

Scientific references: 1, 6

Consider conservative approach due to low implant stability (i.e. relatively high

Scientific references: 7, 8

implant mobility)

# The evidence-based Osstell ISQ scale

# A selection of >1 400 articles

70 HIGH STABILITY 65 MEDIUM STABILITY ISQ ≥70 60 ISQ 65-69 Full splint: 1-stage, immediate loading Full splint: 1-stage, immediate loading Partial case: 1-stage, ISQ 60-64 immediate loading Partial case: 1-stage, Full splint: 1-stage, immediate loading Single case: 1-stage, immediate loading immediate loading Single case: 1-stage, early Partial case: 1-stage, early Scientific references: loading, re-measure at loading, re-measure at 1, 2, 3, 9 follow-up 6-8 weeks follow-up 6-8 weeks ISQ <60 Scientific references: 1, 3, 4 Single case: 2-stage, 2-stage, conventional loading, conventional loading, re-measure at follow-up re-measure at follow-up > 2 months > 2months

Scientific references: 1, 5, 6

#### The above is a summary of scientific data and not an official recommendation by Osstell. To monitor osseointegration measure at placement and before final restoration.

### The importance of the trend Measure ISQ at implant placement as a baseline to follow-up measurements. An increasing ISQ trend (or stable high) indicates transition from inital mechanical stability to secondary biological stability. 80 70 Measurement #3 Measurement #2 Measurement #1 40 30-It is recommended to repeat the ISQ measurement before deciding for final restoration.

### **Definitions**

Immediate loading: Less than 1 week subsequent to implant placement

Early loading: Between 1 week and 2 months subsequent to implant placement

Conventional loading: Greater than 2 months subsequent to implant placement

Source: Weber, H. & Morton, Dean & Gallucci, German & Roccuzzo, Mario & Cordaro, Luca & Grütter, Linda. (2009). Consensus Statements and Recommended Clinical Procedures Regarding Loading Protocols. Int J Oral Maxillofac Implants. 24 Suppl. 180-3.

Conventional implant loading is predictable in all clinical situations and is particularly recommended in the presence of treatment modifiers such as poor primary implant stability, substantial bone augmentation, implants of reduced dimensions, and compromised host conditions.

Source : ITI

# **Scientific References**

- 1. Sennerby L. Implantologie 2013;21(1):21-33
- 2. Kokovic V, Jung R, Feloutzis A, Todorovic V, Jurisic M, 2. Hämmerle C. Clinical Oral Implants Research, 00, 2013, 1-6
- 3. Bornstein M, Hart C, Halbritter S, Morton D, Buser D. Clin Implant Dent Relat Res 2009
- 4. Serge Baltayan, Joan Pi-Anfruns, Tara Aghaloo, Peter Moy J Oral Maxillofac Surg 74:1145-1152, 2016
- 5. Östman P-O. Clinical Implant Dentistry and Related. Research, Volume 7, Supplement 1, 2005
- 6. Rodrigo D, Aracil L, Martin C, Sanz M. Clin. Oral Impl. Res. 21, 2010; 255-261
- 7. Pagliani L, Sennerby L, Petersson A, Verrocchi D, Volpe S & Andersson P. Journal of Oral Rehabilitation 2012
- 8. Trisi P, Carlesi T, Colagiovanni M, Perfetti G. Journal of Osteology and Biomaterials, Volume 1, Number 3, 2010
- 9. Stefan Paul Hicklin, Esther Schneebeli, Vivianne Chappuis, Simone Francesco Marco Janner, Daniel Buser, Urs Brägger, Clin. Oral Impl. Res 00, 2015; 1-9

