

# □ THE COMPLETE VERSION OF ALL-ON-4 — All-on-Full™

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# □ THE COMPLETE VERSION OF ALL-ON-4 — Full Surgical Article

## Why All-on-4 Is Incomplete

All-on-4 was created as a **compromise protocol**. It uses **only four implants**, all placed in the **front** of the jaw, because it relies on **alveolar bone** — the soft, resorbing bone that disappears after tooth loss.

This structural limitation makes All-on-4 **incomplete**:

- no posterior implants
- no molars

- no vertical chewing
- no biomechanical stability
- no natural support polygon

All-on-4 is a **partial arch**, not a complete one.

## The Alveolar Bone Limitation

Alveolar bone is:

- soft
- thin
- unstable
- resorbing

It cannot support:

- posterior implants
- molars
- vertical load vectors
- long-term biomechanics

This is why All-on-4 is forced into:

- angled implants
- long bridges
- fake gum
- cantilevers
- prosthetic compensation

The protocol is built on the wrong bone.

## The Missing Posterior Support

Natural chewing requires **posterior pillars**. Molars are the engines of mastication. Without them, the masseter muscle pushes force **forward**, creating:

- oblique loads
- overload on front implants
- mechanical fatigue
- screw loosening
- fractures
- early failure

All-on-4 cannot place posterior implants because alveolar bone is insufficient. This is the core biomechanical weakness.

## Basal Bone — The Complete Solution

All-on-Full™ uses **basal bone**, the hard cortical bone that:

- does not resorb
- exists in every patient
- provides lifetime stability
- supports long implants
- allows posterior anchorage

Basal bone transforms the rehabilitation from **partial** to **complete**.

With basal bone, All-on-Full™ can place implants in:

- molar zones
- premolar zones
- retrocanine pillars

This recreates the natural **support polygon** that All-on-4 cannot achieve.

## Real Molars, Real Chewing

All-on-Full™ restores **14 real teeth**, including:

- molars
- premolars
- full posterior support

This allows:

- vertical chewing
- correct force distribution
- protection of front teeth
- natural mastication
- long-term stability

Molars are not optional. They are **biomechanical necessity**.

## Short Prosthesis — No Fake Gum

Because All-on-Full™ uses posterior bone, the prosthesis sits at the **natural gum line**.

This eliminates:

- fake gum
- bulky acrylic
- artificial smile lines
- hygiene traps
- long flanges

Short prosthesis = **natural aesthetics + correct biomechanics**.

## Zero Cantilevers

Cantilevers are the structural weak point of All-on-4. They create:

- bending
- flexion
- torsion
- mechanical fatigue
- fractures

All-on-Full™ eliminates cantilevers completely because it has **posterior implants**.

No cantilevers = **no mechanical failure**.

## Immediate Loading

Basal bone allows **immediate loading**, because it is:

- cortical
- dense
- stable
- non-resorbing

Patients receive full function in **24-48 hours**, not months.

Immediate loading is not a luxury — it is a **biomechanical consequence** of using the correct bone.

## □ Why All-on-Full™ Is the Complete Version of All-on-4

All-on-4 is incomplete because it lacks:

- posterior implants

- molars
- vertical chewing
- basal bone support
- short prosthesis
- natural biomechanics

All-on-Full™ is the **complete version** because it restores:

- 14 teeth
- real molars
- posterior pillars
- vertical force vectors
- short prosthesis
- zero fake gum
- zero cantilevers
- zero grafts
- zero sinus lifts
- zero zygomatic implants

All-on-Full™ is what All-on-4 **should have been**, but never could be.

☐ **Send Your Panoramic**

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