

**PRACTICAL CLINICAL COURSES**  
A Service of the Gordon J. Christensen  
Career Development Program

**V2333**  
**The Best Implant-Supported Restorations**

Gordon J. Christensen, DDS, MSD, PhD

**Materials Included:**

C.E. Instruction Sheet  
Products List  
Clinician Responsible  
Goals & Objectives  
Overview  
Supplemental Materials  
AGD Post-Test

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

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**PRACTICAL CLINICAL COURSES**  
*Sources of Products Discussed in*  
**V2333 The Best Implant-Supported Restorations**  
Presented by Gordon J. Christensen, DDS, MSD, PhD

1. **Angle-Correcting Screwdriver Systems**  
Various Implant Companies
2. **Laboratory:**  
Archibald Associates  
1375 E 800 N  
Suite 106  
Orem, UT 84097  
(801)226-6580  
[John.archibald.dental@gmail.com](mailto:John.archibald.dental@gmail.com)
3. **Laboratory:**  
Burbank Dental Laboratory  
2101 Floyd Street  
Burbank, CA 91504  
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[www.burbankdental.com](http://www.burbankdental.com)
4. **Laboratory:**  
Glidewell  
4141 MacArthur Blvd.  
Newport Beach, CA 92660  
(800)854-7256  
[www.glidewelldental.com](http://www.glidewelldental.com)
5. **Laboratory:**  
Ric Schwarting Dental Lab  
339 E 4900 N  
Provo, UT 84604  
(801)367-1598  
[Rics1047@yahoo.com](mailto:Rics1047@yahoo.com)
6. **Premier Implant Cement**  
Premier Dental Co.  
1710 Romano Drive  
Plymouth Meeting, PA 19462  
(888)670-6100  
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[www.premierdentalco.com](http://www.premierdentalco.com)

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

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## PROGRAM

### **V2333 The Best Implant-Supported Restorations**

#### CLINICIAN RESPONSIBLE:

**Gordon J. Christensen, DDS, MSD, PhD**

Founder and CEO, Practical Clinical Courses  
Senior Consultant & Previous CEO, CR Foundation  
Practicing Prosthodontist, Provo, Utah

#### GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

1. Describe the current state of research on the clinical success of dental implants.
2. Discuss which is the most accomplished implant-supported restoration and why.
3. Compare the four types of restorations for edentulous arches relative to implant use.
4. Compare the three types of implant-supported restorations for edentulous arches relative to patient cost.
5. Discuss potential reasons why implants are used for retention and support of only a small percentage of edentulous restorations.
6. Compare the movement of implants under occlusal load to teeth under occlusal load.
7. Describe two ways to fabricate implant-supported single crowns.
8. Discuss why having the laboratory technician cement the crown to the abutment is better than having the dentist cement the crown to the abutment in the mouth.
9. Describe and compare the two concepts to place crowns on several single implants adjacent to one another relative to connecting or not connecting the crowns.
10. Discuss why connecting a natural tooth to an implant has been controversial.
11. List the technique for cementing a natural tooth to an implant.
12. Discuss why fixed partial dentures to be cemented on a natural tooth and an implant should NOT be cemented with provisional cement.
13. Compare the retention of dentures with Locator-type attachments to the retention of dentures with spherical attachments.
14. Discuss the situations in which spherical attachments are indicated.
15. Discuss the situations in which spherical attachments are contraindicated.
16. List the advantages of fixed implant-supported prostheses for edentulous arches.
17. List the disadvantages of fixed implant-supported prostheses for edentulous arches.
18. List the advantages of removable implant-supported prostheses for edentulous arches.
19. List the disadvantages of removable implant-supported prostheses for edentulous arches.
20. Describe proper home care and recare appointments for implant-supported prostheses.

## OVERVIEW

### **V2333 The Best Implant-Supported Restorations**

Implants have become a major part of dental practice over the 30 years they have been used. Almost all general dentists restore implants, but only a small percentage of general dentists place implants. General dentists are encouraged to place implants at the level they feel comfortable.

Many changes have evolved in the restorative and surgical aspects of implant dentistry. This video emphasizes the restorative aspects of implant dentistry. The following and other topics are included in this presentation:

- The current state of research on the clinical success of dental implants.
- The most accomplished implant-supported restoration.
- The four types of restorations for edentulous arches relative to implant use.
- The three types of implant-supported restorations for edentulous arches relative to patient cost.
- Why are implants used for retention and support of only a small percentage of edentulous restorations?
- The movement of implants under occlusal load to teeth under occlusal load.
- Two ways to fabricate implant-supported single crowns.
- Why having the laboratory technician cement the crown to the abutment is better than having the dentist cement the crown to the abutment in the mouth?
- The two concepts to place crowns on several single implants adjacent to one another relative to connecting or not connecting the crowns.
- Why connecting a natural tooth to an implant has been controversial?
- The technique for cementing a natural tooth to an implant.
- Why fixed partial dentures to be cemented on a natural tooth and an implant should NOT be cemented with provisional cement?
- The retention of dentures with Locator-type attachments to the retention of dentures with spherical attachments.
- The situations in which spherical attachments are indicated.
- The situations in which spherical attachments are contraindicated.
- Advantages of fixed implant-supported prostheses for edentulous arches.
- Disadvantages of fixed implant-supported prostheses for edentulous arches.
- Advantages of removable implant-supported prostheses for edentulous arches.
- Disadvantages of removable implant-supported prostheses for edentulous arches.
- Proper home care and recare appointments for implant-supported prostheses.

## SUPPLEMENTAL MATERIALS

### **V2333 The Best Implant-Supported Restorations**

1. Christensen GJ. Ask Dr. Christensen: Improving the color match of zirconia crowns. *Dental Economics*. 2021 Sep;111(9):57-60.
2. Christensen GJ. Ask Dr. Christensen: Dental implants versus fixed prostheses. *Dental Economics*. 2021 Aug;111(8):52-6.
3. Frisch E, Wild V, Ratka-Krüger P, Vach K, Sennhenn-Kirchner S. Long-term results of implants and implant-supported prostheses under systematic supportive implant therapy: A retrospective 25-year study. *Clin Implant Dent Relat Res*. 2020 Dec;22(6):689-696.
4. Agustín-Panadero R, Soriano-Valero S, Labaig-Rueda C, Fernández-Estevan L, Solá-Ruiz MF. Implant-supported metal-ceramic and resin-modified ceramic crowns: A 5-year prospective clinical study. *J Prosthet Dent*. 2020 Jul;124(1):46-52.e2.
5. Christensen GJ. Ask Dr. Christensen: What implants are the best choice? *Dental Economics*. 2020 May;110(5):60-5.
6. Christensen GJ. Ask Dr. Christensen: Why implant-supported edentulous prostheses? *Dental Economics*. 2020 Jan;110(1):47-50.
7. Hu M, Chen J, Pei X, Han J, Wang J. Network meta-analysis of survival rate and complications in implant-supported single crowns with different abutment materials. *J Dent*. 2019 Sep;88:103115.
8. von Stein-Lausnitz M, Nickenig HJ, Wolfart S, Neumann K, von Stein-Lausnitz A, Spies BC, Beuer F. Survival rates and complication behaviour of tooth implant-supported, fixed dental prostheses: A systematic review and meta-analysis. *J Dent*. 2019 Sep;88:103167.
9. Chrcanovic BR, Kisch J, Larsson C. Retrospective clinical evaluation of implant-supported single crowns: Mean follow-up of 15 years. *Clin Oral Implants Res*. 2019 Jul;30(7):691-701.
10. Ravidà A, Tattan M, Askar H, Barootchi S, Tavelli L, Wang HL. Comparison of three different types of implant-supported fixed dental prostheses: A long-term retrospective study of clinical outcomes and cost-effectiveness. *Clin Oral Implants Res*. 2019 Apr;30(4):295-305.
11. Christensen GJ. Ask Dr. Christensen: Why do implants fail? *Dental Economics*. 2018 Sep;108(9):81-2, 99.

## POST-TEST

### **V2333 The Best Implant-Supported Restorations**

1. Which implant-supported restorative technique is currently accomplished most?
  - a. Three-unit fixed partial dentures
  - b. Complete dentures
  - c. Single crowns
  - d. The all-on-four procedure
  
2. What current percentage of implants have been shown to completely fail in service and need to be removed?
  - a. 16 to 20%
  - b. 5 to 10%
  - c. More than 20%
  - d. 11 to 15%
  
3. Which has been shown to fail first in service?
  - a. The implant
  - b. The prosthesis supported by the implant
  
4. Single crown implant-supported restorations should not be cemented by the dentist in the mouth unless absolutely necessary.
  - a. True
  - b. False
  
5. Multiple single-tooth implant-supported crowns should be:
  - a. connected together.
  - b. left as separate non-connected crowns.
  - c. connected or not connected, depending on the bony support and bone density.
  
6. Natural teeth can be cemented to implants:
  - a. if the tooth and implant are stable.
  - b. if retentive features are cut into the axial surfaces of the tooth prep with a coarse diamond.
  - c. if resin cement is used.
  - d. all the above.
  
7. Locator-type attachments usually offer:
  - a. the same retention as spherical attachments.
  - b. more retention than spherical attachments.
  - c. less retention than spherical attachments.

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

**V2333 The Best Implant-Supported Restorations**

- 8. Fixed implant-supported prostheses have more advantages than removable implant-supported prostheses.
  - a. True
  - b. False
  
- 9. The underside of an edentulous fixed implant-supported fixed prosthesis must be:
  - a. convex.
  - b. easily cleaned by the patient.
  - c. as close to the soft tissue as possible.
  - d. all the above.
  
- 10. The mesial contact of an implant-supported single crown may open during service because:
  - a. of excessive chewing on that side of the arch.
  - b. the implant moves distal due to occlusal forces.
  - c. the implant does not move in the bone, but the tooth moves to the mesial over life.
  - d. the implant occasionally moves in the bone.

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**Dentist** (limit 1 additional dentist per video purchase): \$25

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