

After two years of preparations, we are proud to announce the successful launch of our new online curriculum portal which went live this month for current enrolles.

*Randolph Resnik, DMD, MDS
Director*



- Supplemental Lectures for the Continuum
- Online Questions To Check Your Progress
- Obtain Additional CE Credit
- Watch at your convenience
- *With more to come...*

PROXIMAL CONTACT LOSS BETWEEN IMPLANT CROWNS AND NATURAL TEETH

Randolph R. Resnik DMD, MDS

A common complication being reported recently in the literature is the development of an open contact area (where there was a prior contact) between a dental implant crown and a natural tooth. This loss of contact can result in possible complications consisting of food impaction, caries, peri-implant disease, and prosthesis remediation.

Gasser et. al., has shown that open contacts (no interproximal resistance) occur 50 % of the time in a 10-year retrospective study. 1 Manicone et. al., also in a 10-year retrospective study, reported interproximal gaps approximately 51% of the time. 2 Wei et al related an even higher incidence of 58% with the average time

period being 2.2 years. 3 Therefore, as can be seen from the current literature, proximal contact loss is a significant and common problem.

The etiology of acquired open contacts is unclear, and most likely caused by many factors. Open contacts usually do not occur between natural teeth because of physiologic drift (i.e. mesial drift). Mesial drift is the natural tendency for teeth to move in a mesial direction within the dental arch, which results in maintaining the interproximal contacts between adjacent teeth. When an implant is adjacent to a natural tooth, the osseous interface will not allow for the implant to move in association with the natural tooth, thereby allowing for a contact to open.



3 Full Days

**PROSTHO
BOOTCAMP**

Nov 9-11, 2023

HOUSTON, TX



- Fixed and Removable Prosthetics in Oral Implantology with Hands-On lab Procedures
- Latest Prosthetic Material Selection
- FP-1, FP-2, FP-3: Procedures Step by Step
- Screw vs. Cemented Prosthetics
- Biomechanics
- Overdenture Attachments
- Progressive Bone Loading
- Direct, Indirect, Digital Impression Techniques
- ++++ Much More

**AVOIDING IMPLANT
COMPLICATIONS**

February 16-17, 2024

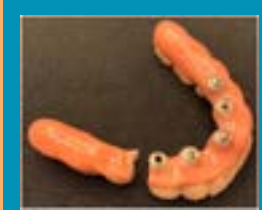
LAS VEGAS, NV

at the Fabulous...



Caesar's Palace

- | | |
|--|---|
| <ul style="list-style-type: none"> • Implant Placement Complications • Bone Grafting Complications • Immediate Placement Complications • All-On-X Complications • Intra-Operative Complications • Positioning Complications • Guided Surgery Complications • Incision Line Opening • Nerve Injury Protocols | <ul style="list-style-type: none"> • Medical/Medication Complications • Radiographic Treatment Planning • Fixed Prosthetic Complications • Removable Prosthetic Complications • Screw Loosening • Occlusion Complications • Peri-Implant Complications • Treatment of Ailing/Failing Implant • Legal Considerations and so much more |
|--|---|





THE RESNIK IMPLANT INSTITUTE

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

NEW AND EXCITING



ONLINE PORTAL

Lectures, videos, webinars, and treatment planning



HANDS-ON SURGERY

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



EXPANDED CURRICULUM

More comprehensive and additional hands-on labs



NEW TEXTBOOK

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

**MORE
INFO**

407-256-8082 | www.resnikimplantinstitute.com

Another possibility of the etiology of open contacts may originate from occlusal forces, mainly from the mandibular closure muscles (i.e., lateral and medial pterygoid, masseter, temporalis). The forces directed to the teeth are dictated by inclined cusp planes. Forces exist that may push teeth mesial and distal; however, the anterior (forward) vector is five times stronger than the posterior force. Studies have shown the anterior component of force is transmitted via the interproximal contacts and that its strength will decrease with increased distance from the posterior teeth.

Another possible reason for the loss of contact area is craniofacial growth. Facial growth has been reported in some patients well into adulthood. Even minor facial growth may allow for mesial, buccal, or vertical growth leading to opening of occlusal contacts .

PREVENTION

Enameloplasty Prior To Impressions:

To minimize this complication, before the final impression for a crown, an enameloplasty should be completed to allow for parallel interproximal contact areas. The longer and wider contact areas will allow for better force distribution, especially if there is a significant mesial or distal cantilever over the marginal ridge area. This concept has been advocated in natural dentition via large interproximal contacts to increase tooth position stability.

Occlusal Guard:

To maintain a strong contact and prevent tooth movement, an occlusal guard maybe warranted to minimize excessive occlusal forces and to maintain tooth position.

Occlusal Adjustment:

Occlusion may be modified to obtain even contacts on all incline planes, which results in decreasing the distal vector forces on the natural tooth.

TREATMENT

Treatment of an open contact usually will include remaking the prosthesis or adding a contact to the adjacent tooth via a new crown or composite bonding.

References: see Page 12

ITXPROS

TIP #1

CBCT SCANNING FOR GUIDED SURGERY:

- In patients with multiple crown and bridge work, it is recommended to restrict the field of view to the arch of interest, increase the slice thickness to be within the range of 0.4 to 0.8, kVp at 70 and tube current at 2 mA to decrease scatter (always refer to the scanner manufacturer's instructions).

TIP #2

RECORDS REQUIRED TO FABRICATE A TOOTH-SUPPORTED SURGICAL GUIDE

- Multiple DICOM files of the patient CBCT scan.
- Model/impression/IOS of the arch of interest.

TIP #3

RECORDS REQUIRED FOR MUCOSA-SUPPORTED GUIDES

- CBCT Dual-scan protocol

Optional:

- Model/impression/ IOS of edentulous arch of interest.
- Model/impression/ IOS of opposing dentition/denture.
- Scanning the denture with markers outside the patient's mouth can be done with an intraoral scanner and exported as STL file for matching.

ITXPROS is your dedicated digital dentistry solutions partner. Our team of dentists and engineers has over 150 years of collective experience with guided surgery and has planned thousands of implants for the optimal aesthetic and functional outcomes.

Contact information: 1-833-4ITXPRO -
contact@itxpros.com - www.itxpros.com



Wyndam at Bonnet Creek
Orlando, FL

ORLANDO 2022-2023 SCHEDULE

DEC 1-2, 2022

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

JAN 13-14, 2023

Multiple Implant Placement
and the treatment of the
Edentulous Ridge

MAR 2, 2023

CBCT ROUTE CAMP

MAR 3-4, 2023

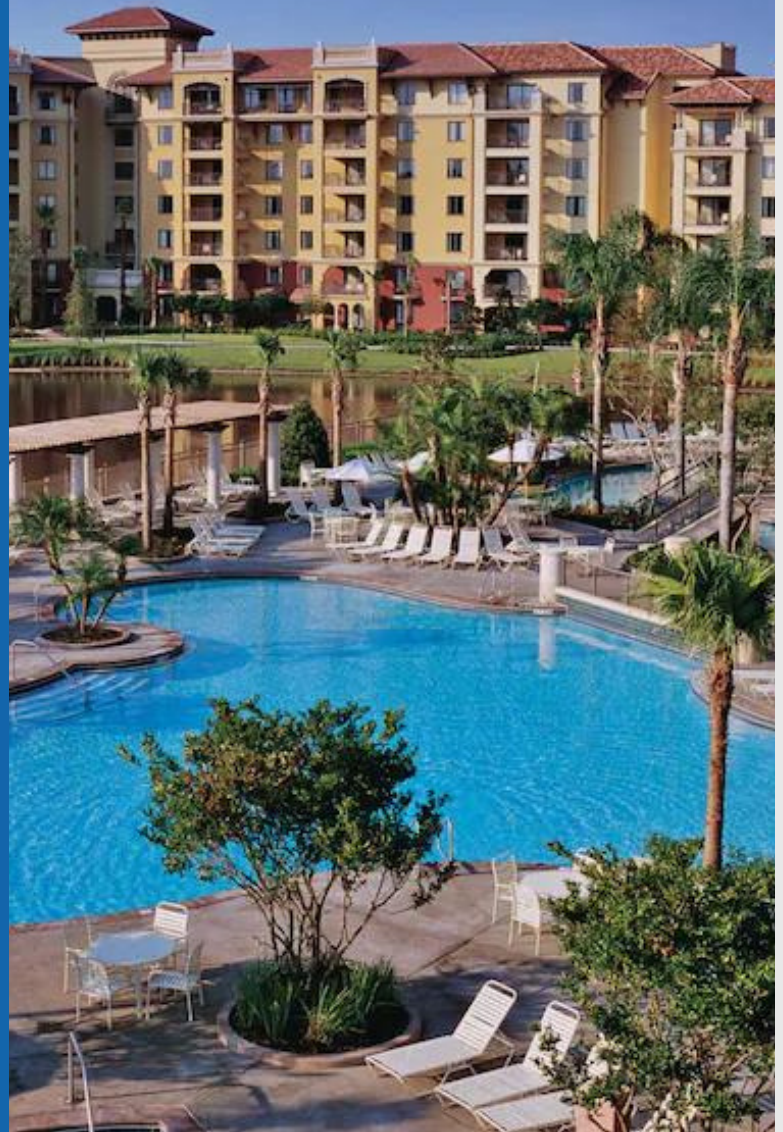
Bone Augmentation and
Implant Placement into
Compromised Sites

MAY 19-20, 2023

Treatment of the Posterior
Maxilla: Onestome and
Lateral Wall Technique

JULY 21-22, 2023

Immediate Placement and
Loading Treatment of Peri-
Implant Disease



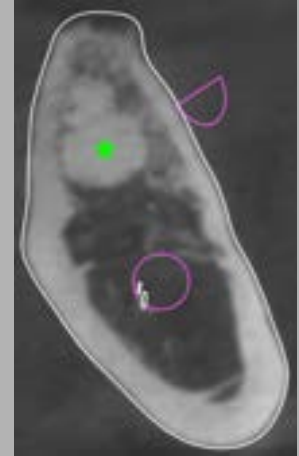
*"98% of our
graduates are
placing Implants."*

CBCT QUESTION OF THE MONTH

1. The radiopaque mass (green star) within the superior aspect of the mandible is?

- a.) Hypercementosis
- b.) Idiopathic Osteosclerosis
- c.) Gutta Percha
- d.) Tooth Root
- e.) Osteosarcoma

2. Are implants contraindicated?



RESEARCH STUDY OF THE MONTH

The following study evaluated approximately 3000 articles concerning the relationship between implant biological complications and systemic disorders such as diabetes, cardiovascular disease, obesity, hypertension, and osteoporotic drugs. In this study, which systemic disease had the **highest** correlation with peri-implant complications?

Sbricoli, Luca, et al. "Systemic Diseases and Biological Dental Implant Complications: A Narrative Review." Dentistry Journal 11.1 (2022): 10.

- a. Diabetes
- b. Cardiovascular Disease
- c. Obesity
- d. Hypertension
- e. Osteoporotic Drugs



ANSWERS...

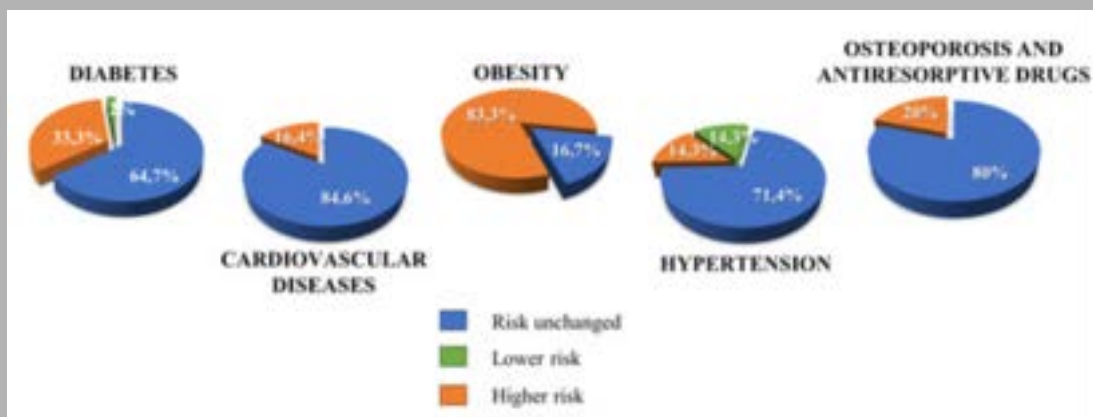
CBCT QUESTION OF THE MONTH

Answers:

1. B (Idiopathic Osteoclerosis)
2. No, the opaque mass is made up of dense bone. When placing implants, the surgical protocol should parallel the D1 surgical protocol to minimize the possible of heat necrosis.

RESEARCH STUDY OF THE MONTH

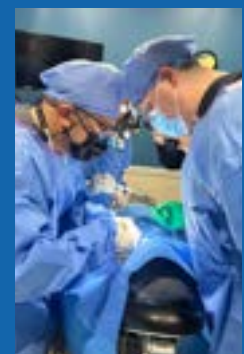
Answer: (c) Obesity



Only a few spots remain!



Friday
August 11, 2023
Cleveland, OH



visit
www.resnikdentalimplants.com
to fill out an application

Did You Know...

- Past Graduates are offered a discounted rate of 1000.00 off current course fee
- We offer New Grad Discounts
- If you refer a doctor to take the full continuum you will get to audit or repeat any surgical course at no additional charge
- We offer payment plans

CALL 407-256-8082 or email us at resnikimplant@gmail.com to discuss

Mark's Corner



by Mark Romano
CEO of NOW MEDIA

BOOST YOUR LOCAL SEO WITH GOOGLE REVIEWS!

It's simple, more reviews = more and better qualified patients.

Here are some of the basic things you can be doing on your own to increase your reviews and boost your online reputation.

- Claim and update your Google Business Profile. Make sure your name, address, phone number, hours of operation and website address are all up to date.
- Edit your products and services to include all procedures and treatments you want to highlight and promote.
- Make sure your areas of service are listed. Google allows you to list any of the surrounding areas, suburbs and communities you currently, or would like to draw from.

Next - Ask for reviews! Set a goal.

Your happy patients will leave feedback if asked. Google offers the ability to create a shortcode that can be emailed or sent via text. It is a 1 click solution to get people to your listing to leave a review. Don't forget to respond to your new reviews - Google looks at the interaction.

If you need any help claiming your Google listing, or getting your custom review widget created, please feel free to reach out. We



would love to help. We can be reached via email at mark@nowmediagroup.tv or via text/call at 858-352-8474. We look forward to speaking with you!



**Click the Icon
to
Follow Us
on
Social Media**



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



DALLAS 2023-2024 SCHEDULE

SEPT 8-9, 2023

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

OCT 19, 2023

CBCT BOOTCAMP

OCT 20-21, 2023

Multiple Implant Placement and the Treatment of the Edentulous Ridge

DEC 1-2, 2023

Bone Augmentation and Implant Placement into Compromised Sites

JAN 26-27, 2024

Treatment of the Posterior Maxilla: Osteotome and Lateral Wall Technique

MARCH 8-9, 2024

Immediate Placement and Loading, Treatment of Peri-Implant Disease

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

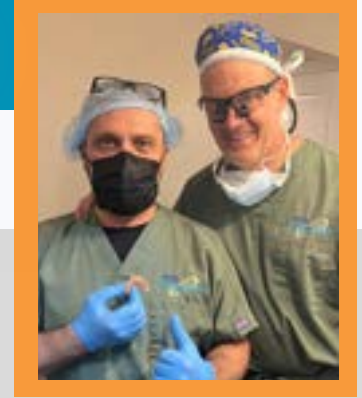


 info@resnikimplant.com

 407-256-8082

 resnikimplantinstitute.com

By Nemer Hussein, CDT
Lab Technician to The Stars!!



Quick & Safe Intra-Oral Repair of a Fractured PMMA Prosthesis

The words you don't want to hear, "Doc, my implant teeth broke" !! Unfortunately, this occurs way too often, usually resulting in a time consuming and schedule ruining situation. There are many different materials on the market to repair fractured prostheses in the office, however, most have disadvantages of poor strength, pungent odor, porosity, and difficulty in polishing. In addition, the fractured prosthesis is most commonly repaired outside the mouth, sometimes having to be sent back to the laboratory. This is often time-consuming and leads to patient dissatisfaction.

However, there is another option without removing the fractured prosthesis. My favorite material is ProTech Plus Repair Acrylic, which I have found to have the ability to repair PMMA's intraorally, without removing the prosthesis. This material has the following **advantages:**

- High density & high strength
- Self-Curing & Chemically Bonds
- No Bonding Agent Required
- Does Not slump
- Can be used for intra-oral repair
- Sets in 2 minutes with no porosity
- Long-Term Solution



Figure 1: PMMA Fractured Prosthesis

Intra-Oral Repair Protocol

1. Isolate the area of prosthesis fracture
2. Verify fractured prosthesis re-approximates together
3. (Elective) Mechanical retention or undercuts can be used however not necessary
1. Dry thoroughly
2. With a brush, salt/pepper monomer and polymer in fractured area
3. Hold prosthesis in place for approximately 2 minutes
4. Polish with a rubber wheel
5. Verify occlusion



Figure 2: Conventional Repair Technique which includes removing the prosthesis. This is often difficult and time-consuming



Figure 3: : ProTech PLUSTM SELF CURING REPAIR ACRYLIC (ProTech, 1-800-872-8898, <https://dentallabproducts.com>)



Figure 4: Intra-Oral Repair



Figure 5: Extra-Oral Repair

Proximal Contact Loss cont'd from page 1

References

1. Gasser, Thomas JW, et al. "Interproximal contact loss at implant sites: a retrospective clinical study with a 10-year follow-up." *Clinical Oral Implants Research* 33.5 (2022): 482-491.
2. Byun, Soo-Jung, et al. "Analysis of proximal contact loss between implant-supported fixed dental prostheses and adjacent teeth in relation to influential factors and effects. A cross-sectional study." *Clinical oral implants research* 26.6 (2015): 709-714.
3. Wei H, et al: *Implant prostheses and adjacent tooth migration: preliminary retrospective survey using 3-dimensional occlusal analysis.* *Int J Prosthodont* 21:302-304, 2008.

Thanks to our sponsors...



See what past graduates are saying...

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

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

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

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

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

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

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

Join the Family!



info@resnikimplant.com



407-256-8082



resnikimplantinstitute.com