



# The American College of Prosthodontists

May 15, 1997

Dental specialists  
dedicated to the restoration  
and replacement of teeth.

Dear ACP Colleagues:

HEADQUARTERS OFFICE  
211 East Chicago Avenue  
Suite 1000  
Chicago, IL 60611-2688  
(312) 573-1260  
Fax (312) 573-1257  
E-mail: ACPROS@AOL.COM

Enclosed in this issue of the *ACP Messenger* is a survey titled: **ACP Surgical Implant Questionnaire**. I hope you will take the time and complete the survey and return it using the enclosed envelope or by faxing it to the ACP office at 312-573-1257. **We need to have responses by July 1, 1997.**

Dr. John F. Burton  
President

The first page of the survey asks for some demographic information, which we would like all members to complete. Then, fill out Section A of the survey if you NEVER surgically place your own implants OR fill out Section B if you SOMETIMES or ALWAYS surgically place your own implants.

Dr. Ned B. Van Roekel  
President-Elect

Dr. Thomas D. Taylor  
Vice-President

Dr. Mohammad Mazaheri  
Secretary

Thank you for taking time from your busy schedule to complete this survey. The College's goal is to always have the most current information and opinions of its membership. Results from this survey will be printed in a upcoming issue of the *ACP Messenger*.

Dr. Richard E. Jones  
Treasurer

Dr. Kenneth Kent  
Speaker,  
House of Delegates

Stephen D. Hines  
Executive Director

Sincerely,

Thomas J. Balshi, BA, DDS  
Chair, Private Practice Committee

# American College of Prosthodontists Surgical Implant Questionnaire

**Directions:** Please complete the first page of the survey concerning demographic information. Second complete either Section A or Section B of the questionnaire.

**Answer SECTION A ONLY, if you NEVER surgically place your own implants.**

**Answer SECTION B ONLY, if you SOMETIMES OR ALWAYS surgically place your own implants.**

---

## Demographic Information Section (Answer all questions in this section)

1. In what type of practice(s) do you see implant patients? (Please check all that apply)

- ☐ Solo private practitioner
- ☐ Group private practitioner
- ☐ Primarily academic with extramural private practice
- ☐ Primarily academic with intramural private practice
- ☐ VA without extramural private practice
- ☐ VA with extramural private practice
- ☐ Military or USPHS
- ☐ Other (Please specify) \_\_\_\_\_

2. How long have you practiced as a limited prosthodontist?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21+ years

3. How long have you been providing implant prosthodontic care?

- ☐ I do not provide implant prosthodontic care.  
*(If you checked this box, please stop and return the survey to the ACP office using the return envelope provided.)*
- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21+ years

4. In your career, approximately how many implant *patients* have you treated?

- ☐ 1-10 patients
- ☐ 11-50 patients
- ☐ 51-100 patients
- ☐ 101-300 patients
- ☐ 301-600 patients

☐ 601+ patients

5. What is your gender?

☐ Female

☐ Male

6. Approximately, how many hours per week do you see patients?

☐ 1-10 hours per week

☐ 11-20 hours per week

☐ 21-30 hours per week

☐ 31-40 hours per week

☐ 41+ hours per week

7. Last year, approximately how many implant *restorations* did you place?

☐ 1-10 restorations

☐ 11-30 restorations

☐ 31-60 restorations

☐ 61-100 restorations

☐ 101+ restorations

8. Do you surgically place your own implants?

☐ Never

☐ Sometimes

Always

If you answered NEVER to question #8, please complete SECTION A ONLY of the following questionnaire.

If you answered SOMETIMES OR ALWAYS to questions #8, please complete SECTION B ONLY of the following questionnaire.

## SECTION A

1. Please check the *primary* reason why you do not surgically place your own implants?

☐ Training and educational background

☐ Staffing requirements

☐ Perceived surgical risks

☐ Equipment and Inventory investment

☐ Insurance rates

☐ Perceived affect on referrals

☐ Other \_\_\_\_\_

2. Has not placing implants affected your referral system?

☐ Yes ☐ No

3. If yes, please check one:

☐ By dramatically less referrals

☐ Moderately less

☐ Moderately more referrals

☐ Significantly more referrals

4. Approximately how many implant *patients* per month do you refer to surgical colleagues?

☐ 1-5 implant *patients* per month

☐ 6-10 implant *patients* per month

☐ 11-15 implant *patients* per month

- ☐ 16-20 implant patients per month
- ☐ 21-30 implant patients per month
- ☐ 31+ implant patients per month

5. From your referrals, approximately how many implant fixtures per month are being placed by your surgical colleagues?

- ☐ 1-5 implant fixtures per month
- ☐ 6-20 implant fixtures per month
- ☐ 21-40 implant fixtures per month
- ☐ 41-70 implant fixtures per month
- ☐ 71-100 implant fixtures per month
- ☐ 100+ implant fixtures per month

6. Approximately how many implant patients per month are referred to you by your *surgical* colleagues?

- ☐ 1-5 implant patients per month
- ☐ 6-10 implant patients per month
- ☐ 11-15 implant patients per month
- ☐ 16-20 implant patients per month
- ☐ 21-30 implant patients per month
- ☐ 31+ implant patients per month

7. In your career, have you ever been present for a Stage I surgical implant procedure for one of your patients?

- ☐ Yes    ☐ No

8. In the last year, for what percentage of Stage I surgical implant procedures were you present in the surgeon's office?

- ☐ 0% (If you checked this box please skip question 8a and go on to question 9)
- ☐ 1-10%
- ☐ 11-25%
- ☐ 26-75%
- ☐ 76-100%

8a. What is the primary reason that you feel it is important to be present for Stage I surgical implant procedures?

- ☐ To inform the surgeon of my expectations and hope to not have to attend in the future
- ☐ To give the patient a sense of my involvement in the entire procedure
- ☐ To guide the surgeon on implant placement/angulation
- ☐ Other \_\_\_\_\_

9. If you were present for any Stage I surgical procedures, approximately how much time did you spend on average per case in the surgeon's office?

- ☐ Less than 30 minutes
- ☐ 30-60 minutes
- ☐ Greater than 60 minutes

10. How were you financially compensated for this time?

- ☐ Zero
- ☐ Hourly rate (please specify) \_\_\_\_\_
- ☐ Built into prosthodontic restorative fee

11. Do you routinely fabricate surgical guides for your surgical colleagues?



☐ Yes ☐ No

12. Do your surgical colleagues routinely give you a result that suggests that they use your surgical guide?

☐ Yes ☐ No

13. What percentage of your referrals for surgical implant placement are to

Oral surgeons \_\_\_\_\_%

Periodontists \_\_\_\_\_%

Other \_\_\_\_\_% (please specify type of practitioner)

14. What percentage of stage II or abutment connection procedures are done by:

Oral surgeons \_\_\_\_\_%

Periodontists \_\_\_\_\_%

Yourself \_\_\_\_\_%

Other \_\_\_\_\_%

15. Which surgical procedures and implant procedures do you provide for your patients?

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Single tooth                                 | Number of patients per year _____ |
| <input type="checkbox"/> Partially edentulous                         | Number of patients per year _____ |
| <input type="checkbox"/> Full arch                                    | Number of patients per year _____ |
| <input type="checkbox"/> Nerve repositioning                          | Number of patients per year _____ |
| <input type="checkbox"/> Ridge "splitting" to widen                   | Number of patients per year _____ |
| <input type="checkbox"/> Onlay grafts                                 | Number of patients per year _____ |
| <input type="checkbox"/> Immediate placement into<br>extraction sites | Number of patients per year _____ |
| <input type="checkbox"/> Guided bone regeneration                     | Number of patients per year _____ |
| <input type="checkbox"/> Sinus lift                                   | Number of patients per year _____ |

16. What types of barrier membrane do you use?

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Resorable    | Number of patients per year _____ |
| <input type="checkbox"/> Nonresorable | Number of patients per year _____ |

17. What types of "bone" grafting material do you use?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Autogenous only                                       | Number of patients per year _____ |
| <input type="checkbox"/> Autogenous & FDDBA                                    | Number of patients per year _____ |
| <input type="checkbox"/> Autogenous & xenograft<br>(e.g. Bio-Oss, etc.)        | Number of patients per year _____ |
| <input type="checkbox"/> Autogenous & alloplastic<br>(e.g. HA, Bioglass, etc.) | Number of patients per year _____ |
| <input type="checkbox"/> Only FDDBA  | Number of patients per year _____ |
| <input type="checkbox"/> Only xenograft  | Number of patients per year _____ |
| <input type="checkbox"/> Only alloplastic                                      | Number of patients per year _____ |

18. What types of cases, if any do you refer to your surgical colleagues?

- |  |  |
|--|--|
| <input type="checkbox"/> Orthognatic                                   |  |
| <input type="checkbox"/> Minor bone grafting                           |  |
| <input type="checkbox"/> Major bone grafting (iliac crest transplants) |  |
| <input type="checkbox"/> GBR   |  |
| <input type="checkbox"/> Other _____                                   |  |

**Please return this survey to the American College of Prosthodontists using the enclosed envelope or fax to 312-573-1257. Thank you for your time.**

## Section B

1. How many years have you been surgically placing your own implants?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21+ years

2. Of the implants that you restore, what percentage do you surgically place?

- ☐ 1-10 %
- ☐ 11-25 %
- ☐ 26-75%
- ☐ 76-100%

3. Approximately how many implants did you surgically place in the last year?

- ☐ 1-10 implants
- ☐ 11-50 implants
- ☐ 51-100 implants
- ☐ 101-200 implants
- ☐ 201+ implants

4. Has placing your own implants affected your referral system?

- ☐ Yes ☐ No

5. If yes to question 4, please check one:

- ☐ By dramatically less referrals
- ☐ Moderately less
- ☐ Moderately more referrals
- ☐ Significantly more referrals

6. Approximately how many implant patients per month do you refer to surgical colleagues?

- ☐ Zero
- ☐ 1-5 implant patients per month
- ☐ 6-10 implant patients per month
- ☐ 11-15 implant patients per month
- ☐ 16-20 implant patients per month
- ☐ 21-30 implant patients per month
- ☐ 31+ implant patients per month

7. Approximately how many implant patients per month are referred to *you* by surgical colleagues?

- ☐ Zero
- ☐ 1-5 implant patients per month
- ☐ 6-10 implant patients per month
- ☐ 11-15 implant patients per month
- ☐ 16-20 implant patients per month
- ☐ 21-30 implant patients per month
- ☐ 31+ implant patients per month

8. Do you routinely fabricate surgical guides?

- ☐ Yes ☐ No

9. Do you incorporate advanced surgical procedures with your implant placement, e.g. sinus lifts, nerve repositioning, bone grating, other.)

☐ Yes ☐ No

10. Which surgical procedures and implant procedures do you provide for your patients?

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Single tooth                                 | Number of patients per year_____ |
| <input type="checkbox"/> Partially edentulous                         | Number of patients per year_____ |
| <input type="checkbox"/> Full arch                                    | Number of patients per year_____ |
| <input type="checkbox"/> Nerve repositioning                          | Number of patients per year_____ |
| <input type="checkbox"/> Ridge "splitting" to widen                   | Number of patients per year_____ |
| <input type="checkbox"/> Onlay grafts                                 | Number of patients per year_____ |
| <input type="checkbox"/> Immediate placement into<br>extraction sites | Number of patients per year_____ |
| <input type="checkbox"/> Guided bone regeneration                     | Number of patients per year_____ |
| <input type="checkbox"/> Sinus lift                                   | Number of patients per year_____ |

11. What types of barrier membrane do you use?

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Resorable    | Number of patients per year_____ |
| <input type="checkbox"/> Nonresorable | Number of patients per year_____ |

12. What types of "bone" grafting material do you use?

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Autogenous only                                       | Number of patients per year_____ |
| <input type="checkbox"/> Autogenous & FDDBA                                    | Number of patients per year_____ |
| <input type="checkbox"/> Autogenous & xenograft<br>(e.g. Bio-Oss, etc.)        | Number of patients per year_____ |
| <input type="checkbox"/> Autogenous & alloplastic<br>(e.g. HA, Bioglass, etc.) | Number of patients per year_____ |
| <input type="checkbox"/> Only FDDBA  | Number of patients per year_____ |
| <input type="checkbox"/> Only xenograft  | Number of patients per year_____ |
| <input type="checkbox"/> Only alloplastic                                      | Number of patients per year_____ |
| <input type="checkbox"/> Other_____  | Number of patients per year_____ |

13. What types of cases, if any do you refer to your surgical colleagues?

- |  |
|--|
| <input type="checkbox"/> Orthognatic                                   |
| <input type="checkbox"/> Minor bone grafting                           |
| <input type="checkbox"/> Major bone grafting (iliac crest transplants) |
| <input type="checkbox"/> GBR   |
| <input type="checkbox"/> Other_____                                    |

14. What percentage of your referrals for surgical implant placement are to:

Oral surgeons\_\_\_\_\_ %  
Periodontists\_\_\_\_\_ %  
Other\_\_\_\_\_ % (please specify type of practitioner)

15. Where did you obtain your training to place implants?

- |   |
|---|
| <input type="checkbox"/> Implant company sponsored mini-course                            |
| <input type="checkbox"/> University sponsored continuing education mini-course            |
| <input type="checkbox"/> University or study club sponsored Mastership Course (50+ hours) |
| <input type="checkbox"/> Formal training in University Implant Fellowship                 |
| <input type="checkbox"/> Self taught  |

**Please return this survey to the American College of Prosthodontists using the enclosed envelope or fax to 312-573-1257. Thank you for your time.**