ID Literature Review

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Editors' Note: This thought-provoking review by Dr. Ganz may well be termed a "revitorial" as defined in the September 2000 issue of *Implant Dentistry.*

Implants and General Practitioners G. J. Christensen, *J Am Dent Assoc (JADA).* 2000;131:359–361

In the March 2000 issue of the *Journal of the American Dental Association* (JADA), G. J. Christensen, DDS, MSD, PhD, wrote his observations concerning "Implants and general practitioners." This commentary, coming from one of the icons in the dental profession, will be taken seriously by readers of *JADA* worldwide. The brief article delivers advice about how general dentists can become educated about, and then integrate implant dentistry into their practice. I have been asked to review this article and offer my own brief commentary on the presented concepts.

Christensen begins with several interesting observations, starting with the contention that the introduction of root-form implants approximately 15 years ago was the impetus for increased practitioner and patient interest in this treatment modality. Accordingly, this time period of early adapters was highlighted by the fact that "oral surgeons and periodontists attempted to claim the surgical aspects of the implant procedure, but some prosthodontists and a few general practitioners also started to accomplish the surgical portion of the procedure. . . " Because this article is aimed directly at the general dentist, Christensen goes on to imply that "as implant dentistry started to mature, general practitioners made decisions to accomplish either the surgical or prosthodontic portion of the procedure, both portions, or neither portion."

Christensen continues by offering the opinion that "general dentists are the only logical major group that should provide treatment planning for implants." He makes suggestions for the role of the general practitioner in implant dentistry and states that it is a controversial subject. Controversial? That is an understatement. Especially when the article continues to describe how oral surgeons and periodontists are "support specialists" for general dentists and prosthodontists, noting that, "the people ultimately responsible for long-term restorative follow-up of patients receiving implants are general practitioners and prosthodontists." Christensen acknowledges that "unfortunately some patients receive implants from surgeons before proper restorative treatment planning has been done, and some general dentists may not have sufficient knowledge to assist surgeons with diagnosis and treatment planning. . . " In other words, who should take the leadership role when planning the implant case, and does the general dentist have the necessary skills? Aspects of this controversy concerning "restoratively driven implants" were previously addressed in an article that appeared in this Journal last year (1999;8:115–119). How can these changes be overcome? Christensen gives 11 suggestions based on his 15 years of active teaching, research, and practice in both surgical and prosthodontic portions of implant dentistry.

The suggestions represent sound advice aimed mostly at the neophyte. Christensen makes a plea for enhancing experience through education, recognizing the importance of implant dentistry, joining implant organizations, using implant manufacturers as a resource, simple restorative cases to start, finding a mentor, practicing on fresh animal jaws, advancing to simple surgical procedures with a good margin for error, and ultimately progressing to more difficult cases. Although valid, I found the suggestions to be too generalized, offering little new information that would motivate the general dentist. Similar comments and observations from various sources have been published over the past 15 plus years. However, the current article did appear in *JADA* as opposed to an implant or surgery-based journal and does serve an important purpose by continuing to spread the gospel that implant dentistry "represents the largest and most significant positive change in the profession. . . " as stated by Christensen. Therefore, I cannot underscore the importance of having this information exposed to the population of dentists who regularly receive and read *JADA*, especially when it comes from such a recognized authority in the dental community.

Christensen's credentials and contributions to our industry are undisputed. Therefore, I must state that I offer these comments with great respect and admiration for Dr. Christensen. Perhaps in an attempt at being nonpolitical, Christensen neglects to address several important facts. Although correct in explaining the resurgent popularity of dental implants, I thought it appropriate to give credit to past innovators who led us to where we are today. Modern implant industry did not start with the introduction of the Nobelpharma root-form design (implied but not stated). Certainly, this catalyst brought greater recognition to implants as a predictable treatment

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modality. However, root-form implants are only one of the many types of implant protocols that served the population for many years before Dr. Brånemark's contribution to the field up to present day. Additionally, I would be totally remiss if I did not state that general dentists have always been the founding fathers (grassroots foundation) of the ever-evolving field of implant dentistry. Moreover, it is the general dentist who will continue to deliver innovative surgical and reconstructive care to their patients regardless of the apparent territorial domain claimed by some specialists. This review, which is being published in the official journal of the International Congress of Oral Implantologists, is ample evidence of this fact. The ICOI and the AAID are two international organizations devoted to the advancement of implant dentistry with many thousands of general dentists as worldwide members who were (and continue to be) leaders and advocates long before today's root-form implants became popular. Therefore, finding a role for general dentists is not a new concept; it is the interest among specialists that was ignited during the past two decades.

Christensen states that "implant dentistry is still an evolving area of the profession." And as time passes, he anticipates that a "higher percentage of general practitioners will become proficient in both the surgical and prosthodontic aspects of implant dentistry." He also favors the "implantologist" scenario, inasmuch as he states that "general practitioners who perform surgery provide better prosthodontic service because of their greater understanding of the entire procedure." I am certain that these comments are acceptable and accurate to the readership of **Implant Dentistry.** Although this article does give valid suggestions for becoming more involved in the field of implant dentistry, Christensen leaves the commitment solely in the hands of the clinician. Because these observations were published in *JADA*, I would have liked Christensen to thrust some of the responsibility onto our training institutions that have been slow to adapt to the changing environment. If, in fact, Christensen feels that GPs should be the "only logical major group" to lead the field, why have the undergraduate dental schools been so painfully nonprogressive in creating an integrated curriculum that would educate and train proficiency in both implant surgery and reconstruction? A few strong words from Christensen would surely carry some weight.

I agree wholeheartedly that implant dentistry "represents the largest and most significant positive change in the profession. . . " It certainly has made that impact on my daily practice of dentistry and with the patients that I have seen with dental implants. Millions of edentulous and partially edentulous people will be better served by dentists who are trained to provide predictable tooth replacements available through current dental implant technology. We need confident voices like Christensen to spread the word that implant dentistry is now mainstream dentistry. I applaud Christensen's efforts, and would urge him to follow-up on this short observational article with more in-depth propositions to truly light the fire under general dentists, specialists, and the rest of the industry. Perhaps if the dental schools would provide a better foundation for learning, proper diagnosis, and treatment planning for implants, as well as providing surgical and restorative exposure, he would not have to suggest that dentists go out and get "fresh animal jaws from a local slaughterhouse" to gain the necessary hands-on experience. We have the technology.

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