Steiner Laboratories receives patent for compound to stimulate osteogenesis

By Steiner Laboratories staff

Steiner Laboratories, a leader in the field of bone regeneration, discovered the molecule necessary to regenerate the patient’s own bone. This technology eliminates the need for cadaver bone, the patient’s own harvested bone or animal bone and, more importantly, produces normal vital bone, the company asserts.

Steiner Laboratories has been awarded a patent for the first compound in the bone-graft industry that enters the osteoblast to safely stimulate osteogenesis. To learn more about Steiner Laboratories, please call (866) 317-1348, visit www.steinerlabs.com or send an email to staff@steinerlabs.com.

‘This technology eliminates the need for cadaver bone, the patient’s own harvested bone or animal bone and, more importantly, produces normal vital bone, the company asserts.’
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Socket Graft Without Primary Closure

Grafted Extraction Socket
Renovix® Draped Over Surgical Site
Sutured Without Primary Closure
4 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. Steve Wallace, Periodontist, Wilmington, NC

Socket Graft Without Primary Closure

Grafted Extraction Socket
Renovix® Placed Double Layer
Sutured Without Primary Closure
16 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. James Woodyard, Periodontist, Newburgh, IN

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Renovix Guided Healing Collagen Membrane ideal for grafting procedures

By Salvin Dental staff

The Renovix® Guided Healing Collagen Membrane from Salvin Dental is getting excellent reviews from doctors using it for pre-implant grafting procedures including socket preservation, ridge augmentation and sinus lifts. It combines the ability to drape and conform to the specific anatomy of a grafted defect, while maintaining structural integrity and elasticity.

This combination of ideal handling characteristics helps to make grafting procedures easier and more predictable, the company says.

When it comes to selecting the perfect membrane for guided bone and tissue regeneration, there are many choices. Yet most clinicians are still looking for the ideal barrier that combines the best handling and performance characteristics.

Some collagen membranes remain stiff even after being hydrated, making it difficult to place over a ridge and conform to the shape of the defect. Other membranes have no memory and resemble wet tissue paper, making it extremely difficult to manipulate during surgery.

Renovix was originally created for use in repairing pediatric cardiac defects. Cardiac surgeons needed a resorbable membrane to protect the surgical site without migration and have it cross-linked in a way that significantly reduced the chance of an inflammatory response. Based on these specific requests, the material used for Renovix was developed.

Renovix is fabricated from Type I porcine collagen known to be one of the purest forms of collagen available, the company says. It is cross-linked with polysaccharide, a naturally occurring sugar, with excellent biocompatibility. The combined performance and handling characteristics of this membrane, along with specific requests from many implant surgeons, encouraged Salvin Dental to introduce Renovix for guided bone-regeneration procedures.

Case reports and clinical documentation are an important part of the decision process when determining how regenerative products will perform.

Steve Wallace, DDS, MHS, from Wilmington, N.C., has used Renovix in more than 15 cases as a guided regeneration barrier after extraction and grafting of maxillary 1st and 2nd molars in preparation for implant placement.

Wallace made the following statement detailing his clinical experience with Renovix: “Primary flap closure over maxillary molar extraction sites is always difficult to achieve. I have been using Renovix as my barrier over these grafted sites to exclude soft-tissue ingrowth. I have seen that Renovix remains intact up to 12 weeks and consistently promotes soft-tissue closure over it with minimal inflammation.” When it is first removed from its sterile packaging, Renovix is transparent and fairly rigid. Once hydrated, Renovix becomes opaque, making it easy to identify when brought into the surgical field, and it is very easy to manipulate. Clinicians have said that they get their best results when trimming it after it has been hydrated, the company says.

Renovix is very thin, yet has remarkable tensile strength. This characteristic provides several clinical advantages. First and foremost, it can easily be tacked or sutured to the surgical site if needed. Next, it can be tucked into small tunnel incisions using a micro periosteal elevator without concern that the instrument will easily puncture through the membrane.

Finally, the fact that Renovix is thin and resilient enables the clinician to elevate smaller flaps, leaving more of the periosteum and blood supply undisturbed, for faster healing and less patient discomfort, according to Salvin Dental.

James Woodyard, DMD, MS, from Newburgh, Ind., made the following statement regarding his experience with Renovix: “The thinness and excellent tensile strength of Renovix allows me to create small tunnel incisions and tuck it under the tissue without tearing the membrane. With thicker membranes that I used in the past, I had to create large full thickness flaps, and many of the other thin membranes had a tendency to tear when I tried to tuck them. “When I decrease the size of the flap elevated and exposure of bone, I decrease post-operative swelling, pain, bone loss and discomfort for the patient. The less invasive I can be, the less complications I have. I am extremely pleased with the results that I have seen when using Renovix.”

Renovix is available in three different sizes and is individually packaged sterile for immediate use. Many doctors like the 15 mm x 25 mm size because it will typically fully cover a grafted extraction socket from the buccal to the opposing lingual plate, maintaining full coverage over the ridge, without having to select a larger size.

This unique size reduces waste and saves money by often eliminating the need to select the next larger size, the company says.
The 2014 OCO Biomedical Implant Symposium presents ten exciting lectures over two days by some of the industry’s top implant practitioners. This event, being held at the beautiful Sandia Resort & Casino in Albuquerque, NM promises not only to be informative, but fun.

Lecture topics to include:
- surgical & restorative topics
- sinus elevation & bone grafting
- all-on-6 protocol
- cone beam technology & its uses in diagnosing & treatment planning
- CAD/CAM technology in implantology
- Keynote Speaker: Howard Farran

Don’t miss this opportunity to advance your implant knowledge and join your colleagues from around the U.S. and Canada at this event. This is the educational symposium you do not want to miss.

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Zimmer Dental launches a new interactive mobile app for clinicians

By Zimmer Dental staff

Zimmer Dental Inc., a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., is pleased to announce the availability of the Zimmer Dental Connect Mobile Application, designed to serve as a chairside companion and practice partner for clinicians using Zimmer’s cutting-edge products.

After extensive beta testing, version 2.0 of Zimmer Dental Connect is now available for Zimmer Dental customers, as a value-added benefit. With Zimmer Dental Connect, clinicians can provide their patients with personalized, step-by-step procedural explanations (in English and Spanish), extend patient relationships beyond the office with educational information, and utilize procedural videos, restorative technique guides and other interactive materials to optimize performance. All of this information can be conveniently emailed or presented to partners, staff, patients and members of the user’s referral community.

With the release of version 2.0 of Zimmer Dental Connect, implant placers can follow user-friendly prompts to communicate pertinent case information to their case team via email or a printed form.

Additionally, a customized, practice-branded patient education section is available at the touch of a button, creating the perception that Zimmer Dental Connect is a practice-owned app. With the release of version 2.0 of Zimmer Dental Connect, implant placers can follow user-friendly prompts to communicate pertinent case information to their case team via email or a printed form.

The streamlined Zimmer Dental Connect mobile application, free to all Zimmer Dental customers, also makes getting in touch with a Zimmer Dental sales representative and regenerative solutions specialist easier than ever with the “Sales Rep Finder.” Zimmer Dental Connect is designed to facilitate communication, enhance knowledge and simplify clinicians’ daily routines. No other company has a tool like this, the company asserts.

For decades, Zimmer Dental has gained the trust of thousands of clinicians worldwide who count on its comprehensive line of products to deliver successful patient outcomes. By looking to new and innovative technologies and leveraging its relationship with its parent company, Zimmer Holdings, Zimmer Dental continues to reinforce its commitment to offering state-of-the-art dental solutions.

Contact a Zimmer Dental sales consultant or customer service at (800) 854-7019 or (760) 929-4300 (outside the U.S.), or visit www.zimmerdental.com for more information on this new offering.
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MIS Implants poised for growth in 2014 with new products, team

By MIS Implants Technologies staff

Since establishing the U.S. distributorship of MIS Implants Technologies more than 10 years ago, CEO Motti Weisman has led the company to experience significant growth year after year. This year, however, is one with even greater potential as the company expands with new products and a growing team of outside sales representatives.

One of the most exciting innovations that the company launched recently is the MGuide guided surgery system. It has already received enthusiastic reviews from the doctors who have used this service, according to MIS.

There is no initial investment in software, as it does not need to be purchased. The planning is done by the doctor and MCenter technicians. The doctor provides specific digital files and impressions or stone models. This data is transferred to the advanced MGuide software, and a phone appointment is then scheduled between the doctor and the MCenter technician.

At this time the technician “shares” his computer screen so the doctor can direct the planning process. Once the plan is approved, the surgical stent is then manufactured in-house in a state-of-the-art 3-D printer. Metal sleeves are attached, and the case is ready to be shipped.

The MGuide surgical stent is unique in a number of ways, MIS says. The stent is designed to be as open as possible to facilitate improved visibility and irrigation. Also, there are no “keys” through which the osteotomy is traditionally created. Instead, those metal sleeves are preset to the precise height to achieve the predetermined depth of the osteotomy.

The implant itself can also be placed through the stent, if the clinician desires. Without those keys, there is greater access to the posterior section of the mouth. Additional information and videos can be seen at www.mcenterusa.com.

The MIS regenerative portfolio has also recently grown. Partnering with TissueNet of Orlando, Fla., MIS has now added allograft products that include cortical cancellous and cortico/cancellous products. These are packaged in vials ranging from 25 cc (perfect for a small single tooth extraction) to 50 cc in volume. There are also xenografts as well as synthetic products in its line.

The BondBone product, a unique bi-phasic calcium sulfate grafting material, is composed of a proprietary combination of hemihydrate and dihydrate calcium sulfate powder. Preset seed particles allow it to set in the mouth without being affected by blood or saliva. It can be used as a standalone product or as part of a composite graft with other granular grafting materials. When used in the latter manner, it acts like a cement, bonding the normally transient particles to the recipient site.

The MIS sales force also saw expansion during the past year as new territories were added in multiple states. Along with new field representatives, the sales management team has also grown.

Three new regional managers have been added to oversee their local representatives. All regional managers came to the company with strong dental implant management experience and are an excellent resource for the newer as well as experienced reps. The managers as well as several of the newer reps have already successfully completed training in Israel as well as training in the U.S. corporate offices.

MIS Implants Technologies is first and foremost a dental implant company. Its flagship Seven system continues to benefit doctors by offering a high-quality product with a wide variety of restorative options. Single, multi-unit, custom abutments and more are all options with this system.

Newer to the MIS family of implants is the C1 system. This features a conical connection and platform switching. Simplicity is key for all MIS products and the C1 with its simple surgical kit is no exception.

MIS products are sold globally in more than 60 countries, making it one of the largest dental implant companies in the industry. With a state-of-the-art manufacturing and research and development facility in Israel, MIS is poised to continue to increase its market share with new and innovative products.

Weisman is dedicated to offering excellent products and service. As MIS’ team has noted. It is no wonder that a company with his leadership is on such a growth trajectory. Please visit www.misimplants.com to learn more.

Sterngold offers Guide Pins for All-on-4 Technique

By Sterngold Dental staff

Sterngold Dental is pleased to announce it now offers Guide Pins. The traditional laboratory procedures for the All-on-4® technique utilize the multi-unit abutment. Many technicians use a 15 mm Guide Pin in the multi-unit abutment during fabrication. However, some companies require you to buy an open tray impression coping for the multi-unit abutment in order to get the 15 mm Guide Pin.

Sterngold Dental offers its 15 mm Guide Pin sold separately in packages of 25. If you are a technician who uses the All-on-4 technique frequently, buying Sterngold’s Guide Pins may provide a significant savings. To order call (800) 243-9942 or visit www.sterngold.com.

About Sterngold Dental

Founded in 1897, Sterngold Dental, LLC, is a world leader in dental products and specializes in alloys, attachments, implants and restorative systems. Examples are the Stern ERA family of resilient dental attachments and the Natural Profile Abutment System for esthetic restoration of osseointegrated implants. Sterngold Dental is EN ISO 13485:2012 and ISO 13485:2003 certified and it also complies with the European Medical Device Directive (93/42/EEC), FDA Quality System Regulations, CGMP and MHILW Ministerial Ordinance No. 169. All products and procedures are closely monitored under these quality systems. Sterngold Dental’s implant products have full approval to market in the United States, Sweden and more than 20 other countries.

For more information, visit www.sterngold.com

At the AO Annual Meeting

To learn more, visit MIS Implants Technologies booth, No. 733, at the AO Annual Meeting. You may also visit www.mcenterusa.com or www.misimplants.com to learn more about the company’s range of products.
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The foundation of this evolutionary step remains the unique ASTRA TECH Implant System BioManagement Complex, well-documented for its long-term marginal bone maintenance and esthetic results. www.dentsplyimplants.com
Immediate molar extraction sockets pose real problems for standard dental implants

By Keystone Dental staff

A multi-rooted extraction socket is often too large to accommodate a regular size implant. Often use of standard dental implants requires bone grafting and delayed implant placement, lengthening the patients’ treatment time and adding costs. Additionally, single root placement might require surgical and prosthetic compromises. Keystone Dental has designed dental implant lines for specific indications.

Placement of the right indication specific implant can shorten treatment time, reduce unnecessary surgical procedures and increase patient satisfaction.

The MAX ultra wide platform implants allow for improved molar emergence profiles to reduce the size of gingival embrasure spaces and, therefore, reduce the potential for food impaction.

These implants are a clinical alternative that can predictably simplify procedures and increase patient satisfaction.

Photos/Provided by André Hattingh, MChD (OMP), BChD (Pret)

At the AO Annual Meeting

To learn more, visit Keystone Dental’s booth, No. 1127, at the AO Annual Meeting. You may also visit the company’s website at www.keystonedental.com.

New company to offer innovative dental products

A new dental products company, S-R Tek, LLC, headquartered in Delaware, has been formed to sell innovative and improved versions of products currently used by dental professionals. These will include high- and low-speed handpieces and other small equipment normally found in the operatory. S-R Tek products will be sold only through authorized dental distributors in the United States and other countries.

S-R Tek will launch its first products in 2014. The company plans to have a booth at the California Dental Association meeting in Anaheim in late May. The company’s initial product offerings will be on display at the show.

S-R Tek will be managed by Daryl Reynolds and Joe Sakaduski, dental industry veterans who have a combined 60 years of experience in the dental industry.

For more information on S-R Tek and its products, call (877) 236-4410 or go to www.s-rtek.com.
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Introducing a revolutionary 2-piece fixture-mount/abutment that provides the accuracy of an open-tray transfer with the simplicity of a closed-tray transfer.

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The abutment portion of the fixture-mount snaps onto the transferred top for the accuracy of a metal-to-metal connection

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Unless noted price components listed are US list prices as of January 2013. AO advertisements are property of their respective companies.

Terms and conditions apply.

(1) List price for 1-piece fixture-mount, abutment and transfer as of August 2013.

(2) List price for 2-piece fixture-mount, abutment, cover screw, healing abutment and transfer as of August 2013.
Roland DWX-4 Compact Dental Mill receives 3M ESPE's Lava Ultimate Restorative Certification

Roland DGA Corp. has announced that its new DWX-4 compact dental mill has been qualified by 3M ESPE for use with the company’s Lava Ultimate Restorative resin nano ceramic material.

Featuring precise milling capabilities, ease of use, bundled CAM software and a compact, desktop footprint, the affordable DWX-4 is Roland’s second dental mill to receive the certification. In September, 3M ESPE qualified Roland’s award-winning DWX-50 5-axis dental milling machine for use with the innovative new material, making it one of the industry’s first open-architecture mills to earn the certification.

“Lava Ultimate Restorative is a remarkable new material that helps expedite production while achieving highly durable, exceptional quality results,” said Brian Brooks, product manager for Roland DGA Corp. “We are pleased to work with 3M ESPE to bring all the benefits of this combined solution to labs everywhere.”

“Dental labs have told us that they want access to 3M ESPE materials from a variety of milling systems,” said Kristan Chesnut, global business director with 3M Digital Oral Care. “By qualifying Lava Ultimate Restorative with Roland’s DWX-50 and DWX-4 milling machines, we bring high-quality materials with more efficient and productive workflows to dental labs.”

A resin nano ceramic material that offers patients excellent esthetics and outstanding strength, according to Roland, Lava Ultimate Restorative can be finished without firing — highly reducing production time. The material is designed for long-term durability and is backed by a 10-year warranty. Patients experience less wear to the opposing dentition than with glass ceramics and a tooth-like bite feel because of its excellent absorption of chewing forces.

Measuring 13” x 14” x 16” high, the compact DWX-4 is the ideal milling machine for labs looking to bring production in house, those just getting started in digital dentistry and established digital labs that need a backup device for urgent jobs, according to Roland. With the DWX-4, these professionals can mill a single crown or small bridge quickly, economically and to exact specifications.

Priced at $17,995, including CAM software, the DWX-4 is available from authorized Roland dental dealers. For more information, visit www.rolanddga.com/dwx4. For information on Lava Ultimate Restorative from 3M ESPE, visit www.3MESPE.com/LavaUltimate.
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March 6-8 in Seattle, as well as our other educational and professional initiatives such as regional training and consensus conferences. We offer continuing education and actionable advice for all clinicians who treat implant dentistry. All told, AO comprises 6,000 members from 70 countries, including periodontists, oral surgeons, prosthodontists and general dentists.

Our focus on evidenced-based research, which is presented at our medical meetings and in our International Journal of Oral & Maxillofacial Implants (IJO), continues to evolve — and it's important to note that the field of implant dentistry is always changing. As such, it is important to stay up-to-date on the latest research and developments in the field.

AO clinical guidelines

AO published in 2008 its first set of clinical guidelines focused on dental implants. The purpose of the guidelines was to establish guidance based on the provision of patient care (i.e., the core document of the American Academy of Oral and Maxillofacial Surgeons [AAOMS] Consensus Conference on the State of the Science on Implant Dentistry). In 2010, AO updated the guidelines to provide an update and expansion of its recommendations for safe and effective implant dentistry. The Academy’s “Guide- lines for the Provision of Dental Implants and Associated Patient Care,” which were published in IJO, are available to download in their entirety via AO’s home page at www.osso.org.

Highlights of AO’s guidelines include:

• Training: Whether a specialist or general dentist, AO is determined to undertake the importance of adequate training in the surgical and/or prosthodontic aspects of implant dentistry. As such, pathways now exist through monospecialty training programs, as well as a wide variety of courses offered through institutions both within the United States and abroad, and by private individuals and companies.

Training must be comprehensive enough to not only meet legal standards of care but also maintain patient outcomes and maintain a positive public image of implant dentistry. At minimum, clinicians who place, restore and/or maintain dental implants should be well-versed in implant dentistry techniques, technologies and best practices for basic to complex cases, diagnosis and clinical management, patient selection and education, surgical protocols, minimizing risk and treating complications, ethical considerations, and maintenance of oral hygiene.

In addition, because the field of implant dentistry is always advancing and changing, clinicians must be committed to ongoing training and education. Education continues to evolve — and it's important to note that the field of implant dentistry is always changing. As such, it is important to stay up-to-date on the latest research and developments in the field.

Legal standard

The legal standard is found in the American Association of Oral and Maxillofacial Surgeons (AAOMS) “Parameters of Patient Care” document. It describes the legal standard of care for dental implants, which includes the following:

1. Understanding Implant Dentistry
3. Surgical Procedures
4. Prosthetic Considerations
5. Grafting Procedures
6. Outcomes Assessment
7. Deposition of the Prosthetic Crown
8. Radiographic Evaluation of Oral Implants

Legal standard: a body of knowledge that provides a framework for understanding the legal responsibilities of implant dentists. It includes the following:

1. Understanding Implant Dentistry
3. Surgical Procedures
4. Prosthetic Considerations
5. Grafting Procedures
6. Outcomes Assessment
7. Deposition of the Prosthetic Crown
8. Radiographic Evaluation of Oral Implants

AO is focused on providing objective, unbiased clinical information and providing its members the valuable tools and qualifications they need to succeed with implant dentistry. Implant dentistry has changed significantly since its inception and will continue to evolve — and it’s important to note that the change with the times, too.

About the author

STEPHEN L. WHEELER, DDS, board-certified oral and maxillofacial surgeon, earned his undergraduate degree from Stanford University in 1974 and completed his postgradu- ate and residency training at the University of Southern California School of Dental Surgery. Wheeler, specializing in the field of implant reconstruction, which presently involves 80 percent of his time. During the past 30 years, he has placed thousands of implants of various types on patients of all ages and has become an international lecturer, consultant and implant placement. Wheeler is the president of the Academy of Osseointegration (www.osso.org) and the AO 2010 Annual Meeting in March, at which time he will assume the role of immediate past president.
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1. Glidewell Laboratories internal data
2. Clinicians Report, TPAC Research, June 2012

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Planmeca makes strategic investment in E4D Technologies

Planmeca makes strategic investment in E4D Technologies

Planmeca, the world’s largest privately owned dental imaging company and equipment manufacturer, announced recently that it has made a non-controlling, strategic investment in E4D Technologies, LLC, developer of the E4D CAD/CAM Restorative System.

This strategic investment reinforces Planmeca’s ongoing commitment to help dental providers improve patient care by offering a comprehensive portfolio of integrated digital dental solutions for dentists and dental laboratories. Planmeca will co-develop CAD/CAM products with E4D Technologies and offer these products in North America under the brand names Planmeca PlanScan-E4D Technologies and PlanMill-E4D Technologies. Henry Schein Inc. will continue to be the exclusive distributor in the United States, Canada, Australia and New Zealand.

In addition, Planmeca will expand distribution of the E4D system to more than 120 additional international markets under the Planmeca PlanScan and PlanMill brands. Under the new agreement, Planmeca joins the partnership of Henry Schein and Ivoclar Vivadent, which have been strategic equity partners in E4D Technologies since 2007, along with certain members of E4D Technologies’ senior management team.

About Planmeca Oy, Planmeca Group
Planmeca Oy is one of the world’s largest dental equipment manufacturers with products distributed in more than 120 countries worldwide. Headquartered in Helsinki, Finland, the company is a global leader in many fields of dental technology, with a product range covering digital dental units, world-class 2-D and 3-D imaging devices and comprehensive software solutions. Planmeca is also the largest privately held company in the field of dental equipment, with a strong commitment to pioneering in-house research and development and design. More information is available at www.planmeca.com.

About E4D Technologies
Headquartered in Richardson, Texas, E4D Technologies is a high-tech medical device company focused on 3-D digitizing applications, successful entrepreneurship and commercialization of new technologies. The company has taken the dental profession to a higher level of productivity, patient comfort and convenience with its E4D CAD/CAM restorative systems and restorative software solutions for dental offices, laboratories and teaching institutions. More information is available at www.e4d.com.

About Henry Schein Inc.
Henry Schein Inc. (NASDAQ:HSIC) is the world’s largest provider of health-care products and services to office-based dental, animal health and medical practitioners. The company also serves dental laboratories, government and institutional health care clinics and other alternate care sites. A Fortune 500® company and a member of the NASDAQ 100® Index, Henry Schein employs nearly 16,000 Team Schein members and serves nearly 800,000 customers. For more information, visit the Henry Schein Web site at www.henryschein.com.

About Ivoclar Vivadent
Ivoclar Vivadent, headquartered in Schaan, Liechtenstein, is one of the world’s leading manufacturers of innovative material systems for high-quality dental applications. The company’s success is based on a comprehensive portfolio of products and systems, strong research and development capabilities and a commitment to training and further education. The company has wholly owned subsidiaries in 24 countries, and it employs more than 3,000 people worldwide. More information is available at www.ivoclarvivadent.com.
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Study: Improved implant surface and hygiene boost restoration success

Should a person’s teeth be saved at all costs? During the last decade, the answer has shifted from yes to no in favor of replacing diseased and damaged teeth with implants. But treatment of patients with periodontitis, inflammatory disease of ligaments and bones supporting teeth remains controversial because artificial tooth roots are more likely to fail.

A recent article in the Journal of Oral Implantology looks at long-term treatment for a patient with severe periodontal damage. The authors anticipate that the higher risk of implant failure in this patient will be offset by coating the implants with a rough, oxidized surface called TiUnite and by emphasizing the need for diligent oral hygiene. They also expect that by using overdenture prostheses instead of conventional removable dentures, they will improve stability and function — and thus patient satisfaction.

Overall, increased use of implants has improved eating comfort and resulted in few complications after the surgery. However, pressure on implants is suspected to speed up loss of dense cortical bone in the jaw. Research has shown the TiUnite material stimulates bone growth, leading to faster fusion of implants and surrounding jawbone.

The current article is a case report on a 51-year-old patient who had been in a motorcycle accident and has a history of herpes, hepatitis, insulin-dependent diabetes and persistent recurrent tooth decay. The patient’s remaining teeth were composed of fractured crowns and older failing implants.

The surgeons removed all of his teeth and old implants followed by the immediate insertion of new implants and stabilizing overdentures. Provisional implants were used for support during healing. Five months later, the interim provisional implants and prosthesis were removed and fabrication of a final restorative prosthesis was initiated.

Despite the higher risk of implant failure because of his periodontal disease and diabetes, the patient’s implants have been in place for 12 years with no complications noted at routine check-ups and cleanings. The patient has been instructed post surgery in proper use of floss threaders, deep-cleaning brushes and an oral irrigator. His daily efforts to practice good oral hygiene improved his overall dental health. The patient was pleased with the results one week after the provisional implants were placed and was still happy with the surgery 12 years later. Little care and maintenance of the prostheses have been necessary.

The authors concluded that in this case the prostheses have been effective, predictable, and reliable. They contend that such positive results were only possible because the patient changed his at-home oral care preventing plaque buildup and disease.


About Journal of Oral Implantology

The Journal of Oral Implantology is the official publication of the American Academy of Implant Dentistry. It is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicians, manufacturers and educators. The JOI distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. For more information about the journal or society, visit www.joionline.org.
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AAID president-elect named vice dean at Harvard School of Dental Medicine

After an extensive nationwide search, AAID President-Elect John Da Silva, DMD, MPH, ScM, AFAAID, has been named vice dean at Harvard School of Dental Medicine. Dean Bruce Donoff stated that Da Silva’s “extensive institutional knowledge and experience in [HSDM’s] three focal areas — research, education and patient care — will be of great value as HSDM continues its strategic planning process.”

Da Silva serves on the board of trustees of the American Academy of Implant Dentistry and is currently the president elect. He is also chair of the Bylaws Committee and serves on the Education Oversight and Nominating committees. He has received widespread recognition during his academic career, including being named an honored fellow of the American Academy of Implant Dentistry and receiving the HSDM Distinguished Junior Faculty Award. He has published numerous journal articles and lectured nationwide. Da Silva has made major contributions in research and the area of color science. He has also been involved in curricular changes to improve content on substance-abuse screening and brief interventions.

Da Silva was born in New York City and attended Williams College as an undergraduate. He received his dental degree from the Harvard School of Dental Medicine and his MPH degree from the Harvard School of Public Health. He later returned to the School of Public Health and received an ScM in health policy and management.

Da Silva completed specialty training in implant dentistry and prosthodontics at HSDM in 1992. He has been a faculty member there since 1999.

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Thirty years ago when I started placing dental implants, the highly specialized therapy was in its infancy. At that time, implant dentistry was performed by an oral surgeon-prosthodontist team, and general dentists were not involved at all except as a referral base.

What a difference a few decades make. Today, implant dentistry has developed into a standard of care, and professionals involved in the specialty include not only oral surgeons and prosthodontists, but also periodontists and, increasingly, general dentists.

The therapy also is more widely available than ever before. While this evolution has brought many positives for the specialty and for patients, it also has created some challenges.

As implant dentistry has become increasingly mainstream, training is highly variable — ranging from comprehensive, in-depth instruction to weekend courses. Those of us who specialize in the field have seen the catastrophic failures that can occur when someone is not properly trained — and we are often left to do the reconstruction. Improperly placed implants can get infected — or worse — and these types of scenarios can contribute to an undeserved negative public image for implant dentistry.

It's important that specialists and general dentists involved in implant dentistry work together to represent the field in the best light possible. As implant dentistry grows in popularity, we must ensure that those offering implant reconstruction to their patients have the training and background to provide excellence in their care.

It is also critical to follow evidence-based clinical guidelines focused on achieving the best possible patient outcomes.

Advancing the vision of implant dentistry

As the president of the Academy of Osseointegration (AO), I strongly support our mission “to advance oral health and well-being globally by disseminating state-of-the-art clinical and scientific knowledge of implant dentistry and tissue engineering and by defining expertise in the field.”

AO is taking a multi-pronged approach to achieving this goal and advancing the vision of implant dentistry through:

• Our "Guidelines for the Provision of Dental Implants and Associated Patient Care" (more on that later in this article)
• The Academy of Osseointegration Annual Meeting, which takes place this year
• See AO, page 8