Maharashtra. The form was configured to restrict multiple submissions from the same respondent.

The survey remained open for four weeks. All responses were monitored daily. Responses with missing demographic data, inconsistent inputs, or submissions from outside Maharashtra were excluded. Duplicate entries were identified through matching fields and were removed during data cleaning.

2.5. Sampling technique and sample size

Purposive sampling was employed to ensure maximum reach across various regions of Maharashtra, including urban, semi-urban, and rural areas. Although no formal sample size calculation was conducted due to the exploratory nature of the study, efforts were made to ensure

inclusion of practitioners from different clinical settings and experience levels. A total of 216 responses were received during the data collection period, out of which 200 complete and valid responses were included in the final analysis.

2.6. Data management and statistical analysis

Data collected via Google Forms were exported into Microsoft Excel 2016 for initial cleaning and coding. Final statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 25.0 (IBM Corporation, Armonk, NY, USA). Descriptive statistics were used to report categorical variables as frequencies and percentages. Associations between demographic variables and key questionnaire responses related to knowledge, clinical use, and attitude were analyzed using the Chi-square test. A p-value of less than 0.05 was considered statistically significant, with a confidence interval set at 95 percent.

3. Results

3.1. Descriptive statistics

A total of 200 general dental practitioners participated in the study Figure 1. The demographic characteristics of the study population are summarized in Table 1. The majority of respondents were in the 25–35 years age group, accounting for 66.3% (n = 132) of the sample. This was followed by 21.8% (n = 44) in the 46–55 years age group, 8.9% (n = 18) in the 36–45 years group, and only 3% (n = 6) were above 56 years of age. The gender distribution was nearly balanced, with 51.5% (n = 103) being female and 48.5% (n = 97) being male.

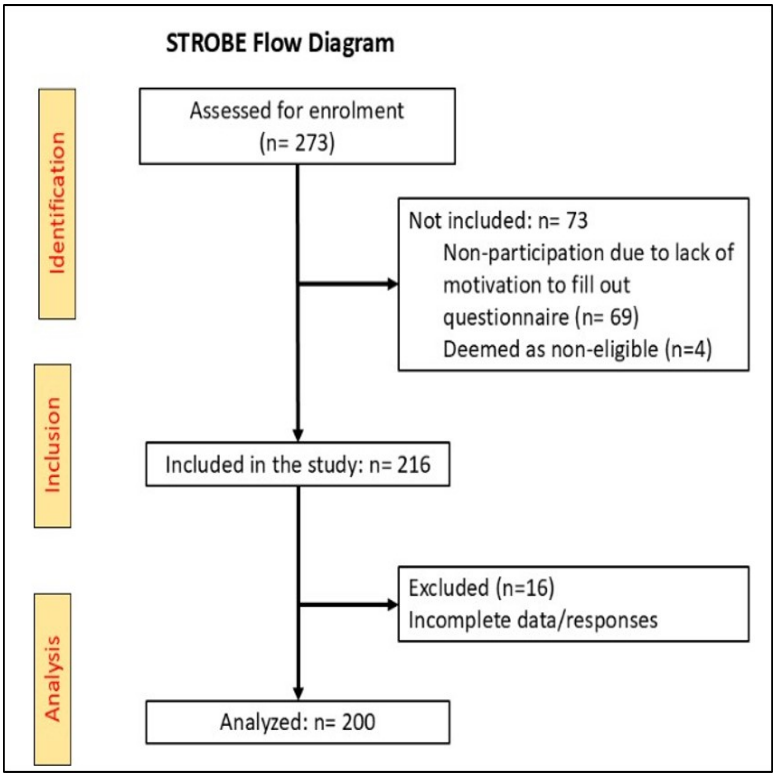

Figure 1: STROBE flow diagram indicating the recruitment process of the participants in the survey

With regard to clinical experience, the largest segment of participants (63.4%, n = 127) had 0–5 years of practice, indicating a relatively younger and early-career professional cohort. Practitioners with 20 or more years of experience formed 15.8% (n = 32) of the sample, while those with 11–20 years and 6–10 years of practice constituted 11.9% (n = 23) and 8.9% (n = 18) respectively. These demographics suggest that the study captured responses from a diverse group, with a predominance of young professionals.

3.2. Awareness and training regarding tabletop restorations

The majority of respondents demonstrated a moderate level of awareness regarding tabletop restorations, with 54.5% (n = 110) indicating familiarity with the concept, while 45.5% (n = 90) reported not being aware of it. Despite this near-equal distribution, the association between familiarity and demographic variables was not statistically significant (p = 0.812), suggesting that awareness was not strongly influenced by age, gender, or experience level.

When participants were asked about formal training, only 17.8% (n = 36) had attended a dedicated course or workshop on tabletop restorations. A large proportion, comprising 82.2% (n = 164) of the participants, had never received structured instruction or hands-on training related to this technique. This difference was statistically highly significant ($p < 0.001$), indicating that formal educational exposure plays a critical role in shaping a dentist's familiarity and potential adoption of tabletop restorations in practice.

Table 1: Demographic characteristics of the study population

Independent variables	Categories	Frequency (n)	Percentage (%)
Age Group	25-35 years	132	66.3%
	36-45 years	18	8.9%
	46-55 years	44	21.8%
	56+ years	6	3%
Gender	Male	97	48.5%
	Female	103	51.5%
Years of Practical Experience	0-5 years	127	63.40%
	6-10 years	18	8.90%
	11-20 years	23	11.90%
	20+ years	32	15.80%

3.3. Perceived importance in treatment planning

Participants held mixed views regarding the role of tabletop restorations in treatment planning. Approximately one-third of the respondents (32.7%, n = 65) considered them very important, while another 31.7% (n = 63) viewed them as somewhat important. A notable proportion (30.7%, n = 62) remained unsure about their utility, and only a small percentage (4.9%, n = 10) deemed them unimportant. These responses did not show any significant association with demographic characteristics (p = 0.312), indicating a broadly distributed perception pattern.

3.4. Current and intended clinical use

In terms of clinical implementation, only 28.7% (n = 57) of respondents reported routinely offering tabletop restorations in their practice. However, a promising 47.5% (n = 95) expressed an intention to adopt them in the near future, while 23.8% (n = 48) indicated they did not use them at all. The association between clinical usage and background variables was not statistically significant (p = 0.415), but the data suggest a trend toward growing interest and potential for broader adoption.

3.5. Material preferences for tabletop restorations

Regarding material choices, composite resins were overwhelmingly preferred, selected by 72% (n = 144) of respondents, likely due to their ease of handling and conservative preparation requirements. Ceramics were the second most common choice (56%, n = 112), followed by resin-modified glass ionomer cement (3%, n = 6), zirconia (2%, n = 4), and lithium disilicate and silver amalgam (each 1%, n = 2). The variation in preferences across materials was statistically significant ($p < 0.001$), suggesting a clear inclination among practitioners toward adhesive and minimally invasive restorative materials.

3.6. Primary indications for tabletop restorations

When asked about the clinical indications for tabletop restorations, 60% (n = 120) of respondents identified restoring the structural integrity of teeth as the primary reason. Aesthetic corrections were cited by 59% (n = 118), followed by management of tooth wear (55%, n = 110), and large cavity restorations (47%, n = 94). Only 2.5% (n = 5) admitted to not knowing the indications. These choices showed no significant difference across demographic groups (p = 0.387), reflecting a general consensus in clinical reasoning.

The summary of responses to the above mentioned questions is presented in Table 2.

Table 2: Frequency of responses to various knowledge-based questions in the questionnaire

		Frequency (n)	Percentage (%)	p value (Chi square test)
Familiarity with TR	Yes	110	54.50%	P=0.812 (NS)
	No	90	45.50%	
Attended Course or workshop on TR	Yes	36	17.80%	P<0.001**
	No	164	82.20%	
Importance of TR in the overall treatment planning for patients	Very Important	65	32.70%	P=0.312 (NS)
	Somewhat Important	63	31.70%	
	Not Important	10	4.90%	
	I am unsure	62	30.70%	
Offer TR as general practice	Yes	57	28.70%	P=0.415 (NS)
	No	48	23.80%	
	Plan in near future	95	47.50%	
Preferred material for TR	Composite resins	144	72	P<0.001**
	Ceramic	112	56	
	Resin modified GIC	6	3	
	Zirconia	4	2	
	Lithium Disilicate	2	1	
	Silver Amalgam	2	1	

TR = Tabletop Restorations; NS = Non-significant ($p > 0.05$); **= statistically highly significant $p < 0.001$

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3.7. Challenges in clinical adoption

Various challenges in incorporating tabletop restorations into daily practice were reported Figure 2. The most frequently mentioned was lack of adequate knowledge or training (38.6%, n = 77), followed by patient-related factors such as reluctance or lack of awareness (28.7%, n = 57) and the high cost of materials (27.7%, n = 56). Only a small group (5%, n = 10) considered the technique to be overly time-consuming. The overall distribution of these responses was not statistically significant (p = 0.614).

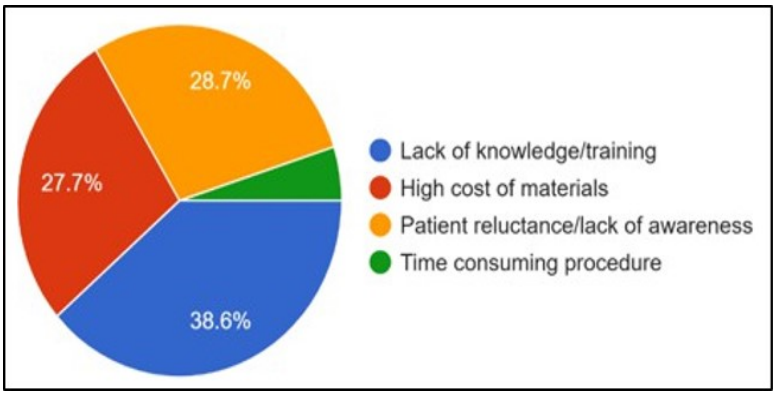

Figure 2: Challenges faced by dentists when considering tabletop restorations for their patients

3.8. Confidence in performing the procedure

Confidence levels in performing tabletop restorations varied considerably. Only 28.7% (n = 57) of the respondents felt confident in executing the procedure. Around 20.8% (n = 42) admitted a lack of confidence, and a majority—50.5% (n = 101)—had never attempted the procedure in practice. These responses did not show statistically significant variation with respect to demographics (p = 0.134), indicating that clinical exposure may be the major influencing factor.

3.9. Patient awareness and clinical recommendations

Patient awareness of tabletop restorations appeared to be limited. Only 8.1% (n = 16) of practitioners believed their patients were very aware of the procedure's benefits. Equal proportions of respondents (30.3%, n = 61) felt that patients were either somewhat aware or not aware, while 31.3% (n = 62) had never discussed the option with their patients. The data did not reveal any significant associations (p = 0.846).

Despite limited patient awareness, 53.5% (n = 107) of dentists reported recommending tabletop restorations as a treatment option. An additional 41.6% (n = 83) recommended them selectively, depending on the clinical scenario, while only 4.9% (n = 10) did not recommend them at all. This distribution was found to be statistically significant (p <0.001), highlighting a strong tendency among dentists to favor the modality when appropriate.

The summary of responses by the participants to the attitude-based questions are presented in Table 3.

Table 3: Frequency of responses to various attitude-based questions in the questionnaire

		Frequency (n)	Percentage (%)	p value (Chi square test)
Primary indications for TR	Large cavities	94	47	P=0.387 (NS)
	Aesthetic restorations	118	59	
	Structural Integrity of tooth	120	60	
	Tooth wear	110	55	
	Don't know	5	2.5	
Confidence in performing TR	Yes	57	28.70%	P=0.134 (NS)
	No	42	20.80%	
	I have never performed a TR	101	50.50%	
Awareness of patients about benefits of TR	Very aware	16	8.10%	P=0.846 (NS)
	Somewhat aware	61	30.30%	
	Not aware	61	30.30%	
	I have never discussed this with patients	62	31.30%	
Recommend TR to patients	Yes	107	53.50%	P<0.001**
	No	10	4.90%	
	Sometimes, depending on the case	83	41.60%	

TR = Tabletop Restorations; NS = Non-significant (p>0.05); **= statistically highly significant p <0.001

3.10. Sources of information

Dentists accessed information on tabletop restorations through various channels Figure 3. Conferences and workshops were the most cited source (31.7%, n = 63), followed by online platforms and webinars (26.7%, n = 53), and dental journals (22.8%, n = 46). A smaller number of respondents credited peer discussions (8.9%, n = 18) or dental school instruction (9.9%, n = 20) as their primary source. The differences among these sources were not statistically significant (p = 0.216), indicating a relatively even spread of information acquisition pathways.

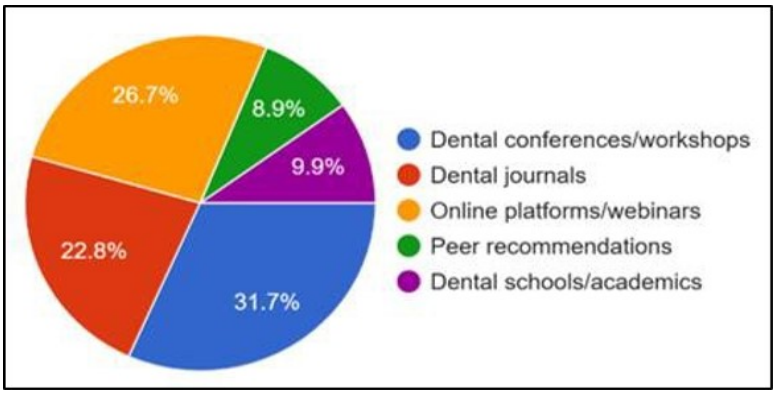

Figure 3: Percentage-wise distribution of responses regarding sources of information regarding tabletop restorations

4. Discussion

The present study aimed to evaluate the awareness, knowledge, and clinical adoption of tabletop restorations among general dental practitioners. The findings provide useful insight into how this emerging restorative technique is perceived and practiced in day-to-day clinical settings [6]. One of the notable observations was that just over half of the respondents were familiar with the concept of tabletop restorations. While this suggests a growing awareness, it also highlights that a substantial portion of practitioners may still be unfamiliar with the technique. This is significant because familiarity with newer restorative approaches is often the first step toward adoption. Importantly, a large number of dentists had never attended a formal workshop or continuing education program on tabletop restorations. The statistically significant association between training and awareness underlines the importance of structured learning opportunities in enhancing professional competence.

When asked about the perceived importance of tabletop restorations in treatment planning, responses were widely distributed. While one-third of the respondents viewed them as very important, another third was unsure. This level of uncertainty could stem from a lack of clinical exposure or incomplete understanding of the indications and benefits. Such variability emphasizes the need for clearer educational messaging about the role tabletop restorations can play in conservative and aesthetic rehabilitation, especially in cases involving tooth wear, large cavities, and compromised structural integrity [3].

The clinical use of tabletop restorations was found to be relatively limited. Less than one-third of respondents reported routinely offering them, although many expressed an intention to do so in the future. This gap between intent and practice may be due to barriers such as inadequate training, low patient demand, or uncertainty regarding material selection. Encouragingly, nearly half of the practitioners indicated future interest, suggesting a potential for increased adoption if proper guidance and support are provided.

Composite resins were identified as the most commonly preferred material, likely due to their cost-effectiveness, ease of manipulation, and favorable esthetic outcomes [7,8]. Ceramic materials also received substantial preference, reflecting an appreciation for their strength and longevity [9,10]. The statistically significant variation in material preferences indicates a strong clinical interest in adhesive and minimally invasive options, aligning well with current restorative principles.

In terms of indications, most practitioners correctly associated tabletop restorations with restoring structural integrity and managing aesthetic concerns [2]. These responses are consistent with literature that supports the use of tabletop techniques for conservative rehabilitation of worn or structurally weakened teeth [3]. However, the fact that a segment of respondents remained unaware of appropriate indications reflects a knowledge gap that must be addressed through education and clinical exposure.

Several challenges were cited by practitioners, the most common being lack of training. Other issues included patient reluctance and the cost of materials [11]. Interestingly, very few considered the procedure time-consuming, suggesting that practical barriers are more knowledge-based than procedural. These findings point to the need for hands-on workshops, simplified treatment protocols, and patient education tools to encourage wider use. The study also revealed that more than half of the dentists had never performed a tabletop restoration. This aligns with the finding that only a minority felt confident in executing the procedure. Building confidence requires not only theoretical knowledge but also clinical mentoring and practical exposure. Without this, practitioners may hesitate to offer tabletop restorations even when they are indicated.

Patient awareness of tabletop restorations was found to be low. A considerable number of respondents admitted to never having discussed it with their patients. This reflects a potential communication gap, where dentists may be reluctant to present newer treatment options unless they are fully confident in delivering them. Despite this, over half of the participants reported recommending tabletop restorations as a treatment option, and many others supported their use selectively depending on the case. The high statistical significance of this finding suggests a genuine professional interest in the approach, which could be further developed with appropriate resources.

Sources of information were varied, with dental workshops, online platforms, and journals being the most common. Peer discussions and academic education were less frequently mentioned. This indicates that many practitioners are actively seeking information outside formal education settings [12,13]. Incorporating tabletop restoration techniques into undergraduate and postgraduate curricula may help bridge this gap more effectively.

5. Limitations

One key limitation of this study is its reliance on self-reported responses, which may be influenced by recall bias or social desirability bias, potentially leading to overestimation or underestimation of actual knowledge and clinical practices [14]. Additionally, the sample was restricted to general practitioners within a specific geographical region, which may limit the generalizability of the findings to broader dental populations. The cross-sectional design also captures only a snapshot of current awareness and practices without reflecting changes over time [15] .Lastly, while the questionnaire was structured and comprehensive, qualitative insights such as the reasons behind hesitation or patient-related barriers were not explored, which could have enriched the interpretation of results.

Overall, findings of the present study highlight both promise and limitations in the adoption of tabletop restorations. While there is clear professional interest, the current lack of training and limited patient communication are key areas that need improvement. Expanding continuing education, promoting clinical demonstrations, and integrating these restorations into routine treatment planning could enhance their clinical uptake. As patients increasingly seek conservative and aesthetic solutions, tabletop restorations offer a practical and minimally invasive choice that deserves greater attention in general practice.

6. Conclusion

The present cross-sectional study highlights a moderate level of awareness but limited clinical adoption of tabletop restorations among general dental practitioners. While many respondents recognize their importance in preserving tooth structure and improving aesthetics, a significant gap remains in formal training, clinical confidence, and patient communication. The findings suggest that targeted educational programs, hands-on workshops, and increased emphasis on conservative restorative techniques in dental curricula are essential to bridge these gaps. By improving practitioner familiarity and patient awareness, tabletop restorations can become a more widely utilized and effective option in modern dental practice.

Declaration

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Conflict of Interest: The authors declare no conflict of interest.

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