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V2379

Restoring Implants – A Comparison and Demonstration of Techniques

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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Sources of Products Discussed in

**V2379 Restoring Implants – A Comparison and
Demonstration of Techniques**

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

1. **Abutments**
The Argen Corporation
5855 Oberlin Drive
San Diego, CA 92121-4718
(800)255-5524
(858)455-7900
www.argen.com
2. **1931 Beaver Bur (Midwest)**
Dentsply Professional
1301 Smile Way
P.O. Box 7807
York, PA 17404-1785
(800)989-8826
(717)767-8500
www.dentsply.com
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(805)202-3070
www.preat.com
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Suite 106
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(801)226-6580
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Newport Beach, CA 92660
(800)854-7256
(855)289-9657
www.glidewell.com
6. **Dental Laboratory**
Ric Schwarting Dental Laboratory
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Orem, UT 84097
(801)221-1047
RicS1047@yahoo.com
7. **Edentulous Models**
Salvin Dental Specialties, Inc.
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Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
8. **ERA Abutments**
Sterngold Dental, LLC
23 Frank Mossberg Drive
Attleboro, MA 02703-0967
(800)243-9942
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www.sterngold.com
9. **Intraoral Repair Kit**
BISCO Dental Products
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www.bisco.com
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Zest Dental Solutions
2875 Loker Avenue East
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(800)262-2310
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www.zestanchors.com
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(888)670-6100
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PROGRAM

V2379 Restoring Implants - A Comparison and Demonstration of Techniques

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, viewers should be able to:

1. Discuss the current use of implants in dentistry.
2. Discuss the affordability of implant dentistry for patients.
3. List the ongoing current changes in implant dentistry.
4. List several major factors to be considered related to implant restorations.
5. Discuss the financial ability of average-income patients to pay for implant dentistry.
6. Discuss the relationship of systemic health to implant prosthodontics.
7. Discuss the estimation of life expectancy to treatment planning for implant prosthodontics.
8. Discuss the relationship of patient esthetic expectations to implant prosthodontics.
9. Discuss the relationship of bone quality and quantity to implant prosthodontics.
10. Discuss the relationship of occlusion to implant prosthodontics.
11. List the categories of implant prostheses.
12. Describe placement of implants for single-tooth replacement.
13. Describe placement of implants and removable & fixed prostheses for multiple-tooth replacement for partially edentulous patients.
14. Describe placement of implants and removable & fixed prostheses for edentulous patients.
15. Discuss restorative materials for implant-supported fixed prostheses.
16. Discuss restorative materials for implant-supported removable prostheses.
17. Discuss connecting implant prostheses to natural teeth and implants.
18. Describe abutments for fixed implant prostheses.
19. Describe abutments for removable implant prostheses.
20. Discuss the challenges present on achieving success with fixed and removable implant prostheses.

OVERVIEW

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Crowns, fixed prostheses, and removable prostheses are placed routinely by general dentists and prosthodontists. However, surgical insertion of implants is primarily limited to oral surgeons, periodontists, and a smaller percentage of prosthodontists, endodontists, and general dentists.

There are many important principles related to implant prosthodontics. The following and other topics are included in this presentation:

1. Current implant use
2. Affordability of implants for the general population
3. Ongoing changes in implant restorations
4. Patient factors related to implant restoration
5. Patient financial ability
6. Patient systemic health
7. Patient life expectancy
8. Patient esthetic expectations
9. Bone quality and quantity
10. Occlusion
11. Categories of implant restorations
12. Single-tooth replacement
13. Restorative materials for implant-retained restorations
14. One-piece implant and abutment
15. Separate abutment screw-retained
16. Cement for crowns over screw-retained abutments
17. No separate abutment - screw through crown
18. Single-tooth replacement challenges
19. Angulation of implants
20. Fixed multiple-tooth replacement - partially edentulous
 - a. Choice of abutments
 - b. Connecting natural teeth to implants
 - c. Fixed multiple-tooth replacement partially edentulous challenges
21. Removable multiple-tooth replacement - partially edentulous
 - a. Angulation of implants
 - b. Choice of abutments
 - c. Removable multiple-tooth replacement partially edentulous challenges

OVERVIEW (CONT'D)

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22. Tooth replacement for edentulous patients
 - a. Removable tooth replacements for edentulous patients (minimal implants in anterior only)
 - b. Resilient denture attachments "O" ring
 - c. Locator-type abutments
 - d. Restorative materials for removable implant-supported complete dentures
 - e. Removable tooth replacements for edentulous patients (minimal implants in anterior only)
 - f. Removable tooth replacements for edentulous patients (anterior and posterior support)
23. Fixed tooth replacement for edentulous patients
 - a. Fixed prostheses - screw-retained
 - b. Fixed tooth replacements over extra retention locator-type abutments - removable only by a dental professional
 - c. Restorative materials for edentulous fixed prostheses
 - d. Fixed tooth replacement challenges for edentulous patients

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POST-TEST

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1. Approximately _____ % of USA adults have implants.
 - a. 1.5
 - b. 3.5
 - c. 5.5
 - d. 10.5
 - e. 12.5

2. The abutment type for implants supporting crowns that offers the easiest removal of the crown, if needed, is:
 - a. a one-piece implant and abutment.
 - b. the abutment-crown combination with screw through the crown.
 - c. a separate abutment screwed on with crown cemented over the abutment.
 - d. none of the above.

3. The main limitation of the implant and abutment single-piece combination is:
 - a. lack of angulation on the abutment.
 - b. lack of strength.
 - c. inadequate diameters.
 - d. no tapered abutments.

4. It was suggested that the best cement for seating a crown over a screwed-on abutment is:
 - a. zinc-oxide and eugenol.
 - b. resin with low strength.
 - c. resin-modified glass ionomer.
 - d. zinc-oxide and non-eugenol.

5. Abutments shown to have the least breakage are:
 - a. zirconia-titanium combination.
 - b. zirconia.
 - c. gold alloy.
 - d. titanium alloy.

6. Connecting natural teeth to implants:
 - a. is contraindicated.
 - b. is possible, but is not the first choice.
 - c. requires ZOE cement to allow easy removal.
 - d. should always have resin-modified glass ionomer cement.

7. Clasps on removable partial dentures:
 - a. can be eliminated by using implants.
 - b. have more retention than implant-supported abutments.
 - c. are easier to repair than implant-supported abutments.
 - d. can be tightened easier and more predictably than implant-supported abutments.

POST-TEST (CONT'D)

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- 8. Implant-supported fixed prostheses for edentulous patients:
 - a. are easily removed.
 - b. do not require significant observation.
 - c. are easily cleaned.
 - d. none of the above.

- 9. Bruxing patients are best served with implant-supported removable prostheses with _____ teeth.
 - a. resin
 - b. porcelain
 - c. zirconia
 - d. porcelain with metal inserts

- 10. Connecting or not connecting implant-supported crowns on single abutments are influenced by:
 - a. bone quality and bone quantity.
 - b. distance between implants.
 - c. patient preference.
 - d. all of the above.

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