



## Products Rated Highly by Evaluators in CR Clinical Trials

### Rubber-like Resin Barrier with Helpful Applications for Implant and Restorative Dentistry

#### Liquid Magic Resin Barrier TAUB Products



\$120/Two 3ml syringes  
(\$20/ml)

Clinicians have been instructed to use teflon tape, cotton pellets, gutta percha, etc., to protect implant screw access holes and screw heads for abutments and screw retained restorations from cement and composite. Liquid Magic was developed to better protect the screws, threading, and the internal components of implants and abutments. It is syringe placed where desired and light cured to a flexible consistency which is easily removed with a probe or explorer. It is also useful for blocking out undercuts, sealing out unwanted materials, and temporarily filling the internal portion of endo access holes.

#### Advantages:

- Easy to place
- Easily removed
- Excellent concept for implant screw access and endo access holes
- Light cure for command set

#### Limitations:

- Premium price
- Greater viscosity desired by a few Evaluators

**CR CONCLUSIONS:** 74% of 18 CR Evaluators stated they would incorporate Liquid Magic Resin Barrier into their practice. 79% rated it excellent or good and worthy of trial by colleagues.

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## Rescue Techniques for Failing Restorative Treatment

**Gordon's Clinical Observations:** What should you do when oral treatment is failing, and the failure looks like it could potentially be salvaged? To complicate the situation, the patient often has minimal financial ability to pay. Should salvage be considered instead of redoing the treatment? Are there relatively simple techniques and proven materials that can be used? How should informed consent be considered? How should you set fees for procedures not usually coded? *CR clinicians and scientists have made brief explanations for you of the most commonly occurring salvage needs, how to treat them, and their expected clinical success.*

The major clinical activities accomplished by most general dentists are operative dentistry, crowns, and fixed and removable prostheses. Failures often occur in spite of the best treatment planning, use of the best materials, and meticulous clinical techniques. The failures usually fit into several categories:

- Material failures
- Biologic failures
- Accidents or patient-caused failures
- Failures due to the operator

A recent CR survey on this topic revealed some interesting information (N=931):

- **Many respondents noted** that rescuing previous treatment required honest, thorough informed consent for patients about the potential for success of the rescue procedure and the relative cost of rescuing compared to redoing the treatment.
- **When making a decision** whether to do a rescue procedure, numerous factors influence the decision, including: patient age and health, estimated life expectancy, financial resources, occlusion, esthetic considerations, potential discomfort, patient interest in the rescue procedure, and others.
- **Almost every rescue procedure has positive and negative characteristics** and confirmed decisions by practitioner and patient are necessary.

This article includes some of the most commonly occurring clinical failures listed in approximate decreasing order of occurrence and CR suggestions on how to salvage them short of redoing the procedure.

#### PROBLEM H: Hole in ceramic crown caused by endo access or screw access into implant (Figure 10)

- **Restore hole with composite:** Cost low. Longevity moderate to long. If implant, place material into screw-tightening opening, place opaque material over deepest portion of endo opening or over material placed into screw opening, hydrofluoric acid etch IPS e.max by Ivoclar Vivadent or PFM at orifice of hole or if zirconia sandblast orifice, place bond with MDP in it, place composite of your choice. **Suggested materials:** Plumbers tape or Liquid Magic by TAUB for screw-tightening opening, Porcelain Repair Kit by Bisco for opaque (*HFI acid and Z-Prime Plus by Bisco*), Scotchbond Universal by 3M or Clearfil Universal Bond Quick by Kuraray Noritake containing MDP can be used as an elective bond, composite of your choice.

**Most predictable alternative:** As described above.

Figure 10



Access holes that lead to an implant need to be filled with strong, esthetic material that can be removed if necessary.

❖ This is only a portion of the original report. ❖

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## Products Rated Highly by Evaluators in CR Clinical Trials

### Easy-to-Place Flowable Adhesive Base/Liner Filled with Calcium and Fluoride

#### Ca-Lok

TAUB Products



\$90/2 syringes (\$37.50/ml)

89% of Evaluators in this field trial who had used TheraCal preferred Ca-Lok. Ca-Lok is a flowable adhesive calcium-filled resin-base/liner with fluoride and is also radiopaque. It is light cured for speed and control of set. Indicated to reduce post-operative sensitivity often experienced in deep cavity preparations as it produces a protective liner compatible with restorative materials and cements. Available in white tooth shade.

#### Advantages:

- Diminished postoperative sensitivity
- Consistency of liner flows well and is easy to place
- Adequate radiopacity
- Calcium and fluoride filler is desirable

#### Limitation:

- Consistency of resin was too thin for a few Evaluators

**CR CONCLUSIONS:** 76% of 21 CR Evaluators stated they would incorporate Ca-Lok into their practice. 90% rated them excellent or good and worthy of trial by colleagues.

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## Products Rated Highly by Evaluators in CR Clinical Trials

### Light-Cured Resin Cement for Lithium Disilicate, Zirconia, and Ceramic Veneer Cementation

#### Fusion-Zr Multi-Purpose Veneer Cement

TAUB Products



\$160/4 pack  
(4x 1.2ml syringes; \$33/ml)

This self-adhesive, light-cure veneer cement cures fast. It is self-adhesive or can be used with separate adhesive. Available in Crystal Clear or Opal White shades for natural brightness. Corresponding try-in gels of the same colors are available.

#### Advantages:

- Easy to use dispense, handle, and cleanup
- Viscosity allows stability of veneers at placement
- Two color choices

#### Limitation:

- Long-term clinical durability is being established

**CR CONCLUSIONS:** 71% of 21 CR Evaluators stated they would incorporate Fusion-Zr Multi-Purpose Veneer Cement into their practice. 71% rated it excellent or good and worthy of trial by colleagues.

## What is CR?

#### WHY CR?

CR was founded in 1976 by clinicians who believed practitioners could confirm efficacy and clinical usefulness of new products and avoid both the experimentation on patients and failures in the closet. With this purpose in mind, CR was organized as a unique volunteer purpose of testing all types of dental products and disseminating results to colleagues throughout the world.

#### WHO FUNDS CR?

Research funds come from subscriptions to the *Gordon J. Christensen Clinicians Report*. Revenue from CR's "Dentistry Update" courses support payroll for non-clinical staff. All Clinical Evaluators volunteer their time and expertise. CR is a non-profit, educational research institute. It is not owned in whole or in part by any individual, family, or group of investors. This system, free of outside funding, was designed to keep CR's research objective and candid.

#### HOW DOES CR FUNCTION?

Each year, CR tests in excess of 750 different product brands, performing about 20,000 field evaluations. CR tests all types of dental products, including materials, devices, and equipment, plus techniques. Worldwide, products are purchased from distributors, secured from companies, and sent to CR by clinicians, inventors, and patients. There is no charge to companies for product evaluations. Testing combines the efforts of 450 clinicians in 19 countries who volunteer their time and expertise, and 40 on-site scientists, engineers, and support staff. Products are subjected to at least two levels of CR's unique three-tiered evaluation process that consists of:

1. Clinical field trials where new products are incorporated into routine use in a variety of dental practices and compared by clinicians to products and methods they use routinely.
2. Controlled clinical tests where new products are used and compared under rigorously controlled conditions, and patients are paid for their time as study participants.
3. Laboratory tests where physical and chemical properties of new products are compared to standard products.

Products evaluated by CR Foundation® (CR®) and reported in the *Gordon J. Christensen Clinicians Report*® have been selected on the basis of merit from hundreds of products under evaluation. CR® conducts research at three levels: 1) multiple-user field evaluations, 2) controlled long-term clinical research, and 3) basic science laboratory research. Over 400 clinical field evaluators are located throughout the world and 40 full-time employees work at the institute. A product must meet at least one of the following standards to be reported in this publication: 1) innovative and new on the market, 2) less expensive, but meets the use standards, 3) unrecognized, valuable classic, or 4) superior to others in its broad classification. Your results may differ from CR Evaluators or other researchers on any product because of differences in preferences, techniques, product batches, or environments. CR Foundation® is a tax-exempt, non-profit education and research organization which uses a unique volunteer structure to produce objective, factual data. All proceeds are used to support the work of CR Foundation®. ©2018 This report or portions thereof may not be duplicated without permission of CR Foundation®. Annual English language subscription: US\$229 worldwide, plus GST Canada subscriptions. Single issue: \$29 each. See [www.CliniciansReport.org](http://www.CliniciansReport.org) for additional subscription information.