

PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

V2342

Integrating Staff for Mini Implant Success

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

C.E. Instruction Sheet
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AGD Post Test

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PROCEDURE FOR RECEIVING
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AND STATE CREDIT
FOR CE VIDEOS

1. Complete the enclosed Post-Test. For each **CE Video Purchased**, one test is included. If additional tests are needed, the following fees will apply: \$25 per test per dentist (limit 1 additional dentist per video purchased); \$10 per test per auxiliary (dental assistants, hygienists, lab technicians - no limit on auxiliary tests). Fees can be paid either by check or credit card when tests are submitted to Practical Clinical Courses.
2. Complete the demographic information located at the end of the test.
Type of Credit:
 - a. If the applicant selects "AGD," PCC will send notification to both the applicant and the Academy of General Dentistry. (The AGD will also notify applicant of credits earned by printout information.)
 - b. If the applicant selects "State," PCC will send a certificate of verification to the applicant. The applicant must then submit this certificate to his/her state board to obtain credit.
 - c. If the applicant selects "Both," PCC will complete a. & b. above.
3. Return the **Post-Test portion** via mail, fax, or email. Our contact information is as follows:

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4. Practical Clinical Courses will correct the Post-Test. **Passing scores are 70% or higher.**

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Sources of Products Discussed in

V2342 Integrating Staff for Mini Implant Success

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

1. **Advantage™ 6014 Advanced Blood Pressure Monitor & 6014P Digital Thermal Printer**
American Diagnostic Corp.
55 Commerce Drive
Hauppauge, NY 11788
(800)232-2670
(631)273-9600
www.adctoday.com
2. **AED-10 (Defibrillator)**
Welch Allyn, Inc.
4341 State Street Road
Skaneateles Falls, NY 13153
(866)892-8361
(315)685-4100
www.welchallyn.com
3. **AED Plus Unit**
Zoll Medical Corporation
Corporate Headquarters
269 Mill Road
Chelmsford, MA 01824
(800)348-9011
(978)421-9655
www.zoll.com
4. **Automatic Blood Pressure Monitor (w/ComFit Cuff)**
Omron Healthcare, Inc.
1200 Lakeside Drive
Bannockburn, IL 60015
(800)421-1223
(847)680-6200
www.omronhealthcare.com
5. **Consumer's Guide to Dentistry**
Practical Clinical Courses
3707 North Canyon Road
Suite 3D
Provo, UT 84604
(800)223-6569
(801)226-6569
www.pccdental.com
6. **Criticare 504-DX Pulse Oximeter**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
7. **Disposable Scalpels (Miltex)**
Henry Schein, Inc.
Corporate Headquarters
135 Duryea Road
Melville, NY 11747
(800)582-2702
(631)843-5500
www.henryschein.com
8. **Emergency Kit (HM1010)**
Healthfirst Corporation
P.O. Box 279
Edmonds, WA 98020
(800)331-1984
(425)771-5733
www.healthfirstcorp.com
9. **Emergency Kit (SM-10)**
Healthfirst Corporation
P.O. Box 279
Edmonds, WA 98020
(800)331-1984
(425)771-5733
www.healthfirstcorp.com
10. **4010 Emergency O₂ Cart**
Healthfirst Corporation
P.O. Box 279
Edmonds, WA 98020
(800)331-1984
(425)771-5733
www.healthfirstcorp.com
11. **Fit Checker**
GC America, Inc.
3737 West 127th Street
Alsip, IL 60803
(800)323-7063
(708)597-0900
www.gcamerica.com
12. **Galileos System**
Sirona Dental Systems LLC
4835 Sirona Drive
Charlotte, NC 28273
(800)659-5977
(704)587-0453
www.cereconline.com
13. **IntelliSense® Professional Digital Blood Pressure Monitor (HEM 907XL)**
Omron Healthcare, Inc.
1200 Lakeside Drive
Bannockburn, IL 60015
(800)634-4350
(847)680-6200
www.omronhealthcare.com
14. **Mandible Bone Loss Model Set**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
15. **Maxilla Bone Loss Model Set**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com

16. **MDI™ Mini Dental Implant System**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com
17. **Peridex**
Omni Preventive Care
(A 3M ESPE Company)
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com
18. **PermaSoft Soft Denture Liner**
Dentsply Austenal
570 West College Avenue
York, PA 17404
(800)621-0381
www.dentsply.com
19. **ProMax 3D**
PLANMECA USA
100 North Gary Avenue
Suite A
Roselle, IL 60172
(630)529-2300
www.planmecausa.com
20. **Schick SDX**
Schick Technologies
30-30 47th Avenue
Suite 500
Long Island City, NY 11101
(877)724-4254
(718)937-5765
www.schicktech.com
21. **SECURE™ Hard Pick-Up Material**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com
22. **SECURE™ Soft Reline Material**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com
23. **Simple Patient Education for Every Practice DVD by Gordon Christensen**
Practical Clinical Courses
3707 North Canyon Road
Suite 3D
Provo, UT 84604
(800)223-6569
(801)226-6569
www.pccdental.com
24. **Snap-Stone**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
25. **Surgical Drapes**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
26. **Surgical Packs**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
27. **Vicryl Sutures - Ethicon**
Local Distributor

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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Patient Information and Consent Form for Dental Implants

1. Dr. _____ has carefully examined my mouth. Alternatives to implant therapy have been explained. I have considered these methods, and I desire implant placement to replace my missing teeth.
2. I have been informed about the implant surgery procedure. The technique to accomplish placement of implants under the gum and in the bone has been explained to me.
3. Dr. _____ has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of implants, and that about 95% of implants successfully integrate into the bone. It has been explained that in a few instances implants fail and must be removed. Guarantees or assurance as to the outcome of results of treatment or surgery cannot be made.
4. I have been informed of the possible risks and complications involved with implant surgery, drugs, and anesthesia. I have been told that all of these complications occur very infrequently. Such potential complications include pain, swelling, infection and transient discoloration. Numbness of the lip, tongue, chin, cheek, or teeth may occur in a few cases. The exact duration of numbness is not predictable and infrequently may be irreversible. Also possible are: injury to adjacent teeth, bone fractures, delayed healing, and allergic reactions to drugs or medications used. Dr. _____ has explained the potential for occurrence of these specific occurrences in my case.
5. I understand that excessive smoking, alcohol, or sugar consumption may effect healing and limit the success of implants. I agree to follow my doctor's home care instructions. I agree to report to Dr. _____ for regular examination as instructed.
6. I agree to the type of anesthesia, deemed best for my needs by Dr. _____.
7. To my knowledge, I have given an accurate report of my physical and mental history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
8. I consent to photography, filming, recording, and radiographs (x-rays) of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.
9. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during, and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials, or care, if it is felt this is for my best interest.

Signature of Doctor _____ Signature of Patient _____

If patient is unable to sign or is a minor,

Signature of parent or legal guardian _____

Witness _____ Date _____

PROGRAM

V2342 Integrating Staff for Mini Implant Success

CLINICIAN RESPONSIBLE:

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

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Discuss why dental implants are desirable for patients
2. List and discuss the three identifiable diameters of root form implants
3. Compare the usefulness of small diameter implants SDIs (under 3 mm in diameter) with conventional diameter implants (3 mm or over in diameter)
4. List several situations especially suited to SDIs
5. Discuss the importance of dental staff persons in soliciting for SDI patients, educating patients, and being involved in the surgical and prosthodontics aspect of SDI use
6. List the characteristics of an "ideal" SDI patient
7. List five contraindications for implant use
8. Discuss methods to best market for the SDI concept in your practice
9. Discuss the main components of the diagnostic appointment for implants
10. Describe how staff can be involved in the implant diagnostic appointment
11. List five successful methods for patient education
12. Compare clinical fees for SDIs with conventional diameter implant fees
13. Discuss the necessary aspects of SDIs about which to inform patients as they are being educated about them
14. List the six major components of informed consent
15. Discuss the instruments necessary for SDI placement
16. List and discuss the necessary equipment and supplies to be placed in the dental operator for the implant placement appointment
17. Discuss the necessary emergency equipment to have in or near the surgical operator
18. Compare local anesthetics for SDI placement
19. Discuss the need or lack of need for analgesics after SDI placement
20. Discuss and list the steps in rebasing an existing denture to be retained and supported by SDIs, and the differences as related to making a new denture using SDIs

OVERVIEW

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Dental root form implants have been used for many years, and they were cleared by the US FDA in 1976. Small diameter implants were used as “transitional” implants for several years before it was found that they were integrating in a similar manner to conventional diameter implants. They were cleared by the US FDA in 1997 for “long-term” use.

This video includes the many ways in which staff persons can be involved in the solicitation for SDI patients, education of patients, and assisting with the placement and restoration of SDIs.

The following and other topics are included in this video:

1. Why are implants desirable
2. Types of implants
3. Why small diameter implants (SDIs)?
4. Clinical situations for small diameter implant use
5. Importance of staff in soliciting patients, patient education, and providing implant services
6. Characteristics of an ideal SDI patient
7. Contraindications for SDI use
8. Marketing for SDI patients
9. Diagnostic appointment
10. Patient education
11. Fees for SDI placement and related procedures
12. Informing the patient about what to expect during SDI placement
13. Informed consent
14. Needed equipment for SDI placement
15. Operatory set-up for SDI placement
16. The surgical appointment
17. Emergency equipment
18. Anesthetic
19. Analgesics
20. Antibiotics
21. Unexpected occurrences and how to cope with them
22. Osseointegration
23. Restorative procedures
24. Adapting an existing denture to SDIs in the Clinic
25. Adapting an existing denture to SDIs in the laboratory
26. Use of SDIs in a new denture
27. What the patient should expect in the first few days after denture seating
28. Adjustment appointments
29. Recall appointments
30. A happy patient

REFERENCES

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2. Sussman HI, Goodridge OF. Use of SIG device to accurately place permanent miniature dental implants to retain mandibular overdenture. A case report. *NY State Dent J*. 2006 Aug-Sep; 72(5):34-8.
3. Bulard RA, Vance JB. Multi-clinic evaluation using mini-dental implants for long-term denture stabilization: a preliminary biometric evaluation. *Compend Contin Educ Dent*. 2005 Dec; 26(12):892-7.
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5. Ahn MR, An KM, Choi JH, Sohn DS. Immediate loading with mini dental implants in the fully edentulous mandible. *Implant Dent*. 2004 Dec; 13(4):367-72.
6. Mazor Z, Steigmann M, Leshem R, Peleg M. Mini-implants to reconstruct missing teeth in severe ridge deficiency and small interdental space: a 5-year case series. *Implant Dent*. 2004 Dec; 13(4):336-41.
7. Kanie T, Nagata M, Ban S. Comparison of the mechanical properties of 2 prosthetic mini-implants. *Implant Dent*. 2004 Sep; 13(3):251-6.
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11. Favero LG, Pisoni A, Paganelli C. Removal torque of osseointegrated mini-implants: an in vivo evaluation. *Eur J Orthod*. 2007 Oct; 29(5):443-8.
12. Davarpanah M, Martinez H, Tecucianu JF, Celletti R, Lazzara R. Small-diameter implants: indications and contraindications. *J Esthet Dent*. 2000; 12(4):186-94.
13. Flanagan D. Fixed partial dentures and crowns supported by very small diameter dental implants in compromised sites. *Implant Dent*. 2008 Jun; 17(2):182-91.
14. Flanagan D. Implant-supported fixed prosthetic treatment using very small-diameter implants: a case report. *J Oral Implantol*. 2006; 32(1):34-7.
15. Morneburg TR, Pröschel PA. Success rates of microimplants in edentulous patients with residual ridge resorption. *Int J Oral Maxillofac Implants*. 2008 Mar-Apr; 23(2):270-6.
16. Oberti G, Villegas C, Ealo M, Palacio JC, Baccetti T. Maxillary molar distalization with the dual-force distalizer supported by mini-implants: A clinical study. *Am J Orthod Dentofacial Orthop*. 2009 Mar; 135(3):282-3.
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POST TEST

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1. Small diameter implants are:
 - a. up to 3.5 mm in diameter.
 - b. up to 3.0 mm in diameter.
 - c. under 2 mm in diameter.
 - d. none of the above.

2. A small diameter implant (1.8 mm diameter) can be placed in a minimal of _____mm of bone in a facial-lingual dimension.
 - a. 2 mm
 - b. 2.5 mm
 - c. 1.5 mm
 - d. 3.0 mm

3. An ideal mini implant patient should:
 - a. be healthy.
 - b. have adequate bone.
 - c. have no serious contraindications.
 - d. all of the above.

4. Fees for SDI placement were suggested to be about:
 - a. the same as conventional implant placement.
 - b. 1/3 the cost of a conventional diameter implant.
 - c. 1/2 the cost of a conventional diameter implant.
 - d. 1/4 the cost of a conventional diameter implant.

5. Contraindications for SDI placement are:
 - a. low blood pressure.
 - b. recent placement of crowns on teeth in the mouth.
 - c. bisphosphonates being used.
 - d. anticipation of third-molar extraction.

6. In this video, it was suggested that patient education should be accomplished by:
 - a. video instruction only.
 - b. every staff member and the dentist.
 - c. the dentist only.
 - d. the front office staff only.

7. Informed consent includes:
 - a. costs of each alternative.
 - b. risks of each alternative.
 - c. treatment alternatives.
 - d. advantages of each alternative.
 - e. disadvantages of each alternative.
 - f. what happens if you do nothing.
 - g. all of the above.

POST TEST (CONT'D)

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- 8. An essential item for use when placing SDIs is:
 - a. a shade guide.
 - b. an indelible pencil.
 - c. a pulse oximeter.
 - d. a pillow for use under the patient's head.

- 9. It was suggested that postoperative analgesics:
 - a. are always necessary after SDI placement.
 - b. are seldom necessary after SDI placement.
 - c. depend on the diameter of the SDI.
 - d. should always be Percocet when pain is anticipated.

- 10. Antibiotics are:
 - a. always necessary.
 - b. an elective.
 - c. the patient's decision.
 - d. contraindicated.

PLEASE PRINT

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Indicate which type of credit you wish to obtain AGD State Both

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