Clinical Tip 77: Small Diameter Implants (SDIs or "mini" implants) must be placed correctly for success. Here are 7 tips for placing small diameter implants from Dr. Gordon Christensen:

**Tip 1:** SDIs are most predictable and serve best in type 1 and type 3 bone (resorbed and dense anterior maxillary area). The bone is too porous in type 2 bone (usually quite porous in the mandibular area). SDIs are worst in type 4 bone (tuberosity or tip of the nose) and should not be placed there. SDIs are best in type 5 bone (anatomically compromised patients). But they must be placed adequately for optimum service. SDIs are suitable for the mandible if the bone is more than 2 mm thick. If it is less than 2 mm thick, remove the excess soft tissue, leaving only 2 mm of bone.

**Tip 2:** For the maxillary anterior area, use SDIs in the general location of the canine area instead of one. SDIs in the general location of the canine area are more likely to serve best and meet the needs of the patient. SDIs serve best when minimally extended coronally from the bone. For instance, SDIs near the midline are more effective than SDIs in the lateral incisor area. SDIs are placed totally or partially in the bone. SDIs should be placed within the gingival crevice and should be more than 2 mm thick. SDIs will have to be placed more than 2 mm thick when there is less than 2 mm of bone, but the excess soft tissue must be removed.

**Tip 3:** SDIs are more predictable in the mandibular premolar and anterior maxillary area. SDIs are worst in the mandibular area, where fine trabecular bone is present. SDIs will be more predictable in the mandibular area and fine trabecular bone. SDIs are more predictable in the mandibular area than SDIs in those areas. SDIs are more predictable than SDIs in those areas. SDIs are more predictable than SDIs in those areas. SDIs are more predictable in the mandibular area and fine trabecular bone in the mandibular area.

**Tip 4:** SDIs are best for removable partial denture retention and stabilization, such as in the mandibular incisor area. SDIs serve best when placed in the bone. SDIs are worst in the maxillary incisor area. SDIs are more predictable than SDIs in those areas. SDIs are more predictable than SDIs in those areas. SDIs are more predictable than SDIs in those areas. SDIs are more predictable than SDIs in those areas. SDIs are more predictable than SDIs in those areas.

**Tip 5:** SDIs serve best when placed in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone.

**Tip 6:** SDIs are more predictable when they are parallel to one another. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone.

**Tip 7:** SDIs are more predictable when they are placed correctly. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone. SDIs in bone are more predictable than SDIs in bone.