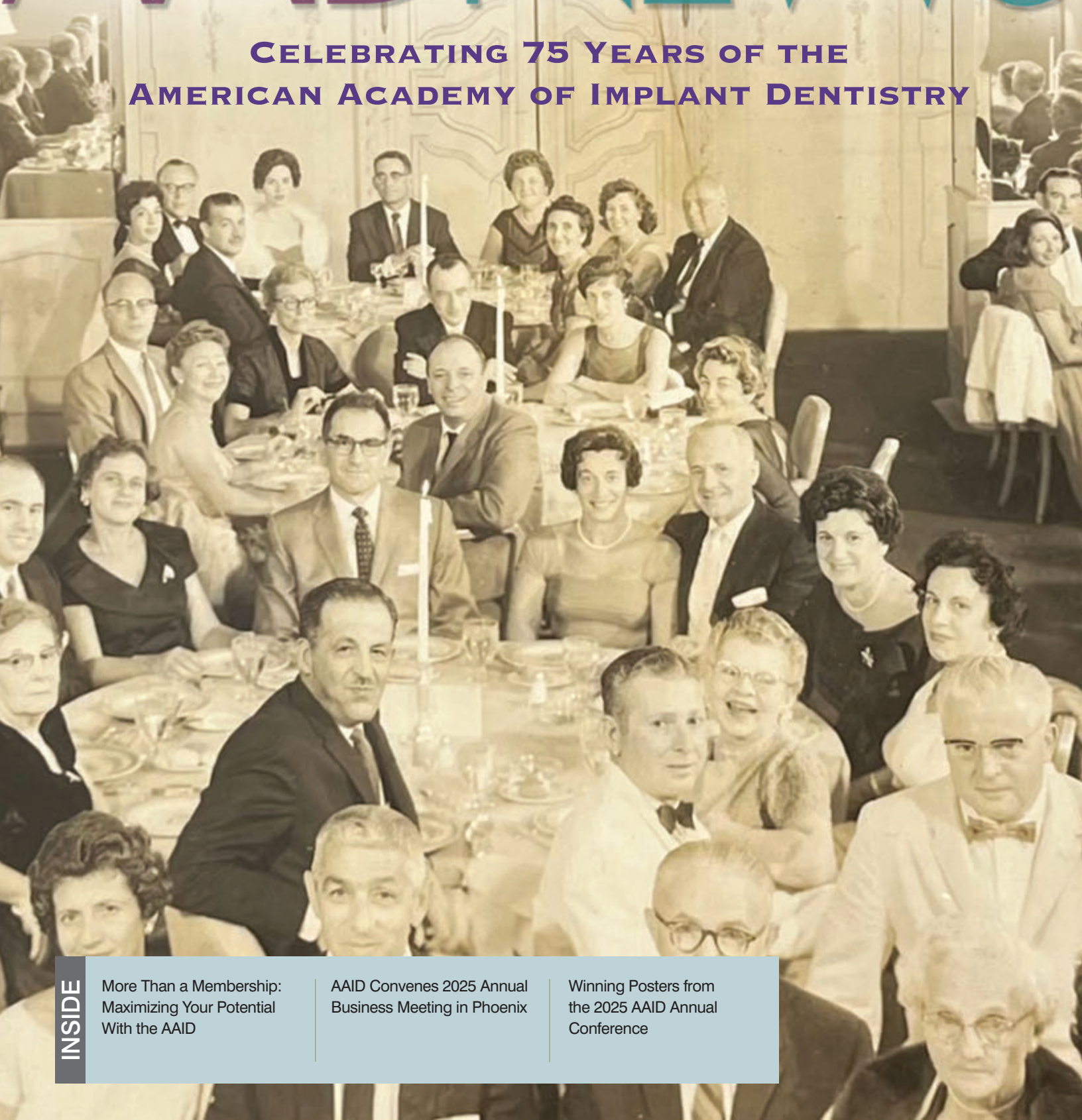


AAID NEWS

75 Years of Innovation and A Search for Respect

**CELEBRATING 75 YEARS OF THE
AMERICAN ACADEMY OF IMPLANT DENTISTRY**



INSIDE

More Than a Membership:
Maximizing Your Potential
With the AAID

AAID Convenes 2025 Annual
Business Meeting in Phoenix

Winning Posters from
the 2025 AAID Annual
Conference



WIIC/AAID All-Star Course

July 21 - 26, 2026

WIIC.org



4 Workshops just added!

- Training on the Insta Risa full arch workflow with Dr. Art Mirelez



Art Mirelez

- PRF training (including phlebotomy) with Dr. Andy Burton



Andy Burton

- Block grafting with Dr. Dave Resnick



Dave Resnick

- Occlusion training with Dr. Sangiv Patel, utilizing the Tek-Scan



Sangiv Patel



Dr. Robert Miller Memorial Implant Symposium

Honoring the legacy of Dr. Robert Miller—educator, mentor, and champion of clinical excellence. In this course you will take part in a intense, immersive implant experience from 8AM - 10PM that will include:

- Daily workshops
- Two simultaneous live-stream feeds of the surgeries taking place daily.
- Round-Table review of the days surgeries with in depth analysis by some of the best minds in implantology.
- Daily EXOCAD demonstrations of the cases being restored and delivered.
- Transportation will be provided to and from Cholula by the WIIC staff.
- All meals provided by the incredible WIIC staff.

All these choices allow you to customize your implant experience, while earning 40 hours of CE!



William Liang



Don Provenzale



Grace Chung



Guy Burk



Shankar Iyer



Frank Caputo



Cory Glenn



Edward Kusek



Michael Wehrle



Berne Dunson



Jeremy Sant



Matt Young



Aman Bhullar



Keith Long

\$4995 AAID Member Price

\$5495 Non-AAID Member Price

(Savings of \$105 by joining the AAID)



SCAN QR CODE TO SIGN UP



WIIC Implant Immersion Course is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AAID for Fellowship, Membership, and membership/maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AAD endorsement. The current term of approval extends from 12/31/2024 to 12/31/2026. Provider ID# 303540



Continuing Education Program
Ultra Modern Dental Group is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. PROVIDER: Wehrle Implant Immersion Course - Carlos Cayetano Espinoza - carfovic@gmail.com



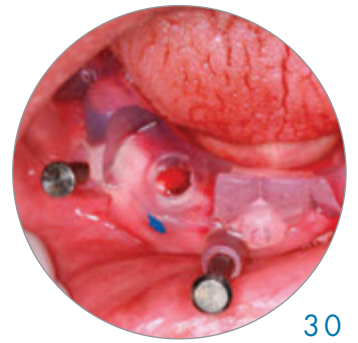
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6



18



30



contents

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / 2026 ISSUE 1

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Table of Contents

- 4 President's Message
*Tuning Up for Our Diamond Jubilee:
Join Us in Nashville for the Event of the Decade!*
- 6 Cover Story
AAID—75 Years of Innovation and A Search for Respect
- 14 Executive Director's Message
More Than a Membership: Maximizing Your Potential With the AAID
- 16 Editor's Notebook
Bacteria May Persist After Tooth Extraction and Debridement
- 18 Feature
AAID Convenes 2025 Annual Business Meeting in Phoenix
- 23 List of 2025 Fellows and Associate Fellows
- 25 Winning Posters from the 2025 AAID Annual Conference
- 28 In Memoriam: Robert J. Miller, FAAID, DABOI/ID (1952–2026)
- 30 *JOI* Sampler

Academy News

- 40 New Members
- 42 Continuing Education Bite
- 46 Ad Index



By Donald Provenzale,
DDS, FAAID, DABOI/ID
AAID President

PRESIDENT'S MESSAGE

Tuning Up for Our Diamond Jubilee: Join Us in Nashville for the Event of the Decade!

Colleagues and friends,

If there is one date you circle in red, highlight in yellow, and set three different digital reminders for this year, let it be this one: **September 30 – October 3, 2026.**

This isn't just another Annual Conference. This is the big one. We are heading to Music City—Nashville, Tennessee—to celebrate the American Academy of Implant Dentistry's 75th Anniversary. That's right, three-quarters of a century of leadership, innovation, and camaraderie.

Our theme for this monumental gathering is "**Honoring the Past, Engineering the Future.**" It captures exactly where we stand as an organization. We are looking back with pride at the pioneers who laid the surgical foundations of our field, while simultaneously looking forward to the digital workflows, bio-engineering, and next-generation materials that will define the next 75 years.

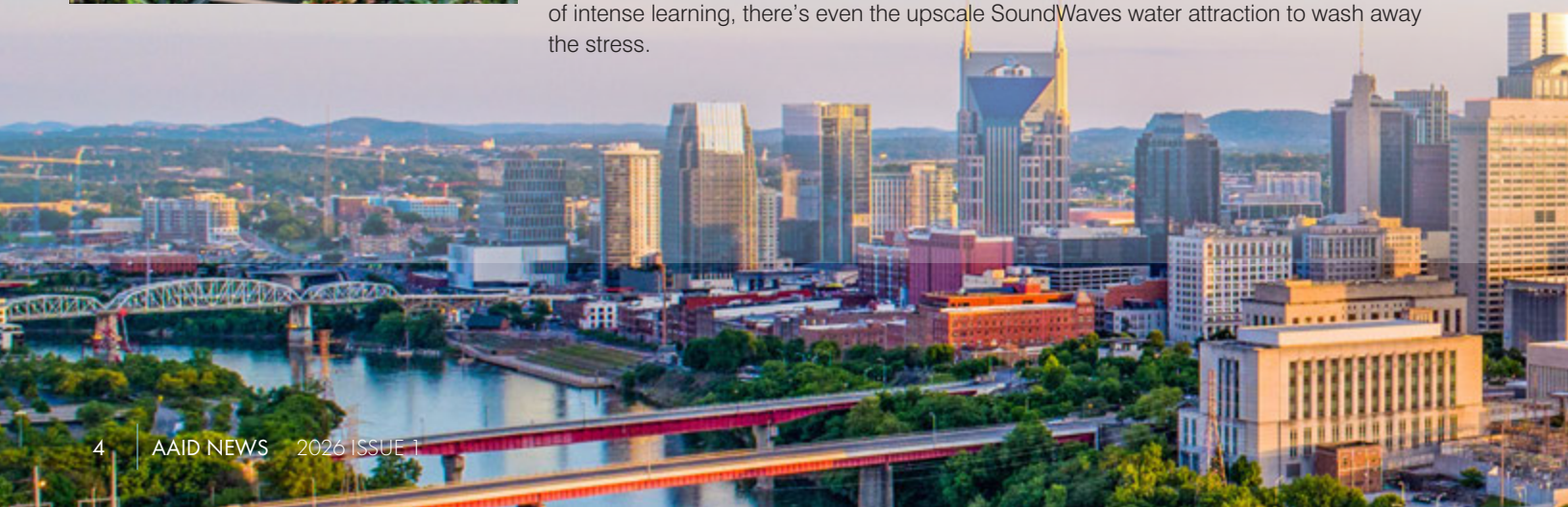
But let's be honest—we're also going to have a lot of fun.

The Stage: Gaylord Opryland Resort & Convention Center

To host a Diamond Anniversary, you need a gem of a venue, and we have found it in the Gaylord Opryland Resort. If you haven't been, prepared to be amazed. This place isn't just a hotel; it's an experience.

Imagine walking from your room to a lecture hall through nine acres of lush, indoor gardens. Picture discussing a complex case with a mentor while standing beside a cascading waterfall, or networking with exhibitors on *Delta Island*, surrounded by an indoor river. (Yes, there are flatboats you can ride inside the hotel. I highly recommend it!)

The venue is a destination in itself—a climate-controlled biosphere of restaurants, shops, and entertainment that feels like a city within a city. And if you want to unwind after a day of intense learning, there's even the upscale SoundWaves water attraction to wash away the stress.



The Vibe: Music City Magic

Outside the resort, Nashville is calling. There is an electric energy in this city that is impossible to ignore. Whether you are a country music devotee or just a fan of good times, Nashville delivers. We are just moments away from the legendary Grand Ole Opry and a short trip from the neon lights of Broadway, where the live music never stops.

We are planning social events that will tap into this local flavor, giving you plenty of chances to trade your scrubs for cowboy boots (optional, but encouraged!) and celebrate our history with old friends and new connections.

The Content: Engineering Your Success

While the setting is spectacular, the education will be second to none. Because this is our 75th year, we are pulling out all the stops. We are curating a program that bridges the gap between the "tried and true" and the "brand new."

You can expect:

- **Legends of Implantology:** Sessions honoring the techniques that have stood the test of time.
- **The Future of Engineering:** Deep dives into the digital ecosystem, from AI-driven treatment planning to robotic precision.
- **Hands-on Mastery:** Workshops that let you touch, feel, and practice the latest innovations.

Get Ready to Make History

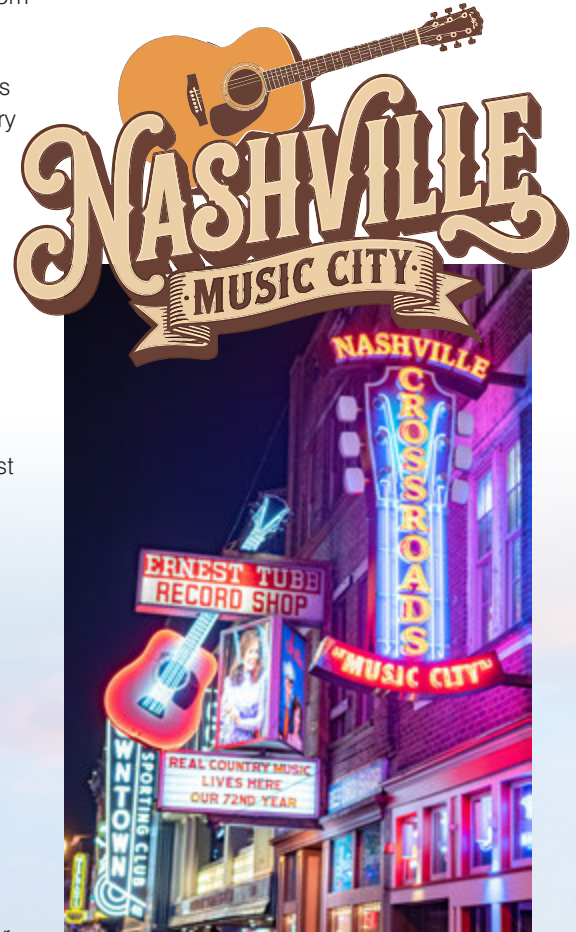
This conference is more than a meeting; it is a homecoming for every implant dentist who cares about excellence. It is your opportunity to learn from the brightest minds, master the evolution of our craft, and transform your practice for the decades ahead.

Registration will open later this year, but the anticipation starts now. Mark your calendars for September 30 – October 3, 2026.

I can't wait to see you all in Nashville as we raise a glass to our past and engineer a brilliant future together.

Sincerely,

Donald Provenzale, DDS, FAAID, DABOI/ID
AAID President



75 YEARS OF INNOVATION AND A SEARCH FOR RESPECT



**CELEBRATING 75 YEARS OF THE
AMERICAN ACADEMY OF IMPLANT DENTISTRY**

From the moment Dr. Norman Goldberg placed the first dental implant after World War II to this day, the story of the AAID has been a search for respect and identity.



AAID's story is of a movement driven by curiosity, persistence, and a shared belief that dentistry could do more for patients. As founder **Dr. Aaron Gershkoff** said, "Individually we are changing the lives of patients; collectively we are changing the world of dentistry."

Dr. Goldberg often recalled that the idea for dental implants emerged from the practical challenges he saw while serving as a military dentist during **World War II**. Soldiers who had lost teeth in combat injuries struggled with conventional dentures, which frequently lacked stability and comfort.

In later interviews, Dr. Goldberg explained that his goal was simple: to find a way to restore function for patients who had no reliable options.

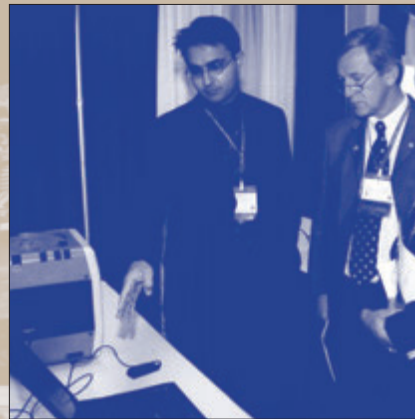
“We were looking for something that would actually stay in place,” he said, recalling how traditional dentures often failed patients with severe bone loss.

Working with colleagues such as Dr. Gershkoff, Dr. Goldberg began developing and refining subperiosteal implants. The technique involved creating a custom

framework placed on top of the jawbone beneath the gum tissue to support prosthetic teeth. Though the concept was controversial at the time, Dr. Goldberg believed innovation was necessary to meet patients’ needs.

“Our motivation was always the patient,” Dr. Goldberg said. “If there was a way to improve their quality of life, we felt it was worth pursuing—even if the profession wasn’t ready to accept it yet.”

The early procedures required painstaking collaboration between dentists and dental laboratory technicians. Each implant framework had to be individually designed and fabricated, reflecting a level of craftsmanship that defined the field’s earliest years.



Individually we are changing the lives of patients; collectively we are changing the world of dentistry.

— Dr. Aaron Gershkoff

There had to be a better solution.

— Dr. Kenneth King



In 1952, fourteen dentists and four laboratory technicians gathered in Chicago for what became the first meeting of the American Academy of Implant Dentistry. Their goal was to create a forum where clinicians could share techniques, discuss complications and learn from one another. That collaborative spirit remains central to the organization's identity.

Many of the Academy's earliest advances came from practitioners rather than universities. Philadelphia dentist **Dr. Burton Balkin** recalled that pioneering work often originated in private practices and small labs rather than academic institutions. At the time, implant dentistry faced skepticism from many traditional dental educators.

Dr. Norman Cranin, who began researching implants while still in dental school, remembered proposing experimental work based on what he had observed abroad.

Like many early innovators, he pursued the field despite limited formal training opportunities.

Dr. Cranin represented a later generation of innovators who helped expand and validate implant dentistry as the field matured. While still in dental school, Dr. Cranin became fascinated with emerging research on implants and sought opportunities to learn from pioneers around the world.

In interviews reflecting on those early years, Dr. Cranin said implant dentistry attracted clinicians who were willing to challenge conventional thinking. "We were experimenting and learning as we went," he recalled. "It was a field that required curiosity and persistence."

Dr. Cranin later became one of the leading researchers documenting implant success and complications. He helped advance

clinical protocols and emphasized the importance of careful case selection and long-term follow-up.

He also stressed the importance of collaboration between clinicians, researchers, and educators. According to Dr. Cranin, the American Academy of Implant Dentistry provided a rare environment where practitioners could openly exchange ideas and data.

"The Academy created a place where people could talk honestly about what worked and what didn't," Dr. Cranin said. "That openness accelerated progress."

His research and leadership helped bridge the gap between early experimental work and the evidence-based standards that define implant dentistry today.



1946

Goldberg begins implant experiments after military service

1948

Early successful subperiosteal implant performed

1952

First AAID meeting held in Chicago

Other pioneers were motivated by patient needs. Dr. Kenneth King began exploring implants after producing hundreds of dentures early in his career and realizing many patients remained uncomfortable. He concluded there had to be a better solution. Dr. Jack Hahn's perspective changed after seeing a patient whose life improved dramatically following implant treatment.

Early Academy meetings fostered an unusual culture of openness. Dental laboratory innovator Daniel Root recalled that clinicians openly shared failures as well as successes so colleagues could learn from them. This willingness to collaborate accelerated innovation and helped refine surgical techniques and prosthetic designs.

Researchers, engineers, and clinicians worked together to advance materials and methods. Bio-engineer Dr. Jack Lemons said interdisciplinary collaboration provided invaluable insight into how implants functioned in real clinical settings. Meanwhile, innovators such as Dr. Hilt Tatum experimented with new implant shapes and titanium fabrication methods that improved reliability.

Despite growing evidence of success, acceptance within mainstream dentistry came slowly. Early implant practitioners were sometimes dismissed by skeptics. Academy leaders responded by emphasizing rigorous education and credentialing standards. Membership examinations were introduced early, and training programs were developed to ensure competence.



People openly shared failures so others could learn.

— Daniel Root



1970s–1980s

Major advances in implant design and materials

1988

NIH recognizes implants as standard treatment

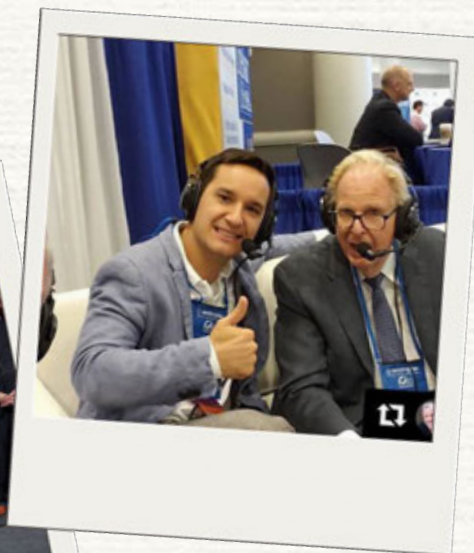
The turning point came in 1988, when a National Institutes of Health consensus conference concluded that implants had moved beyond experimental status and should be recognized as a standard treatment option. Professional organizations and dental schools soon followed, incorporating implant education into curricula.

Education remains a cornerstone of the Academy's mission. Through MaxiCourses, study clubs, and international meetings, the organization provides training for clinicians seeking to expand their expertise. Research initiatives and publications such as the *Journal of Oral Implantology* continue to disseminate new knowledge worldwide.



2000s–PRESENT

Global expansion of education and credentialing



Today, implant dentistry is a predictable and widely accepted treatment used around the globe. For many clinicians, joining the Academy represents a professional milestone. Dr. Mark Padolsky said he was drawn to the organization because its members wanted implant dentistry to be both a profession and a science.

Implant dentistry had to be both a profession and a science.

— Dr. Mark Padolsky

As the Academy celebrates its 75th anniversary, its history underscores a simple truth: progress depends on collaboration, courage, and curiosity. The pioneers who built implant dentistry transformed an experimental concept into a standard of care. Their legacy continues to guide the field forward and shape the future of patient treatment.





By Carolina Hernandez, MBA, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

More Than a Membership: Maximizing Your Potential With the AAID

In the fast-paced world of oral implantology, standing still is not an option. Techniques evolve, patient expectations shift, and the business of dentistry becomes increasingly complex. As a member of the AAID, you have already taken the most important step in navigating this landscape: you've chosen to be part of a community that values excellence, education, and mutual success.

We are absolutely thrilled to have you as a member. Whether you are a long-standing Fellow, a newly inducted Associate Fellow, or you've just joined us as a general member, your presence strengthens our collective voice. However, simply having a membership and truly using it are two different things. We want to ensure that your investment in the AAID yields the highest possible return for your career and your practice.

As we move through this quarter, I want to invite you to take a fresh look at your member benefits. You might find resources you didn't know existed, or perhaps rediscover tools that can solve a problem you're facing right now. Here is a refresher on how the AAID is working to support you every single day.

Education: Sharpening Your Clinical Edge

At its core, the AAID is an educational body. We believe that the best implant dentists never stop learning. We have curated a suite of learning opportunities designed to fit every schedule and learning style.

The Annual Conference: If you attend only one event this year, make it this one. Our Annual Conference is widely recognized as the premier educational event in oral implantology. Why? Because it is crafted by implant dentists for implant dentists. This is beyond just about sitting in a lecture hall; it is an immersive experience featuring hands-on workshops, cutting-edge seminars, and a robust exhibit hall filled with the latest technology. Beyond the credit hours, the networking opportunities are invaluable. There is a unique energy that comes from being in a room with hundreds of peers who share your passion.

The Implant Institute: For those late nights or breaks between patients, the Implant Institute serves as the leading provider of e-learning courses in our field. Our award-winning platform aggregates content from every level of expertise into one accessible hub. It is the perfect way to upskill on your own terms, without the travel costs.

Team Education: The Implant Institute isn't just for your own professional growth—it's a powerful training tool for your entire dental team. Your hygienists, assistants, and front office staff can use the Institute's online courses to strengthen their understanding of implant dentistry, improve patient communication, and streamline clinical workflows. By extending these learning opportunities to your team, you create a more confident, knowledgeable, and cohesive practice that supports your implant patients. Integrating team-wide education not only elevates your practice culture, it amplifies the full value of your AAID membership.



Staying Informed: Cutting Through the Noise

We know your inbox is full, and your time is scarce. That is why we focus on delivering high-quality, curated content that keeps you at the forefront of the industry without overwhelming you.

Journal of Oral Implantology (JOI): Your membership grants you full access to the complete archives of our peer-reviewed journal. From the latest scientific articles to complex case studies, the *JOI* is your evidence-based anchor.

- *Important Update: We have streamlined access. You can now access all JOI content simply by signing in with your AAID member login information. No separate passwords, no friction—just science.*

AAID News: You are reading it right now! Our quarterly magazine is designed to give you the "30,000-foot view" of the clinical, management, and legal landscapes affecting implant dentistry.

eNewsletters — A Pulse on the Profession

We have segmented our digital communications to ensure you get exactly what you need, when you need it:

eGram: Delivered the first Monday of each month, this is your HQ for Academy news and upcoming activities.

Implant Insight: Sent every Thursday, this is a snapshot of the wider world of dentistry, keeping you connected to global trends.

Business Bite: Arriving on the third Monday of each month, this newsletter focuses purely on practice management and brand building—essential for the entrepreneurial dentist.

Clinical Bite: Sent on the fourth Monday, this provides a deep dive into clinical articles from peer-reviewed journals specific to implant dentistry.

Growth: Building Your Business and Brand

Being a skilled clinician is vital but communicating that skill to patients is how you build a thriving practice. We have developed tools to help you bridge that gap.

Business & Patient Resources: Your patients trust you, but they often need help understanding the complexity and value of implant procedures. We offer exclusive materials designed to effectively communicate your expertise and the

significance of your AAID continuing education. These resources help translate "credentials" into "trust" for current and potential patients.

Show Your Affiliation: Differentiation is key in a crowded market. As a member, you have exclusive access to the AAID logo and animated AAID GIFs. Use these on your website, social media, and email signatures. Displaying the AAID logo is a powerful signal of your dedication to the highest standards of implant dentistry. It tells your community that you are part of an elite group of professionals.

We Are Here for You

The AAID is more than a credential; it is a partnership. We encourage you to log in to your AAID account, explore the portal, and take full advantage of the resources we have built for you.

If you have questions about accessing the *JOI*, registering for a meeting, or downloading the member logo, our team is ready to help. Please reach out to us at membership@aaid.com or call **312.335.1550**.

Thank you for your continued membership. Let's make this a year of unparalleled growth and clinical excellence.



By Dennis Flanagan, DDS, MSc, FAAID,
DABOI/ID

EDITOR'S NOTEBOOK

Bacteria May Persist After Tooth Extraction and Debridement

Successful implant treatment depends on healthy supporting bone. Osseointegration is a healing process that integrates the titanium surface with osteocytes. This process cannot be disturbed by infection.

When a tooth is infected by endodontic or periodontal infection and the tooth is subsequently removed, the clinician diligently debrides the site. Debridement is done in hopes of removing all pathogenic bacteria. Theoretically a single remnant species that may remain may potentially proliferate onto a dental implant surface.

One study has shown that in healed extraction sites bacteria can remain in bone and survive. Actual biofilms were found in medullary bone. Planktonic forms were not described, but areas of poor osseous healing were seen.

These areas of poor healing and biofilms are intraosseous areas of bacterial vegetation where the remnant species can colonize an implant. It is possible for any remaining species to devolve into a vegetative phase. Some bacteria can exude a capsule whereby small molecules like ions and small nutritive molecules such as sugars and peptides are admitted but large molecules like antibiotics and immunologic proteins are excluded. Thus, the species can survive, apparently for years.

The surviving bacteria are able to colonize a dental implant resulting in an early or late failure. This can take the form of peri-implantitis from the cervical of the implant or at the implant apex. Peri-implantitis causes bone loss and swelling and loss of or prevention of osseointegration. There is a loss of mechanical stability, and the implant can loosen and be exfoliated.

These intraosseous infected sites cannot be easily identified. The clinician should quiz the patient as to how the teeth were lost. If they were lost due to infection, especially failed endodontic therapy, then the patient should be informed as to the potential for implant failure.

The clinician is well advised to create a relationship with the patient that is "we are on the same team". It may be important to discuss "Plans B or C" in case the edentulous sites are found to be impossible to treat with implants. A patient may feel abandoned if the clinician gives up or abdicates to the complication and dismisses the patient. This ill feeling may induce the patient to begin litigation.



Not many treatments for human beings are 100% successful. The patient needs to truly understand this. The clinician should be sure the patient is “on board” with the treatment and is willing to endure almost any potential adverse outcome knowing that the clinician will not give up on treating the patient. Many patients just want their teeth fixed in some fashion so they can appropriately function.

While dental implants may fail for any of a variety of reasons, infection seems to be most prominent in the form of peri-implantitis. There are several factors that may be involved in a failure due to infection. Infection impaired osseointegration occurs early during the healing process. This may be due to vegetative bacterial species present in the healed site. The prevention of appropriate osseointegration precludes adequate bioactivity of the implant surface as well as mechanical stability from the surrounding bone with an increased risk for failure. Any chronic inflammation caused by infection inhibits healing and creates an unfavorable biologic environment for remodeling. Osteoclastic activity may be induced by infection and this robs

the implant of stability. This may lead to exfoliation of the implant.

To prevent failures from infection the clinician can employ several measures, such as a thorough preoperative evaluation of the patient’s systemic condition including the ability to heal well. The clinician can also conduct an evaluation of risk factors that may inhibit healing and resistance to infection. After all, antibiotics generally impede and inhibit bacterial proliferation so as to allow immune proteins to attack and eliminate the offending bacteria. The immune system is the ultimate keeper of the health of the patient.

Adequate bone quality and volume minimizes the risk for failure especially when augmentation procedures are implemented. Each treatment plan is crafted to fit the patient’s anatomic and physiologic condition. Preoperative bone and systemic conditions can dictate which treatments should be prescribed. Implant size is a consideration. Many patients may fair well with mini-implant treatment when there is atrophic bone or frailty.

Recognizing that remnant bacteria may reside in bone after healing is important. This should be presented to the patient preoperatively and be a part of informed consent. Two days prior preoperative bactericidal antibiotic coverage may be important to reduce the risk for a bacterial colonization of the implant. The implant is a foreign body and provides a surface for bacterial colonization.

In the end, infection can be devastating for the osseointegration process. Infection compromises osseous integrity and support. Prevention is most appropriate. It is important for the clinician to understand the relationship between the patient’s ability to resist disease and bacterial virulence. By implementing appropriate surgical techniques, patient assessments, and the appropriate use of antibiotics, the clinician can minimize implant failures from remnant bacteria.

AAID CONVENES

2025 Annual Business Meeting

IN PHOENIX



The AAID held its 2025 Annual Business Meeting on Saturday, November 15, in Phoenix, Arizona, bringing together members and leaders to reflect on a year of progress, recognize excellence, and set priorities for the future.

President Dr. Matt Young called the meeting to order at 2 PM, welcoming members and guests and thanking them for their continued engagement and support of the Academy. A quorum was confirmed, and the meeting was conducted in accordance with AAID Bylaws and Standing Rules.

Leadership and Governance

Dr. Young introduced the 2024–2025 Board of Trustees and Officers, recognizing their service and collaboration throughout the year, along with AAID staff leadership, including Executive Director Carolina Hernandez and Chief Financial Officer Jamey Richardson.

The Nominating Committee, chaired by Immediate Past President Dr. Ed Kusek, presented the slate of officers for the 2025–2026 leadership year. With no additional nominations submitted, the slate was elected by acclamation. The new officers are:

- **President:** Dr. Donald Provenzale
- **President-Elect:** Dr. Bill Anderson
- **Vice President:** Dr. Mario Silvestri
- **Treasurer:** Dr. Danny Domingue
- **Secretary:** Dr. Jason Kim



Welcoming New Fellows and Honoring Excellence

The Academy proudly welcomed the 2025 class of newly credentialed Associate Fellows and Fellows, introduced by Dr. Bill Holden. 188 new Associate Fellows and 22 Fellows were inducted. Dr. Young administered the AAID Pledge, congratulating inductees on achieving

a significant professional milestone and encouraging deeper engagement within the Academy.

Dr. Young also recognized the 2025 Honored Fellows, celebrating individuals whose lasting contributions have advanced both implant dentistry and the AAID:

- Dr. Craig Aronson (NY)
- Dr. Mike Calderon (NY)
- Dr. Joseph Field (CA)
- Dr. James Gibney (FL)
- Dr. Trinh Lee (CA)
- Dr. Mario Silvestri (NY)
- Dr. Jasmine Sung (TX)

A moment of reflection honored members who passed away since the previous Annual Business Meeting.

- **General members:** Azadeh “Amy” Armani of San Diego, California; Noel Liu of East Peoria, Illinois; and Michael Harper of Fryeburg, Maine
- **Associate Fellow:** Thierry Abitbol, Oceanside, New York
- **Fellow:** Ted Reese, Indianapolis, Indiana
- **Life Member:** John C. Klemes of Raleigh, North Carolina

The Academy paid special tribute to several Life Members whose leadership and service left an enduring legacy, including Dr. Thomas Chess, a Past President whose vision helped strengthen educational standards and global reach; Dr. Michael L. Potts, a longtime educator and advocate for credential recognition; Dr. David “Joe” Vassos, renowned clinician and educator; and Dr. Hilt Tatum, a pioneer of implant dentistry whose humanitarian spirit and innovations continue to shape the profession.





Highlights from the 2025 Annual Report

In presenting the **2025 Annual Report**, Dr. Young highlighted a year of strong momentum across education, membership, and engagement. Key achievements included:

- The highest Annual Conference attendance since before COVID
- The AAID Implant Institute receiving two additional Brandon Hall Awards, competing alongside global organizations such as Google and John Deere
- Continued improvements to the member experience, including enhanced onboarding, auto-renew enrollment, and simplified *JOI* access

Dr. Young also noted the Academy's approval of a new maternity and paternity leave policy, reflecting AAID's commitment to supporting members throughout their professional and personal journeys. He expressed sincere gratitude to AAID staff for their dedication and impact.

Presidential Citations

Presidential Citations were presented to individuals whose leadership and service have made a meaningful impact on his presidency:

- **Dr. Larry Bush**, recognized for decades of mentorship and unwavering dedication
- **Dr. Walter Chitwood**, honored for his lifetime of service as an examiner and educator
- **Dr. David G. Hochberg**, acknowledged for his contributions to education and leadership within the AAID
- **Dr. Michael Wehrle**, recognized for his generosity, leadership, and commitment to the Academy's future



AAID Foundation Report

Dr. Andy Burton, Secretary of the AAID Foundation Board and Chair of the *Smile, Veteran!*[™] Committee, reported on a successful year for the Foundation. Highlights included:

- A **combined \$29,000 raised** through the annual Board Challenge fundraiser
- The Foundation's **Silent Auction raising more than \$100,000**, supported by 75 donated items from 18 contributors
- Increased funding for research and scholarships, including higher grant amounts and the introduction of the **Buhite Scholarship**
- Expansion of the **Smile, Veteran!**[™] Program to 13 participating dentists

Dr. Burton also announced the publication of the Foundation's **first Annual Report since 2011**, now available on the AAID website.

ABOI/ID Update

Dr. Justin Moody, President of the American Board of Oral Implantology / Implant Dentistry (ABOI/ID), provided an update on certification activities. He highlighted the launch of a new online

portal, record participation in the Part I written examination, continued in-person oral examinations, and the induction of 20 new Diplomates in 2025. ABOI's ongoing collaboration with AAID and the American

Board of Dental Specialties in support of specialty recognition efforts was also emphasized.



Key Votes and Decisions

Members approved an amendment to **Article IV of the Bylaws**, standardizing the delinquency and suspension timeline for voting members to align with current renewal practices and terminate delinquent memberships after 90 days on March 31.

In a special vote, members also approved a **reduced dues rate for international voting members from lower-to-middle-income countries**, establishing annual dues of \$495. The change reflects AAID's commitment to accessibility, global engagement, and international growth.

Looking Ahead

Updates were provided on ongoing **specialty recognition efforts**, including legal advocacy to protect members' rights to advertise earned credentials.

President-Elect **Dr. Donald Provenzale** recognized Dr. Young for his leadership and service before delivering his **Incoming**

President's Remarks. Dr. Provenzale outlined priorities for the coming year, including strengthening educational pathways, advancing credentialing recognition, and increasing public and professional awareness of implant dentistry, while honoring the Academy's history and collegial culture.

The meeting adjourned at approximately **4:45 PM**, closing a productive Annual Business Meeting focused on progress, service, and the future of implant dentistry.

List of 2025 Fellows and Associate Fellows

The following dentists attended the 2025 Annual Business Meeting and were inducted as Fellows and Associate Fellows of the Academy.

AAID FELLOWS

Mohammed Al-Guboori, BDS
Bruce Bosler, DDS
Scott Brookshire, DDS
Michael Cary, DMD
Elizabeth DiBona, DMD
Tirakhsh Emadi, DDS
Andrew Farkas, DDS

Sangwoo Ham, DMD
Guojun Ma, DDS
James Martin, DMD
Dawud Muhaimin, DDS
Joshua Nagao, DDS
Pedram Pakzad, DDS
Nishanth Puchalapalli, DDS
Jeries Qoborsi, DDS

Grady Scott, DMD
Amanda Sheehan, DDS
Purnima Sheoran, DDS
Delsaz Sultan, DMD
Manoj Sundar, MDS
Sajid Syed, DMD
Sattar Syed, DMD

AAID ASSOCIATE FELLOWS

Mohamed Aboelsaad, DDS
Yahia Aboul-Azm, BDS
Phillip Acevedo, DDS
Arnab Adhikari, BDS, BDS
Sai Adigarla, DDS
Priyanka Agarwal, DDS
Ayham Al Turk, DDS
Ameen Alameen, DMD
Hajir Aldaod, DMD, BDS
Ghayath Alhalabi, DMD
Julian Alivia, DDS
Sondus Alkadri, DDS
Luke Allender, DMD
Abdulrahman Almalki, BDS
Danah Alradwan, DDS
Chaoukat Alsakati, DDS
Boris Alvarez, DDS
Katsuhide Arai, DDS
Gary Arrindell, DDS
Martina Assad, DDS
Oliver Austria, DMD
William Axtell, DMD
Hossein Azimi, DDS
Rajdeep Badwalz, DDS
Saikiran Bahadur, DDS, BDS, MDS
Michael Barno, DMD

Tony Barriere, DDS
Runaz Barzangy, DMD, BDS
Fernando Becerra, DDS
Amirali Behdani, DDS
Samy Boulos, DDS
Alan Bui, DDS
Corey Buring, DDS
Eric Cao, DDS
Luiz Carvalho, DDS
Vikram Chauhan, DMD
Gary Chike, DMD
Panhavut Chim, DMD
Swapnil Chincholikar, BDS
Angela Chiu, DMD
Richard Compton, DMD
Marc Cozzarin, DMD
Mireille Cruz, DMD
Vikas Dahiya, DDS, BDS, MDS
Mouni Damineni, DDS
Bassel Dannan, BDS
Paige Davis, DMD
Julie Delcorde, DDS, MSC
Tabarak Salah Mohamed Aly Elyan, BDS
Erik Engelbrekton, DMD
Victor Esmeraldo, DDS
Naeem Etemadi, DDS

Ali Faiz, DDS
Matthew Ferguson, DDS
Michael Ferguson, DMD
Sumir Gandhi, DDS, BDS, MDS
Raul Garcia, DMD
Janz Gonzalez, DDS
Aaron Haag, DDS
Yoshiki Hamaguchi, DDS
Walaa Hamza Mohamed, BDS
Alexander Hang, DMD
Joseph Hannawi, DMD
Cherry Harika, DMD, BDS
Christian Harteau, DDS
Amel Hassan, DDS
Ola Hatem, DDS, MSD
Franco Hernandez, DDS
Michael Hess, DDS
Bryant Hoyos, DDS
Manish Jadhav, MDS
Iman Janemi, DDS
Deborah Janfaza, DDS
Shaun Janvier, DMD
Prabhjot Kaur, DDS, BDS
Hardeep Kaur, BDS
Mark Keresztes, DMD
Mike Kerins, DDS

The following dentists attended the 2025 Annual Business Meeting and were inducted as Associate Fellows of the Academy.

AAID ASSOCIATE FELLOWS

(CONTINUED)

Aoun Khan, DMD	Hongying Pan, DDS	Svyatoslav Sokolovskiy, DDS
Izaz Khan, DMD	Dalvir Pannu, DDS	Priyanka Somani, MDS
Shan Khan, DMD	Jinwoo Park, DDS	Thomas Spoonster, DDS
Michael Klausner, DDS	Mohammed Pasha, MDS	Alexander Stewart, DMD
Subhash Kummari, BDS, MDS	Prasanthi Pattabhi, DMD	Pradeep Sukumar, DMD
Kevin Kunz, DMD	Mauro Perdomo, DMD	Maisoun Suleiman Salim Abu-Zaghlani, BDS, MSC
Gregory Lang, DDS	Adrian Perez, DDS	Garrett Swanson, DMD
Mohammed Latifi, DDS	Tyler Phelan, DDS	Divya Swarup, DMD, BDS, MDS
JiYeon Lee, DDS	Jacob Phen, DDS	Michael Taher, DMD
Joosang Lee, DMD	Brian Polillo, DDS	Marika Tamano, DDS
Brian Leong, DMD	Stephen Pou, DDS	Ayano Tanaka, DDS, PhD
Ken Lim, DMD	Arslan Qureshi, DDS	Cesar Tapia, DDS
Joseph Liu, DMD	Moses Rasberry, DMD	Majd Theodory, DDS
Jennifer Magalhaes, DDS	Whitney Reiakvam, DDS	Abdullah Tikreeti, DMD, BDS
Kevin Major, DMD	Pauline Reilly-Lake, DMD	Yoshiyasu Tomida, DDS
Chun Man, DDS	Steven Rodriguez, DDS	Allison Tran, DDS
William Manolarakis, DMD	Thomas Rowe, DDS	Kenneth Troutman, DDS
Ibrahim Masoud, DMD	Martin Ruelas, DMD	Caroline Tuttle, DDS
Evan Matthyse, DDS	Christopher Rypl, DDS	Saurabh Uppal, DDS
Yuriy May, DMD	Hamed Salhab, DMD	Sofiya Usman, BDS
Andrew McFarlane, BDS	Samuel Samaroo, DDS, BDS	Purvi Vadaliya, DDS
Rolan Milutinovic, DDS	Sahba Sanami-Hesari, DDS	Emilia Vajda, DMD
Hideo Miyamoto, DDS	Deepti Sareen, DDS	Rohan Verma, DDS, BDS
Mohit Modgil, DDS	Mathieu Savoie, DMD	Nasar Wadood, BDS
Walaa Mohamed, BDS	Beau Schneiss, DMD	Guessy Wang, DDS
Benjamin Moore, DDS	Diana Sensenbrenner, DDS	Xin Wang, DMD
Amir Mostatab, DMD	Aliaksandr Shabanovich, DMD	Haitham Wehbe, DMD
Syed Mubashir Ahmed, BDS	Sonya Shafique, DMD	Jelani Winslow, DMD
Taylor Mullaney, DMD	Snehal Shah, BDS	Adam Woods, DDS
Mohamed Mussa, DDS	Husnain Shahid, DDS	Michael Wygant, DDS, MSC
Neeke Nasrolahi, DMD	Jiangyun Sheng, DMD	Yuzo Yamada, DDS
Trung Nguyen, DDS	Zahir Siddiqui, DMD	Satoshi Yamamoto, DDS
Ali Nili, DMD	Sarah Siddiqui, DMD	Mitsuharu Yamazaki, DDS
Daniel Norris, DDS	Hardeep Sidhu, DDS	Yinan Yang, DDS
Sammy Noubissi, DDS	Coleman Slone, DMD	Daniel Yeager, DDS
Jonathan Odinsky, DDS	Camden Smith, DDS	Erik Young, DMD
Okeysolom Oradiegwu, DDS	Mustafa Sodi, DMD	

Winning Posters



from the 2025 AAID Annual Conference

1st PLACE

Clinical Advantages of Chairside Customized CAD-CAM Healing Abutments on Posterior Sites

Acela Martinez Luna (ID: 2839840)

Purpose of the Study: Recent developments in digital and implant dentistry, have allowed the clinicians to utilize computer-aided design and computer-aided manufacturing (CAD/CAM) systems for a fully digital protocol for both surgical and restorative phases of implant therapy and thus increase implant success. As part of this treatment process, the use of customized healing abutments has been implemented with the purpose of contouring the soft tissues and creating a natural emergence profile that would allow for an esthetic and functional implant restoration. The purpose of these case series is to validate a digital protocol to fabricate customized CAD/CAM healing abutments that will improve the predictability of the final restoration and delivery, as well as soft tissue contours, bone stability, peri-implant health, and patient satisfaction.

Methods: Adult patients presenting with an edentulous posterior site and sufficient soft and hard tissue for implant placement were included. After implant placement, an intraoral scan (CEREC Omnicam; Dentsply Sirona) was obtained, and a customized healing abutment was designed and milled (CEREC MC XL; Dentsply Sirona) from a cross-link PMMA block (Telio; Ivoclar Vivadent). The PMMA portion was cemented to a titanium base (Variobase; Straumann) using adhesive cement (Multilink Hybrid Abutment; Ivoclar Vivadent) and delivered immediately. Three months post-placement, an intraoral scan was used to fabricate a CAD/CAM lithium disilicate crown (e.max;

Ivoclar Vivadent). Follow-up evaluations at crown delivery and 6 months included intraoral scanning, clinical measurements, CBCT imaging, and a patient satisfaction questionnaire. Soft and hard tissue changes were analyzed using Mimics software (Materialise NV).

Results: Minimal peri-implant bone loss and stable soft tissue contours were observed throughout follow-up. Anesthesia was not required at the time of crown delivery, and no adjustment of the emergence profile was necessary. This streamlined workflow improved patient comfort, reduced chair time, and facilitated a more predictable and easily managed emergence profile design. High satisfaction was reported regarding comfort, esthetics, and overall treatment experience.

Conclusion: Chairside fabrication of customized CAD-CAM healing abutments provides predictable soft and hard tissue stability, enhances clinical efficiency, and improves patient comfort and satisfaction in posterior implant rehabilitation.

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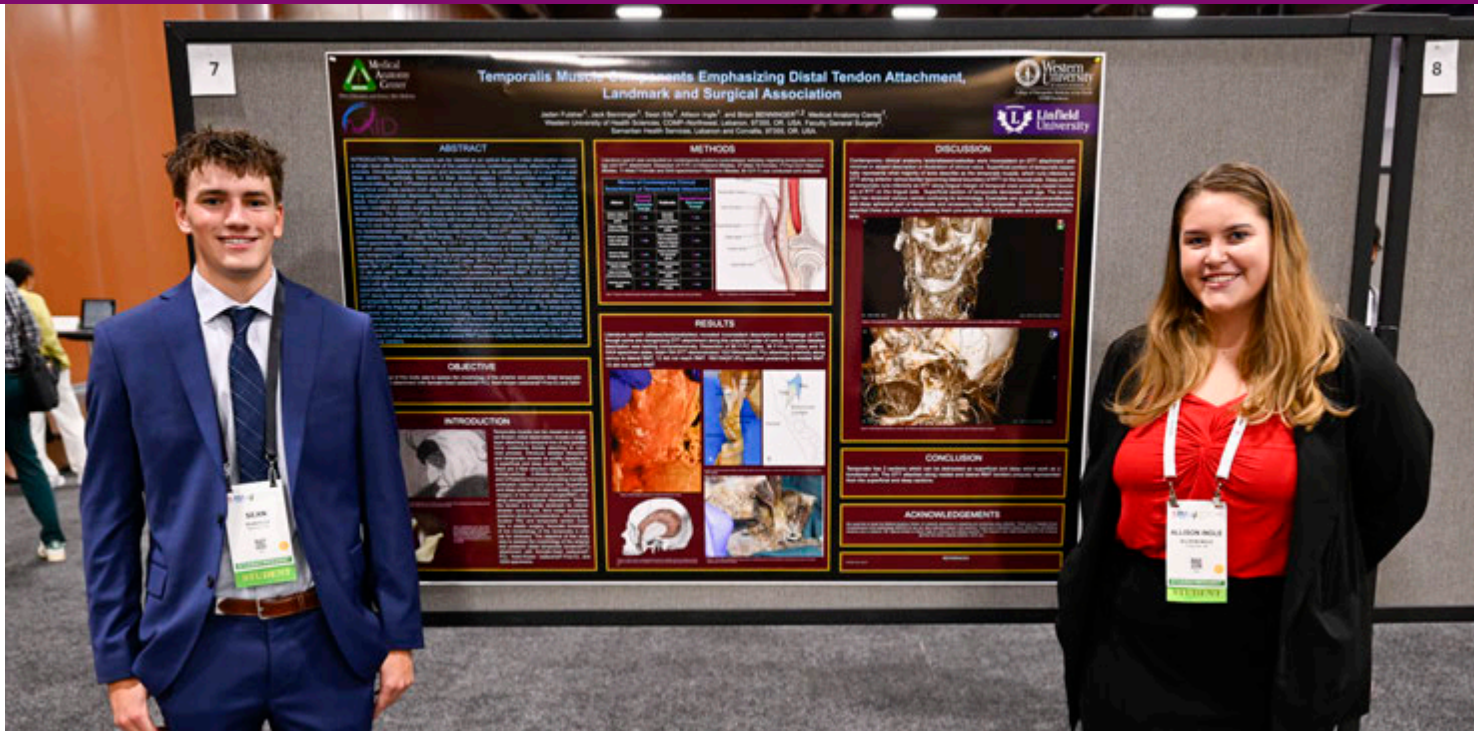
2nd PLACE

Masseter and Medial Pterygoid Muscles are Actually a Functional Unit Connected by a Tendon with minimal Osseous Insertion Termed the Zygopterygoid muscle

Allison Ingle (ID: 2839836)

Purpose of the Study: Masseter is recognized as the strongest muscle in the body regarding mass to force ratio and exercised daily via mastication and speech maintaining impressive power, yet no distal tubercle has developed, and arguably only a minimal ridge may exist at best. Imagine the ramus and angle of mandible transparent, one would essentially see a mirror image of 2 muscle bellies with fibers angled similarly (masseter and medial pterygoid) connected via a musculotendinous sling with minimal osseous attachment. Benninger developed a dissection technique which includes light manual finger-tip dissection separating distal masseter and medial pterygoid away from the inferior mandible border and ramus region revealing musculotendinous unit. Two muscle bellies on either side of the ramus (lateral/medial orientation) with similar morphology including fiber direction connected via musculotendinous sling warrants term consideration (Zygopterygoid muscle) describing 2 bellies as demonstrated by digastric and omohyoid muscles. The study objective is to provide evidence for naming the masseter and medial pterygoid as Zygopterygoid muscle to be recognized and taught as a dual muscle unit with musculotendinous sling as formal terminology from dissection, surgery and radiology.

Winning Posters from the 2025 AAID Annual Conference



Methods: Literature search was conducted on contemporary anatomy texts/atlasses and surgical texts/literature regarding pterygo-masseter sling or Zygopterygoid muscle with lateral/medial heads. Benninger dissection technique(BDT) includes controlled fingertip separation of distal massetermedial pterygoid muscles from inferior mandibular angle-border region with GAX specimens (n=19:38-sides with BriteVu-contrast for CT/MRI, fresh-frozen- cadavers(FreshFC) n=18:36sides and formalin-fixed-cadavers (F-FC)n=445:879sides,(11-sides were cut), overall total n=482:953sides.

Results: Literature search revealed no contemporary anatomy texts/atlasses describing or illustrating pterygomasseter sling or Zygopterygoid muscle with lateral/medial heads. Anatomy websites mention pterygomasseter sling. Surgical texts/procedures consistently described pterygo-masseter-sling. GAX-specimens, FreshFC, F-FC received BDT to 953-sides revealing tendinous connection or sling. The tendon connecting 2 muscles demonstrated length variability and heterogeneity of muscle fibers within the tendon. Interestingly consistent small tendon attachments (2-3) were noted in the lower one-third of ramus body, demonstrating an element of tacking the

muscle down to perhaps prevent anterior-poster sliding.

Conclusion: Cross-sectional imaging has consistently demonstrated tendinous sling connecting masseter-medial-ptyergoid muscles. Eschmarc described the pterygo-masseteric sling in a surgical technique. Existing anatomical patterns describe dual muscle belly structures with intermediate tendon at the transition from thorax to neck(omohyoid), transition from neck to mandible(digastric), transition from mandible to face/skull(Zygopterygoid or masseter-medial pterygoid). As clinician-researcher-educators, lets improve communication, etc.

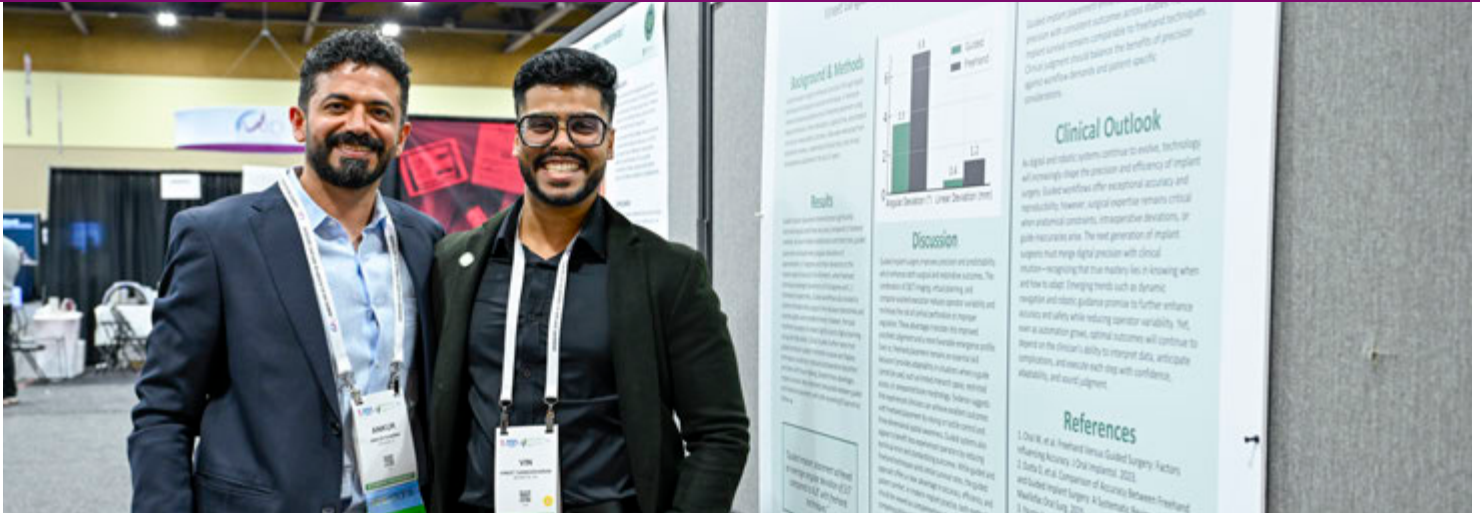
This study revealed distal masseter-medial-ptyergoid anatomy was connected by musculotendinous sling confirmed by dissection, imaging and surgery. suggesting formal teaching of the Zygopterygoid muscle.

Articles:
Dmetrichuk JM, McLachlan SM, Laitman JT. Clinical importance of morphology and nomenclature of distal attachment of temporalis tendon. J Oral Maxillofac Surg. 2011;69(11):2896-2901. doi:10.1016/j.joms.2011.01.024

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Winning Posters from the 2025 AAID Annual Conference



3rd PLACE

CB2 Receptor Activation in Dental Implant Osseointegration

Uswa Arain (ID: 2839839)

Purpose of the Study: Dental implants have significantly advanced restorative dentistry by providing functional and esthetic solutions for tooth replacement. Despite these advancements, the long-term success of implants is frequently compromised by peri-implantitis and progressive bone loss, which impair osseointegration and ultimately contribute to implant failure. Traditional management approaches, such as mechanical debridement, antimicrobial administration, and implant surface modifications, are limited in their effectiveness. These conventional strategies primarily address localized symptoms instead of targeting the fundamental biological pathways responsible for bone loss and chronic inflammation. This unresolved issue presents a valuable opportunity for innovative therapeutic strategies.

The endocannabinoid system (ECS) naturally helps to regulate the body's immune response and inflammation, which are key factors in healing and maintaining healthy bone (12). By modulating these processes, the ECS can reduce inflammation and support tissue regeneration, improving implant success and longevity (12). Targeting cannabinoid receptor type 2 (CB2) located in the peripheral nervous system and immune cells, shows a promising strategy to enhance

bone healing and modulate immune responses in the oral cavity (9, 10). Activation of CB2 receptors promotes osteoblastic activity and inhibits osteoclastic bone resorption while reducing production of pro-inflammatory cytokines (9, 10, 11). This modulation creates a favorable environment for peri-implant tissue regeneration and implant stability (8, 11).

We hypothesize that selective CB2 receptor activation may improve osseointegration and reduce peri-implant complications, by promoting bone regeneration and regulating inflammatory pathways.

Methods: This review will comprehensively assess current evidence on CB2 receptor modulation in implant-associated bone and immune functions. Systematic searches of electronic databases (PubMed, Embase, Web of Science, Scopus) will be performed using keywords such as cannabinoid receptor type 2, CB2 agonists, bone regeneration, peri-implantitis, osseointegration, and dental implants. Included studies will consist of preclinical in vitro and in vivo investigations on CB2 signaling in bone remodeling and immune regulation, translational research applying CB2 agonists in implant or periodontal contexts, and reviews addressing relevant CB2 mechanisms. Outcomes will be categorized into: (1) effects of CB2 on osteoblast and osteoclast activity, (2) immune and cytokine modulation, and (3) translational or clinical correlations between CB2 signaling and implant success. The findings will be synthesized to identify

recurring mechanistic insights, therapeutic gaps, and directions for future research.

Results: The literature consistently demonstrates that CB2 receptor activation facilitates bone regeneration by promoting osteoblastic differentiation and matrix mineralization, while simultaneously inhibiting osteoclastic activity (1,5). Preclinical models show diminished peri-implant bone resorption and enhanced implant stability following CB2 agonist treatment (1,2). Furthermore, CB2 signaling reduces inflammatory mediators, including IL-1 β , TNF- α , and IL-6, shifting the peri-implant environment towards regeneration rather than persistent inflammation (2,3,7). Although translational studies are limited, initial findings suggest that CB2-selective agents such as HU-308 may enhance osseointegration and peri-implant bone quality (4,6).

Conclusion: Targeting CB2 receptors presents a scientifically grounded, dual-action approach to significantly enhance implant outcomes. By integrating immune regulation with bone remodeling, CB2-selective agonists may reduce peri-implantitis, enhance osseointegration, and extend implant longevity. Despite strong preclinical support, clinical evidence remains insufficient, requiring well-structured human trials. Incorporating CB2 modulation into implant dentistry could revolutionize treatment by shifting from merely managing symptoms to harnessing biologically driven therapies, opening an exciting and under-explored avenue in oral health research.

Winning Posters from the 2025 AAID Annual Conference

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- Ofek O, Karsak M, Leclerc N, et al. Peripheral cannabinoid receptor CB2 regulates bone mass. *Proc Natl Acad Sci U S A*. 2006;103(3):696-701. doi:10.1073/pnas.0504187103.
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- Tao H, Li X, Chu M, et al. CB2 regulates oxidative stress and osteoclastogenesis through NOX1-dependent signaling pathway in titanium particle-induced osteolysis. *Cell Death Discov*. 2023;9:461. doi:10.1038/s41420-023-01761-y.
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- Hegde VL, Nagarkatti M, Nagarkatti PS. Cannabinoid receptor 2 agonist ameliorates clinical score and neuropathology of relapsing-remitting experimental autoimmune encephalomyelitis. *J Neuroimmune Pharmacol*. 2024;19(1):81-92.
- David C, Elizalde-Hernández A, Barboza AS, Cardoso GC, Santos MBF, Moraes RR. Cannabidiol in dentistry: a scoping review. *Dent J (Basel)*. 2022;10(10):193. doi:10.3390/dj10100193. PMID: 36286003; PMCID: PMC9601225. Books: N/A

Robert J. Miller, DDS, FAAID, DABO/ID (1952–2026)



The AAID and the global dental community mourn the sudden passing of Dr. Robert J. Miller on March 8, 2026. Born on March 12, 1952, Dr. Miller was a towering figure in implant dentistry whose influence traveled far beyond the borders of any one country. He was not simply a clinician or a teacher; he was a pioneer of education who believed with unwavering conviction that knowledge should be shared generously and with uncompromising integrity.

His service to the Academy was extensive and distinguished:

- **Credentialing:** He became an Associate Fellow of the AAID in 2001, a Fellow in 2002, and a Board-Certified **Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID)** in 2001.
- **Leadership:** He was named an **Honored Fellow of the AAID** in 2012 and served on the Speakers Guild and the Public Relations Committee.
- **International Impact:** One of the few dentists to receive the **AAID International Dentist of the Year** award (2021), he was a relentless ambassador for the Academy on the global stage.

Behind this remarkable man stood his wife, **Andrea Miller**, the "Rock of Gibraltar" in his life. While Robert traveled the globe, Andrea ensured their practice and personal responsibilities ran with the same excellence Robert brought to the podium. Their partnership was a testament to shared purpose.

Dr. Miller was described by those closest to him as visionary, humble, and "in the moment." His legacy is not confined to memories; it lives on in every dentist he mentored and every patient who benefited from the standards he believed in.

Rest well, Robert. We will do our best to carry your legacy forward.

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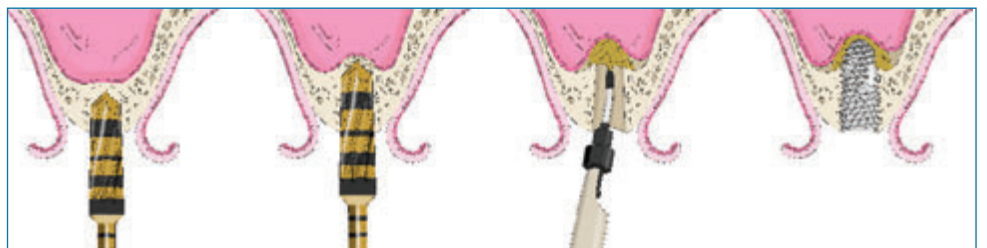
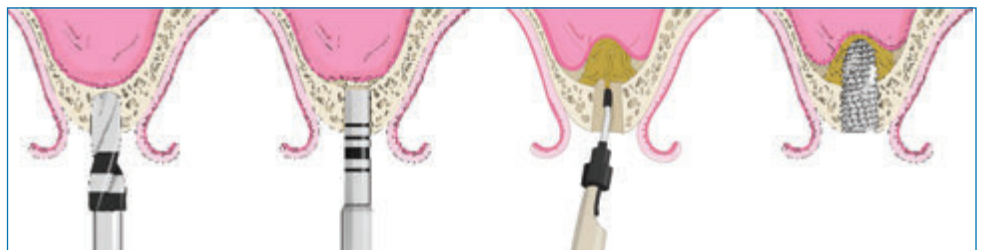
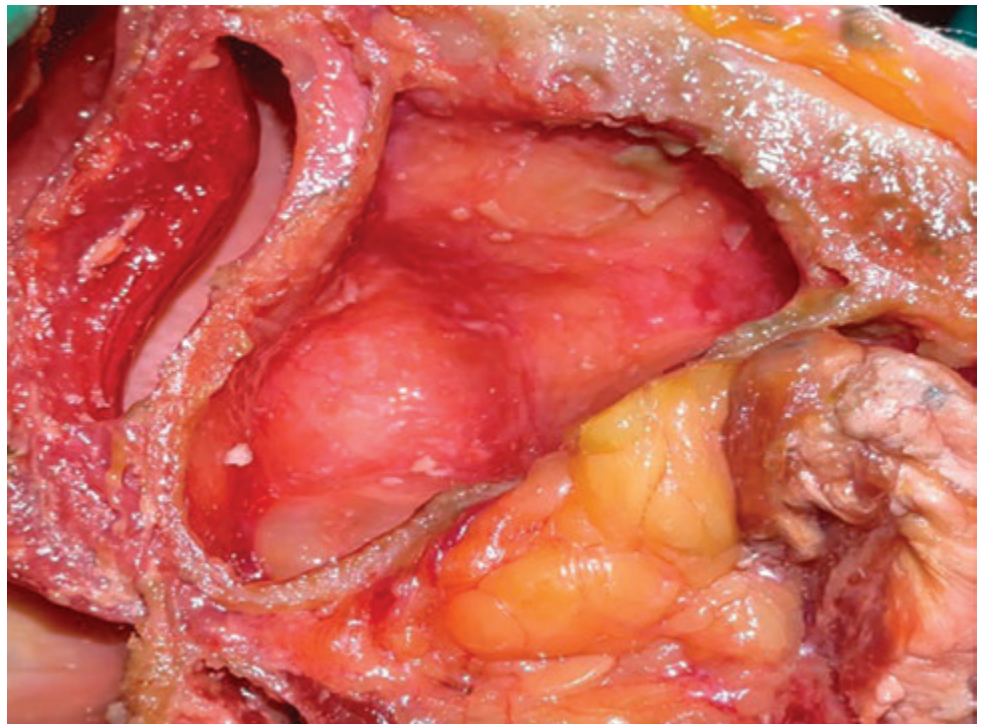


JOISAMPLER

CLINICAL

Incidence of Maxillary Sinus Membrane Perforation During Crestal Sinus Elevation: A Comparison of Osteotomes and Osseodensification Drills in Human Cadavers

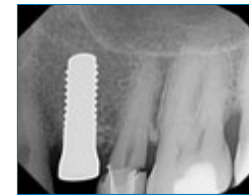
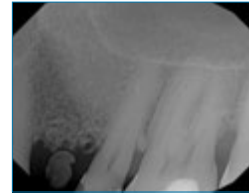
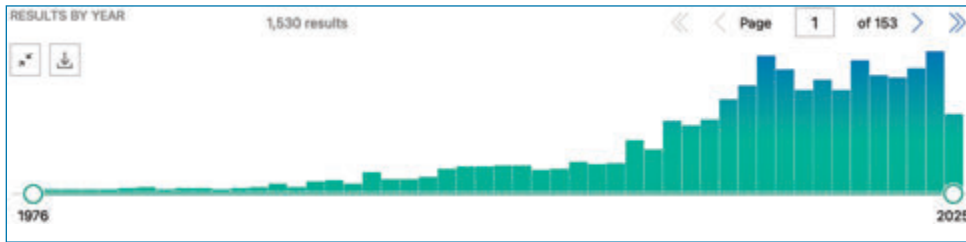
This study compared the incidence of sinus membrane perforation between osseodensification and osteotome crestal sinus lift techniques when 5 mm of residual bone is present beneath the sinus floor. No significant difference was found between the two techniques. However, the higher perforation rate observed during implant placement suggests potential limitations in the predictability of crestal sinus lift procedures with 5 mm of residual bone. Further research is needed to improve outcomes and procedural predictability.



CLINICAL CASE REPORT

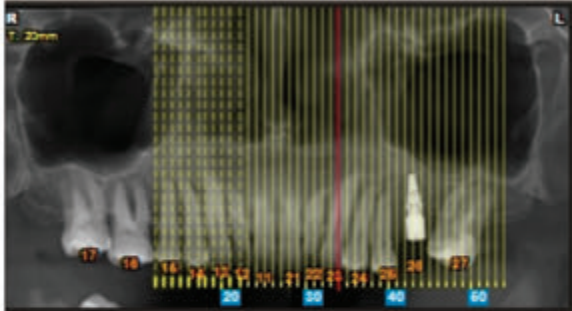
Peri-Implant Mucosal Health Around Zirconia Implants: Case Series With Esthetic Outcomes

This paper examined the clinical and aesthetic performance of zirconia dental implants, with particular attention to soft tissue outcomes. Three patient cases demonstrate favorable biological and aesthetic integration of ceramic implants in challenging situations. Across all cases, soft tissues healed well, showing stable contours, healthy mucosa, and high patient satisfaction with esthetic results. The findings highlight the potential of zirconia implants to support healthy soft tissue architecture, particularly in esthetically sensitive areas.

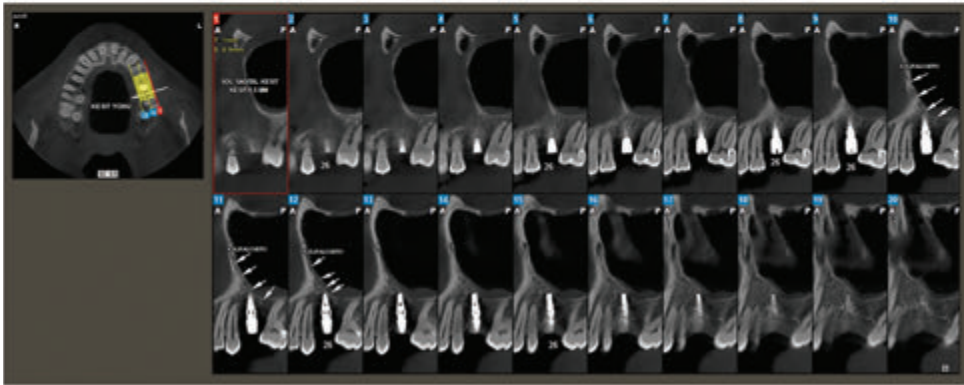


CLINICAL CASE REPORT

Neuropathic Pain Due to an Extremely Rare Anatomical Variation of the Canalis Sinuosus After Dental Implant Placement: A Case Report



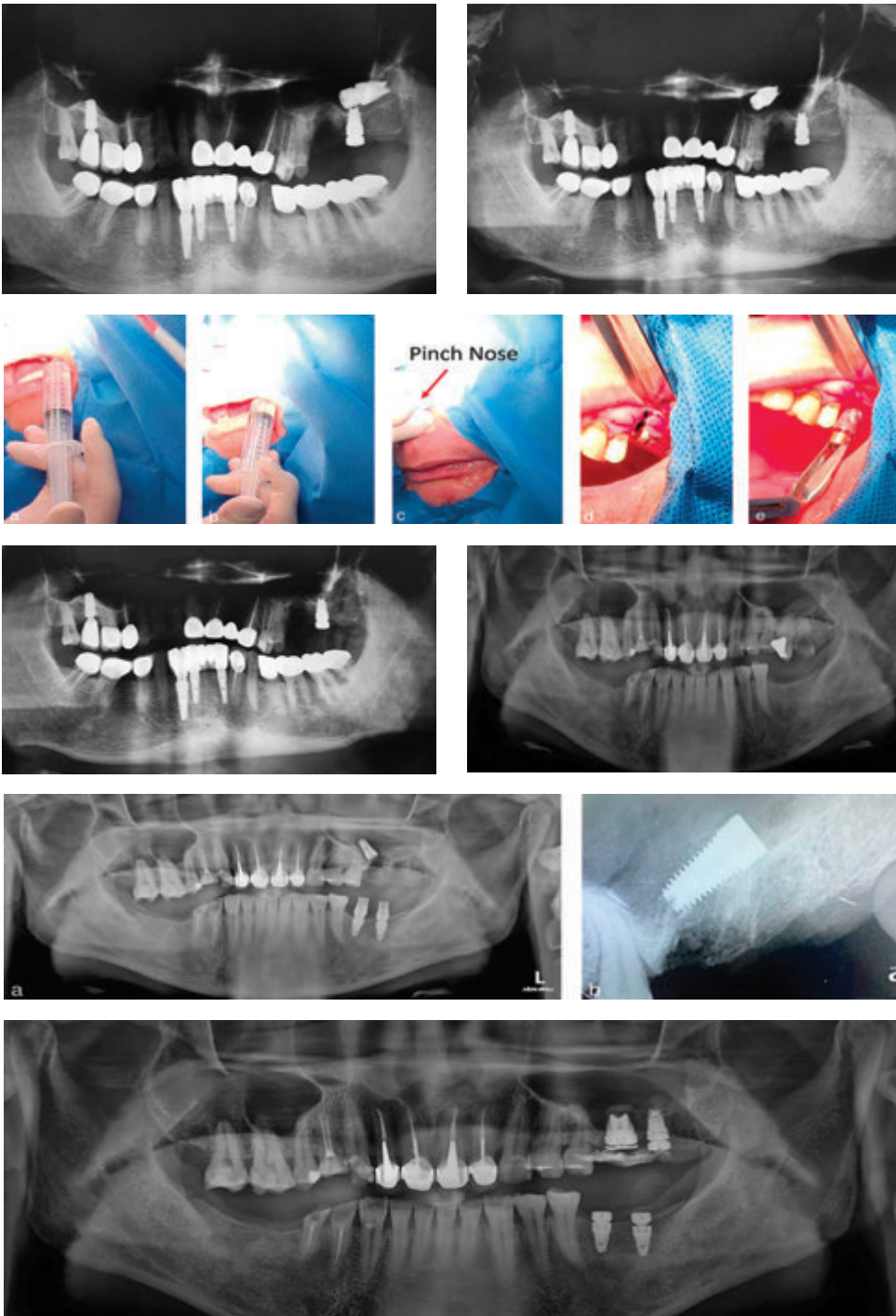
This case report describes a patient who experienced persistent pain after implant placement in the posterior maxilla. Cone beam computed tomography (CBCT) revealed the implant had invaded the canalis sinusosus and compressed the anterior superior alveolar nerve. After implant removal, the patient's symptoms resolved within a week. The case highlights the importance of CBCT in detecting anatomical variations and preventing surgical complications.



CLINICAL CASE REPORT

Leon Chen's Modified Valsalva Technique (LCMVT) for Retrieval of Displaced Dental Implants: A Clinical Technique Report

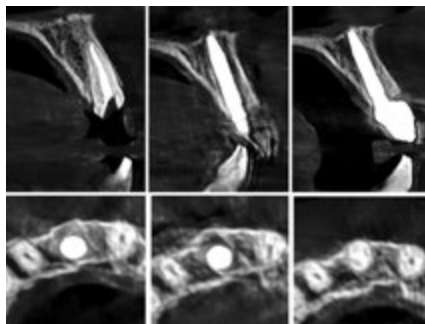
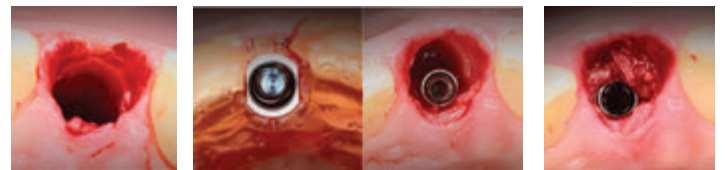
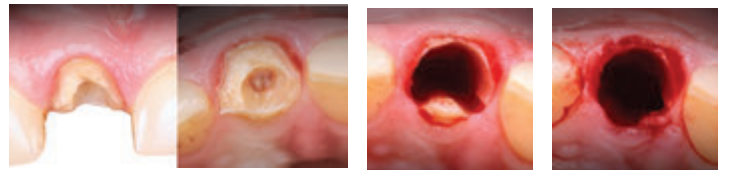
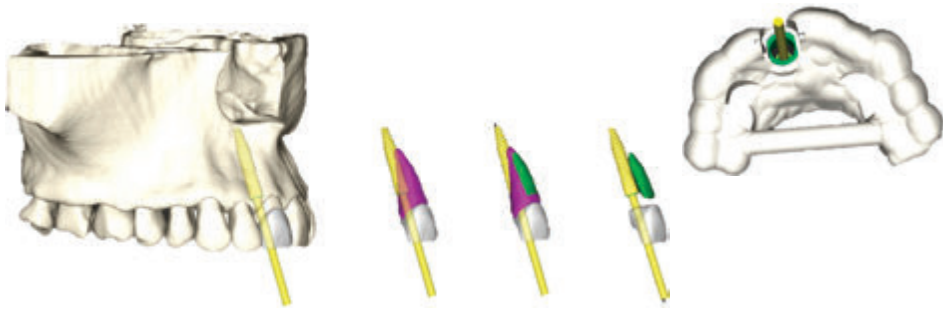
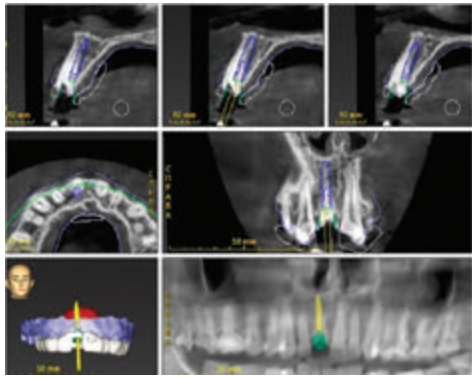
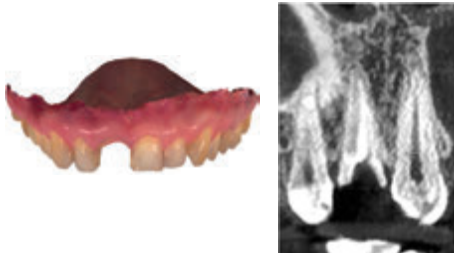
This report presents two cases of displaced implants and introduces Leon Chen's Modified Valsalva Technique (LCMVT), a simple method to retrieve the implant without additional surgery. The technique involves positioning the patient upright, injecting saline into the osteotomy site, and instructing the patient to exhale forcefully while the nostrils are occluded to mobilize the implant. This approach can help avoid more invasive procedures and reduce treatment delays.



CLINICAL CASE REPORT

Modified Socket Shield Technique Using a Crest-Level C-Shaped Shield and Digital Workflow: A Step-by-Step Protocol and One-Year Clinical Follow-Up

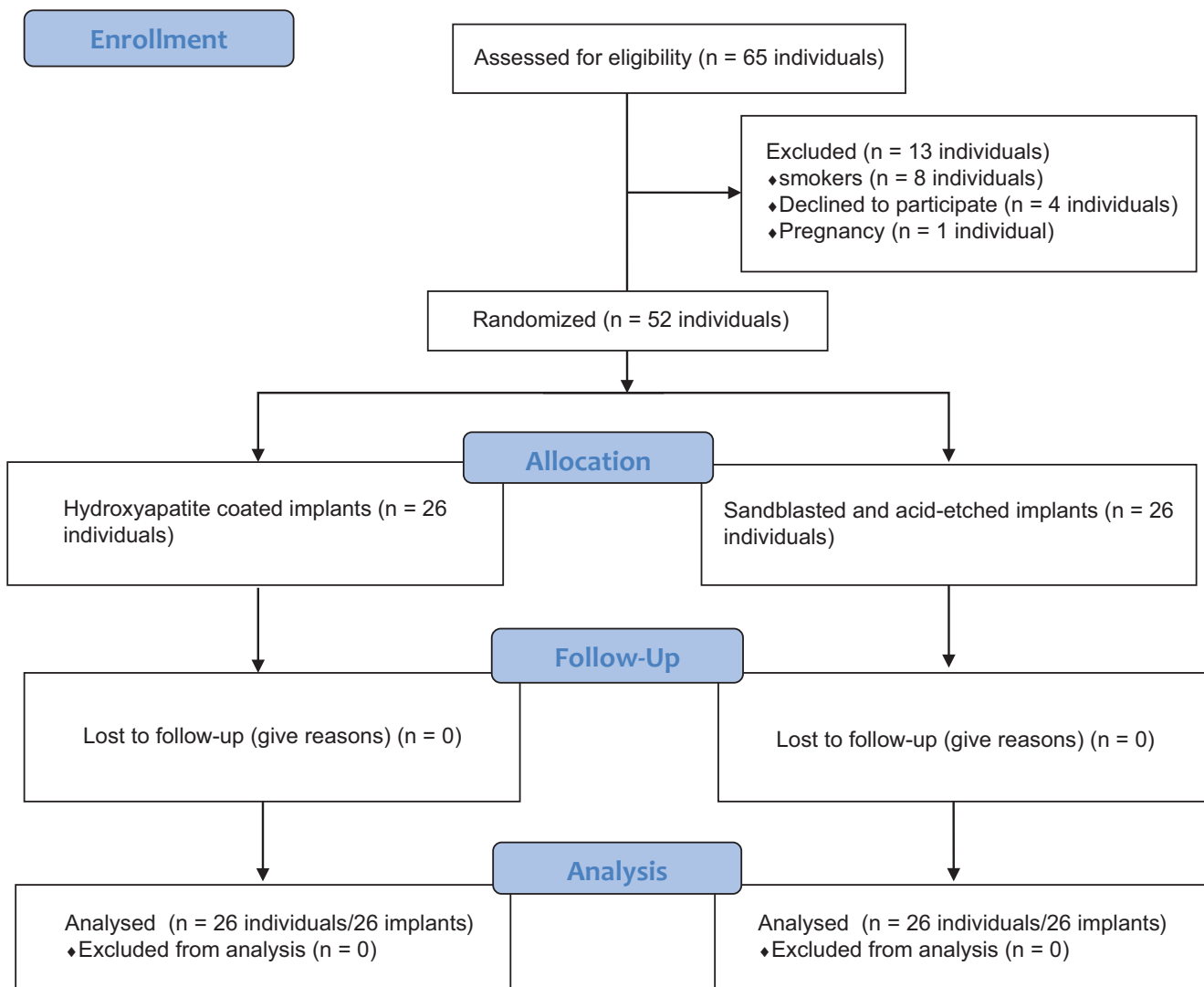
The Socket Shield Technique (SST) is a promising method for preserving facial bone and soft tissue contours during immediate implant placement in the esthetic zone. This case report presents a modified SST protocol (M-SST) using a standardized 1.0–1.5 mm C-shaped root shield and a fully guided digital workflow. A 39-year-old patient underwent extraction of a maxillary central incisor followed by immediate implant placement with a retained buccal root shield. Autologous bone grafting was used to manage the implant–shield gap, and an immediate provisional crown was placed. Results suggest that this modified SST protocol can provide predictable esthetic and functional outcomes for single-tooth restoration in the esthetic zone.



CLINICAL DENTAL IMPLANT RESEARCH

Primary and Secondary Stability of Nano-Hydroxyapatite- Coated Versus Sandblasted, Acid Etched Tapered Implants in the Posterior Maxilla: A Randomized Controlled Trial

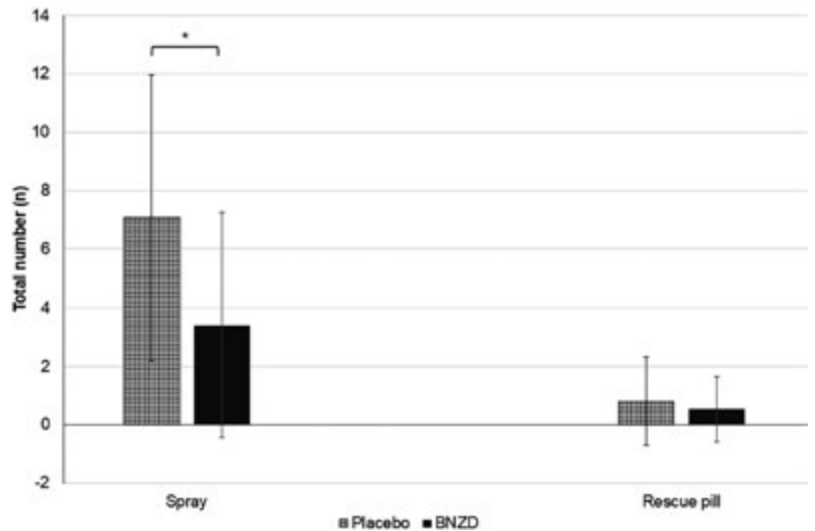
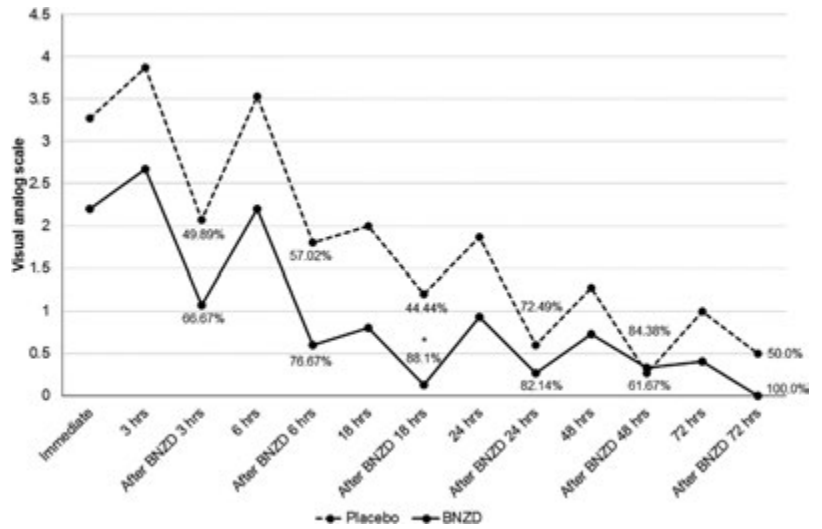
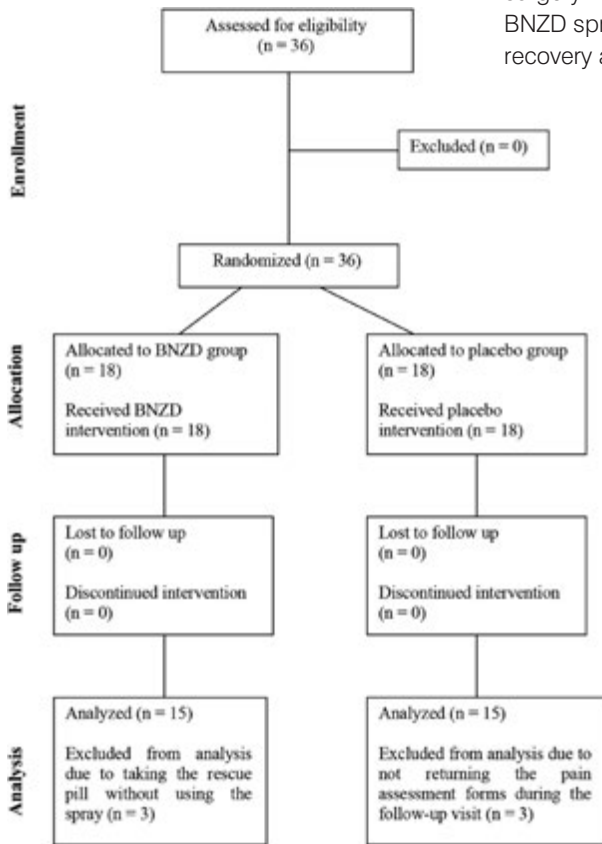
This randomized clinical trial compared the stability of nano-hydroxyapatite-coated implants and sandblasted, acid-etched (SAE) implants placed in the posterior maxilla. A total of 52 patients received one of the two implant types. Implant stability was measured at placement and again at 4 weeks, 6 weeks, and 4 months. Nano-hydroxyapatite-coated implants showed higher stability during the early healing period (4 and 6 weeks), but there was no difference between the two groups after 4 months. Stability was not related to factors such as age, gender, implant size, or insertion torque. Because of the small sample size and strict study criteria, more research is needed to confirm these findings.



CLINICAL DENTAL IMPLANT RESEARCH

Evaluating Pain Relief After Dental Implant Surgery Using 0.3% Benzylamine Hydrochloride Spray: A Double-Blind, Randomized Clinical Trial

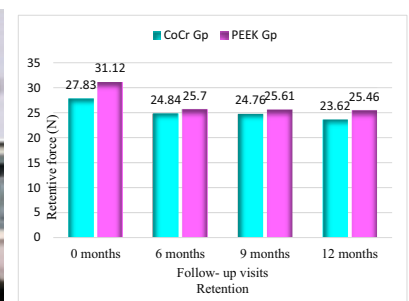
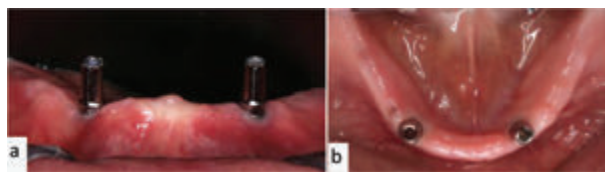
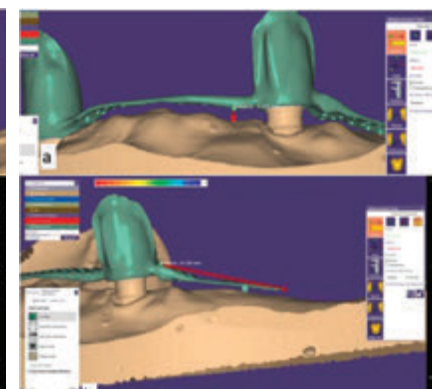
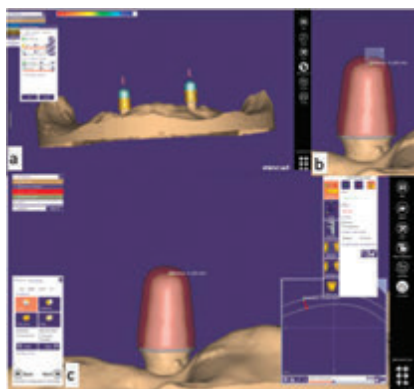
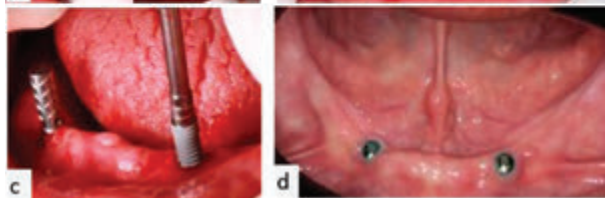
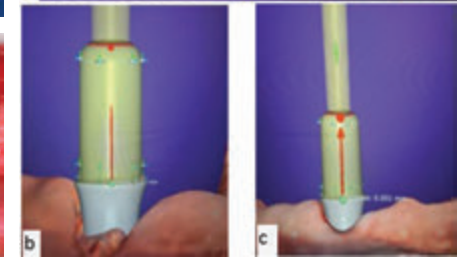
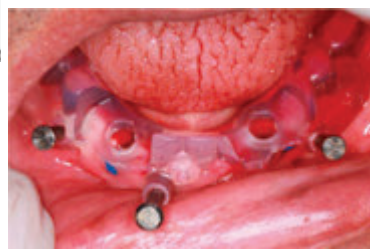
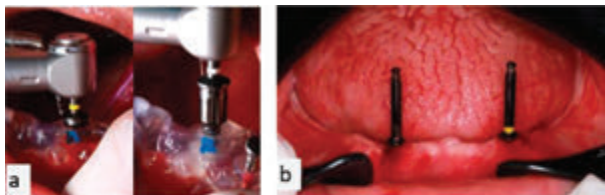
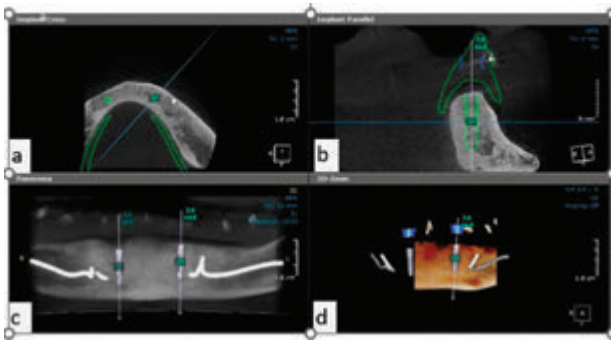
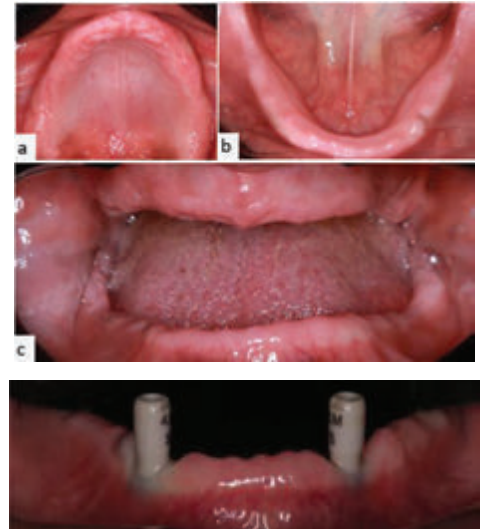
Read about this double-blind, randomized clinical trial that evaluated whether a 0.3% benzylamine hydrochloride (BNZD) spray could help reduce pain after dental implant surgery. Thirty patients undergoing single posterior implant placement received either the BNZD spray or a placebo. Results suggest that BNZD spray may help reduce pain and speed recovery after implant surgery, although larger studies are needed to confirm its benefits.



CLINICAL DENTAL IMPLANT RESEARCH

Retention Comparison of Milled Cobalt Chromium and Polyetheretherketone Secondary Telescopic Crowns in Implant-Retained Mandibular Overdentures: A Randomized Clinical Trial

This study compared two materials—cobalt-chromium (CoCr) and polyetheretherketone (PEEK)—used in telescopic crowns that help hold implant-supported lower dentures in place. Twelve patients received two implants in the lower jaw to support overdentures. Some patients received CoCr crowns and others received PEEK crowns. Retention, or how strongly the dentures stayed in place, was measured at the start of the study and again after 6, 9, and 12 months. Dentures with PEEK crowns showed stronger retention at all time points, although retention decreased slightly over time in both groups. The results suggest that both materials work well, but PEEK may provide better denture stability. More research is needed to confirm these results.



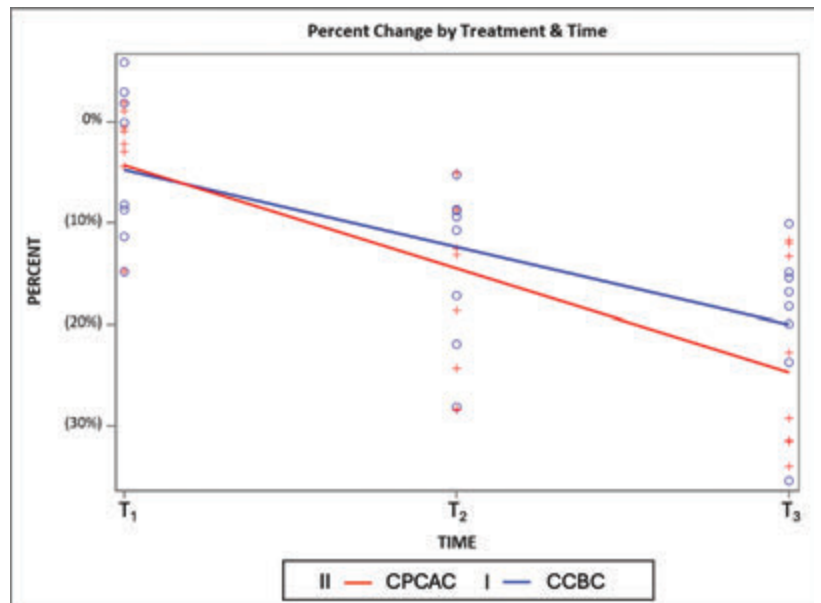
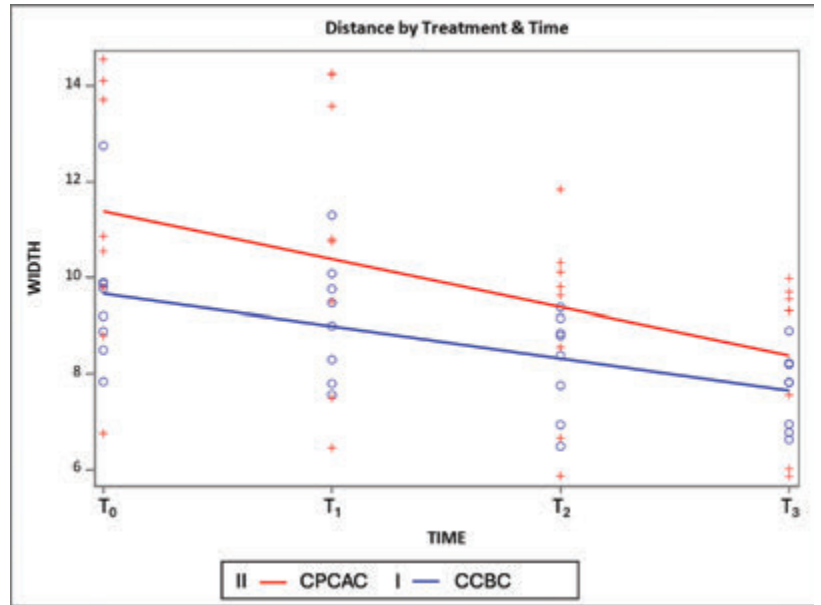
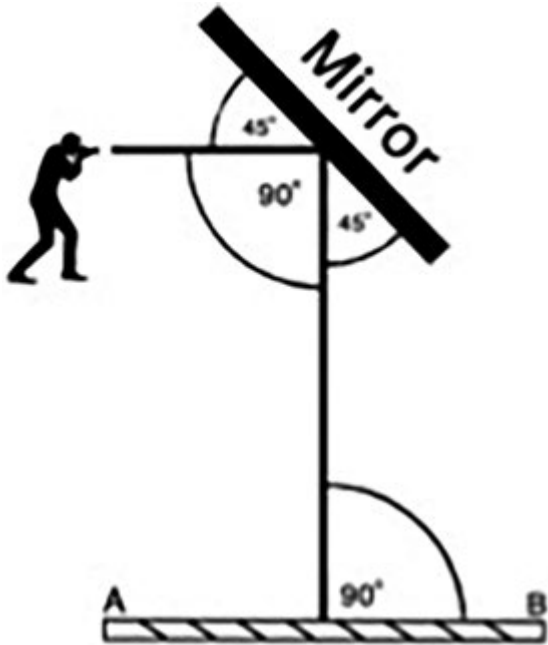
CLINICAL DENTAL IMPLANT RESEARCH

Photographic Ridge Width Measurement After 2 Different Alveolar Ridge-Preservation Procedures: Clinical Study Analysis Part III



This study compared two methods used to help preserve the jawbone after a tooth is removed. Sixteen extraction sites from 17 patients were included. One group received a bone graft with a protective membrane, while the other received a collagen plug containing calcium crystals.

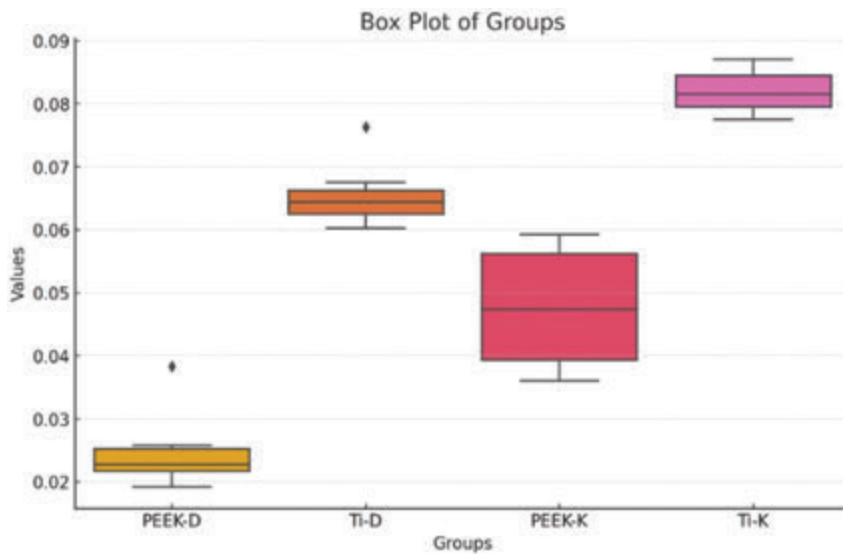
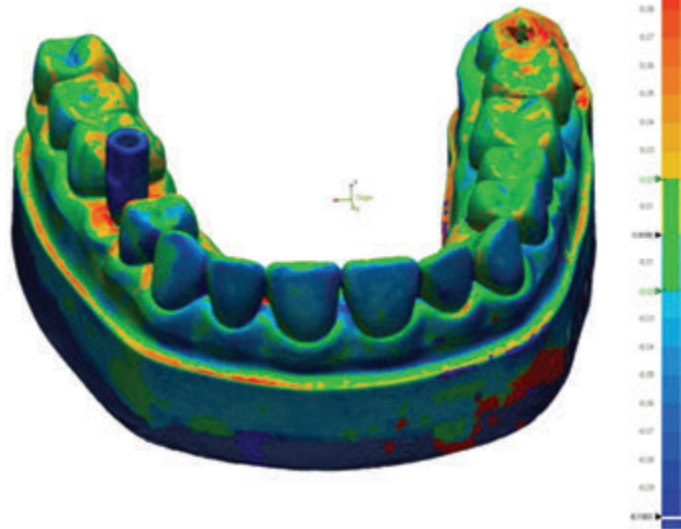
Ridge width was measured from photographs taken before surgery, right after surgery, and at 4 and 8 weeks. Both treatments showed similar results, with no meaningful differences between the two methods. In both groups, the width of the ridge gradually decreased over time, suggesting that either technique may be useful for preserving bone after tooth extraction.



CLINICAL DENTAL IMPLANT RESEARCH

Assessing the Influence of Implant Scan Body Material on Desktop Scanner Accuracy: An In Vitro Study

This study looked at how accurate desktop dental scanners are when using scan bodies made from two different materials: titanium and polyetheretherketone (PEEK). Two types of scanners with different light technologies—white light and blue light—were tested. Results showed that PEEK scan bodies produced more accurate scans than titanium ones. The white light scanner also performed better than the blue light scanner. These findings suggest that using PEEK scan bodies and white light scanners may improve accuracy when creating implant restorations.



The AAID is pleased to welcome the following new members who joined between December 9, 2025 and March 1, 2026. The list is organized by state, with the new member's city included. International members are listed by country and province (if applicable). If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of AAID News.

PLEASE WELCOME THESE NEW MEMBERS IN YOUR AREA

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Michael Ahlborn, Gulf Shores

Arizona

Napoleon Gaither, Phoenix
Hootan Monajemi, San Tan Valley

California

Maria Acherman, Laguna Niguel
David Akhavan, Encinitas
Justin Angeles, Los Angeles
Harkirat Aulakh, Elk Grove
Andrea Barrera, Carlsbad
Daniel Bauer, Santa Rosa
Jason Bendas, Chino Hills
Jorge Cabrera Arellano, Temecula
Samuel Cassani, Oakland
Ritesh Diwan, Woodland
Anuja Ghodekar, Santa Ana
Parampal Gill, Modesto
Palak Gupta, La Mirada
Brian Gutierrez, Laguna Beach
Lynn Harash, Orange
Argishti Hayrapetyan, Sun Valley
Mary Ibrahim, Palmdale
Gayathri Iyer, Fresno
Sara Jain, Cupertino
Eoon Ji, Los Angeles
Irene Kamal, Irvine
Kara Kang, Rancho Cucamonga
Pradip Katharotiya, Manteca
Inderjeet Kaur, Elk Grove
Prabhjyot Kaur Lidhar, Tracey
Htet Khant, Arcadia
Raymond Kwok, Pasadena
Julia Lee, Burbank
David Lofti, Nipomo
Rodrigo Loza, Nipomo
Liran Manosov, Tracy
Moran Manosov, Tracy
Faran Masoudi, Santa Monica
Radhika Narayan, Fresno
Javid Faran Osafi, Laguna Niguel
Ujval Pandya, Rancho Murieta
Negah Parsangi, Irvine
Daniela Perez, Nipomo
Nathanael Poenar, Fort Bragg
Vijay Sah, San Jose
Harsumeen Sandhu, Manteca
Syed Sayeedi, Livermore
Pushpinder Sethi, Dublin
Anshumi Shah, Rancho Murieta
Gelareh Shams, Laguna Niguel
Jatinder Singh, Roorpai Rocklin
Valentine Sviatocha, Brentwood
Navej Tatla, Chico
Ahmad Ussman, Long Beach
Nhung Vo, San Diego
Andrew Vorrath, Aliso Viejo
Nicholas Warounthorn, Fontana
Saeed Yazdianpour, Thousand Oaks

Colorado

Matthew Barry, Arvada
Brian Harward, Centennial
John Huebner, Denver
Alec Thurston, Englewood

Connecticut

Julian Bradley, Greenwich
Heesoo Kim, Norwalk

Florida

Anushruti Agarwal, Coral Springs
Giane Alves, Pompano Beach
Gulafroz Alwani, Orlando
Alla Bizanti, Kissimmee
Manuel Capriles, Jaquez Port St. Lucie
Bruna de Barros, Sunrise
Dayanela Dominguez, West Palm Beach
Mai Eltantawy, Miramar
Ahmed Farah, Clearwater
Christopher Garcia Diaz, Plantation
Fabiola Giron, Plant City
Caleb Hill, Summerfield
Aurelie Huyghues-despointes, Boca Raton
Hans Jordan, West Palm Beach
Juleini Meneses, Wimauma
Andrea Merlano, Pembroke Pines
Sean Pierel, St Petersburg
Yalissy Quintero-Martinez, Tampa
Christian Rodriguez, Miami Lakes
Alexander Sayman, Miami Beach
Marie Senatus, Coral Springs
Bradley Shemluck, Bradenton
Isabela Souza, Weston
Brittany Valledor-Grossman, Naples
Carlos Vazquez, Davie
Brandon Wolf, Tampa

Georgia

Lisa Duong, Grayson
Tyler Slate, LaFayette
Amber Thomas, Martinez

Hawaii

David Khrapov, Kula

Idaho

Harrison Haws, Nampa

Illinois

Kenneth Allen, St. Charles
Saliha Awais, Glen Ellyn
Uma Ayer, Chicago
Mariam Bawany, Lisle
Muath Daralsheikh, Frankfort
Nicholas Fornatto, Chicago
Saad Ghani, Bridgeview
Mohammad Omair Ghory, Chicago
Jae Ung Jung, Savoy
Amjad Mahairi, Schaumburg
Marcos Montoya, Glen Ellyn
Steve Moon, Chicago

newmembers

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Ankit Patel, Elgin
 Arash Pezeshkpoor, Chicago
 Fariha Querishi, Woodridge
 Rares Raibulet, Skokie
 Jacqueline Rodriguez, Chicago
 Aladdin Soliman, Chicago
 Cecelia Tran, Chicago

Iowa

William Gallagher, Des Moines

Louisiana

Jacob Derrickson, Denham Springs

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Brandon Butcher, California
 Lavanya Chadaram, Ellicott City
 Jonathan Journett, California

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Mohamed Elaghory, Boston
 Veronika Gogiia, Quincy
 Hiren Patadiya, Hopkinton

Michigan

Ahmed Eldib, Ypsilanti
 Reshma Gowda, Troy
 John Lesneski, East Tawas
 Ayesha Saluja, Rochester Hills
 Andy Setaputri, Rockford
 Tanner Trombley, Tawas City

Minnesota

Alba Bilani, Minneapolis
 Maria Furman, Burnsville
 Khashayar Khodadoust, Eagan
 Kishan Patel, Maple Grove
 Andrew Weaver, Bemidji

Mississippi

Wendy McCurdy, Hattiesburg

Missouri

Oluwadamilola Adetayo, Brookline

North Carolina

David Harrington, Greenville

Nebraska

Isaac Langan, Omaha
 Zach Scott, Valentine

Nevada

Samantha Blasco, Las Vegas

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Mohannad Abboushi, Wayne
 Michael Abdelsayed, Freehold
 Hardip Chera, Wood Ridge
 Justin Dornisch, Hainesport
 Jacob Elias, Lincoln Park
 Paul Espiritu, Harrison
 Maryam Hafeez, Union
 Stuart Hinds, West Orange
 Chien-Han Huang, Monroe Township
 Easha Iyer, Watchung
 Shivani Iyer, Harrison
 Mostafa Jabr, Clifton
 Laura Matos, Elizabeth
 Daniel Mishail, Howell
 Nikesh Nagar, Jersey City

Kyle Nwankwo, Piscataway
 Murtaza Paghdiala, Monroe Township
 Andy Patel, Phillipsburg
 Andrew Pellicano, Manalapan
 Liana Penafiel Wonsang, Bergenfield
 Anna Pokrywka, Somerset
 Nishit Sachde, Jersey City
 Matthew Silverman, Boonton
 Cynthia Sutton, South Orange
 Jordan Whol, Hoboken
 Dana Yun, Fort Lee
 Taeyun Kim, Leonia

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 Rin Zhi Go, Buffalo
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 Diana Gurshumova, Brooklyn
 Mohammad Hossain, Brooklyn
 Dae Jin Kim, Bronx
 Matt Beopjin Kim, Garden City
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 Joel Laskar, New York
 Jacob Parker, New York
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 Carlos Gonzalez-Espinoza, Charlotte
 Jesse Grimm, Winston-Salem
 James Mead, Pinehurst

North Dakota

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 John Fullington, Yukon
 Randi Gray, Vian
 Brayden Hill, Edmond
 Girgis Mina, Sand Springs
 Garrett Olive, Woodward
 Daulton Roberts, Enid

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Aarati Kalluri, Hillsboro

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Matthew Andrews, Mountain Top
 Eamon Fricker, Zionsville
 Seungjin Jang, Allentown
 Savinoz Raufova, Fort Washington

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John Beaty, Charleston
 Todd Brown, Inman
 Michael Cappellucci, Little Mountain
 Lee Fletcher, Greenville
 Cody Hayden, Woodruff
 Reed Houck, Columbia
 Stephen James Oblad, Charleston
 Kristina Shute, Charleston

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 Meral Nadra, Clarkston
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 Seth Swanson, Bellingham
 Subashinee Vaidyanathan, Sammamish

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Samantha Jeffery, Mercer
 Yi Xie, Appleton

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 Soloman Chan, Calgary
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 Patrick Kuny, Sherwood Park
 Munaf Maknoja, Edmonton

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Justin Balogh, Burnaby
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 Pallavi Shankar, Burnaby
 Gurinder Sidhu, Burnaby

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 Ahmed Ameen Al-Obaidi, Oakville
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 Manjot Bhangoo, Brampton
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 Bheeshma Chhaya, Mississauga
 Sahil Gagnani, Mississauga
 Matthew Greco, Woodbridge
 Orsolya Hevesi, Peterborough
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 Emily Israel, Elora
 Anwar Khalid, Cookstown
 Sameer Kotwal, Kingston
 Taylor McLean, Mitchell
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Qi Shen, Richmond Hill
Eric Shieh, Kitchener
Joshua Shieh, Mississauga
Karissa Shieh, Mississauga

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Egypt

Ahmed Mubark

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Aakash Shah
Nabh Sharma
Krishnaraj Sreeniva

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Shu Komatsu
Keiji Miyano
Akiko Nagaya
Naoki Oikado
Sho Saij

Republic of Korea

Eunkwon Lee Korea
Yang Seonghwan

Saudi Arabia

Malik Abumansour
Wijdan Dabeek
Renee Marin Gomez

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Spencer Allen
Ian Altobelli
Rama Alzhele
Tyler Auricchio
Usha Bollineni
Viren Dixit
Elizabeth Earl
Rockwell Farrell
Jahandar Farrokhnejad
Carter Gehlken
Jiaxin Hu
Rashawn Jackson
Uyanga Jargalsaikhan
Soham Joshi
Bilal Khan
Navya Khanna
Bakey Kouanda
Suraj Lawande
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Tenzin Nyiden
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FAAID, DABO/ID
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Website: cde.sdm.rutgers.edu/maxicourse/

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San Jose AAID Maxicourse®

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Vancouver AAID MaxiCourse®

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Director: William Liang, DMD, FAAID, DABO/ID
Contact: Andrew Gillies
Phone: 604-330-9933
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AAID Active Study Clubs

UNITED STATES

AAID Bergen County Dental Implant Study Group

Location: Englewood, NJ
Director: John Minichetti, DMD
Contact: Lisa McCabe
Phone: 201-926-0619
Email: lisapmccabe@gmail.com
Website: bit.ly/2rnf9hc

Alabama Implant Study Club

Location: Brentwood, TN
President: Michael Dagostino, DDS
Contact: Sonia Smithson, DDS
Phone: 615-337-0008
Email: aiscadmin@comcast.net
Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group

Location: San Francisco, CA
Director: Matthew Young, DDS
Phone: 415-392-8611
Email: young.mattds@gmail.com
Website: www.youngdentalsf.com

Calderon Institute Study Club

Location: Queens, NY / Oceanside, NY
Director: Mike E. Calderon, DDS
Contact: Andrianna Acosta
Phone: 631-328-5050
Email: calderoninstitute@gmail.com
Website: www.calderoninstitute.com

Hawaii Dental Implant Study Club

Location: Honolulu, HI
Director: Michael Nishime, DDS
Contact: Kendra Wong
Phone: 808-732-0291
Email: mnishimedds@gmail.com
Website: www.advancedrestoratedentistry808.com

Hughes Dental Implant Institute and Study Club

Location: Sterling, VA
Director: E. Richard Hughes, DDS
Contact: Victoria Artola
Phone: 703-444-1152
Email: dentalimplant201@gmail.com
Website: www.erhughesdds.com

Mid-Florida Implant Study Group

Location: Orlando, FL
Director: Rajiv Patel, BDS, MDS
Contact: Rajiv Patel, BDS, MDS
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Email: drpatel@delandimplants.com
Website: www.delandimplants.com

SMILE USA® Center for Educational Excellence Study Club

Location: Elizabeth, NJ
Director: Shankar Iyer, DDS, MDS
Contact: Terri Baker
Phone: 908-527-8880
Email: dentalimplant201@gmail.com
Website: www.malosomeusaelizbeth.com

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Location: Surrey, BC, Canada
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Contact: Andrew Gillies
Phone: 604-330-9933
Email: andrew@implant.ca
Website: www.implant.ca

INTERNATIONAL

Aichi Implant Center

Location: Nagoya, Aichi-Ken, Japan
Director: Yasunori Hatta, DDS, PhD
Phone: 052-794-8188
Email: hotta-dc@ff.ij4u.or.jp
Website: www.hotta-dc.com

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Calderon Institute

Various: New York, Dominican Republic

Instructor: Dr. Mikey Elvis Calderon

Phone: 631-328-5050

Email: calderoninstitute@gmail.com

California Implant Institute

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Connecticut Dental Implant Institute

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Contact: Jennifer Yang

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ad index

AAID 2026 Annual Conference	48
AAID Implant Institute.....	47
ASI Dental.....	29
Preat.....	45
WIIC/AAID All Star Course.....	2

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