

AAID NEWS



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AAID President

Dr. Matthew Young
DDS, FAAID, DABOI/ID

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How to Recognize and Address Professional Burnout in Dentistry

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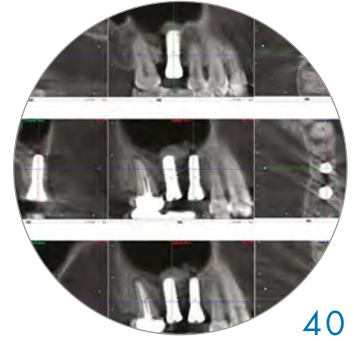
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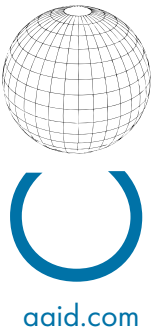
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By Dennis Flanagan,
DDS, MSc, FAAID, DABOI/ID,
AAID Editor

EDITOR'S NOTEBOOK

Percutaneous Exposure of Dental Implants

Dental implants pierce the overlying gingiva to support oral prostheses. This percutaneous feature allows the implant to be positioned in bone and yet be available for use with crowns and various types of dentures. The implant connects to the gingiva with an epithelial attachment which is not unlike the epithelial attachment around natural teeth, but there are some important differences. The epithelial attachment is typically 1 - 3 mm thick and protects the attachment from bacterial attack. The implant epithelial attachment is much weaker than the attachment around a natural tooth.

A successful dental implant depends on a stable healthy interface between the gingiva and the implant surface. The junctional epithelial attachment is a protective barrier to bacterial invasion. The junctional epithelial attachment consists of hemidesmosomes that connect to epithelial cells and an extracellular matrix, the basal lamina. This complex is dynamic and is constantly undergoing remodeling. It adapts to the bacterial load and the mechanical stresses of oral function. The attachment is there to limit bacterial penetration.

The sulcus around the protruding implant contains much of the same flora around natural teeth. Anaerobic bacteria, including *Porphyromonas gingivalis*, *Treponema denticola*, *Tannerella forsythia*, and *Fusobacterium nucleatum*, are commonly identified in peri-implantitis sites.

Surface roughness and surface chemical composition may influence the integrity of the attachment.

A biofilm may compromise the attachment leading to peri-mucositis and peri-implantitis. Thus, oral hygiene may play a part in any attachment breakdown.

A band of attached tissue or immobile mucosa may prevent mechanical tension on the attachment by eliminating muscle pull.

The percutaneous exposure is an opportunity for bacterial invasion with subsequent progression into peri-implantitis. Bacteria can penetrate junctional epithelial attachment. Thus, the larger the circumference, the higher the risk for bacterial penetration.

Implant peri-mucositis is a local infection around the implant cervical that is easily treated with debridement and local antibiotics. Peri-implantitis occurs where there is progressive bone loss. There is no generally accepted treatment protocol for treatment of peri-implantitis.

Since large diameter implants have a longer circumference, they may be more susceptible to peri-implantitis. The longer percutaneous exposure may create an increased opportunity for infection. Larger diameter implants do have a higher incidence of peri-mucositis and peri-implantitis than smaller diameter implants. The large diameter implants have a longer circumference than small diameter implants and subsequently a higher risk for attachment inflammation.

When there are abutments that intermediate with the dental prosthesis then there may be bacteria colonizing the implant-abutment micro gap. These bacteria may feed into the implant sulcus. One-piece implants do not have the implant-abutment micro gap. There may be an advantage to using one-piece implants in that there may be a reduced risk for peri-implantitis.

Thus, there may be less risk with one-piece, small diameter implants. These implants would have a much smaller circumference and less

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Editor's Notebook

exposure to bacterial attachment penetration and no abutment-implant micro gap.

Cervical surface modifications such as micro-texturing and an antibacterial coating may enhance the epithelial seal and reduce bacterial adhesion. These measures cannot eliminate the risk for bacterial colonization and penetration.

Bite force overload of an implant may induce micromovements and contribute to loss of epithelial integrity and open a pathway for bacterial entry with subsequent marginal bone loss.

There is a constant interaction between the epithelial attachment and the onslaughts of the oral environment. Bacterial biofilms need to be controlled, implant displacement should be minimized, and constant monitoring of the health of the supporting tissues is appropriate.

Imagine if technology developed an endosseous implant with a percutaneous implant neck of 0.5mm. There would be almost no percutaneous exposure and maybe a very minimal risk for peri-implantitis.

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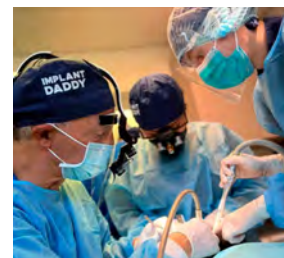
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By Carolina Hernandez, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

2024 In Review: A Year of Innovation and Growth

As the 2024 year comes to a close, I'm thrilled with the progress and the remarkable achievements for the American Academy of Implant Dentistry (AAID). This year, we've launched award-winning initiatives, renewed the vision for our publications, and opened opportunities for the future of implant dentistry.

An Award-winning Resource: The AAID Implant Institute

One of our most significant accomplishments this year was the launch of the award-winning Implant Institute (implantinstitute.org/learn). This comprehensive online resource provides exceptional, education-based content for implant dentistry professionals at all stages of their careers. From core principles to advanced techniques, the Implant Institute offers a wealth of information that empowers clinicians to deliver the highest quality implant care to their patients. The winner of two Brandon Hall Awards, the Institute's immediate recognition and acclaim are a testament to the Academy's commitment to providing high-quality education in implant dentistry.

AAID News: A Fresh Vision for a Trusted Resource

We've also begun to realize a new vision for our esteemed quarterly magazine, *AAID News*. *AAID News* will continue delivering high-quality articles on the latest advancements in implant dentistry but has been refocused to put you, our members, at the forefront. The editorial team expanded by adding Dr. Swati Agnihotri as Associate Editor, bringing a wealth of experience and a fresh perspective to the publication. We believe this renewed focus will make *AAID News* an even more valuable resource for our members. To contribute an article or case study, contact us at editor@aaid.com.

Connecting the Media with AAID Expertise: The AAID Subject Matter Experts Page

We're proud to unveil the launch of our AAID Subject Matter Experts page (aaid.com/subject-matter-experts). This valuable resource connects the media with leading AAID-credentialed experts in various aspects of implant dentistry. As the leader in implant dentistry, the AAID developed the Subject Matter Experts page to provide journalists and other media a platform for direct access to the knowledge and experience of professionals in our field.

Investing in the Future: The Buhite Scholarship

The AAID Foundation continues its dedication to fostering the next generation of implant dentistry professionals. The Foundation is delighted to announce that it is accepting applications for the Dr. Robert J. Buhite Scholarship through January 31, 2025. Graduate and post-graduate students enrolled in a university or hospital dental implantology program can apply for the scholarship at aaid.com/the-buhite-scholarship. This scholarship program will provide much-needed financial assistance to deserving students pursuing careers in implant dentistry.

As we look towards 2025, the AAID remains steadfast in its commitment to excellence in implant dentistry. We're dedicated to providing our members with the resources, education, and support they need to deliver exceptional patient care. Here's to another year of innovation, growth, and advancing the field of implant dentistry together!

With gratitude for our shared journey,
Carolina Hernandez, MBA, CAE
AAID Executive Director



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Meet Your

NEW 2025 AAID President

Dr. Matthew Young, DDS, FAAID, DABOI/ID



One wouldn't think an interest in gardening would provide a foundation for a career in dentistry, but President-Elect Matt Young's experience caring for his family's rose bushes taught him a lot about creating a plan and following through.

"I didn't realize at the time, but gardening has carried through to implant dentistry and some of the full-mouth implant reconstructions we do today," he said.

"We do some of the same things. We do the planning, and we see what's needed in each area. We develop it. We select different types of implants and different types of protocols for each area. And in the end, we want something for the patient that is strong, that is functional, that looks great, and that's going to last well over time."

Cover Story

In other words, many of the traits Young developed while caring for his mom's roses helped him transition to dentistry.

"I've always liked to build and create. I love the art and science involved with dentistry. Always fascinated by the biological side. And I love creating, having the opportunity to do both at the same time is awesome," he said.

Growing up in Buffalo, N.Y., Young had several excellent dental schools to choose from when he solidified the beginning of his career path. He selected the University of Buffalo and stayed close to home. This turned out to be prescient. During his third year Young heard a lecture by Dr. Robert J. Buhite, who taught an implant course at the school.

"Buhite talked about how implants can change people's lives. Implants can change people from not wanting to go outside, not wanting to go out to lunch with their friends, being self-conscious, having dentures that moved around. And he talked about for the first time how life-changing dentistry could be," Young said.

For Young, this was his 'eureka!' moment. "This is what I want to do with my career. This is it," he said.

Transitioning out of dental school into private practice, Young benefited from working with excellent colleagues.

"We had amazing attendings at our practice. One of our attendings was Dr. Gary Kaplan, and he was a consultant with a practice in

South New Jersey with Dr. Jack Piermatti. It was an implant practice and general dentistry practice with a great study club. Primati was also a Fellow of the AAID and a Diplomate of the ABOI. And I was able to work and develop my skills in an environment where implant dentistry was being done at the highest level."

Young recalled his very first implant case and how well it went.

"My first case was a very nice upper right premolar, which is a really nice case to start with. It's in the area that's accessible, and you really want to start with cases like that. You're able to go through and plan the case out and develop the case as well," he said.



His second case was a two-implant overdenture for a patient who was missing all her teeth, and he was able to do the two implants on the lower to develop a two-implant locator overdenture.

He also worked with Dr. Sheldon Winkler, the director of prosthodontics at University of Temple. They developed the prosthesis and worked up the case together, achieving a nice result for the patient.

"I am very happy to have some good mentors along the way who helped me develop those," Young said.

MOVING WEST TO SAN FRANCISCO

As he got settled in his practice and began to travel to national conferences and network, Young became interested in San Francisco, eventually moving there to establish roots for his family. He and his wife raised their children in San Francisco, where Young also rekindled his boyhood love of baseball, coaching his son and traveling with him to competitive games against rival teams in the Bay area.

While there, he got involved with the San Francisco Dental Society, serving on their board and later as president in 2017.

"While I was at the SFDS, we were able to develop a lot of things in San Francisco and work with the community quite a bit, including kindergarten screenings in San Francisco and some positive work with Project Homeless Connect while working to support families that needed dental care," he said.

INVOLVEMENT WITH THE AAID

Young was also influenced by Bob Dunn, a past president of AAID.

And as far as organized dentistry, Young recalled going to an AAID conference in 2005 when he earned his Associate Fellowship. Bob Dunn was the president of AAID, and Young recalled his moving talk at the meeting about giving back to the community.



The Young Family: Joe, Matt, Sokie, Lily (standing) Daisy, Ron, and Linda (sitting).



We are held together with a strong central Office led by our Executive Director, Carolina Hernandez; CFO, Jamey Richardson; Director of Education and Credentialing, Jon Sprague; Director of Marketing and Communications, Matt Switzer; Director of Membership, Ashley Robbins; Director of Partnerships, Wendi Gordan; and their amazing support staff.

Cover Story

“He talked about the need for us as dentists, implant dentists, and pillars of the community to give back, to be involved, and to help others, to help with local governance, to help out with your family, the community. Not just going into the office and doing some work and going home. You really do have to be involved with the community. And that really, really hit home to me,” Young said.

“I became an officer of the Western District in 2007. And there are different levels of leadership, and you start by being there, by participating, by helping, and you start to develop a passion for it as you go through,” Young said.

As he looks to his AAID presidency, Young has several goals he would like the academy to pursue.

“One of the big goals is to solidify the bonafide credentials that we have. We have credentialing through the Associate Fellowship and Fellowship in the American Academy of Implant Dentistry, and the Diplomate in the American Board of Implantology,” he said.

Young believes those board credentials are important because they are upheld in courts and emphasizes how important it is that the AAID remain a leader in that initiative.

“Our message is getting out there and more dentists want to be credentialed. They want to go through the process, they want to have that training and expertise,” he stressed. Young points out that the AAID developed an online learning management system to allow dentists to take courses online.

He credited his predecessors with this LMS program and other initiatives that have made the AAID successful, and he pledged to continue this momentum.

“Bringing in the credentialing process, the educational component, and our camaraderie are the three things that I really want to bring forward next year for



Our current AAID Executive Committee is amazing and we have gone through so much together with Drs. Ed Kusek, Don Provenzale, Bill Anderson, Mario Silvestri, Shane Samy, and Danny Domingue.



We have strong leaders like Drs. John Minichetti, Bernie Dunson, David Hochberg, Shanker Iyer, Brian Jackson, Chris Petrush, Suheil Boutros, Larry Bush, Fran DuCoin, Seb Andreanna, Michael Potts, Duke Heller, and Bev Dunn. I encourage you to attend our 2025 Phoenix Annual Meeting and experience the power of the AAID, our leaders, and friends.

our Academy. And these are all things that have been started by leaders before me, and so I'm just grabbing the baton and taking it to the next level,” he said.

Young lauded past AAID leaders for their enormous contributions.

“We have leaders like John Minichetti and Bernee Dunson, David Hochberg, Shanker Iyer, Brian Jackson, Larry Bush, Bob Dunn who I mentioned before, who really inspired a lot, who show you by example what a leader is,” he said.



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AAID's Jonathan Sprague:

A Guiding Light in Dental Education



Imagine crafting the ideal job description for a leader who could transform dental education. You'd need someone with a deep understanding of dentistry, a fiery passion for teaching, and the charisma to inspire a generation of dental professionals. Meet Jonathan Sprague, AAID's Director of Education and Credentialing - the embodiment of all these traits, and more.

Growing up on a farm in central Illinois, Sprague's love for both education and dentistry developed early on. "My mother was a teacher as were most of our neighbors and my parent's friends. I attended Indiana University dental school, but it wasn't quite what I expected," Sprague recalls. "I loved the science behind dentistry but didn't find the practice as fulfilling. So, I pivoted and pursued graduate education at Purdue, eventually teaching anatomy and physiology at a college." His master's thesis was on dental implants. Before this transition, Sprague studied pre-dentistry and gained hands-on experience working in two dental offices during his undergraduate education.

A single moment from his first day of dental school profoundly influenced his career. A professor told the class, "What we teach you today won't be the way you practice. We are teaching you the science of dentistry, but your practice of dentistry will be evolved." In the 1990s, dental students were still mixing amalgam while imagining how computers and lasers would revolutionize the profession. Today, dental education is evolving at an even faster pace.

"Now, everything's digital. Information comes at us faster than ever, and our attention spans have shortened. Education has shifted toward micro-learning and in the 'moment of need learning'. We need to meet our learners where they are at in their moment of learning need."

This year has been particularly noteworthy for Sprague, who, as AAID's Director of Education and Credentialing, led the organization to win two prestigious Brandon Hall Group™ Silver awards in the category of Learning and Development. The AAID's new eLearning platform, *Implant Institute*, was recognized for "Best Learning Strategy" and "Best Learning Technology Implementation."

A Lifelong Commitment to Learning

Inspired by his mother, who was a fourth-grade teacher, Sprague has always had a passion for education. He taught undergraduate pre-medical anatomy and physiology for 15 years at South Suburban College in the Chicago suburbs. "I have a passion for teaching, like so many of our members.





Sprague with mentor Dr. Cheryl Carlton



Seeing that spark in a student's eyes when they finally grasp something is priceless," he says. "I still mentor many of my former students, and in turn, they mentor me."

Sprague lives by the advice of a former executive: "Be a lighthouse for those around you and the generation behind you. Show them the way and lift them up. Foster meaningful and life-long relationships." In keeping with this philosophy, he recently earned his Certified Professional in Training Management (CPTM) credential from Training Industry. He completed the program on October 11. The program focuses on aligning corporate learning with company goals and utilizing strategies, resources, and learning philosophies.

His small-town upbringing instilled in him the values of community and connection—principles he brings to his role at the AAID. Throughout his career, from his time at the American Dental Association, Northwestern University, and the University of Illinois-Chicago, Sprague has maintained close relationships with mentors and colleagues. He believes the AAID fosters a similar sense of community within the dental profession.

"At AAID, we're committed to building a community in the dental world, where we support and uplift one another. It's about helping each other grow, and in return, receiving that same support," he says. "I've been lucky to have some truly amazing friends on this journey and to work in a very supportive environment with colleagues and members."



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By Dr. Swati Agnihotri

How to Recognize and Address Professional Burnout in Dentistry

Editor's Note: In previous issues of AAID News, Dr. Swati Agnihotri was not credited as the author of "Challenges and Rewards for Women in Implant Dentistry" and "Smiling Through: Navigating Staffing and Team Dynamics in Dental Practices." We apologize and thank you for your understanding.

Dr. Agnihotri: *Thanks for chatting today! Can you please introduce yourself and talk a bit about your journey in implant dentistry?*

Dr. Jockin: I'm originally from Germany and moved to the U.S. in 1999. After studying at UC Berkeley and UCSF, I graduated and moved to Florida. I worked in a corporate practice for a year but wanted more clinical autonomy, so in 2011, I opened my own dental office. I recognized the potential of implant dentistry early on and took several courses, and invested in a CT scanner in 2011, which was uncommon then. Starting a practice involved significant debt, mental stress, and sleepless nights. When I opened my practice, I focused on three guiding principles: clinical excellence, VIP customer service, and leveraging technology to achieve the first two. Despite being in debt, investing in technology like CT scans and CEREC technology has helped the practice grow. At the five-year mark, I expanded the practice and hired associates, and the community embraced our patient philosophy. Our commitment to patient care has been the cornerstone of our practice, earning us the trust of our community. Eight years after opening the practice, I decided to affiliate with Heartland and, at the time, had already limited myself to implantology. For me, Heartland felt like the best fit. While transitioning to a Dental Support Organization (DSO) felt risky, I eventually embraced it.

Dr. Agnihotri: *What led you to partner with the DSO, and how has your life changed since then?*

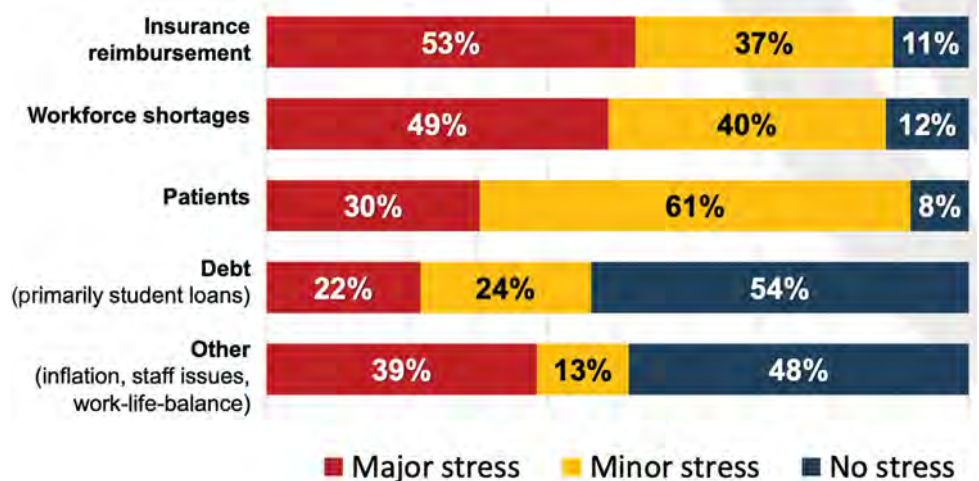
Dr. Jockin: I wanted to diversify my experience beyond just clinical work. After

struggling to find a good office manager while traveling, I decided to affiliate with a DSO. This partnership allowed me to focus on clinical and extracurricular activities while others managed the business. It transformed dentistry from being my entire life to a fulfilling career.

After forming a partnership with our DSO, we experienced success both clinically and financially. However, shortly after affiliating with our DSO, I attended a leadership conference sponsored by the DSO. Despite having just had my best week ever, I felt an overwhelming sense of stress during the plane ride to the con-

ference. I had achieved a perfect week where everyone attended their appointments and made payments, resulting in a substantial financial gain. Despite this, I found myself on the verge of tears, unable to understand why I was so stressed. To brush aside these feelings, I started reading a magazine on the flight and came across an article about physician burnout. It described how burnout can make it difficult to enjoy life and cause everything to feel overwhelming. During this plane ride on February 14th, 2020, I realized I was suffering from burnout. Upon my return, the world was hit by the COVID-19 pandemic, and I was in unexplored territory

Over **90%** of dentists reported feeling some type of stress about their career. More mid-career dentists felt stress about insurance reimbursement and patients. More younger dentists reported stress about debt.



like many other dentists, adapting to the new normal and facing unprecedented challenges.

Dr. Agnihotri: *How did you cope with the challenges of experiencing burnout?*

Dr. Jockin: During the lockdown period, I had plenty of time and started researching the burnout-related topics I had read in the airplane magazine. The article was written by physicians who invented the Well-Being Index for physicians. I contacted them and asked if they had done similar research on dentists. They hadn't, but they expressed interest in learning about burnout among dentists. The Well-Being Index project is a subsidiary of the Mayo Clinic, and they are keen on understanding burnout in every healthcare field. We collaborated, started a research project, and developed a validated tool for the Well-Being Index available to dentists. It's an online app that assesses if you're at risk for burnout in dentistry. The assessment is anonymous and is done once per quarter, taking only a few minutes to complete seven questions.

At first, it might seem too basic, but it's very accurate. The first step to recognizing what's happening and improving when experiencing burnout is to acknowledge what's happening in the first place. This self-awareness is crucial. Working with researchers over the past three years has been exciting and enjoyable. There's now a published article, and the ADA has recently been promoting it, which is very exciting for me. It's now endorsed by organized dentistry, which is a huge achievement.

Dr. Agnihotri: *Indeed, it is fascinating and helpful. What are the commonly known reasons for dentist burnout?*

Dr. Jockin: Several common factors can lead to burnout among dentists. High stress levels - 67 to 86% of dentists report moderate to severe occupational stress - can contribute to burnout. Emotional exhaustion, indicated by feeling emotionally drained and worn down at the end of the workday, is a key sign of burnout. Dentists with perfectionistic tendencies are more prone to burnout. Dentists



often work in isolated environments, which can also contribute to burnout. We're constantly multitasking and must diagnose with high accuracy; we can't under- or over-diagnose. At the same time, we have to deal with patients in pain, difficult personalities, payment issues, and other challenges. Finding the balance for all of these challenges can lead to increased stress and result in burnout. Taking on excessive patients and responsibilities without proper delegation can lead to burnout due to a heavy workload. Dealing with the business aspects of running a practice in addition to patient care can be overwhelming, contributing to burnout. The high-stakes nature of the work and the pressure of providing the best treatment for serious dental issues can be stress-inducing. Poor work-life balance, lack of control over work circumstances, feeling undervalued or unrewarded for efforts, difficult patient interactions, managing practice finances and personal debt, the physical demands of dental work, compassion fatigue, and difficulty connecting emotionally with patients over time are all factors that can contribute to burnout among dentists.

Dr. Agnihotri: *What are some common issues that prevent dentists from seeking help?*

Dr. Jockin: The first issue is that when people are burnt out, they don't necessarily understand that they are feeling burnout and thus fail to reach out for help. A hygienist I know spoke about a time when she realized something wasn't right. She mentioned that multiple people asked her if she was okay during phone conversations throughout the day. Initially, she ignored the question, but it kept coming up several times. At the end of the day, she reflected on why everyone was asking her if she was okay and realized she wasn't. Now, she stresses the importance of taking it seriously when people express concern for your well-being, as they have a reason for asking.

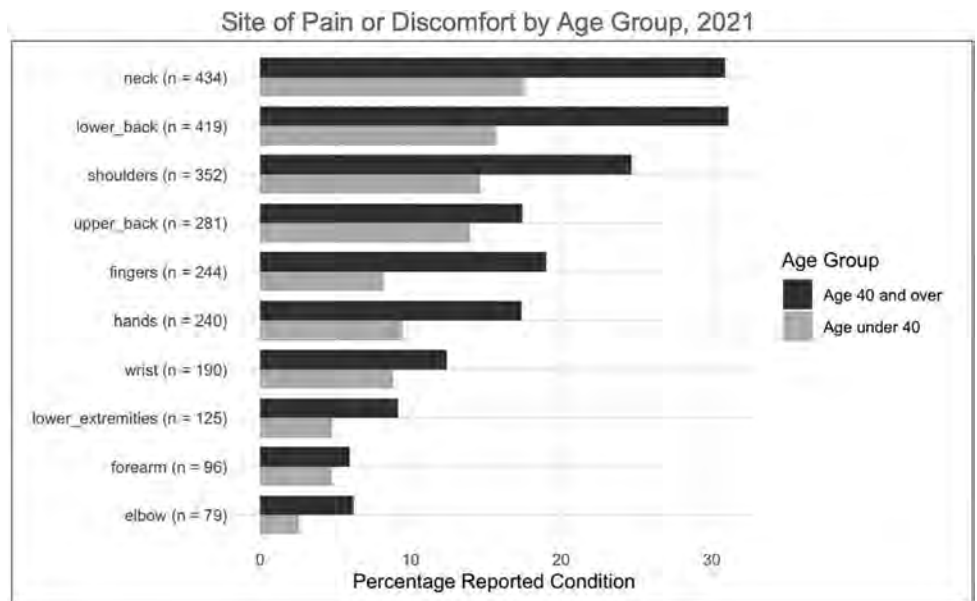
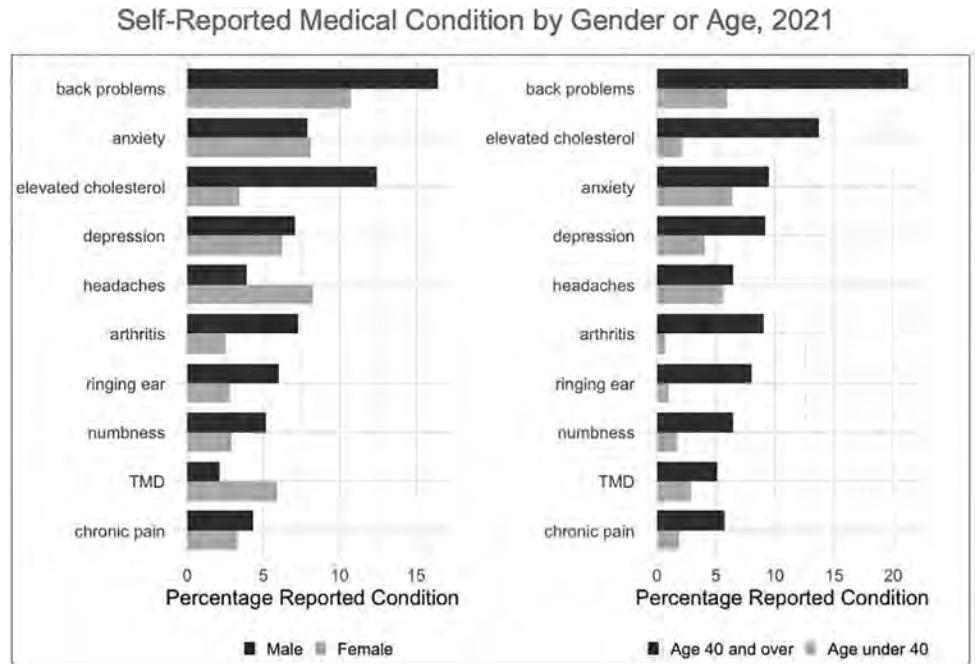
Even in my case, though I was performing well in my practice, I was feeling burned out. Everything seemed great on the surface, but I just didn't feel good. I'm sure many of your readers can relate. Everything looks good from the outside, and I should be doing well, but somehow I'm not, and it just doesn't make sense. I pushed these feelings away because I didn't want to deal with them, but then they just got worse.

Dr. Agnihotri: *Yes, that makes sense; what are the signs of burnout, and how can one identify them early?*

Dr. Jockin: Dr. Christina Maslach is a prominent figure in the study of burnout among healthcare providers. She defines burnout as an occupational phenomenon characterized by physical and emotional exhaustion. Symptoms may include difficulty sleeping, bodily pain, and a general feeling of unwellness. According to Dr. Maslach, if an individual experiences these symptoms along with cynicism and a sense of ineffectiveness, they are exhibiting signs of burnout. Cynicism can manifest as an inability to empathize with others, while ineffectiveness may lead to cutting corners at work. You know, when you don't take the time to refine that margin, it's because you're in a rush and not giving your best effort. You might not fully focus on your patients and finding out what's really going on because it's just one more thing you don't want to deal with. Burnout can also lead individuals to distance themselves from loved ones as a coping mechanism. You may question why you're even doing what you're doing and if it's still enjoyable. You might start considering a career change. There's also a feeling of ineffectiveness, where you believe you can't make a difference, and your chances of making a medical error increase when you're burnt out, which is a patient safety concern. Dentists experiencing burnout are also three times more likely to have a poor quality of life. It's frustrating to realize that after investing years of education, time, and money into this profession, we might end up with a poor overall quality of life. We deserve a high quality of life and should change our mindset to prioritize our well-being.

Dr. Agnihotri: *How can I tell if I am experiencing burnout or if I am on the verge of experiencing it?*

Dr. Jockin: If you want to assess your risk of burnout, you can use the Well-Being Index assessment tool (link below). It's ideal to use this tool once a quarter to track your well-being over time. Taking a moment to reflect on how you're doing is crucial. Self-checking will provide quick responses about your results, their implications, and how they compare to your previous assessments and those of other professionals in your field. This way, you can gauge



how you're doing compared to others and determine if you're above average, average, or struggling. So, if you're uncertain about burnout, the Well-Being Index is likely the best tool to help you evaluate your situation.

Dr. Agnihotri: *I know that you are assisting other dentists on their wellness journeys as the Director of Wellness at Heartland Dental. Could you share more about the strategies you are implementing in your role to support them?*

Dr. Jockin: We utilize three categories: physical, mental, and financial wellness. The economic aspect is something that I am the least passionate about, as I believe we need the least help in that area, but our physical and mental well-being is falling short. It's common to experience neck, wrist, shoulder, and back pain from work, and I don't know anyone who hasn't experienced this. Many people believe it's just part of the job, but I disagree. I don't think we should accept that our profession has to cause us pain. I believe that part of

the problem is related to ergonomics and physical strain.

In our wellness program, we address various issues. We provide information on places where dentists can receive appropriate care. Additionally, I collaborated with a physical therapist to create short educational videos to help you determine whether your pain can be relieved through stretching or if you need to see a professional. At Heartland, we provide a range of support services for our employees. For example, we offer free mental health counseling sessions, guidance for personal issues like divorce, and assistance with childcare. We also have employee assistance programs and support structures in place to ensure that our teams never feel alone. Medical emergencies can be especially difficult, so we provide coverage for extended leaves due to family emergencies or serious injuries. This helps alleviate the stress for our employees and ensures that our practice continues to run smoothly.

We believe that creating awareness and providing resources are crucial for maintaining wellness. While there isn't one standout feature of our wellness program, our discounted gym membership and access to yoga videos for morning stretches have been popular. However, it's not just about the individual perks; it's about fostering a sense of community and showing that we genuinely care about the well-being of our employees. We want our dentists to thrive both personally and professionally, and we believe that it's possible to achieve success and wellness simultaneously.

Dr. Agnihotri: *Are additional resources available for dentists needing extra support?*

Dr. Jockin: It's important to remember that there are various avenues to seek help and resources if you're dealing with burnout. **1.** For immediate assistance, you can call the suicide hotline at 988, even if you're not experiencing suicidal thoughts. It's a crisis line, so you can reach out if you need to talk to someone. **2.** Many health insurance plans cover mental health counseling, which can be beneficial in identifying and addressing the root causes of burnout. **3.** Additionally, the American Dental Association (ADA) offers literature on burnout on its website and has a podcast featuring Bill Claytor, DDS, a prominent expert in this field.

Dr. Agnihotri: *I believe reflecting on our experiences is important as it can make a significant difference in our lives. Confronting our feelings instead of ignoring them is worth the effort. Lastly, what is your advice for young dentists entering implant dentistry?*

Dr. Jockin: I believe that to stay passionate about dentistry, it's important to make

it a career and not let it consume your entire life. Give your best at work, but also make sure to have a life outside of work. Pursue activities like dance classes or hobbies unrelated to your profession. Additionally, mental health is crucial. When I was feeling unwell, I focused on addressing my physical wellness first, but I couldn't fully recover until I addressed my mental wellness. I found Transcendental Meditation to be a powerful stress buster. It's a type of meditation that should be taught to every child in elementary school because of its effectiveness. I also recommend paying attention to your body. Don't ignore any pain or discomfort. Use ergonomic tools to maintain good posture and listen to your body when it tells you something isn't right. Additionally, to be resilient, it's essential to learn to lead your team effectively so that they can operate like a well-oiled machine. This means empowering them to own the patient experience. This would be my advice for new graduates.

RESOURCES DISCUSSED IN THIS ARTICLE:

Burnout with Dr. Christina Maslach | <https://extension.umn.edu/two-you-video-series/burnout-dr-christina-maslach>

Understanding the burnout experience: recent research and its implications for psychiatry <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911781/>

<https://www.ada.org/resources/practice/wellness>

Get a demo - Well-Being Index (mywellbeingindex.org)

Well-Being Index available to all ADA members to support mental health | American Dental Association

AROUND ANNUAL 2024



AAID News: Combating Burnout in Dentistry



By Dr. Dennis Flanagan

Psychological burnout in dentistry is a situation where a dentist feels emotionally, physically, and/or mentally exhausted. This may be caused by chronic life stress. A person may feel unable to meet the demands of daily life.

Symptoms may include chronic physical exhaustion, cynicism, a sense of detachment from life in the form of depersonalization and ineffectiveness, and failure to attain the usual daily accomplishments.

Causes may include repeated performance of routine tasks, intense interactions with family and patients, and the accuracy required in dental practice.

Prevalence, risk factors, consequences, and mitigation procedures are issues that need to be discussed.

Burnout among dentists is a health issue that can affect dentists and patient care. It is widely accepted as a high risk for healthcare personnel. The American Medical Association defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” This has been widely examined among physicians, but it is now progressing at alarming rates among dentists.

The American Dental Association has reported that 15 to 25% of dentists have incurred burnout at some stage of their lives. This may be more of a risk among younger dentists. Dentists and other healthcare workers, as reported in *AMA Network Open*, have higher rates of emotional exhaustion than the general workforce. This observance indicates the need for focused interventions in dentistry.

Factors that can contribute to burnout in dentists are the work environment, financial pressures, constant repetition of procedures, managing patient expectations, and inappropriate work-life balance.

The practice of dentistry requires intense focus in a small workspace - the human mouth. We need to perform delicate tasks in a small space using instruments that are required to be in good condition and sterile. There can be time pressures that can cause consternation.

Financial pressures are always in play. There are pressures to keep fees as low as possible as demanded by patients, insurance companies, and governmental agencies. This implies a need for the dentists to be effective, time conscious, and productive.

To be a highly accomplished and effective practitioner, a dentist may need to perform

multitudes of the same procedure. This repetition may induce a subtle, monotonous ennui that can insidiously affect the practitioner’s sense of wellbeing.

Patient demands and expectations are a daily issue. A minority of demanding patients can create an inordinate magnitude of uncomfortable psychological stress and emotional fatigue. The work-life balance is an important life quality. The need to provide a certain lifestyle for one’s family may be a daily concern that is always present and affects daily clinical and social decisions.

There are consequences to allowing burnout to consume oneself. Dentists affected may render a reduction of quality of care, an impairment of clinical judgement, and diminished patient safety. Clinical errors may be induced that affect outcomes and potential legal issues. Burnout can increase the risk for anxiety, depression, and suicidal ideation.

Preventing burnout from creeping into one’s life entails a multitude of strategies. Continuing dental education can remind the dentist of the importance of the care being done. Innovations can rekindle interest and uplift a failing attitude. Courses in stress management, mindfulness, and resilience can be helpful.

A personal goal to institute an appropriate work-life balance that provides for financial success yet also allows for time with loved ones is an important design for life.

Peer support programs and wellness resources are available to assist those who may be in danger of an episode of burnout.

The study of stoicism may be a significant aid in preventing burnout and improving one’s life experience. Stoicism is a philosophy begun by the Roman emperor Marcus Aurelius based upon his personal observations of human life and social interactions. Stoicism is a basis for contemporary psychotherapy and there are many aphorisms that point out a more appropriate perspective on life.

The following are some Stoic principles:

1. Focus only on what you can control and jettison the need to control what cannot be controlled. As it turns out, the primary thing we can control is only ourselves.
2. Remember that we all will die and depart from our earthly presence. We are small souls carrying a corpse.
3. Acceptance of one’s fate. Don’t complain and whine over your life situation. This too will pass.

4. Don’t tie your life to material things and make them part of your identity.
5. Comparing oneself to others is a mistake. Everyone is different and has been provided with some advantages and some liabilities. These comparisons steal joy from one’s life.
6. Worrying about the future is inappropriate. We suffer pain more with anticipation of future ills than with the ill itself when it arrives. Live in the moment and focus on that time, taking life events as part of the natural flow of life.
7. There needs to be moderation in food and drink. Excesses can lead to ill health.

Daily reading of stoic principles can improve one’s attitude and life outlook. There are many books, videos, and programs available. Since life can present a myriad of situations of varying complexities, daily stoic reading may help with confronting and accepting these situations from a healthy perspective.

Burnout in dentistry is a growing concern for our beloved profession. There may be significant societal consequences to ignoring this condition. The challenge is complex but there is support available. Preventing burnout is possible by self-inspection, self-assessment, and self-love. Dentists serve a critical role in healthcare, and it is important to prevent burnout to ensure enduring high-quality patient treatment.

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3. *JAMA Network Open*. Burnout Rates in Medical Professions: Implications for the Dental Field. 2020; 3(7).
4. American Dental Association. *Dentist Well-being Survey*. 2019.
5. The Journal of Dental Research. Burnout and Mental Health in Dentistry: Current Perspectives. 2022; 101(4):745-750.

AAID 2024 ABOI Diplomates

The following individuals were inducted as ABOI Diplomates at the Annual Business Meeting at the 2024 Annual Conference.



Alexander J.S. Smith
DDS



Anas Jebrini
DDS



Beenish Orr
DMD



Bruce Bosler
DDS



Christopher R. Pottorff
DMD



David Lawrence
DDS



Dawud Abdul Muhaimin
DDS



Dmitry Nova
DDS



Russell Fitton
IV, DDS



H. Richard Yoo
DDS



Hong Chang
BDS



Illya A. Tarasenko
DMD



Jason R. Baker
DDS



Jeremiah Davis
DDS, MBA



Jeries Nader Qoborsi
DDS



Joyce Guojun Ma
DDS, PhD



Kangyeong Lim
DDS, MS



Karim Raafat Naguib
BDS, DDS



Mahima Gupta
BDS, DDS



**Maisoun Suleiman
Salim Abu-Zaghlani**
BDS



Marc A. Cozzarin
DMD



Michael C. Davidson
DMD



Milan Simanek
DDS



Noozhan Karimi
DDS, MSc, MS



Purnima Sheoran
DDS



Safa Tahmasebi
DDS



Sajid Hussain K. Syed
DMD



Sattar A. Syed
DMD



Scott A. Brookshire
DDS



Siddharth Swarup
MDS



Theodore K. Chang
DDS



Tirakhsh Emadi
DDS, MS



Tracey DellaVecchia
DDS



William Choi
DMD



William Hackett
DDS

AAID 2024 Honored Fellows

The selection of new Honored Fellows includes a nomination process with final selection based on scores determined by AAID involvement (volunteer positions at the national and district levels, speaking at AAID events, study clubs, etc.) and contributions to implant dentistry and the nominees' home communities (teaching, publishing, awards, community service, etc.).



John Beckwith
DMD, FAAID, DABOI/ID



Trinh Lee
DDS, FAAID, DABOI/ID



Suhail Mati
DMD, FAAID, DABOI/ID

AAID 2024 Fellows

The following members of the AAID were inducted as Fellows at the Annual Business Meeting at the 2024 Annual Conference.



Joseph Akhikar
DMD



Deanna Anderson
DDS



Gregory Calloway
DDS



Rana Faranesh
DMD



Preston Ford
DDS



Wai Kee Fung
DDS



Romulo J. Guideng
DMD



Hassan Mostafa
DDS



Vincent Pannone
DDS



Peyman Raissi
DDS



Eduardo Rodriguez
DDS



Jeremy Sant
DDS



Vivek Vij
DDS



Viviana Waich
DDS, MA



Xena Alakailly



Gursimran Brar



Vikram Chauhan



Bassel Dannan

AAID 2024 Fellows

The following members of the AAID were inducted as Fellows at the Annual Business Meeting at the 2024 Annual Conference.



Chun Piu Man



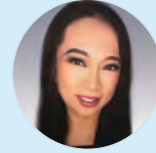
Ramy Mansour



Walaa Mohamed



Genta Otani



Vanessa Phan



Daniel Reynolds



Abdullah Tikreeti



Yoshiyasu Tomida



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AAID 2024

Academic Associate Fellow

The following members of the AAID were inducted as Fellows at the Annual Business Meeting at the 2024 Annual Conference.



Ekaterini Antonellou
DDS, DMD, MsD



Mohamed M. Abu ElShewy
BDS, MSc, MS

AAID 2024

Associate Fellows

The following dental university faculty were inducted as Academic Associate Fellows at the Annual Business Meeting during the 2024 Annual Conference.



Madhumietha Arumugam
DMD



Dane Avondoglio
DMD



Scott G. Clinton
DDS



Rachel Awad
DDS



Stefanie M. Beckley
DMD



Derick Bright
DMD



Shawn Chadha
DDS



Chaz Collins
DMD



Marcus Cowan
DMD



George M. Dinulescu
DDS



Sara M. Ellaithy
BDS, DMD



Neda Esmaili
DMD



Thomas Fow
DDS



Sukhjot Gill
DDS



Tracey S. Glinko
DDS



Zachary Gonzales
DMD



Janmeet S. Grover
DMD



Sankar Gurusamy Rajasankar
BDS, MDS



Rainer J. Han
DMD



Joshua Heimerdinger
DMD



Mohamed Hikal
DDS



Yoochan Hong
DDS



Khamir Patel
DMD



Tapan Patel
BDS, DMD



Tara Pette
DMD



Marc C. Plaisance, Jr.
DMD



Alex Ramos-Vera
DDS



Lupe Poussin
DMD



Ankur Rampal
BDS



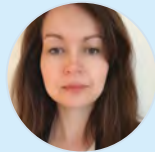
Christopher Reynolds
DMD



Mitchell Wilkinson
DDS



Keigo Yoshida
DDS



Katarzyna Zelichowski
DDS



Ryan Yakowicz
DDS



Travis Yarris
DDS

AAID 2024 Associate Fellows

The following members of the AAID were inducted as Associate Fellows at the Annual Business Meeting at the 2024 Annual Conference.



Bryce T. Kato
DDS



Benjamin Keller
DDS



Brian Le
DDS



Alexa K. Mendes
DMD



Kaldon Kim
DDS



Philip Kim
DMD



Mireille Kaprilian
DDS



Mark D. Knott
DDS



Rajan Kshatri
DDS



Samuel McGuire
DMD



Dilan Munaweera
DDS



Raphael J. Lior
DMD



Mircea Mitu
DDS



Shwan Mohammed
DMD



Christopher McCormack
DMD



Tevin Moreno
DDS



Troy Muench
DDS



Collin C. Palmquist
DDS



Kouki Mitsui
DDS



Tristan J. Parry
DDS



Dhruv Patel
BDS



Yuki Osawa
DDS



Peter Murchie
DDS



Chintan Narad
BDS, MDS



Ibrahim Saleh
DDS, BDS



Jasmyne Samuels
DMD



Andrew Schuiteman
DDS



Richard D. Senatore
DMD



Jean-Pierre Rwigema
DDS



Amin S. Soolari
DDS



Alexandra Shepherd
BDS, MPH



Sean Sherry
DDS



Gurjinder Singh
DMD



Radhika Thakkar
BDS, MPH



Abhinav Sood
BDS, MDS



Olga Tron
DDS



Genevieve N. Uzoaru
DDS



Jose L. Villarreal
DDS



Victoria Walker
DMD



Connor Wasylucha
DDS



Christian Westermeier
DDS



Hirotsugu Takaoka
DDS

AAID 2024 Associate Fellows

The following members of the AAID were inducted as Associate Fellows at the Annual Business Meeting at the 2024 Annual Conference.



Sammy Abdullah
DDS



Ahmed Al-Salman
DDS, MS



Yaser Alabdulbagi
BDS



Yusur Al-Tekreeti
DDS



Hussain Albannai
BDS



Brady Huang
DMD



Shintaro Ikeda
DDS



Aditya Keshav
BDS



Ashna Khera
DMD



Teerthesh Jain
MDS, DDS



Jonathan Todorovich
DDS



Neil Johnson
DDS



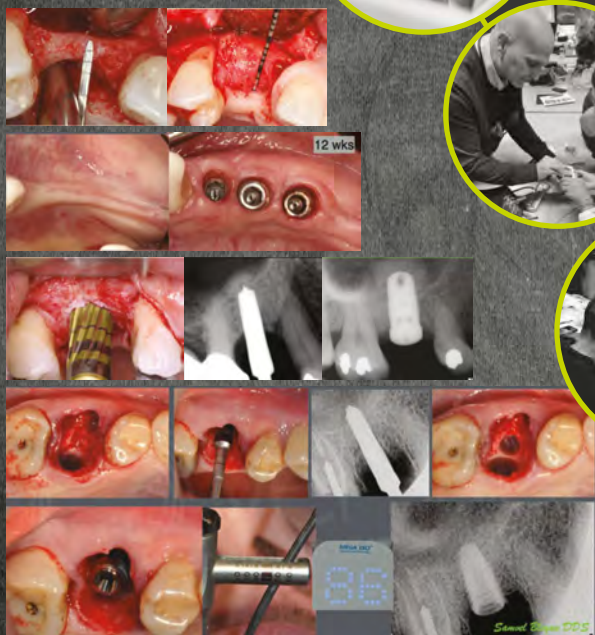
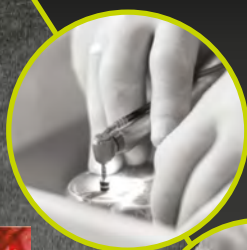
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Mohammed Alroshaidan
BDS



Ashlee Apratim
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By Max G. Moses,
JD, CPA, MBA

LEGALBITE

AAID's Legal Efforts: Valuable for Members, the Profession, and the Public

Editor's Note: We asked Dr. Bill Anderson, new chair of the American Academy of Implant Dentistry's Legal Oversight Committee, to give his perspectives as he takes the lead on AAID's organized legal activities to improve the status of Implant Dentistry. The following are his answers with only minor editing for clarity and length.



Dr. Bill Anderson

Dr. Anderson, you are the new Chair of the AAID Legal Oversight Committee but not a neophyte on the committee. How long have you been a member of the LOC?

I started on the LOC when I was appointed to the Board of Trustees as the Central District Trustee in 2019 by Dr. Suhail Mati when he was the Central District President and have been on it since then.

What issues has the LOC devoted its attention to over the past few years that you have served on it?

For the most part while I have served on the LOC our focus has been on seeking the ability for Diplomates of the ABOI/ID to advertise as specialists in a few states. The AAID has been actively involved in legal efforts to benefit patients who need dental implants.



These efforts are key to providing access to care by qualified health care professionals.

Expanded Access to Care: AAID's advocacy has contributed to expanding Medicaid dental coverage in some states, including coverage for dental implants. This helps low-income patients access necessary dental treatments.

Professional Standards and Certification: By setting high standards for implant dentistry and offering certification programs, the AAID ensures that patients receive care from highly qualified professionals. This reduces the risk of complications and improves overall treatment outcomes.

Patient Education and Resources: The AAID provides extensive resources and information to help patients understand their treatment options, the benefits of dental implants, and how to find qualified implant dentists through the AAID's website.

Legal Advocacy: AAID's legal efforts often focus on protecting the rights of patients and ensuring that they have access to safe and effective dental implant procedures. This includes fighting against restrictive regulations that could limit patient access to qualified implant dentists.

You were a member of your state's dental board for several years as well. When it comes to the issues of concern to the LOC., particularly specialty status for implant dentistry, how does that prior service help AAID?

I had the pleasure of serving on the Ohio State Dental Board until 2019 after being appointed by Governor John Kasich in 2016. I had been asked to serve because of my certifications with AAID and educational background specifically in implant dentistry.

At my first OSDB introductory meeting, I was subjected to a barrage of questions about dental implants, dental implant surgery, implant restorations, and why Ohio should recognize it as a specialty. I was met with heavy opposition from other board members, specifically one who was a specialist in another field of dentistry.



While on the OSDB, I had the opportunity to see what the opposition was and what groups wanted to suppress our education and skills as a specialty group. Much of the pushback came from other special interest groups and specialists. Rarely was the argument about patient care or access to care, as certain groups promote as their key reason for opposing AAID and its initiative, but rather why the opposition believed they should be the ones who are designated as implant providers. Those same individuals had a hard time answering, "Why is it that you want to take credit for all of implant dentistry when you only perform half of the services?"

What are your goals for the LOC over the coming year?

I am currently working with our legal counsel and board to get specialty status in Ohio and South Dakota. Ohio has come a long way since I served on the Ohio State Dental Board, and we continue to vigorously pursue a change in Ohio's specialty advertising regulations

Once this is completed to our satisfaction, my goals are to focus on finalizing the same legal

battle in South Dakota. In years past, we have been successful in gaining recognition in every state we have challenged in the courts.

How do AAID's legal efforts benefit patients who need dental implants?

The AAID has made significant legal efforts that benefit the profession of dentistry, and implant dentistry in particular, in several ways. These efforts in turn allow patients to get the care they so desire and receive it from a doctor who's been properly educated, clinically trained, and examined.

Recognition and Standardization: AAID's legal advocacy has helped establish implant dentistry as a recognized specialty. This recognition ensures that practitioners meet high standards of education and practice, which enhances the overall quality of care provided to patients.

Professional Autonomy: By challenging restrictive regulations, the AAID supports the professional autonomy of dentists. This allows qualified practitioners to offer a wider range of services, including advanced implant procedures, without unnecessary bureaucratic hurdles.



Educational Opportunities: AAID's efforts have led to the development of comprehensive certification programs and continuing education opportunities. These programs ensure that dentists stay updated on the latest advancements in implant technology and techniques, fostering professional growth and improving patient outcomes.

Legal Protections: AAID's legal initiatives often focus on protecting the rights of implant dentists. This includes defending against unfair legal challenges and advocating for policies that support the practice of implant dentistry. Such protections help create a more stable and supportive environment for practitioners.

Public Awareness and Trust: Through its legal and advocacy efforts, the AAID promotes public awareness about the importance of choosing certified implant dentists. This builds trust in the profession and encourages patients to seek care from qualified professionals.

How do AAID's legal efforts benefit the profession of dentistry as a whole and implant dentistry in particular?

Our Academy has built its foundation on education and educational leaders. We have some of the greatest pioneers, authors, clinicians, and visionaries in implant dentistry. This leadership continues to grow from within and will continue to flourish, benefiting dentistry and patients seeking professional care. We have earned this recognition through our legal push and outstanding representation in the courts that we rightfully deserve. In time, the opposition and political self-serving backers will have to accept us in ALL states as the specialist we are.

The Board of Trustees recently approved a one-time \$100 assessment for credentialed members to help fund AAID's specialty recognition activities. How will those funds be used and how will AAID members benefit?

The Board of Trustees discussed this assessment at great length. We agreed that this fee would ultimately help the legal efforts for the benefit all members of the AAID.

This Academy offers the highest level of training and the highest levels of bona fide credentials an implant dentist that one can obtain. It is through these credentials that our members can advertise to the public that they have received the necessary education, training, and skills required to perform modern day implant dentistry. But these advertisements for patient care and public information would never have been possible without AAID's legal efforts.

newmembers

The AAID is pleased to welcome the following new members who joined between May 6, 2024 and July 24, 2024. 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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Arizona

Gene Peterson, Chandler

California

Bruce Bosler, Vacaville

District of Columbia

Albert Coombs, Washington

Georgia

Shiven Gandhi, Atlanta

Idaho

Daniel Stackowicz, Meridian

Illinois

Dani Cszasz, Edwardsville

Indiana

Sarosh Shamsi, Fortville

Kentucky

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INTERNATIONAL

Mexico

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Website: www.dentalimplantlearningcenter.com

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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABO/ID

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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/2rwf9hc

Alabama Implant Study Club

Location: Brentwood, TN
President: Michael Dagostino, DDS
Contact: Sonia Smithson, DDS
Phone: 615-337-0008
Email: aisgadmin@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.mattdds@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

Implant Study Club of North Carolina

Location: Clemmons, NC
Director: Andrew Kelly, DDS
Contact: Shirley Kelly
Phone: 336-414-3910
Email: shirley@dentalofficesolutions.com
Website: www.dentalofficesolutions.com

Mid-Florida Implant Study Group

Location: Orlando, FL
Director: Rajiv Patel, BDS, MDS
Contact: Rajiv Patel, BDS, MDS
Phone: 386-738-2006
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.malosmileusaelizabeth.com

CANADA

Vancouver Implant Continuum

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

INTERNATIONAL

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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

Beirut AAID Study Club

Location: Beirut, Lebanon
Director: Joe Jihad Abdallah, BDS, MScD
Phone: 961-174-7650
Email: beirutdc@hotmail.com

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Beirut, Lebanon
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Contact: Mahia Cheblac
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 +961 1 747651
Email: beirutdc@hotmail.com
Fax: +961 1 747652

Calderon Institute

Various: New York, Dominican Republic
Instructor: Dr. Mikey Elvis Calderon
Phone: 631-328-5050
Email: calderoninstitute@gmail.com

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San Diego, CA
Instructor: Dr. Louie Al-Faraje,
 Academic Chairman
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Email: info@implanteducation.net

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Manchester, CT
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Contact: Michelle Marcil
Phone: 860-649-2272
Email: michelle@jawfixers.com
Website: www.jawfixers.com

East Coast Implant Institute

Utica, NY
Instructor: Dr. Brian J. Jackson
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Email: samantha@mii1980.com

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Phone: 866-586-0521

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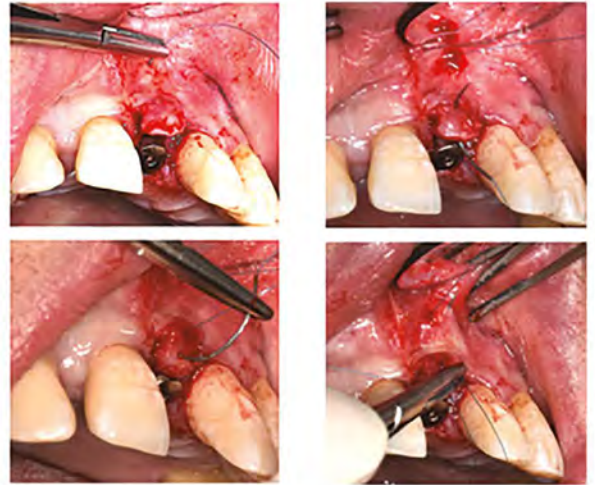
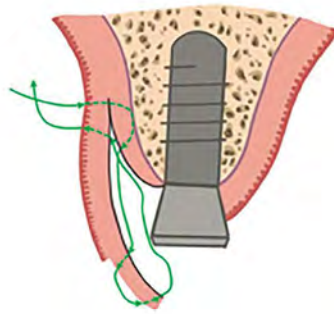
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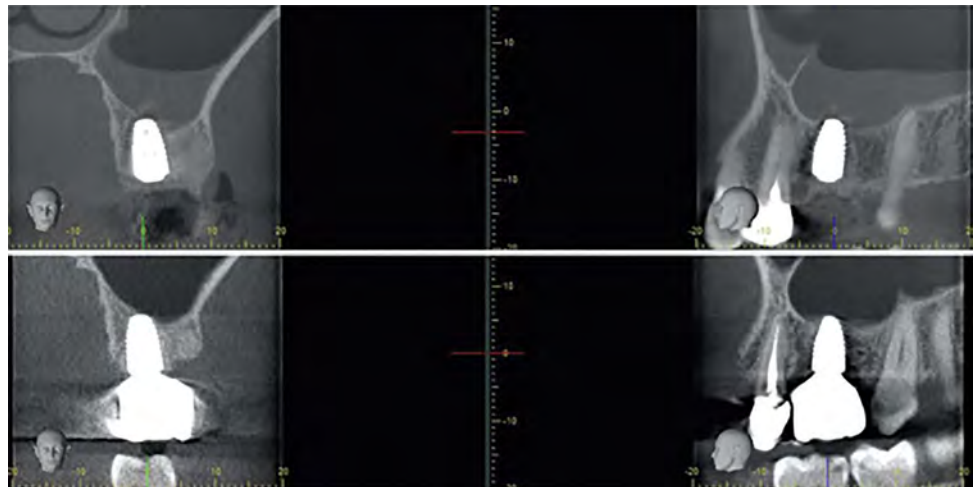
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CLINICAL CASE REPORT

Modified Roll Envelope Technique Combined With Apically Repositioned Flap (MRARF) for Peri-Implant Soft Tissue Augmentation-A Case Series

Authors of this case series performed implant surgery using a modified roll envelope technique and an apically repositioned flap (MRARF) to improve the peri-implant soft tissue phenotypes of patients who underwent dental implantation and GBR treatment at the same time.



CLINICAL CASE REPORT

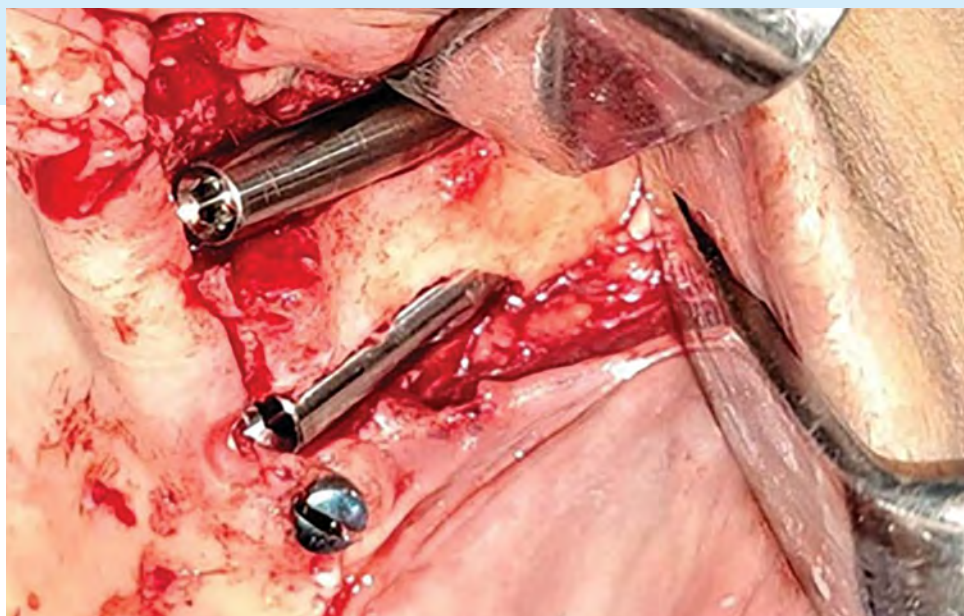
Implant Stability After Graftless Motor-Driven Crestal Sinus Elevation: A Cohort Study

In this study, researchers purpose was to evaluate the stability of implants installed using motor-driven drills simultaneously with graftless crestal sinus elevation. The results suggest this technique may achieve clinically acceptable stability as measured by RFA.

CLINICAL CASE REPORT

Comparative Evaluation of the Accuracy of Dynamic Navigation and Free Hand Methods During Zygomatic Implant Placement: A Randomized Controlled Trial

In this randomized controlled clinical trial, authors aimed to assess and compare the precision and predictability of zygomatic implants in atrophic maxilla by using conventional and dynamic navigation methods



CLINICAL CASE REPORT

Prevalence of Decay and Tooth Condition Changes Adjacent to Restored Dental Implants: A Retrospective Radiographic Study

Researchers of this retrospective study aimed to determine the conditions of teeth adjacent to a restored dental implant in regards to the prevalence of decay, root canal treatment, direct and indirect restorations and more after single implant-supported restorations had been placed.

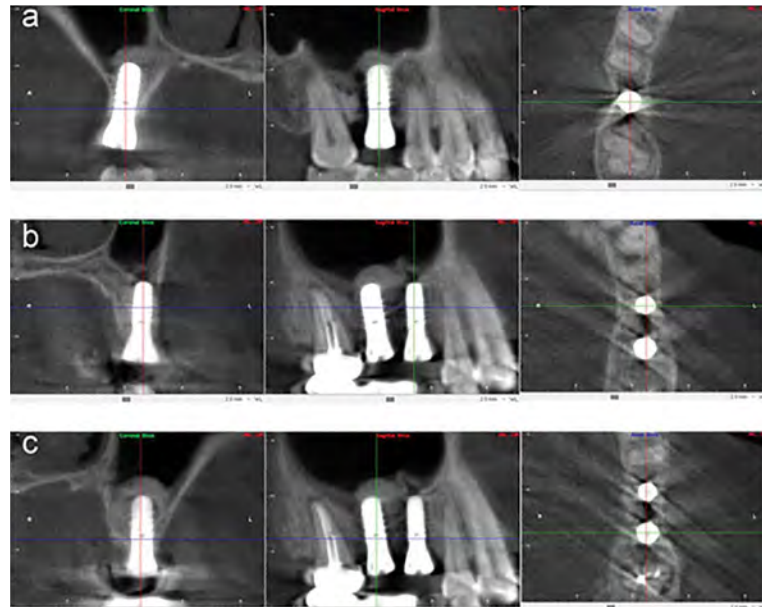
Prevalence of decay and changes to the condition of the adjacent teeth after implant restoration per implant type

Condition	Overall (n = 1085)	Bone (n = 483)	Tissue (n = 602)	Implant Type p-value*
Decay	83 (7.6%)	32 (6.6%)	51 (8.5%)	.255
Indirect restoration	97 (8.9%)	41 (8.5%)	56 (9.3%)	.641
Direct restoration	52 (4.8%)	26 (5.4%)	26 (4.3%)	.415
RCT	10 (0.9%)	4 (0.8%)	6 (1.0%)	1.000
Extraction	61 (5.6%)	26 (5.4%)	35 (5.8%)	.759
Replaced with Implant	22 (2.0%)	7 (1.4%)	15 (2.5%)	.226
Other	15 (1.4%)	8 (1.7%)	7 (1.2%)	.489
Total	234 (21.6%)	100 (20.7%)	134 (22.3%)	.536

*p-value based on Chi-square or Fisher exact test as appropriate.



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CLINICAL CASE REPORT

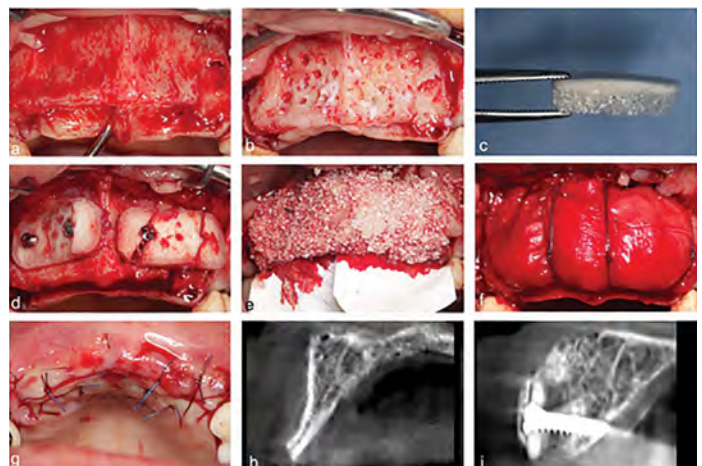
Risk Factors for Implant Failure Following Transcrestal Sinus-Floor Elevation: A Case Report and Literature Review

In this case study, authors objective was to identify and summarize the possible risk factors of implant failure associated with TSFE to ensure a more predictable implant survival rate using TSFE.

CLINICAL CASE REPORT

Demineralized, Freeze-Dried Allogeneic Bone Blocks With Suture Fixation Technique for Reconstruction of Maxillary Alveolar Bone Deficiency: A Case Series

Researchers of this clinical case report had a purpose of evaluating the clinical outcomes of using demineralized, freeze-dried allogeneic bone blocks (DFDABB) combined with the PVMS technique for reconstruction of severe horizontal alveolar bone deficiencies in the maxilla.



Innovating

Implant Dentistry and Facial Esthetics

2025 NORTHEAST DISTRICT MEETING

NYC



SAVE THE DATE

Saturday

May 3

2025

AAID's Public Awareness Campaign



Report Summary

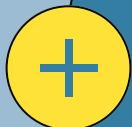
This analytics overview highlights steady growth in overall consumer website traffic, driven by targeted Google Ads campaigns that significantly improve visibility and engagement. The report also provides insights into user interactions with the Dentist Finder tool.

AAID 2024 Analytics Report



56%

Engagement rate showing an increased number of AAID's target audience brought to the site



145K

Active users (a 43.9% increase from last year)



23%

Conversion rate on all Google Ads (over 3X the dental industry average!)



88K

Overall clicks on all Google Ads (a 40% increase from last year)

Public awareness efforts bring patients to your office!

69,034

Dentist finder searches made

15,344

Dentists' profiles viewed

592

Dentists' contact forms filled out

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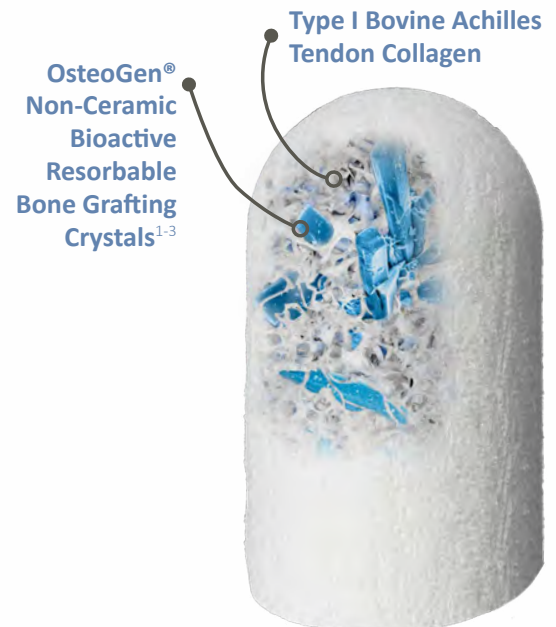
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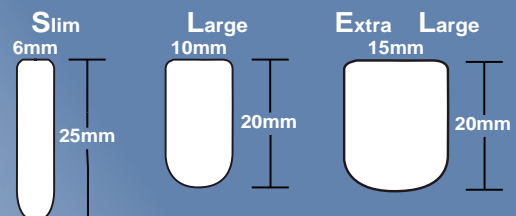
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1. Spivak, J Biomed. Mater Research, 1990
2. Ricci, J Oral Maxillofacial Surgery, 1992
3. Valen, J Oral Implantology, 2002

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