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A Service of the Gordon J. Christensen Career Development Program

V2503

Restoration of Complete and Partial Edentulism

Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

C.E. Instruction Sheet Products List Clinician Responsible Goals & Objectives Overview Supplemental Materials AGD Post-Test

Gordon J. Christensen PRACTICAL CLINICAL COURSES

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Gordon J. Christensen PRACTICAL CLINICAL COURSES Sources of Products Discussed in V2503 Restoration of Complete and Partial Edentulism Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. Abutments

Sterngold Dental LLC 23 Frank Mossberg Drive Attleboro, MA 02703 (800)243-9942 (508)226-5660 www.sterngold.com

2. Atlantis Conus

Dentsply Sirona 13320-B Ballantyne Corporate Charlotte, NC 28277 (800)877-0020 (717)845-7511 www.dentsplysirona.com

3. Ceka Bond

Preat Corporation 2625 Skyway Drive Suite B Santa Maria, CA 93455 (800)232-7732 (805)202-3070 www.preat.com

4. Implant Abutments

Argen Corporation, Inc. 8515 Miralani Drive San Diego, CA 92126 (800)255-5524 (858)455-7900 www.argen.com

5. Intra Oral Repair Kit

BISCO Dental Products 1100 West Irving Park Road Schaumburg, IL 60193 (800)247-3368 (847)534-6000 www.bisco.com

Liquid Magic TAUB Products 277 New York Avenue Jersey City, NJ 07307-1599 (200)228-2624

(800)828-2634 (201)798-5353 www.taubdental.com

7. Locator F-Tx

Zest Dental Solutions 2875 Loker Avenue East Carlsbad, CA 92010 (800)262-2310 (442)244-4835 www.zestdent.com

8. Locator R-Tx

Zest Dental Solutions 2875 Loker Avenue East Carlsbad, CA 92010 (800)262-2310 (442)244-4835 www.zestdent.com

9. Plumber's Tape Uline 12575 Uline Drive Pleasant Prairie, WI 53158 (800)295-5510 www.uline.com

10. Premier Implant Cement Premier Dental Co. 1710 Romano Drive Plymouth Meeting, PA 19462 (888)670-6100 (610)239-6000 www.premierdentalco.com

11. Telio CS Cem Implant Ivoclar Vivadent Inc. 175 Pineview Drive Amherst, NY 14228 (800)533-6825 (716)691-0010 www.ivoclarvivadent.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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PROGRAM

V2503 Restoration of Complete and Partial Edentulism

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses Senior Consultant & Previous CEO, CR Foundation Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

- 1. List and describe ten of the many options available for oral rehabilitative treatment.
- 2. Discuss the desirable characteristics of fixed prostheses vs. removable prostheses.
- 3. List two major types of abutments for fixed prostheses.
- 4. List two major types of abutments for removable prostheses.
- 5. Discuss the importance of good communication with laboratory technicians.
- 6. Describe the characteristics of Kennedy Class I prostheses.
- 7. Describe the characteristics of Kennedy Class II prostheses.
- 8. Describe the characteristics of Kennedy Class III prostheses.
- 9. Describe the characteristics of Kennedy Class IV prostheses.
- 10. Discuss modifications as they relate to the Kennedy classifications.
- 11. Compare advantages of fixed prostheses with removable prostheses.
- 12. List the advantages and disadvantages of fixed and removable prostheses for Class I situations.
- 13. List the advantages and disadvantages of fixed and removable prostheses for Class II situations.
- 14. List the advantages and disadvantages of fixed and removable prostheses for Class III situations.
- 15. List the advantages and disadvantages of fixed and removable prostheses for Class IV situations.
- 16. Discuss the incidence of Class I, II, III, and IV clinical situations.
- 17. List the advantages of fixed and removable prostheses for edentulous mandibles.
- 18. List the advantages of fixed and removable prostheses for edentulous maxillae.
- 19. List and describe the six characteristics of acceptable informed consent.
- 20. List five described methods for patient education.

OVERVIEW

V2503 Restoration of Complete and Partial Edentulism

Over the past decade, many new technologies have come into dentistry. Some of them are highly advantageous for clinical dentistry and others are not, but treatment planning is often confusing and difficult. This presentation classifies the fixed and removable options for the numerous clinical situations encountered in dentistry. The following and other topics are included:

- Many options available for oral rehabilitative treatment
- Fixed prostheses vs. removable prostheses
- Several major types of abutments for fixed prostheses
- Several major types of abutments for removable prostheses
- The importance of good communication with laboratory technicians
- The characteristics of Kennedy Class I prostheses
- The characteristics of Kennedy Class II prostheses
- The characteristics of Kennedy Class III prostheses
- The characteristics of Kennedy Class IV prostheses
- Modifications as they relate to the Kennedy classifications
- The overall advantages and disadvantages of fixed prostheses and removable prostheses
- Advantages and disadvantages of fixed and removable prostheses for Class I situations
- Advantages and disadvantages of fixed and removable prostheses for Class II situations
- Advantages and disadvantages of fixed and removable prostheses for Class III situations
- Advantages and disadvantages of fixed and removable prostheses for Class IV situations
- The incidence of Class I, II, III, and IV clinical situations
- The advantages of fixed and removable prostheses for edentulous mandibles
- The advantages of fixed and removable prostheses for edentulous maxillae
- List and describe the six characteristics of acceptable informed consent
- List five described methods for patient education

SUPPLEMENTAL MATERIALS

V2503 Restoration of Complete and Partial Edentulism

- 1. Christensen GJ. <u>Ask Dr. Christensen: How do I request the best kind of zirconia crown?</u> Dental Economics. 2019 Jun;109(6):80-2, 102.
- Christensen GJ. <u>Ask Dr. Christensen: Making optimal zirconia crowns</u>. Dental Economics. 2019 May;109(5):75-8.
- 3. Kim JJ. <u>Revisiting the Removable Partial Denture</u>. Dent Clin North Am. 2019 Apr; 63(2):263-278. doi: 10.1016/j.cden.2018.11.007. Epub 2019 Jan 30.
- 4. Christensen GJ. <u>Ask Dr. Christensen: What type of crown should I use?</u> Dental Economics. 2019 Feb;109(2):68-72.
- Abou-Ayash S, Brägger U, Joda T, Wismeijer D, Wittneben JG. <u>Patient-reported outcome measures</u> <u>focusing on aesthetics of implant- and tooth-supported fixed dental prostheses: A systematic review and</u> <u>meta-analysis.</u> Clin Oral Implants Res. 2018 Oct;29 Suppl 16:224-240. doi: 10.1111/clr.13295.
- Allen PF, Cronin M, DaMata C, Hayes M, Moore C, McKenna G. <u>Impact of oral rehabilitation on the quality of life of partially dentate elders in a randomized controlled clinical trial: 2 year follow-up</u>. PLoS One. 2018 Oct 11;13(10):e0203349. doi: 10.1371/journal.pone.0203349. eCollection 2018.
- Aunmeungtong W, Threeburuth W, Khongkhunthian P. <u>Comparison of immediate-load mini dental</u> <u>implants and conventional-size dental implants to retain mandibular Kennedy class I removable partial</u> <u>dentures: A randomized clinical trial</u>. Clin Implant Dent Relat Res. 2018 Oct;20(5):785-792. doi: 10.1111/cid.12646. Epub 2018 Jul 31.
- McKenna G, Müller F, Schimmel M, Srinivasan M. Effect of advanced age and/or systemic medical conditions on dental implant survival: A systematic review and meta-analysis. Clin Oral Implants Res. 2018 Oct;29 Suppl 16:311-330. doi: 10.1111/clr.13288.
- 9. Caton JG, Ercoli C. <u>Dental prostheses and tooth-related factors</u>. J Periodontol. 2018 Jun; 89 Suppl 1:S223-S236. doi: 10.1002/JPER.16-0569.
- 10. Christensen GJ. <u>Ask Dr. Christensen: Are fixed or removable prostheses best for edentulous patients?</u> Dental Economics. 2018 Jun;108(6):70-3.

SUPPLEMENTAL MATERIALS (CONT'D)

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- 11. Camacho MC, Costa B, Gallardo YR, Sesma N, Stegun RC. <u>Behavior of mandibular canines as abutment</u> <u>teeth and indirect retainers in Kennedy class II Removable Partial Denture Prosthesis</u>. Heliyon. 2018 Mar 15;4(3):e00575. doi: 10.1016/j.heliyon.2018.e00575. eCollection 2018 Mar.
- 12. Christensen GJ. Ask Dr. Christensen: <u>What material should I use for an anterior three-unit fixed</u> <u>prosthesis?</u> Dental Economics. 2018 Feb;108(2):56-9.
- 13. Goodacre B, Goodacre C. <u>Fixed vs removable complete arch implant prostheses: A literature review of prosthodontic outcomes</u>. Eur J Oral Implantol. 2017;10 Suppl 1:13-34.
- 14. Christensen GJ. <u>Ask Dr. Christensen: Which is best: Tooth or implant?</u> Dental Economics. 2017 Aug;107(8):66-7.
- 15. Christensen GJ. <u>Ask Dr. Christensen: Simplifying fixed restorations for edentulous patients with the Zest</u> <u>Locator F-Tx system.</u> Dental Economics. 2017 May;107(5):76-8.
- 16. Christensen GJ. <u>Ask Dr. Christensen: The best way to connect a crown and implant. Dental Economics.</u> 2016 Feb;106(2):82-6.
- 17. Christensen GJ. <u>Ask Dr. Christensen: Zirconia and lithium disilicate restorations vs. PFM.</u> Dental Economics. 2015 Aug;105(8):58-9.
- 18. Christensen GJ. <u>Ask Dr. Christensen: Clinical situations most indicated for implants</u>. <u>Dental Economics</u>. 2015 Mar;105(3):92-6.
- 19. Christensen GJ. <u>Ask Dr. Christensen: Conservative, affordable implant-supported overdentures.</u> Dental Economics. 2015 Jan;105(1):76-81.
- 20. Christensen GJ. <u>Ask Dr. Christensen: Interaction between GPs and specialists.</u> Dental Economics. 2013 Oct;103(10):30-4.
- 21. Christensen GJ. <u>Ask Dr. Christensen: Which indirect restorations do dentists want in their own mouths?</u> Dental Economics. 2013 Jun;103(6):38-41.

POST-TEST

V2503 Restoration of Complete and Partial Edentulism

- 1. A Kennedy Class I prosthesis is:
 - a. anterior bounded.
 - b. posterior bilateral free ended.
 - c. posterior unilateral bounded.
 - d. none of the above.
- 2. A Kennedy Class III prosthesis is:
 - a. anterior bounded.
 - b. posterior bilateral free ended.
 - c. posterior unilateral free ended.
 - d. posterior unilateral bounded.
- 3. Fixed prostheses usually have these advantages over removable prostheses:
 - a. they feel like natural teeth to the patient.
 - b. they do not have to be removed.
 - c. patients often forget they are not their natural teeth.
 - d. all of the above.
- 4. The most desirable type of implant abutment is:
 - a. milled zirconia abutment.
 - b. no separate abutment screw through the crown.
 - c. milled metal abutment.
 - d. none of the above.
- 5. Telio is:
 - a. a composite resin.
 - b. a relatively weak resin cement for implant abutments.
 - c. a resin-modified glass ionomer cement.
 - d. a material used to help retain the implant abutment screw.
- 6. Abutments are occasionally needed when:
 - a. the implants are perpendicular to the occlusal plane.
 - b. the implants are not perpendicular to the occlusal plane.
 - c. the crowns are zirconia.
 - d. the crowns are lithium disilicate.
- 7. For implant placement in questionable density bone, the following abutment is often best:
 - a. F-Tx.
 - b. R-Tx.
 - c. conventional locator.
 - d. spherical abutment.

POST-TEST (CONT'D)

V2503 Restoration of Complete and Partial Edentulism

- 8. The F-Tx abutment:
 - a. allows the patient to remove the prosthesis.
 - b. allows only the dentist or staff to remove the prosthesis.
 - c. is difficult to place.
 - d. requires more time to remove the prosthesis.
- 9. Which is an expected characteristic of a removable prosthesis over implants?
 - a. Esthetic result is poor.
 - b. Repair is difficult.
 - c. Oral hygiene is usually relatively easy.
 - d. Cost is higher than fixed.
- 10. Which is an expected characteristic of a flexible removable partial denture?
 - a. Esthetic result is poor.
 - b. It is easy to repair.
 - c. It is usually liked by the patient.
 - d. It stays stable when chewing.

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