

AO Certificate in Implant Dentistry Certificate

The **AO Certificate in Implant Dentistry** provides an opportunity for AO members to demonstrate that they have attained a level of education and experience that verifies their core knowledge and competence in the field of implant dentistry.

To qualify for an AO Certificate in Implant Dentistry, applicants will be evaluated on four criteria:

- **Core Knowledge:** Applicants will be required to have attended a University or other postgraduate institutional-based course on implant dentistry or demonstrate training in any of the mono-specialties (with an integrated implant module), of at least one year duration or the equivalent. Clinicians who completed their dental education before 2005 will have this requirement waived under a three-year grandfathering provision. Nonetheless, any evidence of all and any training may help in obtaining a successful application.
- **Continuing Education:** Applicants must present evidence of verifiable CDEs (CERPS, CPD, etc.) over a three-year period, on implant-related material, totalling 200 hours.
- **Competence:** Each applicant will have to submit four case presentations, using the AO Case Presentation Template (CPT), covering the following categories: single tooth, fixed partial denture (fixed bridge), full arch fixed reconstruction, and overdenture. One of the cases presented should fulfil an immediate temporization/loading protocol. Each case presentation will require a signed statement of authenticity from the patient.
- **Commitment to AO:** The applicant must have been an AO member for three consecutive years and have attended at least two Annual Meetings during that time.

A non-refundable application fee of \$750 is required on submission of all documentation. The Certificate will be dated and valid for one year only and automatically renew each time a successful applicant renews his or her AO membership.

- You must have **signed informed consent** from patients (or relatives/guardians) before submitting an AO Case Presentation and ask them to sign the statement to confirm that the work is solely that of the applicant. Please provide the patient's contact details (with their permission) so that we might contact them directly if required to verify the authenticity of the application.

Case Presentation Template

TITLE OF CASE
Multiple unit fixed dental prosthesis <i>i.e. Immediate Single Tooth Replacement, Multiple FDP, Full Arch, or Over denture</i>
CLINICIAN NAME:
Frank L. Higginbottom DDS

SUMMARY (Up to 150 words summarizing the case presentation and the patients chief concerns)

Patient 50 yr old female of 30 yrs. No significant medical problems. Current condition being recurrent decay on numerous lower teeth 20-29. The patient was given options for restoring or replacing #20-29. Options included replacing the crowns with possible endodontics and build-ups. This was not considered a good option and it was decided to remove the teeth and place multiple implants and immediately provisionalize the implants. After reasonable healing time for integration final fixed restoration would be fabricated.

BACKGROUND (Up to 60 words of why you think this case is important)

Patient has been a good and compliant patient for many years. Patient was familiar with implant therapy having previous implants. A navigation surgery was planned and a provisional fabricated prior to surgery. Teeth 20-29 were removed and osteotomies prepared and 6 soft tissue level implants were placed and a provisional minimally relined and cemented after occlusal adjustment. A occlusal guard was fabricated. At 12 wks of healing final abutments were placed, impressions made, and final fixed dental process fabricated. The framework was fitted and assessed for fit and ceramic application finished. Prosthesis was fitted and adjusted and cemented.

CASE PRESENTATION (Presenting features, dental/social/family history etc.)

This patient is in good health and had favorable dental experiences. Socially she is well adjusted and could be considered a philosophical patient, compliant and is concerned about her dental well-being. She had experience with dental implant treatment and had successful treatment in the past and this has influenced her interest to pursue additional implants for her care.

TREATMENT PLAN:

1. Extract remaining maxillary teeth and place immediate denture.
2. Extract remaining maxillary teeth and place immediate denture, and at 4-6 months remake the denture.
3. Extract remaining maxillary teeth and place immediate denture. At 4-6 months place 2-4 dental implants anterior to the maxillary sinus and fabricate an

implant supported over denture either with individual attachments or a bar.

4. Extract remaining maxillary teeth and place immediate denture. At 4-6 months place 2-4 dental implants anterior to the maxillary sinus and fabricate a fixed complete denture. (Hybrid)

5. Make temporary removable partial denture, Bi-lateral maxillary sinus augmentations. Place multiple root form implants after 6 months healing.

Place individual cemented or screw retained crowns or fixed dental prosthesis.

INVESTIGATIONS/EVIDENCE BASED RESEARCH TO SUPPORT YOUR TREATMENT(Limit the review to 4-5 key articles

¹ Brånemark, Per-Ingvar; Zarb, George Albert; Albrektsson, Tomas (1985). *Tissue-integrated prostheses: osseointegration in clinical dentistry*. Chicago: Quintessence.

² Cochran DL, Mau LP, Higginbottom FL, Wilson TG, Bosshardt DD, Schoolfield J, Jones AA. Soft and Hard Tissue Histologic Dimensions Around Dental Implants in the Canine Restored with Smaller-Diameter Abutments: A Paradigm Shift in Peri-implant Biology. *Int J Oral Maxillofac Implants* 2013;28:494-502.

³ Higginbottom FL, Wilson TG. Replacement of Multiple Teeth in a Partially Dentate Posterior maxilla with a Fixed Dental Prosthesis and a Crown Using Conventional Loading Protocols. *ITI Treatment Guide 2: 2007*; 51-58.

⁴Touati B, Guez G. Immediate implantation with provisionalization: From literature to clinical implications. *Pract Proced Aesthet Dent* 2002;14:699-707.

⁵Wilson TG jr, Schenk R, Buser D, Cochran D. Implants placed in immediate extraction. A report of histologic and histometric analyses of human biopsies. *Int J Oral Maxillofac Implants* 1998;133:333-341.

OUTCOME AND FOLLOW-UP-Provide 150 word description of the final treatment outcome and whether the goals of your treatment have been achieved

The patient has been in follow-up treatment for over 10 yrs with regular hygiene appointments on a 6 month interval. The fixed Dental Prosthesis has had no adverse events in this period of time and has not lost retention and has only had limited adjustment.

DISCUSSION (include very brief review, 100 words or less, of any complications or problems and how they were handled)

- 1 Understand that implant are a viable solution for replacement of natural teeth.
- 2 Implants may be immediately loaded.
- 3 Occlusal guard should be considered.

4 Impression procedures are accurate but framework try-in is advised.
5 Fixed Dental Prosthesis may be either screw-retained or cement retained.

LEARNING POINTS/TAKE HOME MESSAGES (3 to 5 bullet points)

- Understand the techniques for provisionalization
- Understand the concept of immediate loading and the criteria for success
- Determine the best anterior occlusion for dental implants
- Partner with the surgical team member for best results
- Understand abutment selection for long term hygiene and success

Statement of Truth

I, **Frank Higginbottom** attest to being the providing clinician for all of the treatment indicated in the above case presentation. I further confirm that all clinical photographs and radiographs are original and have not been tampered with or materially altered in any way to enhance the appearance or outcome of the case presented.

Signature:



Date: May 3,

2015

PATIENT CONSENT AND STATEMENT OF AUTHENTICITY

I, _____, attest to being the patient represented in the attached case presentation template titled _____ I can verify that Dr. _____ was the providing clinician for all of the relevant treatment indicated and that the case presented is a true representation of the work undertaken by the applicant.

I consent to all material including clinical photographs (including any full face photos), radiographs and any relevant medical, dental and/or social history being included in this case presentation and understand that it may be reviewed by other clinicians on behalf of the Academy of Osseointegration.

I agree to full disclosure of my contact details as stipulated below and agree to be prepared to receive an unsolicited communication from the Academy of Osseointegration or its representative in order to further verify the veracity of this application, should it be deemed necessary.

<p>Contact Details</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> <p>Email: _____</p>

Signature:
Date:



5/3/15

IMAGES

Please provide pertinent clinical photographs and/or radiographs of an appropriate selection of the following:

1. Pre-treatment dental status: Five intraoral photographs: Frontal view, occlusal maxilla, occlusal mandible, right lateral and left lateral. Full face frontal view and patient profile view. (Please block out patient eyes)
2. Diagnostic evaluation: Full mouth periapical radiographs, selected CBCT of areas to be treated, Diagnostic mounted casts, full dental charting to include periodontal charting, and full extra oral and intraoral evaluation.
3. Pre-implant provisional prosthetics and/or surgery: 1 Image of implant position, 1 image of laboratory or clinical fabrication of provisional, 1 final image of provisional in the mouth with occlusal or incisal edge viewed in MIP. Please provide a 50 word description of the provisional made and the rationale for the provisional. Please provide a final radiograph of the provisional in place.
4. Implant surgery. (Those clinicians restricting their practice to the restorative aspects only, please state the work is that of your oral surgeon and give their name)
Please provide no more than 4 images of the surgical procedure and describe the procedure in 100 words or less
5. Stage 2 surgical procedure & provisional: Provide 2 images of the uncovering of a two stage surgical implant procedure and the final provisional. Provide a final radiograph of the provisional in position.

Definitive restorations: (Those clinicians restricting their practice to the surgical aspects only, please state the work is that of your prosthodontist or general dentist and give their name)

Please provide 4-6 images only of key steps in the fabrication of the definitive restoration, to include the final restoration. The final restoration should be viewed in the occlusal, buccal, and lingual views. Please provide final radiographs of the final restoration in the patient's mouth.

Provide appropriate captions for each image (no more than 30 words per caption)

Note: No more than 20 images for the entire case presentation with the entire application no larger than 5 MB. Images will need to be compressed to send application electronically.

Please be sure that none of the photo images contain any patient identification numbers and that the patient privacy is insured.

Clinical Images:

Image 1

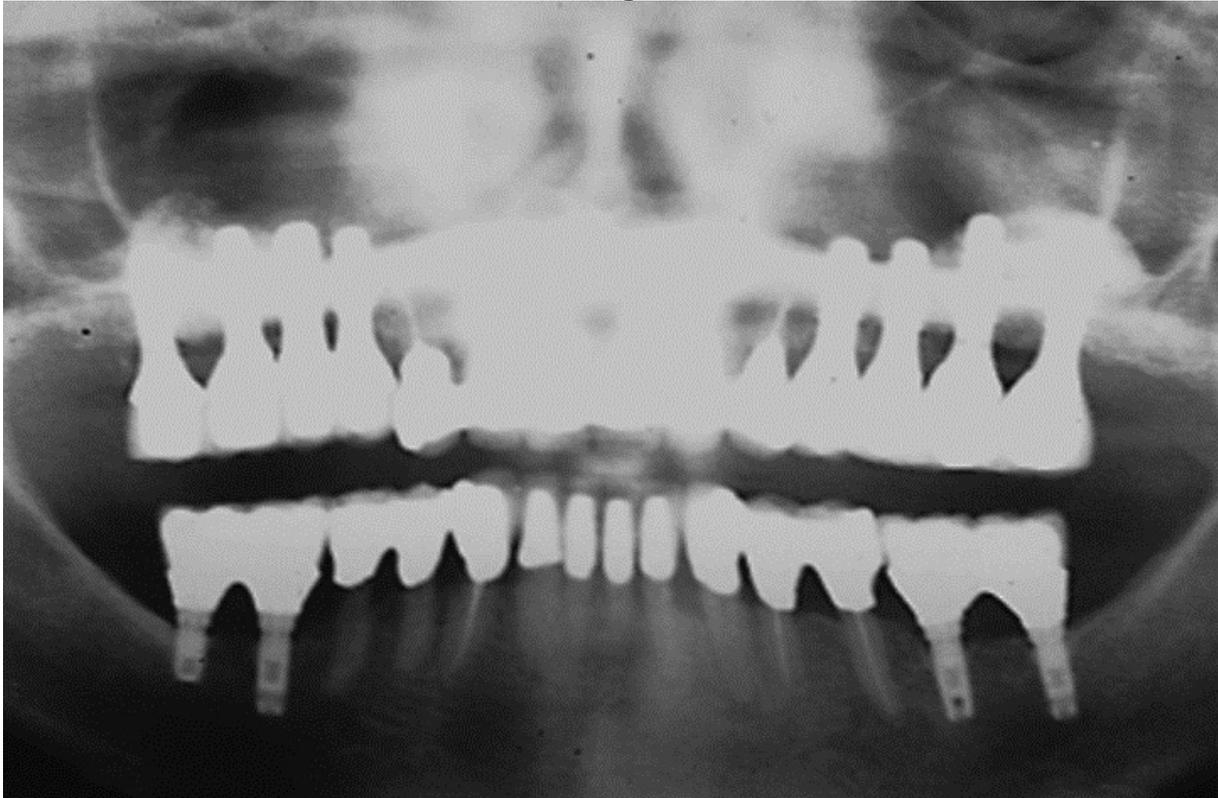


Image 2



Image 3



Image 4



Image 5



Image 6



Image 7

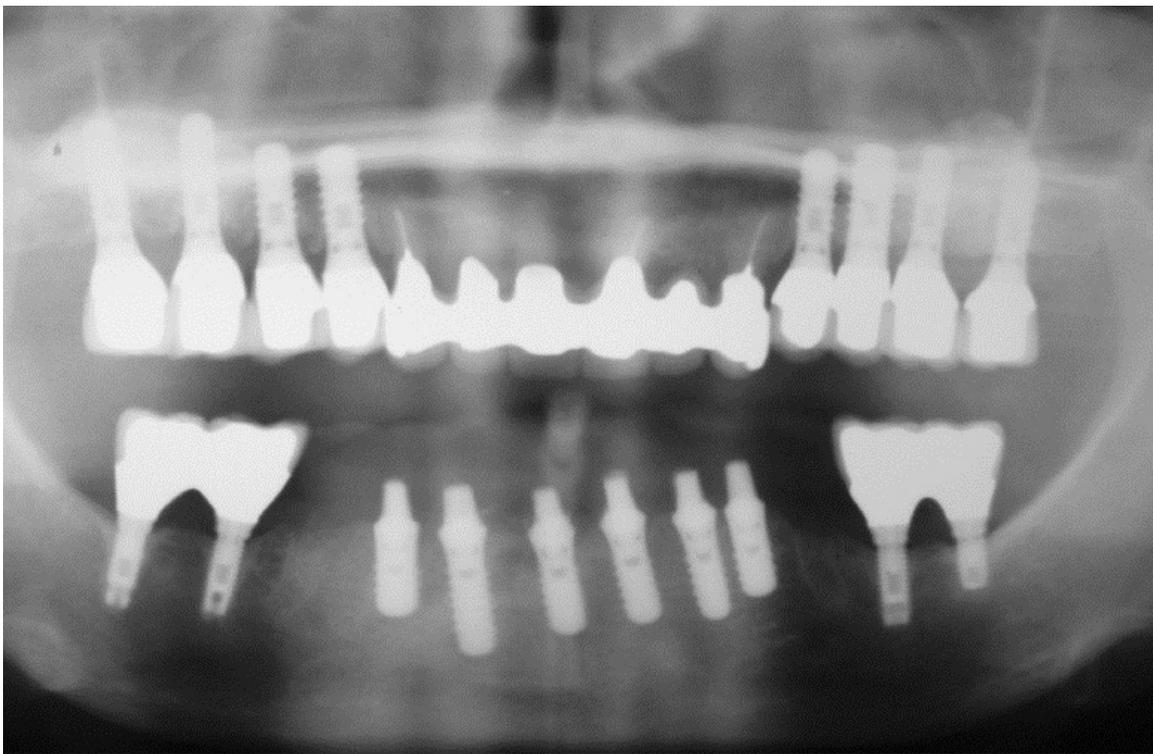


Image 8



Image 9



Image 10

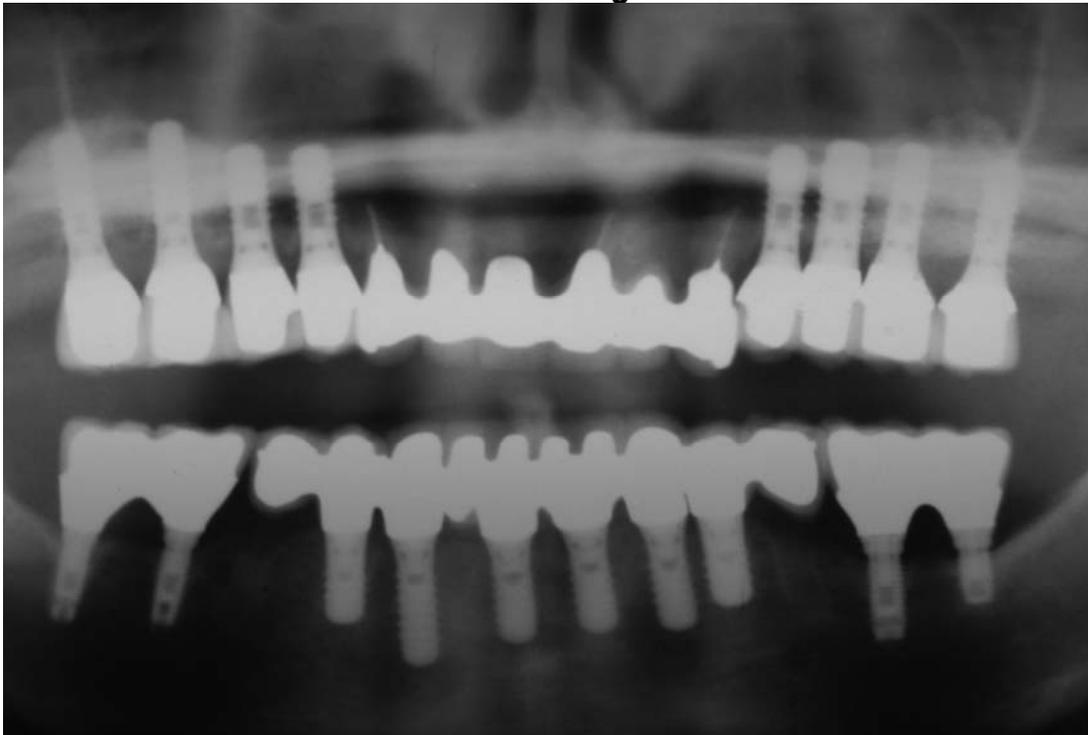


Image 11



Image 12



Legend To Images

Image 1. Pre-treatment radiograph.

Image 2. Pre-treatment photograph.

Image 3. Lower pre-treatment photograph.

Image 4. Occlusal view pre-treatment photograph.

Image 5. Temporary fabricated pre-surgically.

Image 6. Provisionals at 12 wks.

Image 7. Radiograph prior to restoration.

Image 8. Final definitive abutments placed.

Image 9. Impression copings in place.

Image 10. Radiograph of definitive fixed dental prosthesis.

Image 11. Final restoration from the laboratory.

Image 12. Final porcelain to metal mandibular anterior fixed prosthesis.