

# Working Together for the Future of Implant Dentistry

Dental professionals need to move beyond the stereotype thinking of who is best qualified to place dental implants. Our goal as healthcare providers should be two-fold: (i) offering and providing patients with the best possible care and (ii) creating an environment of mutual respect for all professionals who provide implant placement, restoration, or maintenance.

We can all agree that Implantology is a multifaceted discipline and therefore, no one group can claim to be the best for all the aspects. Each of the specialties: Implant Dentistry, Periodontics, Maxillofacial Surgery, Prosthodontics, Endodontics, and General Practice bring a set of abilities to the profession. It is unlikely that any one group or person will have all of the qualities necessary to treat every case that presents in a dental practice. Regardless of implant training, all clinicians should have a realistic understanding of what is needed to successfully treat a patient. This would include a competent medical evaluation (with or without a medical consult), case diagnosis, treatment options, implant placement requirements, prosthetic options, maintenance protocols, and management of complications. Each of these elements requires a competent knowledge base, clinical skills, and personal dedication to perform every step in the best possible way. **Many credentialed implant providers can manage and provide all of the above for various cases. However, some cases are best managed with an “implant-team” approach.** There are cases that are ultra-complex due to the patient's medical history, dental history, treatment requirements, or expectations.

For the profession to win, we must have mutual respect for each other. Putting down another clinician just because he/she provides the same or similar implant therapies benefits no one. When we fail to recognize the value of another, therein lies the

problem. All of the specialties bring merit to our profession. There are many ways to acquire proper implant education and each of the avenues has value. We can, and must, learn from each other. Implantologists can, and should, learn from the other specialties; just as the other specialties can learn from Implantologists. It is our personal responsibility to find and appreciate the qualities that another clinician or specialty has. No one specialty can lay claim for all of the advances or success stories in implant dentistry.

Every clinician, regardless of specialty, has successful cases as well as the occasional complication. We should ask ourselves when beginning a case if the case is within our skill level and will the patient be best served with a single provider or with the team approach. This editorial is not meant to dissuade one from providing solo treatments, nor is it meant only to endorse the team approach. Rather, it is meant to foster a mutual respect by all providers and the recognition that both treatment methods have value and should be used.

All providers should know and do what is inherently right for the patient. Remember, no matter what the specialty, we should all be on the patient's team. We need to move beyond the stereotypes of the different specialties and the culture of misconceived hierarchy. We may have differences in educational and experiential histories, but we all have value and bring our “implant training/gifts” to the table. It is time that the specialty groups work together with mutual respect and not against each other so we can all build a better future for patients.

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