

Glucagon-like Peptide 1 (GLP-1) Agonists: Implications for Dental Implantology

by Randolph R. Resnik, DMD, MDS

Weight Loss Meds



through Glycemic Control (i.e., enhanced glucose-dependent insulin secretion, suppression of glucagon release, and slowing of gastric emptying, which contributes to postprandial glucose regulation). Weight Management is achieved through appetite suppression mediated by central nervous system pathways and promotion of reduction in caloric intake.

(cont'd. pg 2)

INTRODUCTION

Glucagon-like peptide 1 (GLP-1) receptor agonists have revolutionized the treatment landscape for type 2 diabetes mellitus and obesity. Medications such as Ozempic (Novo Nordisk, Denmark), Wegovy (Novo Nordisk, Denmark), and Trulicity (Eli Lilly, USA) have garnered widespread attention not only for their efficacy in glycemic control but also for their profound effects on weight management. As the use of these medications becomes increasingly prevalent, dental implantologists must have a comprehensive understanding of their pharmacological mechanisms and their potential implications for bone healing, metabolism, sedation, and anesthesia in the context of implant dentistry.

PHARMACOLOGICAL MECHANISMS AND CLINICAL APPLICATIONS OF GLP-1 AGONISTS

GLP-1 receptor agonists mimic the activity of the endogenous incretin hormone glucagon-like peptide 1. These medications act primarily

New Surgical Continuum Platform for 2025

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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 *(cont'd. pg 4)*

IMPACTS OF BONE HEALING AND METABOLISM^{1 2}

1. Enhanced Bone Turnover

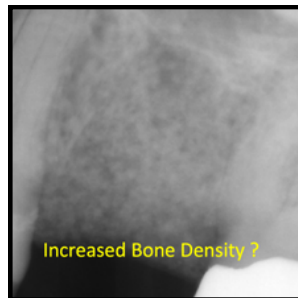
GLP-1 receptor agonists have been shown to influence bone metabolism via:

- **Reduction in Inflammation and Oxidative Stress:** By lowering chronic systemic inflammation, GLP-1 agonists contribute to an environment that supports enhanced bone turnover.
- **Modulation of Cellular Activity:** Studies have demonstrated that GLP-1 receptor activation enhances osteoblast activity while suppressing osteoclastogenesis. This dual effect promotes bone formation while reducing bone resorption.

2. Increase in Bone Mineral Density (BMD)

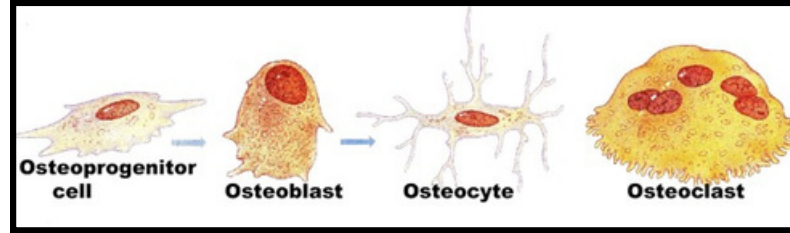
Several studies suggest a positive correlation between GLP-1 agonist use and increased BMD. This is attributed to their influence on:

- **Osteoblastogenesis:** Activation of osteoblasts which results in an increase in bone deposition.
- **Suppression of Bone Resorption:** Osteoclast activity is inhibited, thereby reducing bone loss and preserving skeletal integrity.



3. Nutrient Absorption and Bone Health

Post-surgical nutrient malabsorption can impair bone healing, particularly in patients with compromised gastrointestinal function. The slowed gastric motility induced by GLP-1 agonists may impact the absorption of calcium and vitamin D, both critical for maintaining optimal bone density and supporting implant osseointegration.



CLINICAL CONSIDERATIONS FOR DENTAL IMPLANT PROCEDURES

1. Implications for Osseointegration

- **Positive Influences:** Emerging evidence suggests that the anti-inflammatory and bone metabolism-enhancing effects of GLP-1 agonists may support the osseointegration process. This is especially beneficial in patients with comorbid conditions such as diabetes, which traditionally impairs healing.
- **Potential Risks:** Despite their benefits, the impact of GLP-1 agonists on nutrient absorption may compromise adequate calcium and vitamin D levels during the peri-implant healing phase.

2. Sedation and Anesthesia Considerations

- **Delayed Gastric Emptying:** The effects of GLP-1 agonists on gastrointestinal motility may increase the risk of aspiration during sedation or general anesthesia. Pre-procedural fasting times may need to be extended to mitigate this risk.³ In 2023, American Society of Anesthesiologists⁴ published their consensus-based guidelines on sedation modification to be:

DAILY DOSING:

No medication day of surgery

WEEKLY DOSING:

No medication week prior to surgery

(cont'd. pg 4)

Introducing...

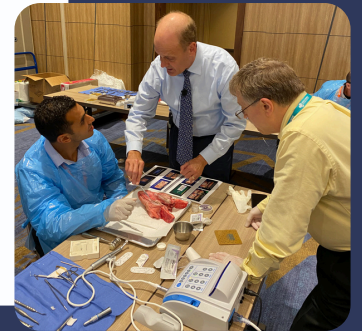


New Online/In-Person Curriculum

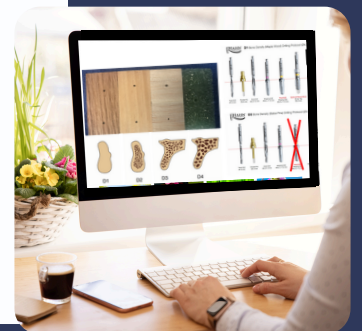
*Integrating Online Learning
with In-Person Skill Building*



- Increased Didactic Curriculum
- Increased Hands-On Learning
- Lower Faculty:Student Ratio
- Financial Saving ~ Less travel
- Less Time Out Of Office

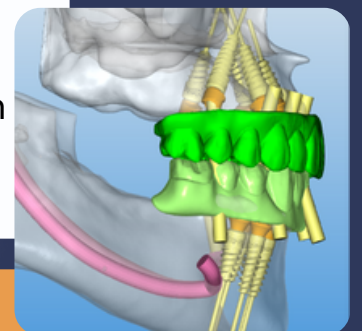


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- CBCT Case Discussions
- Controversial Subject Discussion
- Recorded For Future Viewing



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.

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

ONLINE Curriculum:

Surgical Module #1: Implant Placement: Core Principles and Protocols *Available January 1, 2025*

Surgical Module #2: Full-Arch Implant Solutions - Advanced Techniques *Available February 1, 2025*

Surgical Module #3: Bone Augmentation Techniques *Available March 1, 2025*

Hands-On Skill Building Modules

Surgical Module #1: CBCT Bootcamp/Implant Placement *Mar 13-15, 2025*

Surgical Module #2: Full Arch Implant Solutions - Advanced Techniques *May 16-17, 2025*

Surgical Module #3: Bone Augmentation Techniques *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

GLUCAGON-LIKE PEPTIDE 1 (GLP-1) AGONISTS: IMPLICATIONS FOR DENTAL IMPLANTOLOGY (CONT'D)

SUMMARY AND FUTURE DIRECTIONS

PGLP-1 receptor agonists represent a promising adjunct in managing systemic conditions that influence dental implant success. While current evidence highlights their positive effects on bone

metabolism and healing, further research is warranted to fully elucidate their long-term impact on osseointegration and peri-implant health.

For dental professionals, integrating an understanding of these medications into patient assessment and treatment planning is essential. This includes evaluating bone quality, ensuring adequate nutritional support, and tailoring sedation protocols to accommodate the unique pharmacodynamics of GLP-1 agonists. (cont'd. pg 9)

Online Lectures Added to In-Person Continuum TRIPLE THE DIDACTIC AND HANDS-ON CONTENT

2025 COURSES AND DATES

Online

In-Person

Surgical Continuum: Online & Hands-On Skill Building

Hands-on skill building labs and supplemental lectures. (20 CE/module)

Dallas, TX



Module #1: Implant Placement: Core Principles & Protocols **March 13-15, 2025**
CBCT Bootcamp

Module #2: Full Arch Implant Solutions: Advanced Techniques **May 16-17, 2025**

Module #3: Bone Augmentation Techniques in Oral Implantology **Sept 12-13, 2025**

Surgical Continuum Only

Online Learning Portal - Learn at your own pace. (32 CE/module)

Module #1: Implant Placement: Core Principles and Protocols **January 1, 2025**

Module #2: Full Arch Implant Solutions: Advanced Techniques **February 1, 2025**

Module #3: Bone Augmentation Techniques in Oral Implantology **March 1, 2025**



CBCT Bootcamp - Dallas, TX

March 13, 2025



Digital Workflow - Dallas, TX

May 15, 2025



Peri-Implant Soft Tissue Course - Dallas, TX

Sept 11, 2025



Avoiding Implant Complications - Dallas, TX

April 4-5, 2025



Prosthodontics Bootcamp - Dallas, TX

October 16-18, 2025



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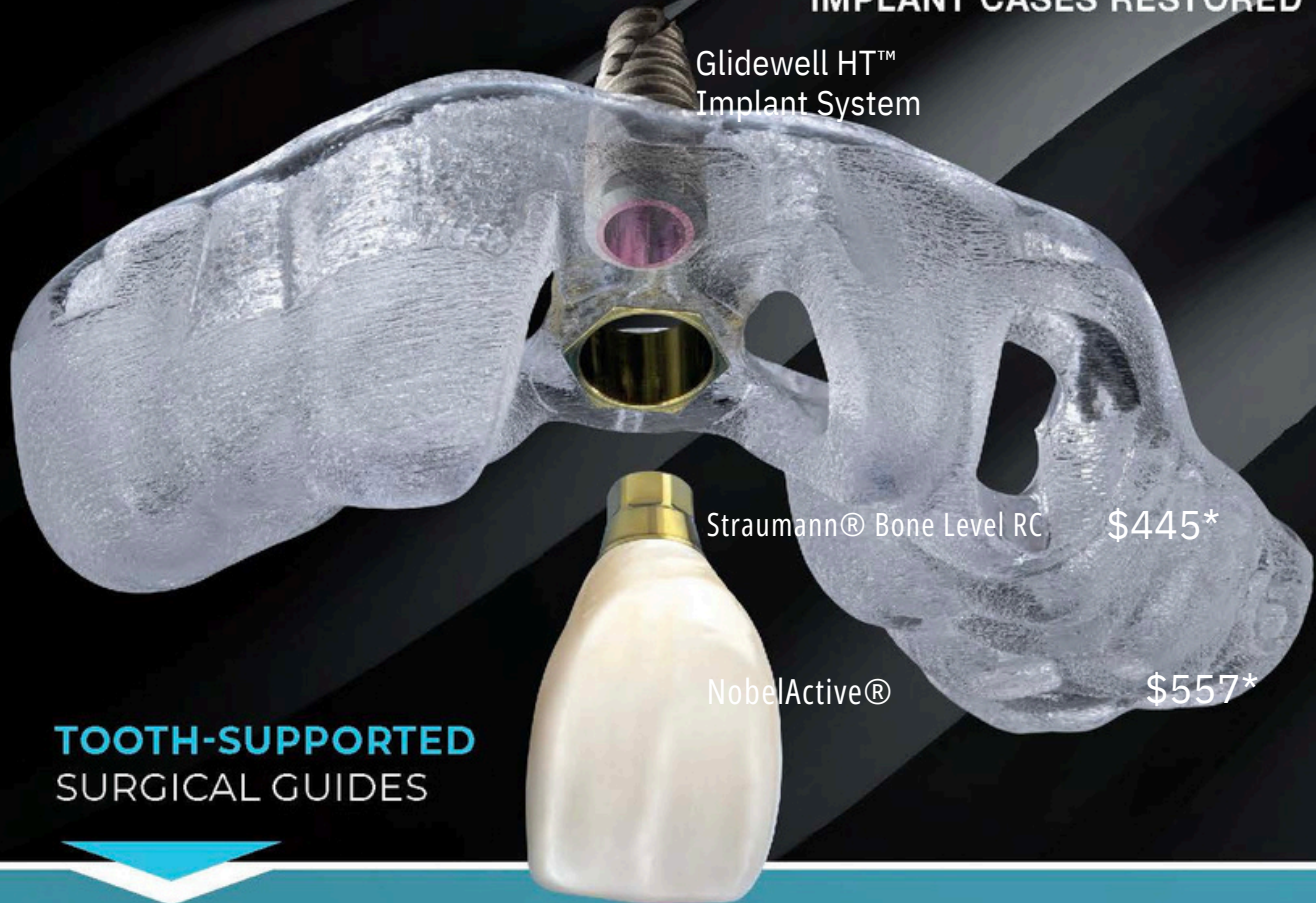
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RADIOLOGY TIP OF THE MONTH

Effect of Number of Projections or Image Frames on Image Resolution

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

IMAGE RESOLUTION AND PROJECTIONS:

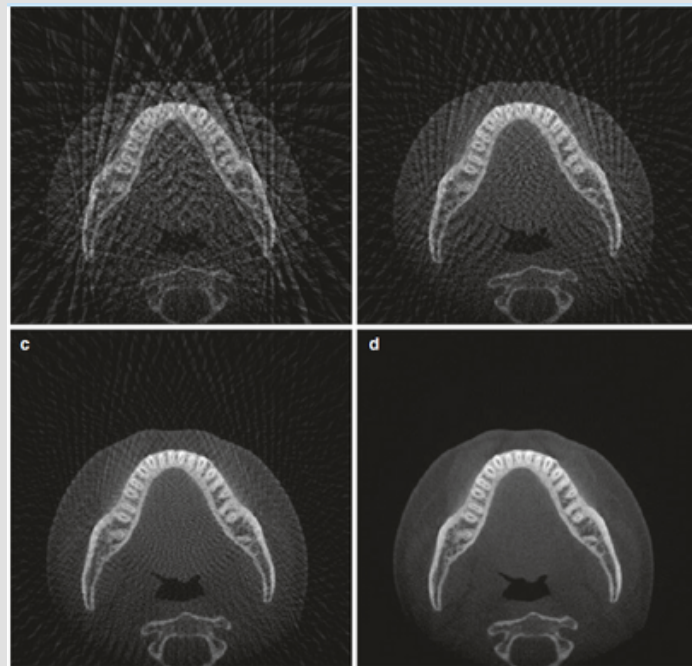
- **Image Resolution:** This refers to the clarity and detail of the image. Higher resolution means smaller details can be distinguished.
- **Projections:** 2D images taken from different angles around the patient's head. The CBCT machine uses these projections to reconstruct a 3D image.

THE RELATIONSHIP:

- **More Projections = Better Resolution:** Generally, the more projections used, the better the image resolution. This is because more projections provide more information for the reconstruction algorithm to work with, resulting in a more accurate 3D image.
- **Improved Detail:** With higher resolution, you can see smaller structures like fine bone details, nerve pathways, and potential pathologies more clearly.

CONSIDERATIONS:

- **Radiation Dose:** Increasing the number of projections also increases the radiation dose to the patient. This trade-off needs to be considered, especially for pediatric patients or those undergoing frequent scans.



ITXPROS





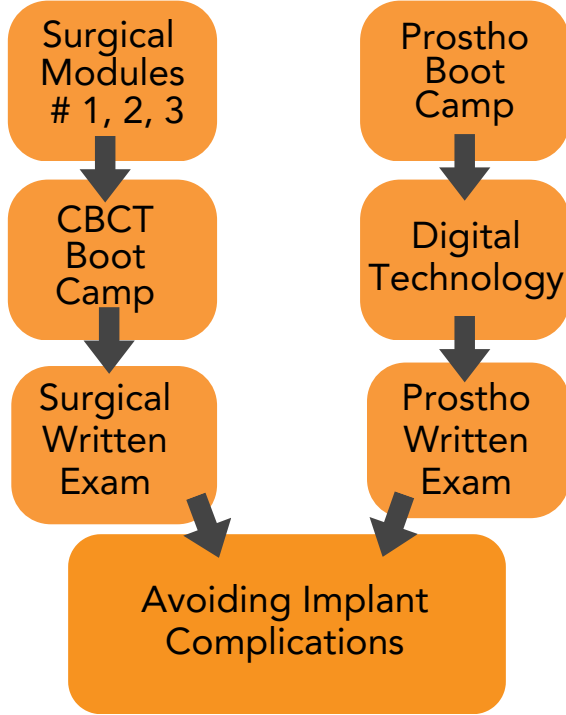
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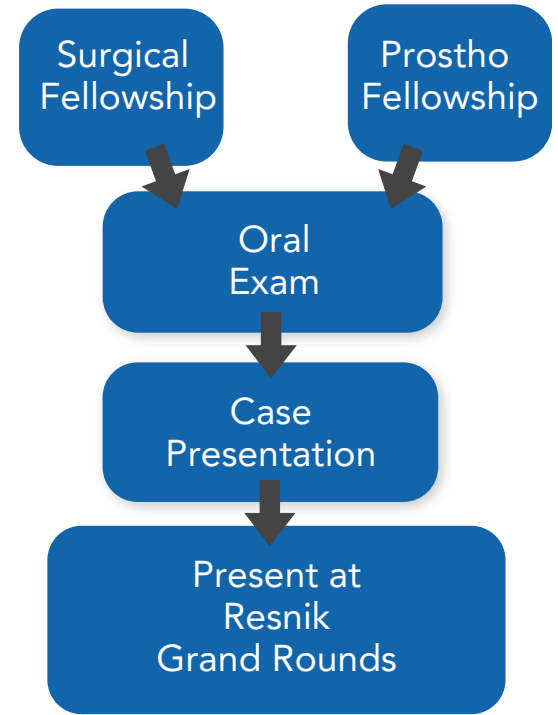
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RESEARCH ARTICLE OF THE MONTH

According to a 2024 systemic review, "Do Antihypertensive Medications Have An Effect (Implant Success, Primary Stability) On Dental Implants?"

ANSWER:

Implant Success : no difference in success in comparison to non-users

Primary Stability : ACE Inhibitors & Beta-Blockers have shown an increase in primary stability

Mishra, Sunil Kumar, Nithin Kumar Sonnahalli, and Ramesh Chowdhary. "Do antihypertensive medications have an effect on dental implants? A systematic review." Oral and Maxillofacial Surgery 28.2 (2024): 459-468.

PROSTHETIC QUESTION OF THE MONTH

QUESTION: According to this 2024 retrospective study, do teeth adjacent to dental implants have an increased failure rate (tooth loss)?

ANSWER: Teeth adjacent to implants showed a 13.2-fold higher risk of tooth loss compared to teeth nonadjacent to implants

Chen, Hsuan-Hung, et al. "Survival rate of teeth adjacent and nonadjacent to dental implants: A retrospective cohort study." Journal of Periodontology (2024).

GLUCAGON-LIKE PEPTIDE 1 (GLP-1) AGONISTS: IMPLICATIONS FOR DENTAL IMPLANTOLOGY (CONT'D)

References:

¹ Psachna, S., Chondrogianni, M.E., Stathopoulos, K. et al. The effect of antidiabetic drugs on bone metabolism: a concise review. *Endocrine* (2024). <https://doi.org/10.1007/s12020-024-04070-1>

² Mabileau, Guillaume, et al. "Effects of anti-diabetic drugs on bone metabolism." *Expert Review of Endocrinology & Metabolism* 10.6 (2015): 663-675.

³ Gulak, Michael A., and Patricia Murphy. "Regurgitation under anesthesia in a fasted patient prescribed semaglutide for weight loss: a case report." *Canadian Journal of Anesthesia/Journal canadien d'anesthésie* 70.8 (2023): 1397-1400.

⁴ Joshi, G. P., et al. "American Society of Anesthesiologists consensus-based guidance on preoperative management of patients (adults and children) on glucagon-like peptide-1 (GLP-1) receptor agonists." Last updated: June 29 (2023).



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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

CASE ACCEPTANCE IS IN THE DETAILS

INTRODUCTION

There’s an old expression that the devil is in the details and over the last 39 years, as CEO of Levin Group a management consulting firm, I regularly find this to be true. Many people have great strategies and ideas, but the execution and results come from attention to the details. Case acceptance is one of those areas.

It is time that we begin to understand that case acceptance is a separate skill set that dentists and treatment coordinators need to master. Investing time, effort and money in advanced education, such as implant dentistry, is admirable. However, it should also have a return on investment, both financially and in terms of career satisfaction. To achieve that you need to have patients accepting treatment.

Small versus large cases

One of the areas there is rarely talked about in case acceptance is the reality that most dentists have excellent case acceptance. But please don’t stop reading now believing that you no longer need to see what it says. Let me fully expand the sentence.

“Most dentist have excellent case acceptance, but most cases are single tooth treatment”

The data is clear. Eighty-one percent of general dental appointments are single tooth treatment and that has not changed over the last 20 years. With all of the advances we have had in materials, techniques and technology, we are still mainly performing smaller cases. The vast majority of most dentist’s production results from a high level of single tooth treatment. Some patients only need one tooth treated. And some dentists accept a high-volume model as “the way it is.” But at some point, the volume game begins to run out, and without increasing the average case size (measured by the average production per patient) the practice will plateau, and the dentist and team will become fatigued and even burnt out. Dentistry is not and should not be a volume game. Dentistry should be about a mixture of different size cases throughout the work week that is acceptable, comfortable and not fatiguing.

In many practices, as case sizes get larger the case acceptance rate declines. I have met many dentists who have improved their skills and started offering larger cases only to find that they don’t do that many. At first, they are highly motivated because they recently learned a new technique or approach but gradually that motivation begins to decline as many patients do not accept. The issue is that they have learned the skills clinically, but not how to present cases and transform the practice. There is enormous opportunity to increase case acceptance and production and decrease overall stress and fatigue.

(cont’d. pg 14)

Motivation in case acceptance

3 Day



PROSTHO BOOTCAMP

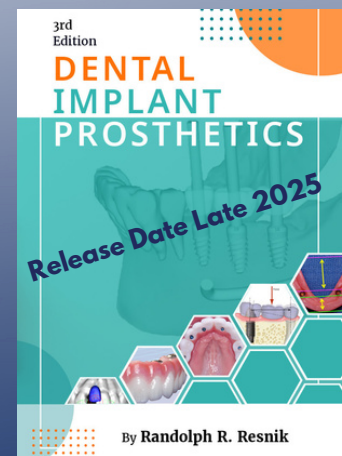
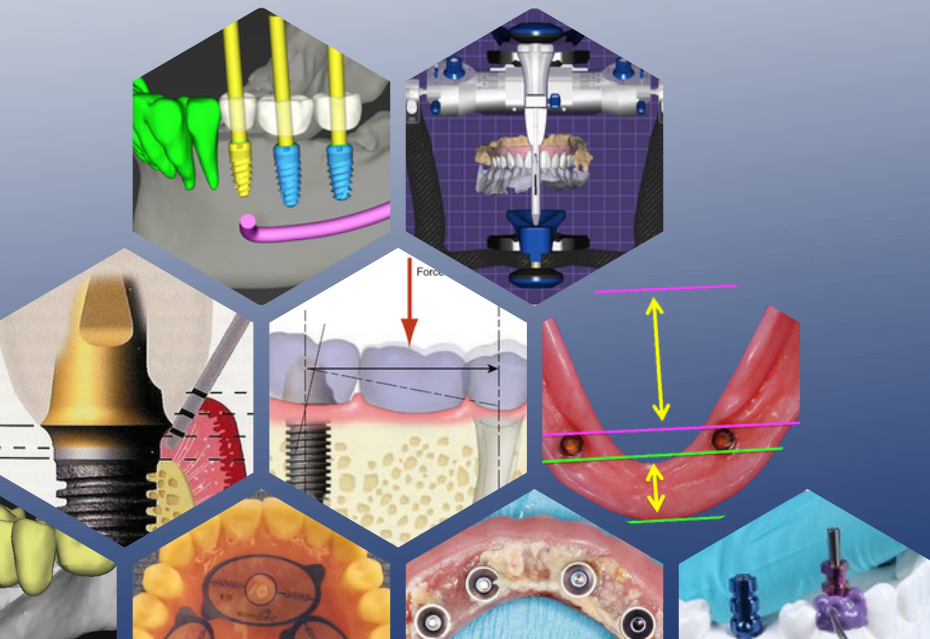
October 16-18, 2025 Dallas, TX

Topics

- Fixed/Removable Prosthetics Techniques
- Prosthetic Driven Occlusion
- Prosthetic Design
- Screw vs. Cemented Prosthetics
- Impression Techniques
- Overdentures Techniques
- Biomechanics
- Implant Protected Occlusion Concepts
- Progressive Bone Loading
- Prosthetic Complications

Hands-On Labs

- Single/Multiple/Full-Arch Prosthesis
- Screw & Retained Prosthetic Protocol
- Direct & Indirect Impression Techniques
- Digital Impressions
- Multi Unit Abutment Lab
- PMMA Interim Prosthesis
- Locator Attachment Protocol
- 3-D Printing
- Attachment Abutment Selection
- Removable Impression Techniques



Another key factor in case presentation, especially for more discretionary types of treatment such as dental implants, is the ability to motivate a patient. For unknown reasons, most dentists do not view creating patient motivation as part of the case acceptance equation. They feel that they should present the basic information of the case to the patient and then await the patient's decision. There's nothing wrong with this approach, but it does leave out important elements that, when included, benefit the patient and help them make the decision that is in their best interest.

HOW DO YOU CREATE MOTIVATION FOR PATIENTS?

- 1** You clearly explain the recommended treatment in basic language that the patient can completely understand. Avoid technical details and in-depth clinical explanations unless the patient specifically asks for it.
- 2** Keep the clinical explanation short and spend more time on the benefits of treatment. People buy benefits over clinical treatment.
- 3** Explain why the treatment needs to, or should be done, and in the case of dental implants, that they are the optimal treatment to replace missing teeth.
- 4** Bring energy to the presentation. Calmly (boringly) explaining why an expensive comprehensive elective case is desirable does not translate to the patient as an enthusiastic endorsement. Energy, excitement and enthusiasm are all contagious and help patients understand the importance of having treatment performed.

- 5** Include the patient in the conversation. When patients have an opportunity to ask questions it clarifies their understanding and helps them to become comfortable with the
- 6** Be sure to mention early in the treatment presentation that financial options are available. Many people do not believe they will be able to afford comprehensive treatment and do not understand that there are several different ways to make it financially affordable.

SUMMARY

Case acceptance is one of the key elements of practice production. Because it has both scientific and artistic aspects, it is not as straightforward as developing a scheduling system or hygiene productivity system. The science piece is to follow the recommendations, such as in this article, which improve case acceptance and follow them carefully. The art is what you say or do and the level of energy or enthusiasm you bring to the presentation. If you want to increase case acceptance, which will have a direct effect on increasing practice production, then the first place is to start with you. Transforming yourself as to how you approach treatment presentation, and how patients perceive you is the first step in improving the case acceptance system. The steps recommended above will also help to improve performance.

The bottom line is this. Improving case acceptance improves practice performance and increases production while allowing patients to have more optimal care.

ROGER P. LEVIN, DDS

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



LIVE PATIENT SURGERY BOOTCAMP



HOW IT WORKS



FAQ

Your Most Frequent Questions Answered About our NEW 2025 Curriculum



What is the difference between the online platform and the hands-on skill building labs?

The online learning portal includes video lectures, reading materials, interactive modules and quizzes, and downloadable resources covering all aspects of implant dentistry. The online platform will encompass roughly 40 hours of CE per module. The online platform will be completed prior to attending the hands-on skill building labs.

The hands-on skill-building workshops are designed to help doctors integrate the information and protocols learned through the online portal into clinical scenarios. These practical sessions allow clinicians to quickly enhance their surgical skills, facilitating the seamless incorporation of implant procedures into their practice. Each hands-on component consists of 20 hours per weekend, maintaining a low faculty-to-student ratio for personalized guidance.

Are you able to just do the online platform?

Yes, the online platform can be completed independently or alongside the hands-on skill-building labs.

Clinicians also have the flexibility to register for the online content initially and add the hands-on component at a later date.

Do you have to complete the modules #1, #2, and #3 in order?

No, the modules can be completed in any order. If you wish to focus on or enhance your skills in a specific aspect of implant dentistry, you may register for that individual module.

Clinicians enrolling in the full program, however, can benefit from financial savings.

If I can't make the date for the hands-on skill building, can I complete the online platform and attend the next time it is offered?

Yes, you can complete the online platform now and participate in the hands-on skill-building sessions at a later date. The updated schedule for the modules will be announced soon.

Are the modules more applicable for dentists new to oral implantology, or mostly for clinicians that have been doing implants for many years?

The entire curriculum is designed to accommodate all skill levels. The content is regularly updated with the latest literature and surgical techniques, ensuring it remains current and comprehensive. Whether you're just beginning your journey or are an experienced clinician, you'll gain valuable knowledge and skills to enhance your practice.

How long do I have access to the online content?

You will have access for one year, with the option to renew your access yearly for a nominal fee.



Nemer Hussein, CDT

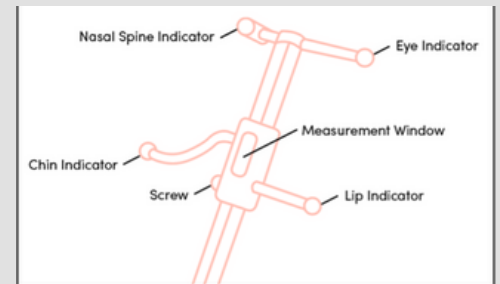
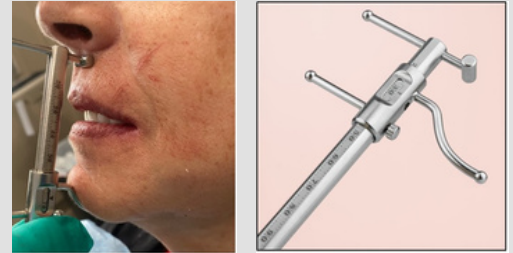
A SIMPLE AND EFFICIENT TECHNIQUE FOR VERIFYING THE IDEAL VERTICAL DIMENSION OF OCCLUSION

PROBLEM:

In All-On-X cases, the loss of vertical dimension due to tooth extraction, sedation, and local anesthesia makes it difficult to evaluate and verify the correct vertical dimension of occlusion (VDO).

SOLUTION:

The Conmetior VDO (Vertical Dimension of Occlusion) instrument provides a simple and effective method for assessing VDO (www.conmetior.com)



Theory:

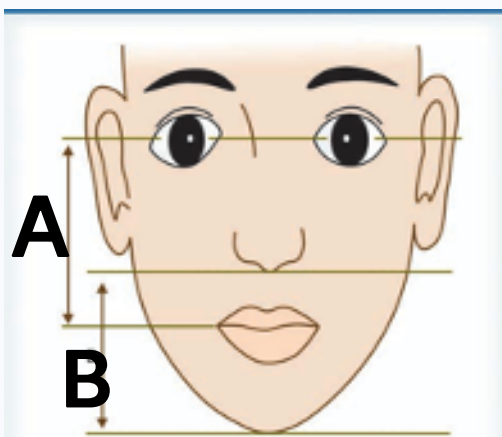
The technique is based on the Willis Method (Upper = Lower Facial Height), where the vertical dimension can be measured:

- From the pupil of the eye to the corner of the mouth (Upper Facial Height)
- From the nasal spine to the lower border of the chin (Lower Facial Height)

(A) Upper Facial Height
Pupils of eyes to corner
of mouth



(B) Lower Facial Height
Anterior nasal spine and
lower border of mandible



Advantages:

- Easy to use and implement
- Applicable for sedated patients and cases with VDO loss

A SIMPLE AND EFFICIENT TECHNIQUE FOR VERIFYING THE IDEAL VERTICAL DIMENSION OF OCCLUSION (CONT'D)

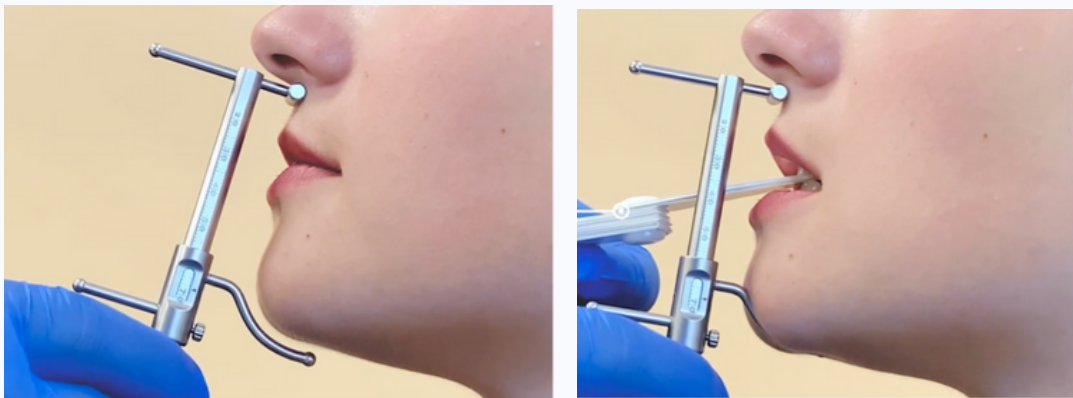
Protocol:

1. Loosen gauge and measure the distance between the center of the eye with the Eye Indicator and the commissure of the lip with the Lip Indicator. Tighten Screw.
2. Flip the gauge around and place the Nasal Spine Indicator against the patient's nasal spine. If the Chin Indicator fits securely under the patient's chin, VDO is correct.

VDO Too Closed

If the Chin Indicator is too long to fit under the patient's chin, the patient is over-closed.

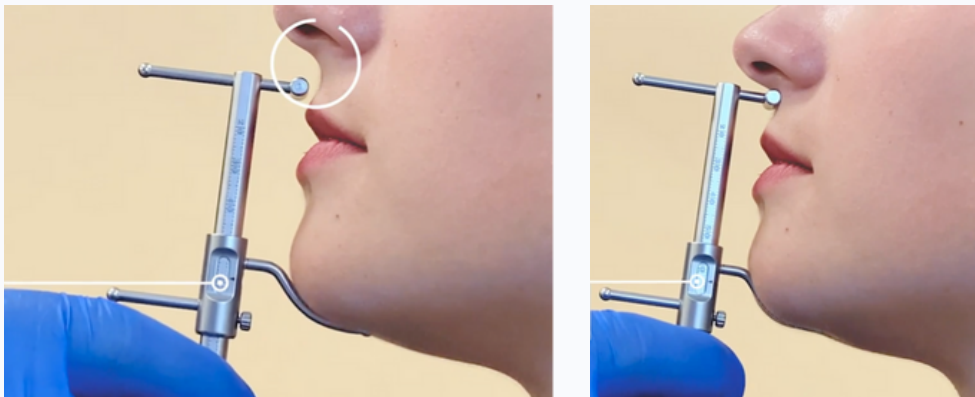
Correction: Using a leaf gauge, instruct patient to open their mouth until the Chin Indicator fits snugly under their chin. Stabilize that bite with a leaf gauge. Fill the gap between the upper and lower teeth with bite registration material.



VDO Too Open

If the Chin Indicator is short of the patient's chin, the patient is too open. Note the measurement number on the gauge.

Correction: Open bite until Chin Indicator is in ideal position. Note the measurement number on the gauge. Subtract the numbers and this is how much the bite needs to be closed.



Mark's Corner

by Mark Romano
CEO of NOW MEDIA



REFRESH YOUR SOCIAL MEDIA MARKETING PLANS FOR THE NEW YEAR

A new year brings new opportunities. As you plan your marketing strategy for the upcoming year, don't forget about social media. A well-executed social media strategy can help you connect with your audience, build brand awareness, and drive sales.

CONDUCT A SOCIAL MEDIA AUDIT

A social media audit helps you assess your current performance and identify areas for improvement. Analyze the following:

- Platform Performance: Evaluate the performance of each platform, including engagement rates, follower growth, and website traffic.
- Content Performance: Identify your best-performing content formats and topics.
- Competitor Analysis: Monitor your competitors' social media activities and identify opportunities.
- Audience Insights: Analyze your audience demographics, interests, and behaviors.

IDENTIFY YOUR TARGET AUDIENCE

Understanding your target audience is essential for creating effective social media content. Consider the following:

- Demographics: Age, gender, location, income, and education level.
- Psychographics: Interests, hobbies, values, and lifestyle.
- Behaviors: Online habits, purchasing behavior, and brand preferences.

CREATE A CONTENT CALENDAR

A content calendar helps you plan and schedule your social media posts in advance. Consider the following tips:

- Content Types: Mix your content formats to keep your audience engaged. Use a combination of text posts, images, videos, and stories.
- Content Themes: Develop recurring themes or campaigns to maintain consistency.
- Post Frequency: Determine how often you'll post on each platform.
- Peak Posting Times: Identify the optimal times to post to reach your target audience.
- Visual Consistency: Use consistent branding elements, such as color schemes, fonts, and logos.

ENGAGE WITH YOUR AUDIENCE

Social media is a two-way street. Engage with your audience by responding to comments, messages, and reviews. Encourage user-generated content by running contests, giveaways, and polls

MEASURE AND ANALYZE

Track your social media performance using analytics tools. Monitor key metrics such as:

- Reach and Impressions: How many people are seeing your content?
- Engagement: Likes, comments, shares, and clicks.
- Website Traffic: How many people visit your website from social media?
- Conversions: Sales, leads, and sign-ups generated from social media.

You can use these insights to refine your strategy and optimize your future campaigns. Now Media Group can help you navigate the complex landscape of social media and create a strategy that delivers results. Please feel free to contact us today at (858) 352-8474 to discuss your social media needs. Happy Holidays and Happy New Year!

I'd be happy to run a complete audit of your online performance & local SEO. For this complimentary service, please call 858-352-8474 or email mark@nowmediagroup.tv

What sets us apart...

Learn from the **GOLD STANDARD** in Implant Education with DR. RANDOLPH RESNIK

- Based on 35 years of academic and clinical experience
- Easy to learn safe and effective surgical & prosthetic protocols which will elevate your practice to the next level
- Author of the Best Selling Textbooks:
 - Contemporary Implant Dentistry 4th Ed
 - Avoiding Implant Complications
 - Dental Implant Prosthetics 3rd Ed (Early 2025)

BOTH SURGICAL AND PROSTHETIC CONTINUUMS:

- 3- Module Surgical Continuum
- CBCT BOOTCAMP
- Avoiding Surgical Complication
- Live Hands-On Patient Surgery
- PROSTHO BOOTCAMP
- Avoiding Implant Complications
- Digital Workflow Full Arch Protocols
- Live Hands-On Patient Prosthetic

PATH TO CERTIFICATION

FELLOWSHIP:

- Surgical Fellow
- Prosthetic Fellow



RESNIK IMPLANT MASTERSHIP



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- Supplemental Course Lectures
- Instructional Videos

• MONTHLY NEWSLETTERS

- Monthly Clinical Article
- Clinical Tips
- Questions of the Month
- Practice Management

• LIVE HANDS ON PATIENT TRAINING

- Surgical Procedures
(Implants, GBR, Sinus Grafts, All-On-X)
- Prosthetic Procedures
(Digital Technology, Full-Arch Solutions)

• LIFETIME MENTORSHIP

- Treatment Planning
- Clinical Assistance from Dr. Resnik and faculty

• WHATSAPP GROUP



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 Yenchsky**

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 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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