

What Makes Someone a Good Candidate for Dental Implants?

By Joy of Dentistry Health Desk · 7 min read

If you have lost a tooth and started reading about replacements, you have almost certainly run into the word "candidate." Dentists use it a lot when they talk about implants, and it can sound a little like a job interview. In practice it just means this: an implant is a small titanium post placed in the jaw to support a replacement tooth, and a few things need to be in reasonable shape for that post to settle in and do its work. Whether those things line up for you is a clinical judgement, not a checklist you can score at home.

This piece walks through the factors a dentist actually weighs. None of them is a simple pass or fail on its own, and many can be managed or improved. The only way to know where you stand is an in-person assessment, usually including imaging. Think of what follows as a way to arrive at that conversation already understanding the questions.

The foundation: bone and gums

An implant relies on living bone growing snugly around it, a process clinicians call osseointegration. For that to happen, there needs to be enough bone in the right place, with enough density to hold the post steady while healing occurs.

When a tooth has been missing for a while, the bone that once surrounded its root can shrink, because it is no longer being stimulated by chewing. That does not necessarily rule out an implant. It may mean your dentist discusses ways to rebuild the site first, or chooses a different approach. The point is that bone volume is assessed, not assumed, and three-dimensional imaging is often part of that assessment.

Gum health matters just as much. Active gum disease around the remaining teeth is usually addressed before an implant is placed, because the same bacteria that harm natural teeth can threaten the tissue around an implant. Stable, healthy gums give the implant a better environment to live in.

Your general health

Because placing an implant is a minor surgical procedure that depends on healing, overall health is part of the picture. A dentist will take a full medical history and may coordinate with your physician. Several conditions and treatments can influence planning:

- **Diabetes.** Well-controlled diabetes is often compatible with implant treatment; poorly controlled blood sugar can slow healing, so this is discussed and sometimes stabilised first.
- **Medications that affect bone or healing.** Certain drugs, including some used for osteoporosis and some immune-suppressing treatments, may change how a case is approached.
- **Conditions affecting the immune response or circulation.** These can affect healing and are weighed case by case.

Having one of these does not automatically mean an implant is off the table. It means the conversation is more detailed and the plan is tailored to you. This is also why your dentist asks so many questions about your health before anything is scheduled.

Where to learn more about the treatment itself

If you want to understand what the procedure involves before you book an assessment, reading a clear overview of [dental implants](#) can help you frame your own questions. Pairing that background with a professional evaluation tends to make the eventual consultation far more productive, because you arrive knowing roughly what you want to ask.

Smoking and healing

Smoking is one of the factors dentists raise most often, because tobacco can interfere with healing and with the long-term health of the tissue around an implant. It does not make someone an automatic non-candidate, but it is a genuine consideration, and many clinicians will talk frankly about it and about cutting back or stopping around the time of treatment. If you vape or use other tobacco or nicotine products, mention that too, since it is relevant to the same healing process.

Age, and the one firm limit

There is no upper age limit for implants. Many older adults do well with them, and general health matters far more than the number on a birthday card. The one clearer boundary is at the young end: implants are generally not placed until the jaw has finished growing, because a post fixed in still-developing bone can end up out of position as the face matures. For a younger patient, a dentist may recommend a temporary solution and revisit implants later.

Commitment to upkeep

An implant is not a tooth you can forget about. The crown on top will not decay, but the gum and bone around the implant still need daily cleaning and regular professional care to stay healthy. A candidate a dentist feels good about is often someone willing to keep up a solid home routine and attend recall visits. If daily brushing and flossing have been a struggle, that is worth being honest about, because it shapes what will work for you over the long run.

Putting the factors together

Factor	What the dentist is checking
Bone volume and density	Whether there is enough bone to support and hold the implant
Gum health	Whether tissue is stable and free of active disease
General health and medications	Anything that could affect surgery or healing
Smoking or nicotine use	Effects on healing and long-term tissue health
Jaw maturity	Whether growth is complete (relevant for younger patients)
Home care and follow-up	Willingness to maintain the implant over time

No single row decides the outcome. A dentist weighs them together, alongside what you want and what the rest of your mouth looks like. Where one factor is less than ideal, there is often a way to manage it or an alternative to consider. That balancing act is exactly why an individual clinical assessment, rather than an online quiz, is the honest answer to the candidacy question.

Frequently asked questions

Who is a good candidate for dental implants?

Broadly, someone with enough healthy bone, stable gums, reasonably well-managed general health, and a willingness to maintain the implant over time. That is a general picture, not a diagnosis. Individual cases differ a great deal, and only an examination, usually with imaging, can tell you whether an implant suits your situation.

What can affect implant candidacy?

Common considerations include how much bone remains at the site, the health of your gums, conditions such as diabetes, certain medications, and smoking. Many of these can be managed,

improved, or planned around rather than being outright barriers. Your dentist can explain how each applies to you following an assessment.

Am I too old for an implant?

There is no upper age cut-off. General health and healing matter more than age itself, and many older adults are treated successfully. The firmer limit is at the younger end, where dentists usually wait until jaw growth is complete before placing an implant.

Sources & further reading

- [Canadian Dental Association — Dental Implants](#) — patient overview of what implants are and how they are used.
- [Royal College of Dental Surgeons of Ontario — Dental Specialties](#) — how specialties such as periodontics are recognised in Ontario.
- [Ontario Dental Association — Your Oral Health](#) — general guidance for Ontario dental patients.