RESNIK IMPLANT INSTITUTE

NEWSLETTER

September 2024 / Vol 27

New Surgical Continuum Platform for 2025

Hybrid Education (Online + In-Person)

Now with TWICE the Didactic and Skill Building Sessions!!

The Resnik Implant Institute is happy to announce a new curriculum for the 2025 Surgical Program. Over the past years, it has become increasingly difficult to provide our attendees with the volume of information at individual sessions that we believe is needed to practice oral implantology today. Therefore, we have faced a dilemma: (1) add another weekend to the current continuum or (2) develop a more efficient solution. We have decided to pursue the more efficient solution route. For 2025, the surgical program will be modified to a hybrid curriculum, which involves a more extensive online curriculum. Over the past 18 months, we have incorporated online lectures into the surgical curriculum (~ 3 – 4 hrs. /session), which has resulted in overwhelming positive reviews and evaluations. Since we have initiated the online curriculum, attendees have shown a significant interest in increasing the amount of online content and also in-person hands-on procedures.

(cont'd. pg 4)

MITIGATING MEDICO-LEGAL RISKS WHEN TREATING SMOKERS

by Randolph R. Resnik, DMD, MDS

Smoking has long been linked to various health issues, including cardiovascular diseases, respiratory problems, and numerous oral health concerns. In treating patients with dental implants and bone grafting, smoking poses unique challenges for clinicians, as it can compromise the healing process, increase the risk of complications, and ultimately result in implant or bone graft failure. The harmful effects of smoking on dental implants and bone grafts are complex, involving physiological, biochemical, and immunological mechanisms that interfere with normal healing, integration, and regeneration. Therefore, it is essential for clinicians to thoroughly understand the direct impact of smoking on implants and bone grafts and to establish protocols that protect them legally when treating patients who smoke. (Figure 1)

(cont'd. pg 2)

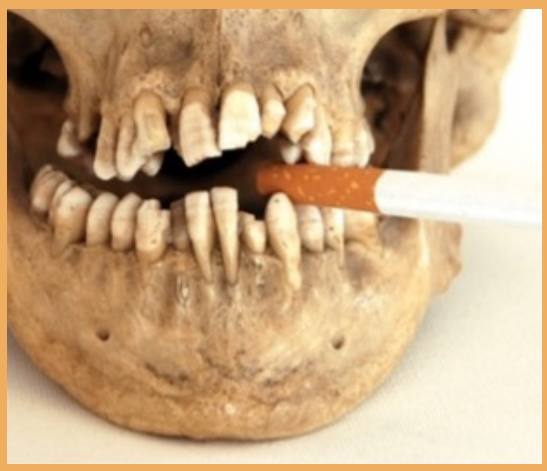

Figure 1: There exists a direct relationship between smoking and increased implant/bone graft morbidity

DIRECT EFFECTS ON OSSEOINTEGRATION AND BONE REGENERATION

Compromised Angiogenesis

Nicotine, carbon monoxide, and other toxic byproducts in cigarettes cause vasoconstriction, reducing blood flow and leading to poor oxygenation of tissues, which compromises healing. This disruption of biochemical and physiological processes impairs angiogenesis (the formation of new blood vessels). The reduced blood supply results in decreased tissue oxygenation, thereby affecting tissue repair and remodeling. Additionally, smoking has been shown to reduce the expression of angiogenic markers during the early bone healing phase, further impairing bone healing. [1]

Altered Bone Metabolism

Nicotine and its byproducts are cytotoxic at the cellular level and directly impact bone metabolism. The altered activity of osteoblasts (cells responsible for bone formation) and osteoclasts (cells responsible for bone resorption) leads to decreased bone density and slower healing. This osteoblast/osteoclast imbalance causes a net loss of bone density, compromising both osseointegration and bone healing.ealing phase, further impairing bone healing. [1]

Impaired Healing

Nicotine is also associated with increased platelet adhesiveness, raising the risk of microvascular occlusion and tissue ischemia. Smoking increases carbon monoxide levels in the blood, which binds to hemoglobin more effectively than oxygen, reducing the amount of oxygen delivered to tissues. Oxygen is essential for the proliferation of epithelial cells and the overall healing process. Consequently, smokers experience an increased incidence of delayed wound healing, increased inflammation, and a higher risk of infection—all factors that contribute to implant failure. Mayfield et al. concluded that a single cigarette can reduce peripheral blood velocity by 40% within one hour, thereby compromising the healing process. [2]

- ***Smokers have a 40% chance of implant failure....***
- ***Smokers have twice the chance of implant failure in sinus grafts....***
- ***Smokers have a 26% chance of developing peri-implantitis....***

SEQUALE OF SMOKING

Post Operative Complications

The postoperative period following dental implant surgery is critical for the success of implants or bone grafts. Smoking delays the wound healing process, leading to higher rates of complications such as incision line opening and soft tissue necrosis, as demonstrated in numerous clinical studies. This compromised recovery period results in increased patient morbidity, delayed treatment, and pain and discomfort,

Increased Risk of Infection

Smoking results in suppression of the immune system as the function of neutrophils (white blood cell) is impaired and production of antibodies is reduced. In addition, the oral and systemic biotome is altered, leading to an increase in harmful bacteria. This results in patients have a decreased ability to combat pathogens and the impaired immune response may result in an increased susceptibility to post-op infections, peri-implantitis and implant and graft failure.

Peri-Implantitis

Numerous studies confirm a direct relationship between smoking and the prevalence of peri-implantitis. Smokers experience increased bacterial colonization around implants, leading to an inflammatory response. The impaired immune response in smokers is marked by reduced immune cellular activity and slower healing, which exacerbates peri-implantitis. Research has shown that the prevalence of peri-implantitis is higher in smokers (26%) compared to non-smokers (12%). Additionally, studies on marginal bone loss indicate greater bone loss in smokers (2.5 mm) than in non-smokers (1.1 mm). [3] *(cont'd. pg 4)*

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Topics:

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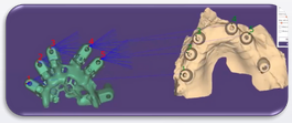
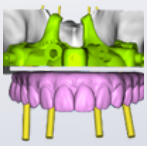
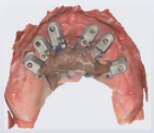
- Restorative Options for All-On-X Therapy
- Stackable Surgical Guides
- Full Arch Intraoral Scanning Techniques
- Facial Scanning, Digital Smile Design
- Digital Occlusal Evaluation (T-Scan)
- Digital Denture/Full-Arch Waxup Workflow (Exocad)
- Overview of Direct to MUA Restorations
- All-On-X Prosthetic Design Workflow (Exocad)
- Photogrammetry
- Additive and Subtractive Manufacturing

Hands- On Labs:

- Stackable Guide
- Optisplint
- Photogrammetry
- Facial Scanning
- Digital Smile Design
- T-Scan
- Staining of Prosthetics







2 IMMEDIATE PLACEMENT AND IMMEDIATE LOAD

October 25-26, 2024
Orlando, FL

Topics:

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- Immediate Loading
- Treatment of the Failed Implant
- Implant Detoxification
- Titanium Mesh Grafting
- Soft Tissue Augmentation
- Full Arch Stackable Guides
- Resonance Frequency Analysis
- All - On - X
- Short Implants
- Etiology, Management and Treatment of Peri-Implant Disease

Hands- On Labs:

- Immediate Implant Placement
  - Incisor
  - Cuspid
  - Premolar
  - Molar
- Titanium Mesh Grafting
- Resonance Frequency Analysis
- Detoxification of Implants
- Laser Peri-Implant Treatment
- 3-D Printing
- Stackable Guides

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Thus, the following curriculum changes will be made for 2025:

ONLINE Curriculum: Available January 1, 2025

Hands-On Skill Building Modules
- **Surgical Module #1:** Treatment Planning and Implant Placement ***Mar 14-15, 2025***
- **Surgical Module #2:** Full Arch and All-On-X Treatment ***May 16-17, 2025***
- **Surgical Module #3:** Bone Augmentation ***Sept 12-13, 2025***

Additionally, we are introducing **Resnik Grand Rounds**, biweekly online treatment planning webinars, exclusively for 2025 enrollees.

Each new surgical module will combine two sessions from the previous curriculum. This approach allows us to provide **TWICE** the amount of didactic content through the online portal, along with in-person courses that feature lectures and enhanced hands-on skill-building labs.

Attendees will complete the online content prior to the hands-on skill-building courses, which will allow us to incorporate more extensive hands-on procedures into the curriculum. Our intent is to increase the attendee's confidence level, thereby allowing them to integrate implantology into their practices faster. All module courses will be held in Dallas, Texas.

We are excited to embark on this new educational journey and are confident that the Resnik Re-Imagined curriculum will exceed your expectations.

Randolph R. Resnik, DMD, MDS
Director

RESNIK REIMAGINED
Modernizing Dental Implant Education

MITIGATING MEDICO-LEGAL RISKS WHEN TREATING SMOKERS (CONT'D)

Increased Implant Failure Rate

Recent meta-analyses and systematic reviews have reported a significantly higher risk of implant failure in smokers compared to non-smokers. Mustapha et. al. reported that implants placed in smokers had a 140.2% higher risk of failure than those placed in non-smokers, with a failure odds ratio of 2.4 for smokers. Similarly, Lu et al. concluded that smoking patients have a 40% higher probability of implant failure compared to non-smoking patients. [5]

Increased Bone Graft Failure Rate

Studies have shown a direct correlation between smoking and bone graft failure. A comprehensive meta-analysis reported smokers have a significantly higher failure rate of bone grafts compared to non-on-smokers. The odds ratio (OR) for graft failure in smokers was found to be approximately 2.5 times higher than that of non-smokers. Shah et al. concluded that smoking significantly reduces bone mineral density and compromises the bone healing process, leading to higher rates of bone graft failure. [6] Additionally, Kastat et. al. reported that implants placed in grafted maxillary sinuses of smokers have a failure rate twice that of non-smokers.

REDUCING RISKS WHEN TREATING SMOKING PATIENTS

Although there exist significant disadvantages of smoking and dental implants, smoking is still considered a relative contraindication to dental implants and bone grafting procedures. As a clinician, it is imperative steps are taken to decrease the potential morbidity that smoking may cause with implant procedures. At a minimum, the following should be implemented in patients that have a history of smoking.

(cont'd. pg 5)

1 Patient Education

Dental implant clinicians have an ethical responsibility to inform patients concerning the risks associated with smoking and dental implants. Given the substantial risks that smoking poses to dental implant and bone grafting success, it is crucial for dental professionals to address smoking as part of the treatment planning process. Patients should be well informed and advised of the potential complications and remediation treatment that is indicated. A risk: benefit profile should be individualized for the specific patient's history and procedure. Clinicians should document in the patients chart the specifics on the patient educational process.

2 Informed Consent

Informed consent (verbal and written) is a critical component of the pre-operative treatment planning process to ensure patients understand the risks of the intended procedure. From this specific information, patients must then make an informed decision concerning the treatment. Therefore, it is imperative that the complications are explained to a patient in a manner that is easily comprehended and understood. Ideally, the informed consent should be obtained prior to the procedural date, thereby allowing patients to fully understand the potential complications and the ability to ask questions. Informed consent should be provided both verbally and in writing and clinicians should document the process in the clinical notes.

a Verbal

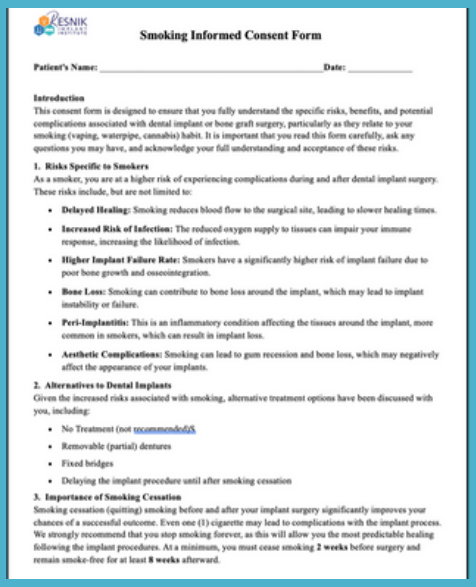
- **Specific Risks:** Clearly explain the increased risks of specific complications in smokers, such as delayed healing, higher infection rates, and greater chances of implant failure. Patients should be well informed of how smoking negatively impacts bone integration and soft tissue health.

- **Customized Risk Assessment:** Provide the patient with a personalized assessment based on the patient's smoking history, overall health, and oral condition. A discussion on how these factors specifically affect the outcome of the implant procedure should be provided to the patient.

- **Independent Witness Presence:** Ideally, a witness (staff member) should be present and document (consent form) the confirmation the patient was fully informed and voluntarily agreed to the treatment.

b Written

A written consent form should be executed that thoroughly explains the specific risks that smoking imposes on the implant process. This detailed consent form must explicitly mention the risks related to smoking. Ensure the patient acknowledges understanding the added risks.



Smoking Informed Consent Form

Patient's Name: _____ Date: _____

Introduction

This consent form is designed to ensure that you fully understand the specific risks, benefits, and potential complications associated with dental implant or bone graft surgery, particularly as they relate to your smoking (vaping, waterpipe, cannabis) habit. It is important that you read this form carefully, ask any questions you may have, and acknowledge your full understanding and acceptance of these risks.

1. Risks Specific to Smokers

As a smoker, you are at a higher risk of experiencing complications during and after dental implant surgery. These risks include, but are not limited to:

- **Delayed Healing:** Smoking reduces blood flow to the surgical site, leading to slower healing times.
- **Increased Risk of Infection:** The reduced oxygen supply to tissues can impair your immune response, increasing the likelihood of infection.
- **Higher Implant Failure Rate:** Smokers have a significantly higher risk of implant failure due to poor bone growth and osseointegration.
- **Bone Loss:** Smoking can contribute to bone loss around the implant, which may lead to implant instability or failure.
- **Peri-Implantitis:** This is an inflammatory condition affecting the tissues around the implant, more common in smokers, which can result in implant loss.
- **Aesthetic Complications:** Smoking can lead to gum recession and bone loss, which may negatively affect the appearance of your implants.

2. Alternatives to Dental Implants

Given the increased risks associated with smoking, alternative treatment options have been discussed with you, including:

- No Treatment (not recommended)
- Removable (partial) dentures
- Fixed bridges
- Delaying the implant procedure until after smoking cessation

3. Importance of Smoking Cessation

Smoking cessation (quitting) smoking before and after your implant surgery significantly improves your chances of a successful outcome. Even one (1) cigarette may lead to complications with the implant process. We strongly recommend that you stop smoking forever, as this will allow you the most predictable healing following the implant procedures. At a minimum, you must cease smoking **2 weeks** before surgery and remain smoke-free for at least **8 weeks** afterward.

Figure 2: Free Downloadble Smoking Specific Consent Form on website resnikimplantinstitute.com

Ideally, a specific smoking consent form (See Resnik Implant Institute.com - Smoking Consent) should be used which outlines the potential complications, the likelihood of success, and alternative treatment options. In addition, the consent form should encompass the risks if the patient continues to smoke. Ensure the patient signs (patient acknowledgement) the consent form after review (prior to the date of treatment) as the goal is for the patient to fully understand the risks and has had all questions answered. (Figure 2)

3 Smoking Cessation

Ideally, patients should have complete cessation prior to dental implant procedures to avoid the above-mentioned complications as well as systemic issues that result from smoking.For patients who are unable to quit smoking, alternative strategies may be considered, such as reducing the number of cigarettes consumed or using nicotine replacement therapies to minimize the harmful effects on bone healing.

Patient education should also focus on the long-term benefits of smoking cessation, not only for the success of the implant procedures, but also for overall health. Providing patients with resources for smoking cessation, such as referrals to support programs or referral to their

(cont'd. pg 7)

AVOIDING PROSTHETIC COMPLICATIONS

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- Restorative Space
- Vertical Dimension Issues
- Prosthetic Design
- Full-Arch Materials
- Intra-Operative Complications
- Overdenture Attachment Troubleshooting
- Peri-Implant Disease Repair

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Leaders in the Field

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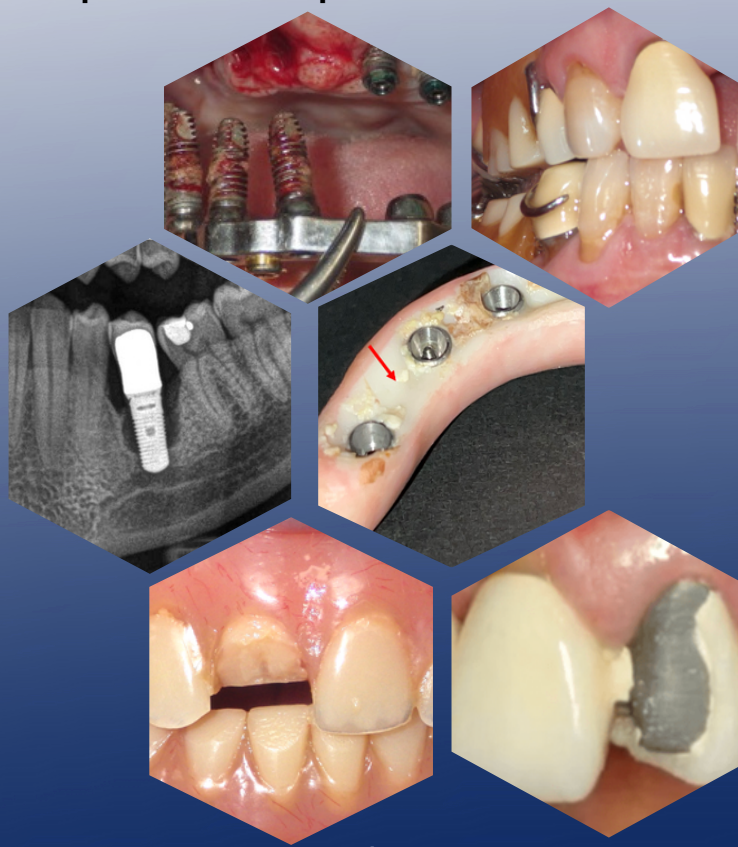

physician for nicotine replacement therapy, are crucial for increasing the possibility of smoking cessation.

In some cases, patients may agree to modify their smoking use, however, decline complete cessation. In these situations, the following should be followed:

MINIMUM CESSATION PERIOD:

Pre-Operative: Although there is no generalized consensus in the literature concerning a minimum cessation period, a common recommendation is to cease smoking approximately **1-2 weeks** prior to surgery. This pre-operative cessation allows for reversal of the increased levels of platelet adhesion and blood viscosity, as well as the short-term negative effects associated with nicotine and byproducts.

Post-Operative: Ideally, patients should discontinue the use of tobacco for at least **2 months** after implant placement, by which time bone healing would have progressed to the osteoblastic phase and early osseointegration has been initiated.

Note: While reducing smoking may have benefits following implant surgery, **complete cessation** is strongly recommended as even occasional smoking can impair healing and increase the risk of implant failure. Patients should be informed that long-term smoking cessation is associated with greater implant success rates and reduction of health concerns.

4 Be Cautious of Vaping

While vaping can deliver less nicotine than smoking (especially if lower-concentration e-liquids are used) , it is possible for vaping to match or even exceed the nicotine levels found in cigarettes. This is especially true with high-nicotine e-liquids and frequent use. Therefore, the key factor with post-operative vaping in comparison to smoking is the nicotine concentration in the e-liquid and the patients vaping behavior.

5 Intra-Operative Considerations

To reduce the potential for surgical morbidity, clinicians should implement measures to decrease complications such as reduced surgical duration, sterile technique, use of adjunctive therapy (chlorhexidine rinses, local and systemic antibiotics), and use of ideal implant and bone grafting materials. In addition, care should be exercised in using the most ideal suture materials (e.g. polyglycolic acid or PTFE) which exhibit greater tensile strength to reduce incision dehiscence issues. For implant placement, a two-stage protocol may be advised in order to protect the surgical site and reduce potential complications if the patient continues to smoke.

6 Post Operative Considerations

Smoking patients require closer postoperative monitoring to detect and manage complications as early as possible. In patients that complete smoking cessation is not possible, patients should be advised to wear interim prostheses (e.g. flipper, immediate denture) during smoking episodes as to protect the surgical site. If signs of smoking are present, it is imperative this is noted in the patients records as well as patient education reinforcement. (Figure 3)

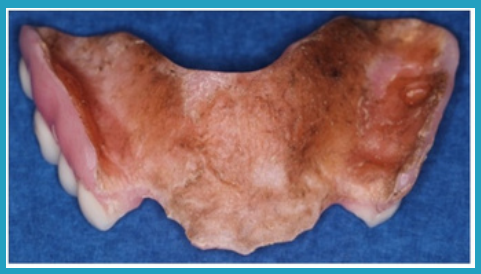

Figure 3: Post-operative adherence of nicotine to interim prosthesis should be noted in teh patients chart.

7 Financial Disclosure

If the implant procedure fails due to smoking-related issues, clarify how this will affect the patient's financial responsibility for corrective procedures. Ideally, it should be clear and concise (i.e. "If complications arise due to continued smoking, additional treatments or surgeries may be necessary. These treatments may incur additional costs, which will be your responsibility."

Conclusion

Smoking presents a significant challenge to clinicians as there is overwhelming evidence linking higher rates of complications. For implant clinicians, addressing and implementing safeguards to minimize potential morbidity is not only a clinical imperative but also an ethical obligation. Because smoking is a relative contraindication, the clinician must verify that benefits of treatment outweigh the risks. Therefore, clinicians must understand the full extent of smoking's impact on dental implants and bone grafts and implement protocols to minimize risks. *(references pg 8)*

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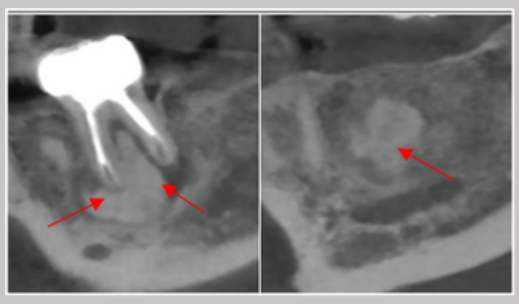
RADIOLOGY QUESTION OF THE MONTH

By Ethar ElShennawy, BDS, MSc
Radiology Research and Development Specialist (ITXPROS)



A implant treatment planning CBCT revealed multiple sclerotic to high-density areas in the # 19 and # 30 areas (red arrows). What is the diagnosis and protocol for implant placement into these areas?

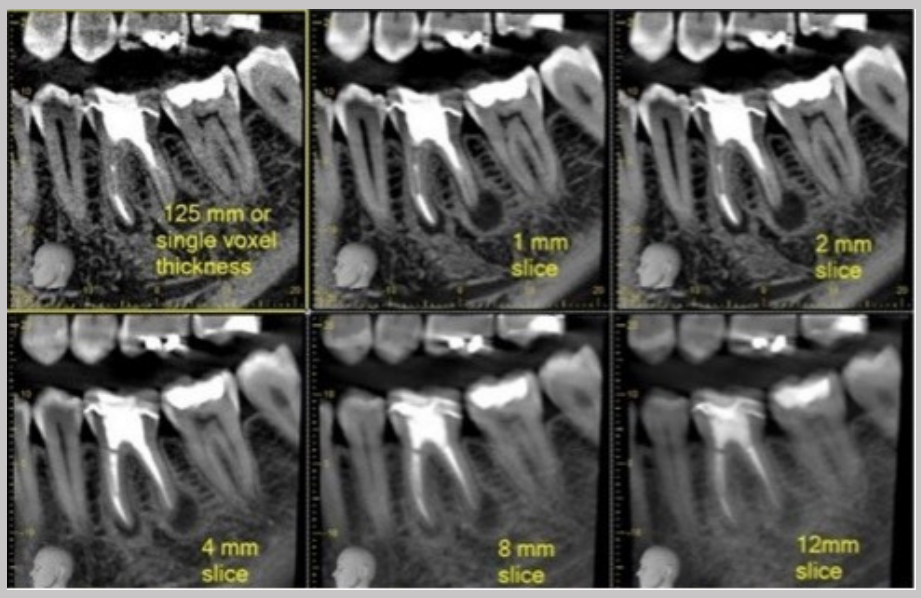
Treatment: Ideally, the dysplastic bone should be completely removed via curettage, decorticated, bone graft placement, and after sufficient healing, implant placement.

CBCT TIP OF THE MONTH

By Ethar ElShennawy, BDS, MSc
Radiology Research and Development Specialist (ITXPROS)

Is slice thickness different than voxel size?

- It's important to note that slice thickness and voxel size can be related but are not necessarily the same.
- While slice thickness determines the spacing between the slices, voxel size determines the spatial resolution within each slice.
- Voxels are isotropic (cubical – equal in all directions), but changing the slice thickness results in the generation of anisotropic voxels (cuboidal)
- In summary, slice thickness refers to the distance between slices, while voxel size refers to the size of the three-dimensional elements within each slice.



NOTE: *Increasing the slice thickness will improve noise but worsen the spatial resolution.*

Just 2 Courses Remain!!

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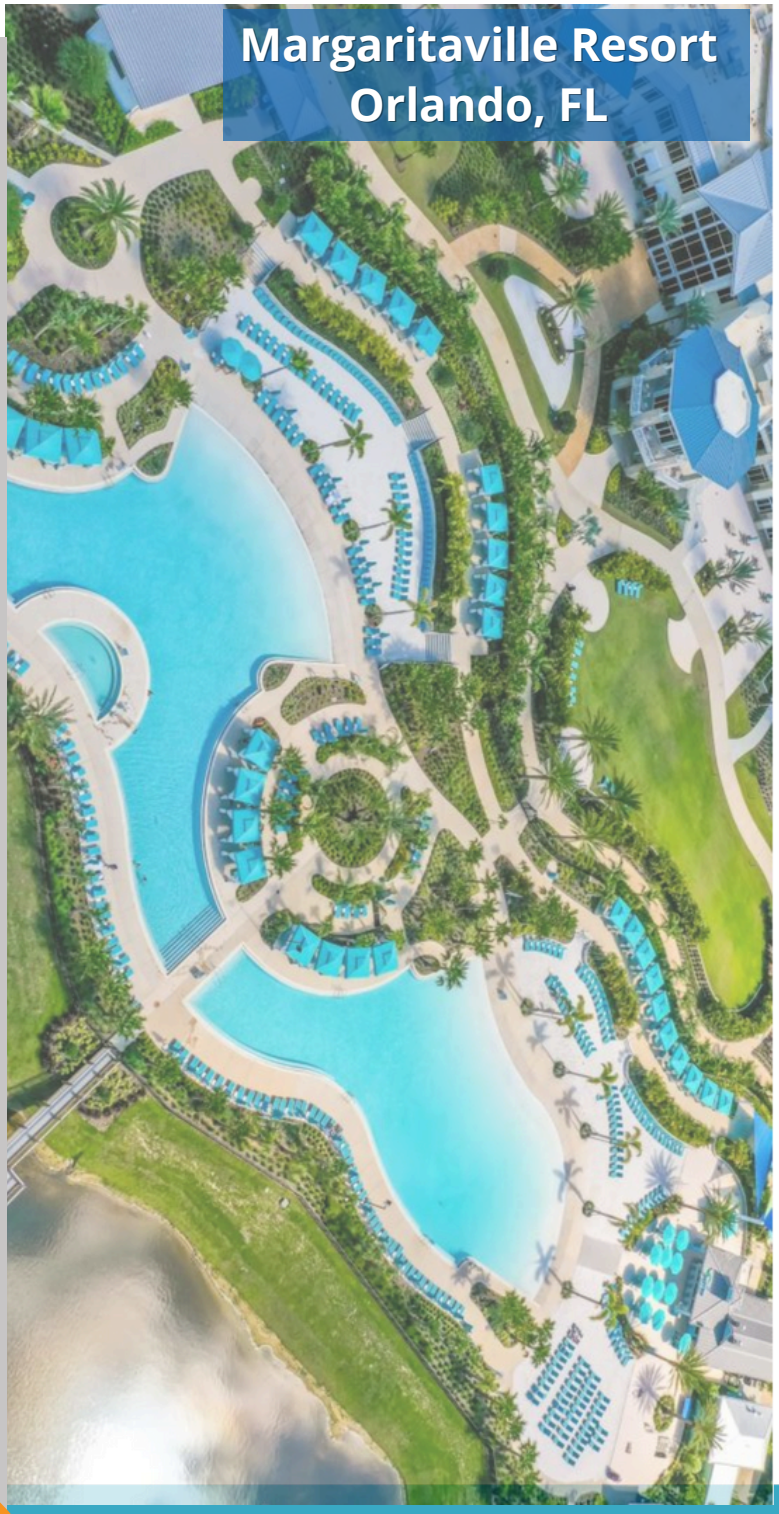

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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS

Hello Readers,

I am very excited to provide the latest installment of "Mastering the Business of Dentistry" in the Resnik Implant 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 40 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

HOW TO USE YOUR EYES TO CLOSE MORE CASES

INTRODUCTION

While there is vast literature and education on the topic of case presentation and case acceptance, to me it all boils down to one word – trust. Do your patients trust your recommendations? In a sense, almost all of us wake up every morning with the question, "Who can I trust?" The reporter giving me the morning news? The taxi driver taking me to the airport? Etc. If trust is so important, how do we create it in our case presentation systems.

Two words – eye contact

Eye contact is a critical factor in building trust and increasing case acceptance. How could something this simple make such a difference when presenting cases such as dental implants? Many of those reading this newsletter have attended the Resnick Implant Institute to expand your implant dentistry skill set. However, if you do not master case presentation a great deal of that skill set will go unused.

Establishing and maintaining eye contact is actually not simple for many people. It is simple to understand but requires knowledge and practice to implement. Here is why…

#1 Making eye contact with other people takes intentional effort. Often our tendency is to look away after a few seconds of eye contact. What we don't realize is that when we look away, we are signaling to the patient that we are no longer totally focused on them. When we look away (outside the treatment room or at other parts of the treatment room) we appear to be distracted. While this may not be the reason, it can come across that way to the patient.

If you want to build trust you must give patients your exclusive attention. Eye contact is one way to do that. When you make eye contact it sends the message that you are focused solely on that individual and they are the most important person to you at that moment.

#2 Eye contact causes you to remain totally present with that patient. When you establish eye contact it is nearly impossible to think of anything other than that patient and your treatment recommendations for them. Building trust is about having the patient feel that you have his or her best interest in mind. There are many factors involved in case presentation (clarity, enthusiasm, etc.) but it all starts with eye contact and being present in the moment with that patient.

#3 Eyecontact creates relationships. When you make eye contact with people they start to trust and like you. They experience a natural reaction to being the center of your attention which creates a positive feeling for them. Positive people accept treatment. Making eye contact with patients is a clear step in building a relationship. *(cont'd. pg 14)*

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[1]Kerr M, Allen B, Park N. Clinical and radiographic evaluation of tapered implants with an aggressive reverse buttress thread and crestal microthreads: a retrospective study. For the full report, visit glidewell.com/ht-2-year. Glidewell HT is a trademark of Prismatik Dentalcraft, Inc. NobelActive is a registered trademark of Nobel Biocare. Straumann is a registered trademark of Straumann Holding AG.

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#4 Eye contact helps you to quickly determine when something is not going well in a case presentation. Maybe the patient has a question. Maybe they read something on the Internet that concerned them. Maybe they are only thinking about how much the implant case will cost and whether they can afford it. When you make eye contact you pick up signals that help you to understand that something is not quite right. At this point, the technique of stopping and asking becomes a critical element of the case presentation. If you don't uncover "unrealized objections" by the patient, meaning they have discomfort and are not even sure why, then you will not close cases at the rate that you might prefer. Making eye contact allows you to pick up the signals that are often missed.

Get comfortable with eye contact.

At this point in the article hopefully you are feeling that good eye contact can have a beneficial impact on your case acceptance rate. If you're not completely comfortable when you imagine doing it just begin by practicing the technique. Begin by role playing with someone on your team or a family member. Choose any topic and force yourself to stay ocused on their eyes while you are conversing just to get comfortable with the feeling. After you have several sessions with someone you know, step up and try it with a patient. If you have trouble looking squarely at a patient's eyes for more than a couple of seconds then pick a point on their forehead near the eyes and look there.

Eye contact is one of those small details that is so important and can actually make a huge difference in your case acceptance. Again, it is not simply eye contact, but also being fully present when you are with a patient.

SUMMARY

Case presentation has many factors, making it more art than science. As I have spent years trying to create the best step-by-step method for case presentation, I've discovered some aspects that are difficult to but quantify but are still radically important. Eye contact is one of those. When you look directly into a patient's eyes the patient believes you are totally focused on them as an individual and have their best interest in mind. They begin to trust you. Eye contact forces you to be completely present with the patient, which is essential for making people feel appreciated and important. It conveys the message that you care and are recommending the ideal treatment for best results. Eye contact is an easy concept to understand, but that takes practice. As you master it, you will be surprised how case acceptance will increase on those larger cases, such as implant dentistry, that may not have been as easily accepted in the past.

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 visit www.levingroup.com or email rlevin@levingroup.com.

(cont'd. pg 10)

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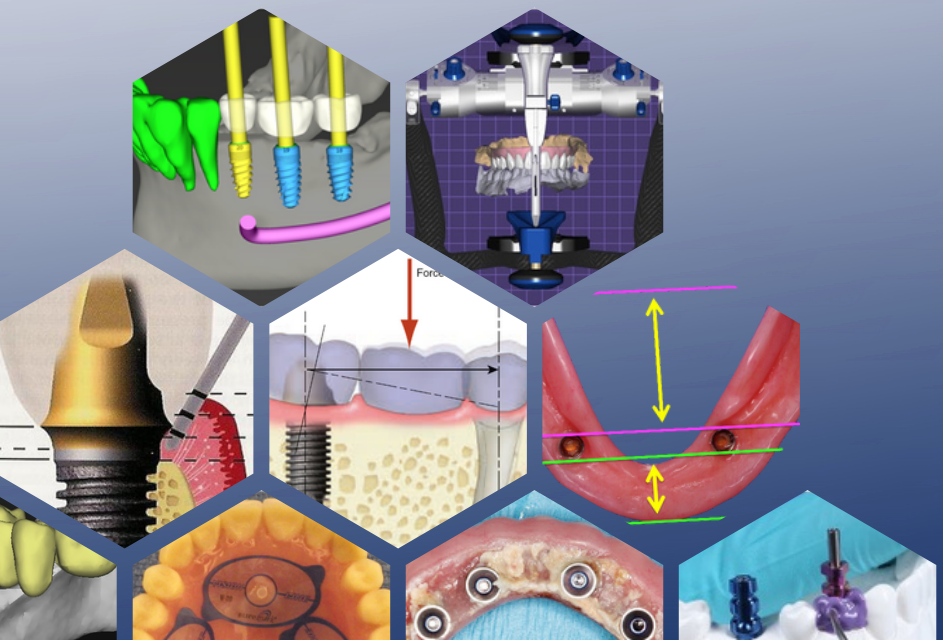

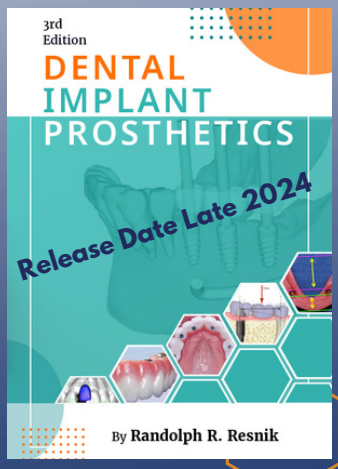

NEMER'S WORDS OF *Wisdom*


Nemer Hussein, CDT

<u>COMPLICATION:</u> Fractured Fixed Implant Prosthesis (PMMA)

<u>REPAIR:</u> The PMMA can be repaired WITHOUT removal from the mouth

STEP #1 The fractured prosthesis (PMMA) is realigned and stabilized using composite material in the mouth (can also be completed extra-orally).

STEP #2 An alginate or polyvinyl siloxane (PVS) impression is taken, which is then poured into stone to create a working model. (Figure 1).

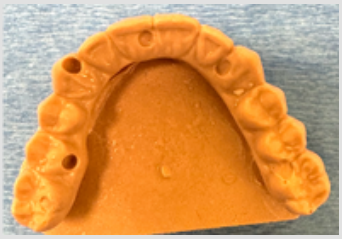
Figure 1: Stone Model

STEP #3 A 1 mm Essix thermoform material is used to fabricate a vacuum-formed splint on the stone model.

STEP #4 The Essix appliance is trimmed and polished to ensure proper fit and function. (Figure 2)


Figure 2: Vacuum-Form Splint Trimmed and Polished

STEP #5 The Essix is inserted over the fractured PMMA intra- or extra-orally. (Figure 3a,b)


Figure 3a: Final Essix

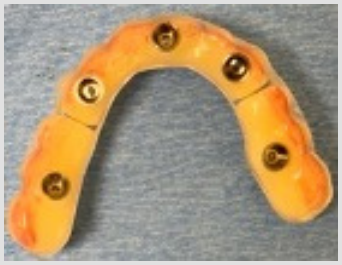
Figure 3b: Final Essix inserted over fractured PMMA

SUMMARY: The following is a time savings technique to repair a fractured PMMA with or without removal from the mouth while a new PMMA restoration is being fabricated.

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Mark's Corner

by Mark Romano
CEO of NOW MEDIA

A DENTIST'S GUIDE TO GOOGLE BUSINESS PROFILE FOR DENTAL LOCAL SEO

Your Google Business Profile is a significant part of your SEO strategy. It's often the first point of contact between your practice and potential patients searching for implant service.

1. To optimize your profile, start by claiming and verifying your listing

2. When choosing categories for your practice, select the most relevant options, such as "Dental Implants Provider" and "Dental Implants Periodontist." These categories help Google understand your practice and match it with relevant searches.

GOOGLE DENTAL CATEGORIES

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Emergency Dental Service	*Periodontist*
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Randolph R Resnik DMD, MDS
Director

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 if 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 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***

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 Resnik 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***

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