

# **PRACTICAL CLINICAL COURSES**

A Service of the Gordon J. Christensen  
Career Development Program

## **V2551**

### **Predictable Removable Partial Dentures**

Gordon J. Christensen, DDS, MSD, PhD

#### **Materials Included**

C.E. Instruction Sheet  
Products List  
Partial Denture Handout  
Clinician Responsible  
Goals & Objectives  
Overview  
References  
AGD Post-Test

**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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Gordon J. Christensen  
**PRACTICAL CLINICAL COURSES**

*Sources of Products Discussed in*

**V2551 Predictable Removable Partial Dentures**

Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **Accufilm II**  
Parkell, Inc.  
300 Executive Drive  
Edgewood, NY 11717  
(800)243-7446  
(631)249-1134  
[www.parkell.com](http://www.parkell.com)
2. **Articulators**  
Whip Mix Corporation  
361 Farmington Avenue  
P.O. Box 17183  
Louisville, KY 40217  
(800)626-5651  
(502)637-1451  
[www.whipmix.com](http://www.whipmix.com)
3. **Dentsply Triad**  
Dentsply Prosthetics  
570 West College Avenue  
York, PA 17405  
(800)243-1942  
(717)845-7511  
[www.prosthetics.dentsply.com](http://www.prosthetics.dentsply.com)
4. **Disposable Scalpel**  
Local Distributors
5. **ERA Attachment Systems**  
Sterngold Dental, LLC  
23 Frank Mossberg Drive  
Attleboro, MA 02703-0967  
(800)243-9942  
(508)226-5660  
[www.sterngold.com](http://www.sterngold.com)
6. **ERA Attachment Systems**  
Zimmer Dental  
1900 Aston Avenue  
Carlsbad, CA 92008  
(800)854-7019  
(760)929-4300  
[www.zimmerdental.com](http://www.zimmerdental.com)
7. **Examix**  
GC America, Inc.  
3737 West 127<sup>th</sup> Street  
Alsip, IL 60803  
(800)323-3386  
(708)597-0900  
[www.gcamerica.com](http://www.gcamerica.com)
8. **Fit Checker**  
GC America, Inc.  
3737 West 127<sup>th</sup> Street  
Alsip, IL 60803  
(800)323-3386  
(708)597-0900  
[www.gcamerica.com](http://www.gcamerica.com)
9. **Implant Support Company**  
Attachments International  
824 Cowan Road  
Burlingame, CA 94010-1205  
(800)999-3003  
(650)340-0393  
[www.attachments.com](http://www.attachments.com)
10. **Imtec Mini Implant**  
3M ESPE Dental Products  
3M Center  
Bldg. 275-2SE-03  
St. Paul, MN 55144  
(800)634-2249  
[www.3mespe.com](http://www.3mespe.com)
11. **Lab Burs**  
Brasseler USA  
One Brasseler Blvd.  
Savannah, GA 31419  
(800)841-4522  
(912)925-8525  
[www.brasselerusa.com](http://www.brasselerusa.com)
12. **Madame Butterfly Silk**  
Almore International, Inc.  
P.O. Box 25214  
Portland, OR 97298  
(800)547-1511  
(503)643-6633  
[www.almore.com](http://www.almore.com)
13. **Models**  
Salvin Dental Specialties  
3450 Latrobe Drive  
Charlotte, NC 28211  
(800)535-6566  
(704)442-5400  
[www.salvin.com](http://www.salvin.com)
14. **Permadyne**  
3M ESPE Dental Products  
3M Center  
Bldg. 275-2SE-03  
St. Paul, MN 55144  
(800)634-2249  
[www.3mespe.com](http://www.3mespe.com)
15. **PermaSoft**  
Dentsply Prosthetics  
570 West College Avenue  
York, PA 17405  
(800)243-1942  
(717)845-7511  
[www.prosthetics.dentsply.com](http://www.prosthetics.dentsply.com)
16. **Pink Base Plate Wax**  
Coltene/Whaledent  
235 Ascot Parkway  
Cuyahoga Falls, OH 44223  
(800)221-3046  
(330)916-8800  
[www.coltene.com](http://www.coltene.com)
17. **ProMax 3D**  
PLANMECA USA  
100 North Gary Avenue  
Suite A  
Roselle, IL 60172  
(630)529-2300  
[www.planmecausa.com](http://www.planmecausa.com)
18. **Ridge Caliper**  
Salvin Dental Specialties  
3450 Latrobe Drive  
Charlotte, NC 28211  
(800)535-6566  
(704)442-5400  
[www.salvin.com](http://www.salvin.com)

19. **Schick SDX**  
Schick Technologies  
30-30 47<sup>th</sup> Avenue  
Suite 500  
Long Island City, NY 11101  
(877)724-4254  
(718)937-5765  
[www.schicktech.com](http://www.schicktech.com)
20. **Sirona Galileos System**  
Sirona Dental Systems LLC  
4835 Sirona Drive  
Suite 100  
Charlotte, NC 28273  
(800)659-5977  
(704)587-0453  
[www.cereconline.com](http://www.cereconline.com)
21. **Snap-Stone**  
Whip Mix Corporation  
361 Farmington Avenue  
P.O. Box 17183  
Louisville, KY 40217  
(800)626-5651  
(502)637-1451  
[www.whipmix.com](http://www.whipmix.com)
22. **Triad TruTray**  
Dentsply Prosthetics  
570 West College Avenue  
York, PA 17405  
(800)243-1942  
(717)845-7511  
[www.prosthetics.dentsply.com](http://www.prosthetics.dentsply.com)

***Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.***

**Gordon J. Christensen Practical Clinical Courses, 3707 North Canyon Road, Suite 3D, Provo, UT 84604  
Toll Free (800) 223-6569 or Utah Residents (801) 226-6569**

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# Partial Removable Dentures

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We have done our best to provide you with well-fitted, functional, and esthetic removable partial dentures. We feel confident that after a few weeks of becoming adjusted to the new partial dentures, you will have years of satisfaction and use from them.

- 1. The First Few Weeks:** New dentures always feel strange when first placed in your mouth. Several days or even a few weeks will be required for you to feel accustomed to them.
- 2. Sore Spots:** Usually, your mouth will have a few "sore spots" after wearing the dentures for 24 hours. Don't worry about these areas. They can be relieved with very little effort during your next appointment.
- 3. Chewing:** The new bite will not feel comfortable for a few days. We will adjust the contacting surfaces of your teeth in 24 hours and again about one week after the dentures have "settled" into place.
- 4. Cleaning the Dentures and Your Mouth:** Your dentures can be cleaned by using a soft bristle toothbrush and a mild denture cleaning paste. Use special care to clean the parts of the partial denture that contact natural teeth. Both the partial denture and the natural teeth must be kept very clean daily to reduce the chance of new dental decay starting. Use fluoride-containing toothpaste for the natural teeth. If suggested by us, use high fluoride-containing toothpaste such as PreviDent 5000 (Colgate) as a brush-on material on a daily basis. This product requires a prescription from us.

Denture soaks or cleaners are also useful to help in removing debris from the denture. Please ask us if you are interested in a small "sonic" cleaner available for home use. Brush your gums with a regular toothbrush once per day to toughen and clean them. You may leave the dentures in or out of your mouth at night, depending on your preference. If they are out of your mouth, leave them soaking in water to avoid dehydration and warping.

- 5. The Future:** Your jaw bones and gums shrink up to 1/32 of an inch per year when your teeth are missing. This shrinkage is one of the main disadvantages of artificial dentures. Because of this shrinkage, you should plan to have your dentures and oral tissues evaluated by us at least once every 6 months. We will inform you when refitting of the dentures is necessary. Wearing ill-fitting dentures for too long without refitting can cause severe bone loss and serious oral diseases.

*I have read and understand the above information.*

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PATIENT'S NAME

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SIGNATURE OF PATIENT, LEGAL GUARDIAN,  
OR AUTHORIZED REPRESENTATIVE

---

DATE

## **PROGRAM**

### **V2551 Predictable Removable Partial Dentures**

#### **CLINICIAN RESPONSIBLE:**

**Gordon J. Christensen, DDS, MSD, PhD**  
CEO, Practical Clinical Courses  
CEO, CR Foundation  
Practicing Prosthodontist, Provo, Utah

#### **GOALS & OBJECTIVES**

On completion of this video, viewers should be able to:

1. Discuss the history of removable partial dentures (RPDs).
2. Describe why RPDs have been a challenge for both patients and dentists.
3. List alternatives for RPDs.
4. List the advantages of using implants with RPDs.
5. Describe the various implants that can be used with RPDs.
6. Discuss innovative treatment plans using implants with RPDs for Kennedy classes I, II, III, and IV.
7. Discuss types of implant abutment attachments to be used with RPDs.
8. Discuss use of RPDs as transitional treatment, leading on to fixed prosthodontics.
9. Discuss RPDs as final treatment.
10. List the sequence of treatment using implants under a new RPD.
11. Describe the diagnostic appointment for RPDs.
12. List the steps in making a final impression for an RPD.
13. Describe how the final impression can be made in such a way that the RPD does not rock.
14. Discuss the need for occlusal rests and tooth contouring when using RPDs.
15. Describe the desirable characteristics for metal frameworks.
16. List the steps when determining the centric jaw relation.
17. List important factors during the tooth try-in.
18. List the steps when seating the RPD.
19. Discuss occlusal considerations for RPDs.
20. Describe the steps in postoperative adjustments.

## OVERVIEW

### **V2551 Predictable Removable Partial Dentures**

Removable partial dentures have always been a significant negative procedure for both patients and dentists. Why they are a problem is quite identifiable. They have clasps that can be uncomfortable and unesthetic. They often loosen and sensitize natural teeth to which they are connected. They become loose over a relatively short period of service, and when tightened, they feel good for only a short time. All dentists have broken partial denture clasps when attempting to tighten them. Some patients lose their partials. Dogs eat them if they are left out of the mouth and in an accessible location. Yes, occasionally any of us can make a partial that is really liked by the patient. Unfortunately, the frequency of such success is limited.

The content of this video can reduce or eliminate most of the problems described above. The following and other subjects are included in this presentation:

- The frustrating history of removable partial dentures (RPDs)
- Alternatives for RPDs
- Advantages of using implants with RPDs
- Types of implants for use with RPDs
- Innovative treatment plans using implants with RPDs
- Implants and Kennedy Class Is
- Implants and Kennedy Class IIs
- Implants and Kennedy Class IIIs
- Implants and Kennedy Class IVs
- Types of attachments
- RPDs as transitional treatment
- RPDs as final treatment
- Sequence of treatment for new RPDs using implants
- Diagnostic appointment
- Implant placement
- Appearance of patient 8 years after completion of treatment
- Provisional restoration after implant placement and before denture completion
- Modification of teeth and occlusal rests
- Final impressions
- Framework try-in
- Centric jaw relation
- Tooth try-in
- Seating RPD
- Occlusal considerations
- Adjustment appointment
- Placing implants under a previously functional RPD
- Conclusions about implant-supported and retained RPDs

## REFERENCES

### **V2551 Predictable Removable Partial Dentures**

1. Furuyama C, Takaba M, Inukai M, Mulligan R, Igarashi Y, Baba K. Oral health-related quality of life in patients treated by implant-supported fixed dentures and removable partial dentures. *Clin Oral Implants Res.* 2011 Aug 2. [Epub ahead of print].
2. Pun DK, Waliszewski MP, Waliszewski KJ, Berzins D. Survey of partial removable dental prosthesis (partial RDP) types in a distinct patient population. *J Prosthet Dent.* 2011 Jul;106(1):48-56.
3. Suenaga H, Yokoyama M, Yamaguchi K, Sasaki K. Bone metabolism of residual ridge beneath the denture base of an RPD observed using NaF-PET/CT. *J Prosthodont Res.* 2011 Jun 8. [Epub ahead of print].
4. Cunha LD, Pellizzer EP, Verri FR, Falcon-Antenucci RM, Goiato MC. Influence of ridge inclination and implant localization on the association of mandibular Kennedy class I removable partial denture. *J Craniofac Surg.* 2011 May;22(3):871-5.
5. Schmitt J, Wichmann M, Eitner S, Hamel J, Holst S. Five-year clinical follow-up of prefabricated precision attachments: a comparison of uni- and bilateral removable dental prostheses. *Quintessence Int.* 2011 May;42(5):413-8.
6. Bortolini S, Natali A, Franchi M, Coggiola A, Consolo U. Implant-retained removable partial dentures: an 8-year retrospective study. *J Prosthodont.* 2011 Apr;20(3):168-72. [Epub 2011 Mar 25].
7. Stilwell C. Revisiting the principles of partial denture design. *Dent Update.* 2010 Dec;37(10):682-4, 686-8, 690.
8. Niarchou AP, Ntala PC, Karamanoli EP, Polyzois GL, Frangou MJ. Partial edentulism and removable partial denture design in a dental school population: a survey in Greece. *Gerodontology.* 2011 Sep; 28(3):177-83. [Epub 2011 Feb 1].
9. Cheng H, Xu M, Zhang H, Wu W, Zheng M, Li X. Cyclic fatigue properties of cobalt-chromium alloy clasps for partial removable dental prostheses. *J Prosthet Dent.* 2010 Dec;104(6):389-96.



## POST-TEST

### **V2551 Predictable Removable Partial Dentures**

1. Conventional removable partial dentures have been objectionable because of:
  - a. unsightly clasps.
  - b. inadequate retention.
  - c. inadequate support and a “rocking motion” toward the edentulous areas.
  - d. all of the above.
  
2. Using the average diameter of implants as a guide for denture support and retention:
  - a. one small-diameter implant equals one conventional-diameter implant.
  - b. two small-diameter implants equal one conventional-diameter implant.
  - c. three small-diameter implants equal one conventional-diameter implant.
  - d. four small-diameter implants equal one conventional-diameter implant.
  
3. One of the most adequate places for implants used as support and retention for removable partial dentures is:
  - a. the maxillary tuberosity area.
  - b. the triangle of bone just over the mental foramen.
  - c. the triangle of bone distal or mesial to remaining natural teeth.
  - d. none of the above.
  
4. Usually, the most inadequate conventional removable partial denture is:
  - a. Kennedy Class I.
  - b. Kennedy Class II.
  - c. Kennedy Class III.
  - d. Kennedy Class IV.
  
5. The most flexible and resilient attachment for connecting implants to the denture is:
  - a. an ERA.
  - b. a Locator.
  - c. a sphere abutment to retain the denture using a rubber washer in a housing in the denture.
  - d. a Hader bar.
  
6. The cast from which a custom tray is made is fabricated from an alginate impression:
  - a. on the first appointment after the diagnostic appointment.
  - b. during the final impression appointment.
  - c. at the centric jaw relation appointment.
  - d. at the diagnostic appointment.
  
7. The most stable type of occlusion rim (bite block) for large soft-tissue edentulous areas is made from:
  - a. shellac.
  - b. PMMA.
  - c. VPS lined light-curing tray material.
  - d. wax alone.

**POST-TEST (CONT'D)**

**V2551 Predictable Removable Partial Dentures**

- 8. Metal frameworks for removable partial dentures should be:
  - a. relieved from the cast to avoid sore spots.
  - b. thin, flexible, and cast directly to the stone model without relief.
  - c. always made from nickel-chrome metal.
  - d. thick and strong to avoid fracture of the metal.
  
- 9. Saying any word with "s" in it with the occlusion rims in place helps to locate:
  - a. correct vertical dimension of occlusion.
  - b. freeway space.
  - c. curve of Spee.
  - d. curve of Wilson.
  
- 10. Custom trays for final impressions should be:
  - a. relieved from the stone model to allow for a thickness of impression material.
  - b. fitted tightly to the remaining natural teeth.
  - c. relieved only from the teeth receiving clasps.
  - d. made to tightly fit the edentulous ridge.

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