

Dear Colleagues,

The new year has just begun, and will be characterized by very special challenges. One thing is already certain—not all economic problems caused by the banking crisis will be solved in 2010. Many large-scaled problems need to be solved in respect to general economic conditions, and also in regard to health policy. Since it is a mostly privately financed treatment, even implantology, is a focal point. However, with the integration of implantological treatment in your practice's portfolio, you have already established an important basis for your existence.

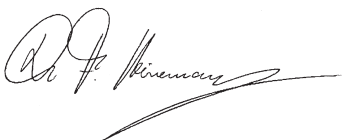
Even so, implantologically active dentists must concentrate on concepts and strategies for further development of their "dental practice business" in the future. At the moment, industry is setting a new technological course, which is of crucial importance for long-term developments in dentistry in general, and implantology in particular. Through linkages in 3-D diagnosis, navigation, planning, and even CAD/CAM manufactured prostheses, opportunities are constantly growing emerging in the field of prosthetic implantology; implying a redefinition of the cooperation between dentist and dental technician.

The occupational image of dental technicians has been changing and extending for quite some time, due to the digital capabilities of technicians, and a growing number of dental laboratories that realize the great opportunity in their skills. In this context, dental technicians increasingly consider themselves to be digital service providers for dentists. Technicians invest in techniques and offer new cooperation platforms, which broadens and improves already established procedures. These make them into competent and professional partners for dentists, especially when it comes to finding complex restoration alternatives in implantology and implant prosthetics. In addition, technicians support dentists in diagnosis and in the course of treatment. This intensive cooperation between dentist and his local dental technician leads to high esteem, and recommendation of the patients.

One prerequisite for taking advantage of technicians' services, however, is for dentists to be in a position and willing to accept the offered service, and integrate it into everyday practice. Thus, the implantologist must face the applicabilities and the limits of planning systems, and learn to make practical use of them. Nevertheless, it is the treating dentist who is responsible to the patient, even with regard to applied digital techniques. The dentist will have to combine his operative expertise, practical skills and medical knowledge and add modern techniques to his work. This will make his work become much more complex but more interesting at the same time.

DGZI's infrastructure, with its multiple possibilities for professional training in this field is well prepared to address this emerging situation, and we will continue to expand our programs to help meet members' needs.

Yours,



Dr Friedhelm Heinemann



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