

Surgical Hands-On Boot Camp ~ A Huge Success

The most recent hands-on surgery course on Friday, March 17, 2023 in Ohio was another huge success. Doctors from all over the country participated in 36 hands-on surgical procedures including:

- Implant Placement
- Full Arch All-On-X
- Immediate Placement
- Immediate Load
- Denture Conversion
- Photogrammetry
- Socket Grafting
- Ridge Augmentation
- Platelet Rich Fibrin
- Guided Surgery
- Stackable Guides
- Full Arch Extraction
- Lateral Wall Sinus Augmentation
- Crestal Sinus Augmentation



The course started on Thursday night with a treatment planning seminar for all attendees which included evaluation and treatment planning of all the patients CBCT scans. Each attendee doctor was able to select the type of surgery and many attendees completed up to 4 surgeries during the day. Not only did the doctors perform their assigned surgeries, they also assisted on numerous additional surgeries during the day.

In total, 15 faculty members oversaw 17 attendee doctors (almost a 1:1 Faculty : Student Ratio) in performing over 36 surgical procedures under oral and IV sedation. Attendees were able to participate in the most up-to-date technology including blood concentrates, guided surgery, stackable guides, and photogrammetry. With the first set of surgeries starting at 6:00am, it was an entire day of learning and unforgettable experiences.

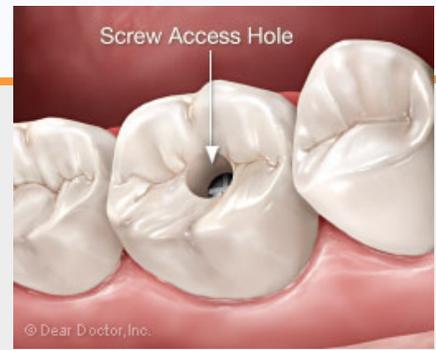
The next hands-on surgical date is scheduled for June 30, 2023 in Ohio. All current and past Institute doctors can apply by forwarding an application that can be obtained on the Resnik Implant Institute website (resnikdentalimplants.com).

“One of the most memorable experiences of my career”
Dr. R. Perrott



***“I thought the next step in progressing the implant treatment for my patients was to perform SA4...rocked out 3 perfect sinus graft cases today!”
Dr. C. Yenchesky***





AM I USING THE WRONG MATERIAL TO FILL SCREW ACCESS HOLES IN SCREW-RETAINED RESTORATIONS?

Randolph R. Resnik, DMD, MDS

In implant dentistry today, the technique selected for filling screw access channels in screw-retained prostheses is highly dependent upon the clinician's preference. Unfortunately, there exists very little evidenced based data on the ideal materials and suggested protocol. Various materials are being utilized to fill access holes including cotton pellets, gutta-percha, polytetrafluoroethylene (PTFE) tape, cavit, and wax. According to a dental school survey, 59 % of prosthodontic residency programs and 77% of restorative clinics use cotton pellets to cover the screw access opening and protect the head of the abutment screw under the final restoration.¹

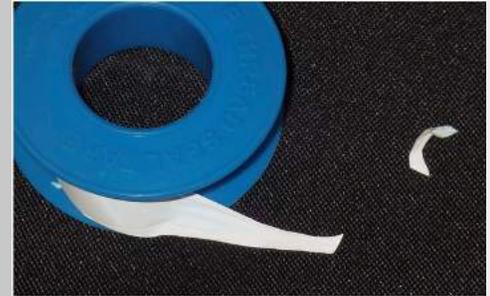
PROBLEM: The disadvantage of many of the above-mentioned materials is the increased susceptibility for bacterial and fungal adhesion. The contamination may also be initiated from bacteria trapped during prosthetic insertion. However, numerous studies have shown a significant bacterial colonization at the implant-abutment interface and within the internal implant cavity which leads to peri-implant inflammation and marginal bone loss.² Because of the micro-gaps at the implant-abutment connection, a reservoir for progressive bacterial colonization of anaerobic proteolytic microorganisms may result. In addition, the continued presence of streptococci and the fungal pathogen *Candida albicans* leads to the production of malodor (offensive odor). A recent study confirmed the association between the internal colonization of pathogenic bacteria and resultant peri-implant bone loss.³

IDEAL MATERIAL: Raab et al. evaluated numerous materials for the susceptibility of bacterial and fungal growth adhesion. They concluded that the worst screw-channel filling material is cotton pellets because of the high adhesion of microorganisms. This was attributed to the untextured fiber structure of the pellets, which entraps the bacteria and allows fungal growth. The most ideal material was determined to be PTFE (plumbers tape), which was shown to have a very low adhesion rate. In addition, PTFE tape has the advantages of being condensable, sterilizable, and is easily removed. (*cont'd pg4*)



TIP OF THE MONTH (cont'd)

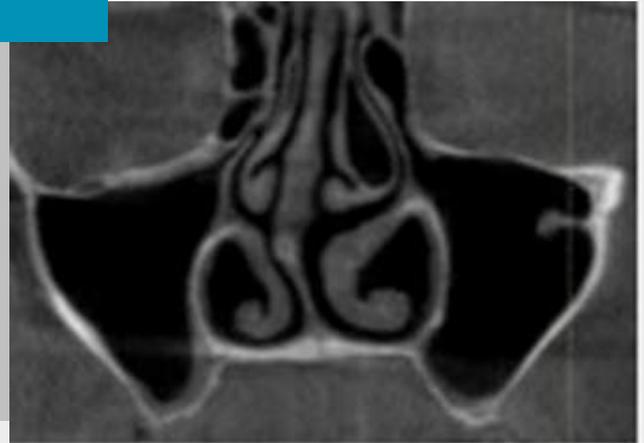
- Obtain commercial PTFE tape from the hardware store.
- Autoclave multiple small pieces (~0.5cm).
- Prior to the abutment screw placement, irrigate the screw access hole (internal aspect of the implant body) with 0.12% chlorhexidine and a 1.0cc syringe.
- Verify complete seating of the abutment or crown with a radiograph and torque to the manufacturer's specifications.
- Cut and place a small piece of sterilized PTFE tape in the access chamber and condense leaving approximately 3 mm of space.
- Apply an appropriate composite bonding agent on the walls of the screw access as well as the PTFE plug.
- Fill the access hole with an opaque composite, smooth surface with a cotton applicator/bonding agent, and then polymerize.
- Verify occlusion as per the implant protected occlusion protocol.



1. Tanimura, Rémy, and Shiro Suzuki. "Comparison of access-hole filling materials for screw retained implant prostheses: 12-month in vivo study." *International Journal of Implant Dentistry* 3 (2017): 1-8.
2. Raab, Philipp, et al. "Dental materials and their performance for the management of screw access channels in implant-supported restorations." *Dental Materials Journal* 36.2 (2017): 123-128.
3. Schoenbaum, Todd R., Chandur Wadhvani, and Richard G. Stevenson. "Covering the implant prosthesis screw access hole: a biological approach to material selection and technique." *Journal of Oral Implantology* 43.1 (2017): 39-44.

CBCT QUESTION OF THE MONTH

This coronal image depicts three of the most common anatomic variants which may predispose a dental implant patient to a non-patent ostium and infection. What are the three anatomical variants in this CBCT image?



IMPLANT STUDY OF THE MONTH

A recent (2023) meta-analysis study evaluated almost 100 studies on the question; Does "E-Cigarettes Cause Peri-Implant Disease"? Therefore, does the use of E-Cigarettes result in a higher incidence of peri-implant disease?

(Answers pg 10)



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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS



Hello Readers,

I am very excited to provide the latest installment of "Mastering The Business of Dentistry" in the Resnik Institute newsletter. I have great respect for the educational importance of the Institute, and I sincerely hope that I will be able to contribute ideas on the business of dentistry and increasing practice production that will benefit all students and alumni. My own career as CEO of Levin Group began with one question that I am still asking 38 years later - how do you increase production in a dental practice while reducing stress? Based on this critical question, I look forward to providing more practical recommendations that can be implemented quickly to benefit all your practices.

All the best, Roger

FOUR WAYS TO INCREASE CASE ACCEPTANCE

Case acceptance is both science and art. Science would indicate something that is repeatable and comes out the same way every time. Think back to your college chemistry classes. If you followed the exact same steps, the solution would always turn blue. Art is different. Art is not a series of steps to get the same result every time. Art can have different results every time, which makes it far more unpredictable. But regarding case acceptance, it is both a combination of science and art.

The science of case acceptance

The science aspect of case acceptance is that it is a system and like all other practice systems it will be a major determining factor of the level of practice success. Case presentation as a system is no different than systems like scheduling, finance, customer service, the new patient experience, and others. Practice success will be directly proportional to the quality of all practice systems, including case presentation.

The art of case acceptance

The art aspect in case acceptance is easy to understand. It is an art because you're dealing with people and people are not standardized. They have different personalities, dental IQs, lifestyles, financial capability, and many other factors. People are complicated and unpredictable, which

makes case presentation and case acceptance for patients an art form. Despite courses you may have attended that tell you if you follow the 12 steps you will close all cases, there are no steps that will provide the exact same results every single time because case acceptance is partially an art.



WAYS TO INCREASE CASE ACCEPTANCE

The success of case acceptance depends on how well a clinician and practice can integrate both the science and the art. You start by defining the exact steps of the case presentation system. An excellent analogy is playing poker. When you first receive your poker hand you can then make an opening bid. If you think your hand is good, you make a larger bid. If you think your hand is bad, you either bluff, make a smaller bid, or fold. When you are putting together the science of case acceptance it is an opening bid. You are in control, and you can determine the exact steps in the exact order you would like to follow.

Now for the challenge. Once you've made your opening bid, your next bid will depend on what others are doing. There are no exact steps you can follow any longer and you are being reactive as much as proactive. The same is true for case presentation. You lay out your system scientifically exactly as you would like it to go. Unfortunately, it is the ideal and things almost never go exactly the way you think they will. That is where the art comes in. You must understand the patient, engage in conversation, build trust and relationship, and answer questions and objections. If you have done a good enough job there is a good chance the patient will accept treatment, but even that is not guaranteed. For example, you can give the best-case presentation to a patient who cannot afford dental treatment and they will still end up rejecting treatment.

So, let's examine four ways to increase case acceptance. Please keep in mind this is not about "selling" a restoration or single crown. That's easy. Single tooth treatment represents the majority of the cases performed in most practices. This is all about larger cases which come everywhere from a few thousand dollars and up. (cont'd pg 6)

1 MAKE THE OPENING BID

The opening bid is how you greet the patient. For the purposes of this article, we will focus on the doctor presenting treatment because most practices do not have treatment coordinators.

Before a doctor enters a consult room they should stop at the door and do four things: Stop at the door, take a deep breath, smile even if wearing a mask, and make sure to know the patient's name. When they enter, it should be with energy and a positive orientation. You don't want to look like you're still thinking about the last thing you were supposed to do or racing out of another room to race into this room. You want the patient to feel like you have nothing else to do but focus on that patient.

Start by telling the patient how glad you are to see them and that you are looking forward to having an excellent conversation. In the new research and work we are doing at Levin Group, we've discovered that case presentation isn't really about the presentation. It is about a conversation where the patient is engaged and has the opportunity to make comments, ask questions, and vocalize objections. You may think you do that today, but if you're probably doing more than 50% of the talking, which means you're not having a real conversation. This leads to a lack of decision-making by the patient.

2 ASK THE PATIENT QUESTIONS

Questions are an excellent way to facilitate conversation and engage the patient; however, most doctors present treatment and do most of the talking. It is natural and understandable, but still a bad idea. Today's consumer has the Internet. They can look up information before or after the presentation. They might decide to visit other offices or not have treatment at all. It will all depend on the quality of the conversation that takes place. Stop having presentations and start having conversations.

One of the best ways to facilitate a conversation and engage the patient is to ask questions. Consider the following:

- How much do you know about implant dentistry?
- Do you know anyone that has implants?
- Do you know how long implants last?
- Are you aware of the success rates of implant treatment?
- What made you interested in dental implants?

These and many other questions will create an elevated level of trust on the part of the patient because questions help deepen relationships. You want to build relationships with your patients, make them your friends. Remember, people like their friends, trust their friends, and like to buy from their friends.

3 WATCH YOUR BODY LANGUAGE

It has been repeatedly stated that 80% of communication is non-verbal. Assuming this is anywhere near true, it would suggest that your body language tells a patient more about how you were feeling, what you were thinking, and what you believe than the words you actually use. In some cases, you may be bothered by something that has nothing to do with the case presentation; however, your body language comes across to the patient as if you are distracted, unfocused, or unsure.

The key to body language is to use it properly to convey the right message. Concepts like leaning forward to create positive energy, sitting at eye-level so that the patient feels they are equal in the conversation, and moving your arms and hands to demonstrate energy and convey a sense that you believe in what you're saying are all part of body language. There is also negative language like leaning back or crossing your arms and legs, that says you are not open to conversation or discussion or that you do not really believe fully in what you are saying.

We constantly respond to the way people position themselves and act even if they are not talking. Understanding body language can go a long way to creating a positive case presentation. This is why you should stop at the door, take a breath, put a smile on your face, and know the name of the patient in the consult room before you go in. This gives you a moment to reset yourself to make the best presentation

4 FINANCIAL OPTIONS

Levin Group has a highly successful client who presents financial options at the beginning of the case presentation. We found this remarkably interesting and began using it in more and more practices. Furthermore, we believe that one of the most important factors in the scripting of a case presentation is introducing the availability of interest-free financing or patient financing. By telling a patient this upfront you are giving them the confidence that they have an excellent chance of being able to afford treatment. Keep in mind that even people who can afford treatment are more comfortable (cont'd pg7)

sometimes if they don't have to produce all the money at once. Too many dentists resist talking about patient financing because they must give up a small portion of their fee. But ask yourself, "Would you rather have 93% of your fee or 0%?" If the patient does not accept treatment you are guaranteed to get 0% and no profit at all. Smaller in most cases is still far better.

SUMMARY

Case presentation is one of the critical systems. Many doctors would like to increase the number of implants they place each year based on the advanced training they have received. However, your case presentation skills will increase implant cases and all cases within the practice. If you want to go to the next level, focus on case presentation.

ROGER P. LEVIN, DDS

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world.

To contact Dr. Levin or to join the 30,000 dental professionals who receive his Practice Production Tip of the Day, visit www.levingroup.com or email rlevin@levingroup.com.



***Dates Coming
Soon for the Next ...***

**PROSTHO BOOTCAMP
(Fall 2023)**

**AVOIDING COMPLICATIONS
(Early 2024)**

*Mark's
Corner*



by Mark Romano
CEO of NOW MEDIA

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Exciting updates to the institute coming in the next few months.

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Lectures, videos, webinars, and treatment planning



HANDS-ON SURGERY

Increase of live hands-on courses in the U.S. (Ohio)



EXPANDED CURRICULUM

More comprehensive and additional hands-on labs



NEW TEXTBOOK

Dr. Resnik's long awaited "Prosthetic Implant Dentistry"

MORE INFO

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Wyndam at Bonnet Creek
Orlando, FL

ORLANDO 2022-2023 SCHEDULE

DEC 1-2, 2022

Patient Evaluation, CBCT
Treatment Planning, Socket
Grafting and Implant
Placement

JAN 13-14, 2023

Multiple Implant Placement
and the treatment of the
Edentulous Ridge

MAR 2, 2023

CBCT SCOUT AND
SLAMPS

MAR 3-4, 2023

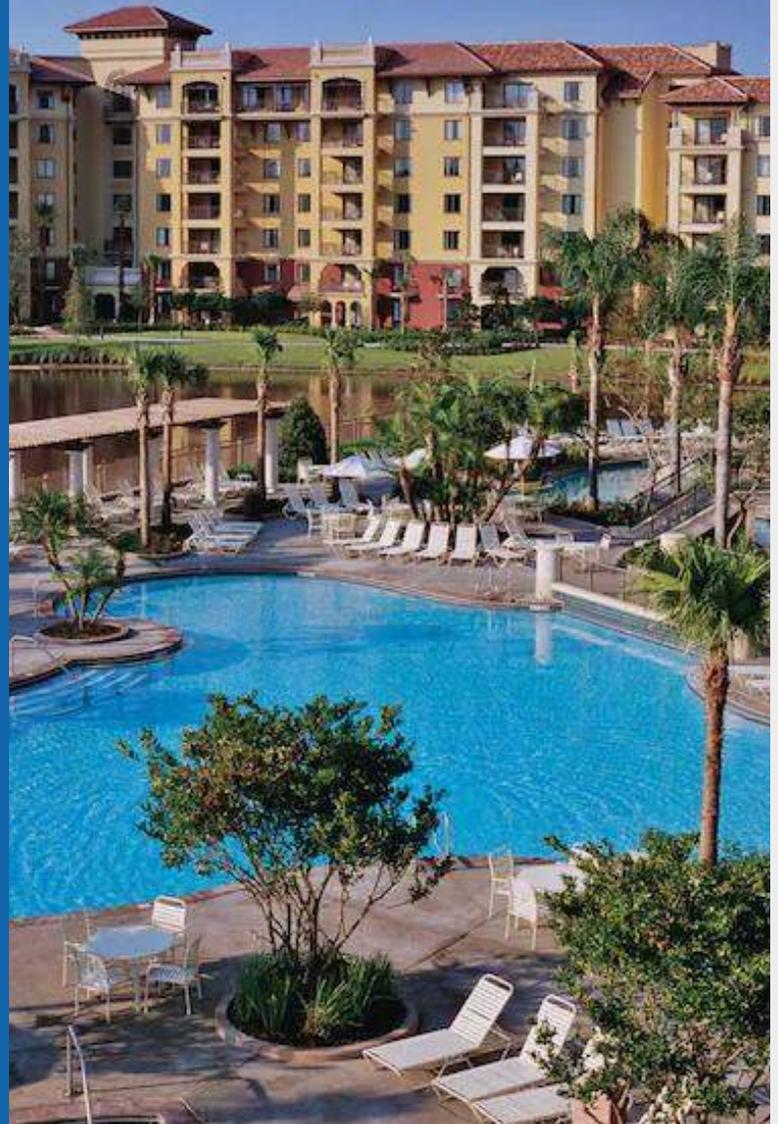
Bone Augmentation and
Implant Placement into
Compromised Sites

MAY 19-20, 2023

Treatment of the Superior
Maxilla, Osseotome and
Lateral Wall Technique

JULY 21-22, 2023

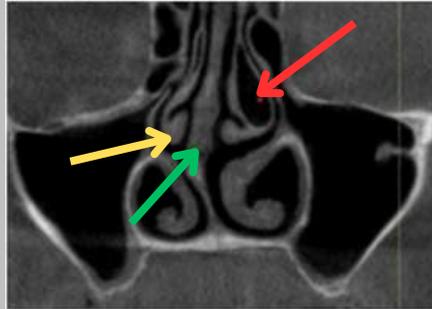
Immediate Placement and
Loading, Treatment of Peri-
Implant Disease



*"98% of our
graduates are
placing Implants."*

ANSWERS...

CBCT QUESTION OF THE MONTH



RED: Concha Bullosa

GREEN: Deviated Septum

YELLOW: Paradoxical Middle Turbinate

IMPLANT STUDY OF THE MONTH

A meta-analysis evaluation of 97 related papers, E-Cigarettes were shown to significantly increase peri-implant disease. In comparison to non-smokers, the electronic cigarette user group showed increased implant bone loss, probing depth, plaque index and bleeding on probing, as well as increased levels of inflammatory cytokines.

Baniulyte, G., & Ali, K. (2023). Do e-cigarettes have a part to play in peri-implant diseases?. Evidence-Based Dentistry, 1-2.

Just Released...

LIVE HANDS -ON SURGERY



*Select a surgical procedure and we
will find a patient for you*

**Friday, June 30th
Cleveland, OH**

**Hilton Garden Inn at
Silverlake Crossing
Grapevine, TX**



DALLAS 2023-2024 SCHEDULE

SEPT 8-9, 2023

Patient Evaluation, CBCT Treatment Planning, Socket Grafting, and Implant Placement

OCT 19, 2023

CBCT BOOTCAMP

OCT 20-21, 2023

Multiple Implant Placement and the Treatment of the Edentulous Ridge

DEC 1-2, 2023

Bone Augmentation and Implant Placement into Compromised Sites

JAN 26-27, 2024

Treatment of the Posterior Maxilla: Osteotome and Lateral Wall Technique

MARCH 8-9, 2024

Immediate Placement and Loading, Treatment of Peri-Implant Disease

*"Our graduates show a
22.5% increase
in income in their first
year after the course."*



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NEW EXHIBITOR

Spotlight



IMPLANT DESIGN STUDIO

Dr. Christopher Resnik, DMD, MDS, a prosthodontist and Tara Resnik, DMD started IDS because they saw a disconnect in the designing of full arch prosthetics as well as a lag in the time it takes to receive and print digital designs for their patients. They created their design service with the goal of allowing the dentist to be able to print and deliver same day, high quality, implant restorations. They are both faculty at the Resnik Implant Institute and utilize these concepts to provide digitally designed prostheses with the ideal esthetics and contours. To learn more about how to submit a case for a digitally designed prosthesis visit implantdesignstudio.com.

Thanks to our sponsors...



See what past graduates are saying...

Dr. Resnik and his team are amazing! I took an extensive implant curriculum about 12 years ago and only placed the straight forward single or double implants since then. If you want to raise your implant game for your patients, your practice, and yourself - you don't have a choice: SIGN UP TODAY and you won't regret it! Cheers! -- **Dr. Chad Yenchesky**

The course gives you the confidence you need to place dental implants and allows you to meet like minded colleagues and instructors. \ Dr. Resnik is a great lecturer, keeps things interesting and presence scientific research to back up his claims. Most importantly the course will provide you with cook book instructions and protocols for everything you will encounter during your implant journey, from placement, to suture line opening to dealing with infections, consent form templates, medical clearance templates...etc. \. Strongly recommend! -- **Dr. J Chen**

This course gives you a comprehensive introduction to placing single, multi, and full arch implants mostly using guided techniques. This course is for anyone at any level. The audience is made up of beginners who have never placed an implant (like myself) to the well seasoned general dentists/ OMFS who has had years of experience placing implants. Best money I have spent to forward my career. -- **Dr. Natalie Sigwart**

I finished the 5-course curriculum just this past year. Dr. Resnik and the faculty are hands down the best in the business. The Misch/Resnik program gives you the education, tools, and the confidence to be proficient at implant dentistry. This curriculum gives you the knowledge and the skills to take your practice to the next level! -- **Dr Michael Buck**

Many thanks to Dr. Resnik and the Misch/Resnik Institute for their excellence and the quality of the surgical and prosthetic implant courses. I have gone through most of the courses a second time to my advantage, because they are always updated with new labs and lectures. THANK YOU! -- **Dr. Barb Leadbeater**

After 30 years of practicing dentistry, my only regret is that I did not get involved with implant dentistry earlier in my career, specifically with the Misch Institute. I never realized how rewarding and exciting for both me and my practice this could be. Dr. Randy Resnik and his entire staff are a major factor in this testimony! -- **Dr. Douglas Adel**

Dr. Resnik has an amazing depth of scientific based knowledge concerning his subject. He builds a very large zone of safety. If one stays within this zone the success rate will be maximized and complications will be extremely rare. -- **Dr. Terry Rigdon**

Join the Family!



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