

# Chairside Implant Services



Fall, 2009

## *How can I confidently treatment plan an edentulous site for an implant?*

### *First, develop a strong belief that dental implants are the ideal way to replace missing teeth!*

Developing a strong and sincere belief in dental implants will help you recommend and treatment plan implants with confidence. Once this confidence is established, it will resonate during your patient consultations and you will see your case acceptance increase.

If you look at the literature comparing the other options available to replace missing teeth (a fixed bridge, a removable appliance or a bonded prosthesis), dental implants offer the best long-term success without being a detriment to adjacent teeth<sup>1</sup>. This is a fact. Believe it and recommend dental implants with confidence. Here are ten advantages the *Single Tooth Implant* has over a fixed bridge. Use these facts<sup>2</sup> to strengthen your belief system.

1. A single tooth implant has a higher success rate (above 97% for 10 years) than a fixed bridge
  2. There is a decreased risk of caries on adjacent teeth
  3. There is a decreased risk of endodontic problems on adjacent teeth
  4. Improved ability to clean the proximal surface of the adjacent teeth
  5. Improved esthetics
  6. Improved maintenance of bone in the edentulous site
  7. Decreased cold or contact sensitivity of adjacent teeth
  8. Psychological advantage
  9. Decreased abutment tooth loss
  10. 80% of teeth adjacent to missing teeth have no or minimal restoration
  11. 15% of fixed bridge abutments require endodontics
- (...sorry that was eleven facts)



### *Second, measure the available bone height and length.*

If there is at least 8mm of bone height recommend the implant!

If there is at least 6mm of bone width, recommend the implant again!

Available bone for a dental implant is evaluated in three dimensions: height, width and length (Fig 1). The available bone **width** is difficult to accurately measure clinically, so leave that to us. But to add confidence to your recommendations and treatment plans, you can measure the available bone height and length clinically.

The available bone **height** in an edentulous area is the most important dimension for implant consideration because it affects both the implant length and crown height<sup>3</sup>. Acceptable bone height measurements would range from a minimum of 10-12mm in the mandible and 8-10mm in the maxillae. If your measurements are in this range or above, you can confidently recommend a dental implant to your patient. Remember, in the posterior maxillae, bone can be easily “expanded” in height with osteotomes. Furthermore, implants come in varying lengths, from 8mm up to 16mm.

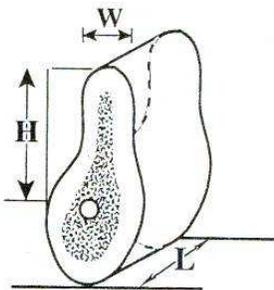
The available bone **length** in an edentulous site is the mesiodistal measurement of the edentulous space. This is usually measured at the crest of the ridge and is often limited by adjacent teeth or implants. As a general rule, the implant should be at least 1.5mm from an adjacent tooth and 3mm from an adjacent implant<sup>4</sup>. For a 4mm wide implant, a minimum mesiodistal length of 7mm is usually sufficient. Remember, implants are now available in diameters as little as 2.8mm, so the available bone length can be as small as 5.8mm.

Available bone height and length can be measured from a standard periapical or panoramic radiograph. The available bone height is measured from the crest of the edentulous ridge to the opposing landmark. In the maxillae, these landmarks include the nares and the floor of the maxillary sinus. In the mandible, these landmarks include the inferior border of the mandible and the superior aspect of the mandibular canal. If you use digital images, simply drag your software's measuring tool from the crest of the ridge to the landmark. For traditional radiographs a millimeter ruler can be placed directly on the film.

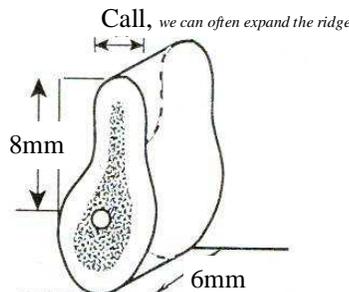
If using a panoramic image, account for approximately 25% vertical magnification. To measure the vertical magnification on your panoramic machine, do the following test. Place a 5mm metal sphere (available from Salvin Dental, ..or call us and we'll send you one) in the vestibule of a test patient and expose a panoramic image. Measure the sphere on the exposed image. The magnification factor can be calculated at the given site by dividing the actual diameter of the sphere (5mm) by the diameter measured on the image.

If you are unsure if a site is good for an implant, instead of inconveniencing your patient with another trip to another office, another bunch of forms to fill out, another wait in waiting room, another anxiety moment.....  
*submit the case to us. We will respond immediately and help you differentiate your practice from others!*

**Figure 1:** Available bone in the region of a potential implant abutment is evaluated by height (H), width (W), and length (L).<sup>5</sup>



**Figure 2:** Chairside Implant Services' minimums for implant placement without bone or sinus augmentation.



1. Tischler, M. Dentistry Today, August 2009, Pg 60
2. Misch, C. Contemporary Implant Dentistry, Third Edition, pg 7
3. Misch, C. Contemporary Implant Dentistry, Third Edition, pg 182
4. Misch, C. Contemporary Implant Dentistry, Third Edition, pg 183
5. Misch, C. Contemporary Implant Dentistry, First Edition, Pg 125

### MAKE THE PARADIGM SHIFT

If you believe placing a dental implant is painful and invasive, have us place your next implant and witness, in the comfort and convenience of your office, how minimally invasive and painless it is, ...and then compare it to the brutality of grinding down the adjacent teeth for a fixed partial denture...ugh!!!

Although we have bigger plans for our website, the first phase of our website development is finally complete.

Visit us at  
[www.chairsideimplantservices.com](http://www.chairsideimplantservices.com)

View our availability,  
 schedule your appointments and more!  
 Soon to come...submit your cases online,  
 develop your case portfolio online,  
 ....and more!

# Want to thrive in a weaker economy?



I first noticed the weakening economy in February of 2007. My collections were down about 20%. I figured it was just a bad month. But then, month by month, it got worse,...down 25%, ...then 30%. The stories seemed to be recurring with more frequency;...who got laid off, who lost their business, who was moving because they couldn't afford to live on Long Island. Corporate restructuring and job layoffs were not only in the papers daily, but sitting in my dental chairs every day. Then the mortgage crisis and the disaster on Wall Street. I saw my office overhead climbing, my net income shrinking and my personal portfolio slashed. I immediately restructured my budget just to assure myself that I'd always be on safe ground. It wasn't so much the losses that bothered me, but it was the uncertainty of the recovery that I succumbed to. It was not knowing how long it would last, wondering if my portfolio would ever turnaround. My life and practice was suffering not knowing what the future would hold.

Then a colleague at NYU reminded me of the *Power of Positive Thinking* and how, a year ago, I preached to him about how that book changed my life in high school. He reminded me that I wasn't practicing what I preached! So I got out my Norman Vincent Peal book (the original 1960 copy my dad gave me with the price tag of 60 cents still affixed) and reread it cover to cover. Then, I pulled out the big guns: my limited edition, hardcover Napoleon Hill classics; *Principles of Self Mastery*, *The Laws of Success* and *Think and Grow Rich*. I didn't stop there...I played my Tony Robbins *Personal Power* CD's whenever I was in my car....and..... low and behold, I am happy to report that August 2009

was a record month in my practice. It was the highest in production and collection in the past 36 months! Finally, I felt my mind and my practice was out of this confinement!

A recent article in *Implant Practice* magazine reinforced my current actions and reminded me that "if I wanted to get different results than everyone else, I had to be willing to do things that others are not willing to do!" They suggest these four rules and I share them with you for your thoughtful consideration and immediate action.

## 1. Stop watching the news

It is amazing how the economic news of the day, day after day, can work on your psyche. Any mind fed on a steady diet of economic doom and gloom can't help but start to believe that it really is a down economy. It is all because the moment the mind adopts a belief, it acts accordingly. Any dentist and team that believes the economy is slowing, that money is tight will naturally start shrinking when it comes to diagnosis, treatment planning and financial arrangements. If I believe the economy is down and that everyone is affected by it, then I will naturally start treating everyone as if they have little economic means to do anything discretionary. Low and behold, the belief is confirmed: "It's the economy". Wrong! It's your belief in the economy that has led you to these results... not everyone has little economic mean!

## 2. Stop talking to other dentists

Misery loves company! And so do dentists. Think about it. Human nature is quick to find explanations for poor results by pointing to things that are too big and complicated to do anything about. After all, who can tackle anything as big and unmanageable as the economy? Who even understands the economy? Not dentists!

Dentists as a group love to commiserate. If it's a slow day, you call your dentist buddies, "How are you? Things kind of slow for you? Yes, me too." You hang up and feel better? You go back to doing nothing! Commiserating is exactly that: from the Latin, com (with) + miserari (lament). Or more simply put: to cry together or co-misery!

1. Stop watching the news
2. Stop talking to other dentists
3. Redouble your efforts
4. Be proactive

So stop talking to other dentists to look for validation for your own poor performance. If you are looking for excuses, they are easy to find down the street. You don't need a crying buddy. You need an action-oriented energizer!

### 3. Redouble your efforts

Extraordinary times require extraordinary efforts. When things reach rock bottom, we need to do the things that work the best. Roll up your sleeves and refresh your verbal skills and case presentation methods. If it has been a while since your last practice management course, now is the best time to do another.

When there are outward signs that there may be tougher economic times ahead, it is time to strengthen your economic, management and people skills. Go back to the basics with work inside your practice: good patient service skills, good verbal skills, good case presentation skills. Redouble your efforts and consciously revisit all of your systems. Focus on a higher level!



### 4. Be proactive

While other dentists in town are singing the economic blues, get jazzed up and make something happen. You have to fight mother nature on this one. When things look like they are tightening up, we are tempted to go into our shells and hide for cover. The reality is that we need to do exactly the opposite. If everyone else is scared, be bold! If they are reducing, expand! If they are pulling in, push out!. The market has a way of responding to those who are bold, brave and persistent!

Remember, not everyone is broke, despite what you hear on the news. It may take a little more effort to get the same results today than it did a year or so ago, but that is what separates the winners from the losers. The beauty of dentistry is that it is a proactive business. Unlike our friends in retail, we can much more easily break out of the confines of the four walls of the practice, get out there and make something happen by doing better hygiene recalls, calling on unscheduled treatment, doing same day treatment, expanding your services, improving your internal and external marketing efforts. The path is clear. Get busy! It's a choice, not a circumstance. Make it happen!

*“It’s a choice, not a circumstance”*

Over 1 million dental implants are inserted each year. This number continues to increase steadily, with almost \$550 million of implant products sold to North American dentists with an expected yearly growth sustained at 12-15% for the next several years. When including bone grafting materials, it is estimated that implant dentistry will sell \$10 billion in services to patients by 2010. Here on Long Island, in suburban NYC, we are in the heart of this explosion. Make it happen in your practice.

**Call Chairside today!  
631-581-5121**

Before your competitor does.



Ask about our other **Chairside** courses:

- \* **Chairside Practice Management** systems to achieve your goals
- \* **Chairside Treatment Planning** systems to improve case acceptance
- \* **Chairside Digital Photography** systems to diagnose and document

*We come to you...  
Chairside!*

