

“[These clinicians and authors] are among the leaders in the field of implant dentistry, contributing to evidence-based implant therapy, a concept initially brought into the profession in the mid-1990s. We hope this publication will address the finer points and important aspects for successful dental implant care.”

Dear Readers,

Upon being asked to lead our thematic issue on dental implant therapy, I was instantly brought back to my long days (and nights) as a postgraduate student in periodontics more than 25 years ago. At that time, root-form dental implants were not yet on the radar screen; the principles of guided tissue regeneration (GTR) were being tested in animal models and were not the standard of care. Under the mentorship of Drs. Mort Amsterdam, Edwin Rosenberg, Arnold Weisgold, Leonard Abrams, Herman Corn, Jay Seibert, Cyril Evian, Max Listgarten, Manny Marks, Lou Rose, I. Stephen Brown, Walter Cohen, Sture Nymann, Jan Lindhe, and many others, the foundation of my present day critical thinking and treatment planning developed.

The biologically compatible response of bone to titanium studied by Drs. P.I. Brånemark and André Schroeder led to the addition of the term “osseointegration” to our language, causing a revolutionary impact on the delivery of patient care. In this age of extreme makeovers, internet education by our patients, and a litigious society, the mere success of osseointegration is not enough for patient satisfaction. The understanding of the important concepts of comprehensive treatment planning—including occlusion, periodontal disease, esthetic implant placement, and oral plastic and reconstructive surgery—are vital. In addition, it is imperative that the dentist be knowledgeable of the voluminous literature base and research in this ever-changing field on a clinical level; frequent modifications to implant designs and abutments, implant surfaces, and loading protocols can lead the dentist into head-spinning confusion. On an interpersonal level with patients, active listening skills and understanding our patients’ needs, values, and personal esthetic expectations play into the patient’s perception of success.

These concerns are consistent with the concept of the *team approach* to patient care. This model implies that each member, a specialist in his or her area, shares the responsibilities involved in creating a lucid treatment plan and nurturing environment, one that leads to a seamless experience for the patient. The oral plastic and reconstructive implant surgeon, the restorative dentist, and their respective staffs, along with the dental technicians and the patient, comprise this dynamic team. Successful team relationships enable the patient to experience remarkable results that parallel the medical specialist model. Simultaneously, each team member feels a tremendous level of professional satisfaction and happiness.

The distinguished authors who have contributed their time and knowledge to this thematic endeavor practice with this team concept in mind. These successful clinicians would attest that the team approach is a major factor in their clinical and professional success. They are among the leaders in the field of implant dentistry, contributing to evidence-based implant therapy, a concept initially brought into the profession in the mid-1990s. After reading this issue, we hope you will be enriched by the experiences and techniques we’ve presented so that you can implement them in your practices and optimize the delivery of improved patient care.

Sincerely and with warmest regards,

Robert A. Levine, DDS
Clinical Associate Professor
Post-Graduate Periodontics, Perio-Prosthesis and Implantology
University of Pennsylvania School of Dental Medicine
LevineDDSPC@aol.com

