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*A Service of the Gordon J. Christensen  
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**V2551**  
**Predictable Removable Partial Dentures**

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*  
**V2551 Predictable Removable Partial Dentures**  
Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **AccuFilm II**  
Parkell, Inc.  
300 Executive Drive  
Edgewood, NY 11717  
(800)243-7446  
(631)249-1134  
[www.parkell.com](http://www.parkell.com)
2. **Articulators**  
Whip Mix  
361 Farmington Avenue  
P.O. Box 17183  
Louisville, KY 40217  
(800)626-5651  
(502)637-1451  
[www.whipmix.com](http://www.whipmix.com)
3. **Disposable Scalpel**  
Local Distributors
4. **Easy Cure 2 Light Curing Tray (Replacement for Triad 2000)**  
Henry Schein Dental  
135 Duryea Road  
Melville, NY 11747  
(800)372-4346  
(631)843-5500  
[www.henryschein.com](http://www.henryschein.com)
5. **ERA Attachment System:**  
Sterngold Dental, LLC  
23 Frank Mossberg Drive  
Attleboro, MA 02703  
(800)243-9942  
(508)226-5660  
[www.sterngold.com](http://www.sterngold.com)
6. **ERA Attachment System:**  
ZimVie  
4555 Riverside Drive  
Palm Beach Gardens, FL 33410  
(800)342-5454  
(561)776-6700  
[www.zimvie.com](http://www.zimvie.com)
7. **EXA Advanced (Replaces Examix)**  
GC America Inc.  
3737 West 127<sup>th</sup> Street  
Alsip, IL 60803  
(800)323-7063  
[www.gcamerica.com](http://www.gcamerica.com)
8. **Fit Checker**  
GC America, Inc.  
3737 West 127<sup>th</sup> Street  
Alsip, IL 60803  
(800)323-7063  
[www.gcamerica.com](http://www.gcamerica.com)
9. **Imtec Mini Implant**  
Imtec Corporation  
2401 North Commerce  
Suite E  
Ardmore, OK 73401  
(844)683-2634  
[www.imtec.com](http://www.imtec.com)
10. **Intraoral X-Ray Solutions**  
Dentsply Sirona  
13320-B Ballantyne Corporate Pl  
Charlotte, NC 28277  
(800)877-0020  
[www.dentsplysirona.com](http://www.dentsplysirona.com)
11. **Lab Burs**  
Brasseler USA  
One Brasseler Blvd.  
Savannah, GA 31419  
(800)841-4522  
(912)925-8525  
[www.brasselerusa.com](http://www.brasselerusa.com)
12. **Madame Butterfly Silk**  
Almore International, Inc.  
441 19<sup>th</sup> Street S.E.  
Hickory, NC 28602  
(800)547-1511  
[www.almore.com](http://www.almore.com)
13. **Megatray Custom Tray Material (Replacement for Triad TruTray)**  
Henry Schein Dental  
135 Duryea Road  
Melville, NY 11747  
(800)372-4346  
(631)843-5500  
[www.henryschein.com](http://www.henryschein.com)
14. **Models**  
Salvin Dental Specialties, LLC  
3450 Latrobe Drive  
Charlotte, NC 28211  
(800)535-6566  
(704)442-5400  
[www.salvin.com](http://www.salvin.com)
15. **Permadyne**  
Solventum  
2510 Conway Avenue  
St. Paul, MN 55144  
(855)423-6725  
(612)842-1263  
[www.3m.com](http://www.3m.com)

16. **PermaSoft by Myerson LLC**  
Henry Schein Dental  
135 Duryea Road  
Melville, NY 11747  
(800)372-4346  
(631)843-5500  
[www.henryschein.com](http://www.henryschein.com)
17. **Pink Baseplate Wax  
by Coltene**  
Patterson Dental  
1031 Mendota Heights Road  
St. Paul, MN 55120  
(800)328-5536  
[www.pattersondental.com](http://www.pattersondental.com)
18. **ProMax 3D**  
Patterson Dental  
1031 Mendota Heights Road  
St. Paul, MN 55120  
(800)328-5536  
[www.pattersondental.com](http://www.pattersondental.com)
19. **Ridge Caliper**  
Salvin Dental Specialties, LLC  
3450 Latrobe Drive  
Charlotte, NC 28211  
(800)535-6566  
(704)442-5400  
[www.salvin.com](http://www.salvin.com)
20. **Snap-Stone**  
Whip Mix  
361 Farmington Avenue  
P.O. Box 17183  
Louisville, KY 40217  
(800)626-5651  
(502)637-1451  
[www.whipmix.com](http://www.whipmix.com)
21. **Triad 2000 (See Easy Cure 2  
Light Curing Tray)**
22. **Triad TruTray (See Megatray  
Custom Tray Material)**

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

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## **PROGRAM**

### **V2551 Predictable Removable Partial Dentures**

#### **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**

On completion of this video, viewers should be able to:

1. Discuss the history of removable partial dentures (RPDs).
2. Describe why RPDs have been a challenge for both patients and dentists.
3. List alternatives for RPDs.
4. List the advantages of using implants with RPDs.
5. Describe the various implants that can be used with RPDs.
6. Discuss innovative treatment plans using implants with RPDs for Kennedy classes I, II, III, and IV.
7. Discuss types of implant abutment attachments to be used with RPDs.
8. Discuss use of RPDs as transitional treatment, leading on to fixed prosthodontics.
9. Discuss RPDs as final treatment.
10. List the sequence of treatment using implants under a new RPD.
11. Describe the diagnostic appointment for RPDs.
12. List the steps in making a final impression for an RPD.
13. Describe how the final impression can be made in such a way that the RPD does not rock.
14. Discuss the need for occlusal rests and tooth contouring when using RPDs.
15. Describe the desirable characteristics for metal frameworks.
16. List the steps when determining the centric jaw relation.
17. List important factors during the tooth try-in.
18. List the steps when seating the RPD.
19. Discuss occlusal considerations for RPDs.
20. Describe the steps in postoperative adjustments.

## OVERVIEW

### **V2551 Predictable Removable Partial Dentures**

Removable partial dentures have always been a significant negative procedure for both patients and dentists. Why they are a problem is quite identifiable. They have clasps that can be uncomfortable and unesthetic. They often loosen and sensitize natural teeth to which they are connected. They become loose over a relatively short period of service, and when tightened, they feel good for only a short time. All dentists have broken partial denture clasps when attempting to tighten them. Some patients lose their partials. Dogs eat them if they are left out of the mouth and in an accessible location. Yes, occasionally any of us can make a partial that is really liked by the patient. Unfortunately, the frequency of such success is limited.

The content of this video can reduce or eliminate most of the problems described above. The following and other subjects are included in this presentation:

- The frustrating history of removable partial dentures (RPDs)
- Alternatives for RPDs
- Advantages of using implants with RPDs
- Types of implants for use with RPDs
- Innovative treatment plans using implants with RPDs
- Implants and Kennedy Class Is
- Implants and Kennedy Class IIs
- Implants and Kennedy Class IIIs
- Implants and Kennedy Class IVs
- Types of attachments
- RPDs as transitional treatment
- RPDs as final treatment
- Sequence of treatment for new RPDs using implants
- Diagnostic appointment
- Implant placement
- Appearance of patient 8 years after completion of treatment
- Provisional restoration after implant placement and before denture completion
- Modification of teeth and occlusal rests
- Final impressions
- Framework try-in
- Centric jaw relation
- Tooth try-in
- Seating RPD
- Occlusal considerations
- Adjustment appointment
- Placing implants under a previously functional RPD
- Conclusions about implant-supported and retained RPDs

## SUPPLEMENTAL MATERIALS

### **V2551 Predictable Removable Partial Dentures**

1. Furuyama C, Takaba M, Inukai M, Mulligan R, Igarashi Y, Baba K. Oral health-related quality of life in patients treated by implant-supported fixed dentures and removable partial dentures. *Clin Oral Implants Res.* 2011 Aug 2. [Epub ahead of print].
2. Pun DK, Waliszewski MP, Waliszewski KJ, Berzins D. Survey of partial removable dental prosthesis (partial RDP) types in a distinct patient population. *J Prosthet Dent.* 2011 Jul;106(1):48-56.
3. Suenaga H, Yokoyama M, Yamaguchi K, Sasaki K. Bone metabolism of residual ridge beneath the denture base of an RPD observed using NaF-PET/CT. *J Prosthodont Res.* 2011 Jun 8. [Epub ahead of print].
4. Cunha LD, Pellizzer EP, Verri FR, Falcon-Antenucci RM, Goiato MC. Influence of ridge inclination and implant localization on the association of mandibular Kennedy class I removable partial denture. *J Craniofac Surg.* 2011 May;22(3):871-5.
5. Schmitt J, Wichmann M, Eitner S, Hamel J, Holst S. Five-year clinical follow-up of prefabricated precision attachments: a comparison of uni- and bilateral removable dental prostheses. *Quintessence Int.* 2011 May;42(5):413-8.
6. Bortolini S, Natali A, Franchi M, Coggiola A, Consolo U. Implant-retained removable partial dentures: an 8-year retrospective study. *J Prosthodont.* 2011 Apr;20(3):168-72. [Epub 2011 Mar 25].
7. Stilwell C. Revisiting the principles of partial denture design. *Dent Update.* 2010 Dec;37(10):682-4, 686-8, 690.
8. Niarchou AP, Ntala PC, Karamanoli EP, Polyzois GL, Frangou MJ. Partial edentulism and removable partial denture design in a dental school population: a survey in Greece. *Gerodontology.* 2011 Sep; 28(3):177-83. [Epub 2011 Feb 1].
9. Cheng H, Xu M, Zhang H, Wu W, Zheng M, Li X. Cyclic fatigue properties of cobalt-chromium alloy clasps for partial removable dental prostheses. *J Prosthet Dent.* 2010 Dec;104(6):389-96.

## POST-TEST

### **V2551 Predictable Removable Partial Dentures**

1. Conventional removable partial dentures have been objectionable because of:
  - a. unsightly clasps.
  - b. inadequate retention.
  - c. inadequate support and a “rocking motion” toward the edentulous areas.
  - d. all of the above.
  
2. Using the average diameter of implants as a guide for denture support and retention:
  - a. one small-diameter implant equals one conventional-diameter implant.
  - b. two small-diameter implants equal one conventional-diameter implant.
  - c. three small-diameter implants equal one conventional-diameter implant.
  - d. four small-diameter implants equal one conventional-diameter implant.
  
3. One of the most adequate places for implants used as support and retention for removable partial dentures is:
  - a. the maxillary tuberosity area.
  - b. the triangle of bone just over the mental foramen.
  - c. the triangle of bone distal or mesial to remaining natural teeth.
  - d. none of the above.
  
4. Usually, the most inadequate conventional removable partial denture is:
  - a. Kennedy Class I.
  - b. Kennedy Class II.
  - c. Kennedy Class III.
  - d. Kennedy Class IV.
  
5. The most flexible and resilient attachment for connecting implants to the denture is:
  - a. an ERA.
  - b. a Locator.
  - c. a sphere abutment to retain the denture using a rubber washer in a housing in the denture.
  - d. a Hader bar.
  
6. The cast from which a custom tray is made is fabricated from an alginate impression:
  - a. on the first appointment after the diagnostic appointment.
  - b. during the final impression appointment.
  - c. at the centric jaw relation appointment.
  - d. at the diagnostic appointment.
  
7. The most stable type of occlusion rim (bite block) for large soft-tissue edentulous areas is made from:
  - a. shellac.
  - b. PMMA.
  - c. VPS lined light-curing tray material.
  - d. wax alone.



**POST-TEST (CONT'D)**

**V2551 Predictable Removable Partial Dentures**

- 8. Metal frameworks for removable partial dentures should be:
  - a. relieved from the cast to avoid sore spots.
  - b. thin, flexible, and cast directly to the stone model without relief.
  - c. always made from nickel-chrome metal.
  - d. thick and strong to avoid fracture of the metal.
  
- 9. Saying any word with "s" in it with the occlusion rims in place helps to locate:
  - a. correct vertical dimension of occlusion.
  - b. freeway space.
  - c. curve of Spee.
  - d. curve of Wilson.
  
- 10. Custom trays for final impressions should be:
  - a. relieved from the stone model to allow for a thickness of impression material.
  - b. fitted tightly to the remaining natural teeth.
  - c. relieved only from the teeth receiving clasps.
  - d. made to tightly fit the edentulous ridge.

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