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Published by the American Academy of Implant Dentistry

Editor's Notebook

David G. Hochberg, DDS Editor, AAID News



The Academy's credentials continue to be recognized around the country by the courts and now by licensing boards. Our front page article reports on recent success in the state of Colorado.

In our ongoing effort to bring you information that helps you in your practice, we are pleased to include an article by AAID Associate Fellow and Diplomate, **Dr. Olivia Palmer,** that also appeared on the front page of the September 2008 issue of **Implant Tribune.** Our Clinical Bite offering details how one practice uses implants to replace teeth as a result of aging bridgework or failed root canals.

If you have clinical cases you would like to have featured in an upcoming issue of AAID News, contact me at hochbergdds@earthlink.net.

Colorado Dental Board Upholds AAID Credential Advertising

The American Academy of Implant Dentistry voiced strong support for a recent decision by the Colorado Dental Board allowing AAID credentialed implant dentists to advertise their qualifications to the public.

The decision follows an aggressive joint effort by AAID, the Academy of General Dentistry (AGD), the American Academy of Cosmetic Dentistry (AACD) and the Academy of Laser Dentistry (ALD) to convince the Colorado Dental Board to allow dentists to advertise bona fide credentials in dentistry. The regulation passed by the Colorado Dental Board provides that advertisements by dentists to the public may include credentials earned from AAID or other legitimate professional organizations, but also should include the phrase 'general dentist' if applicable.

"This is a victory for den-

tists in Colorado who have completed the rigorous criteria and testing to obtain Associate Fellow and Fellow credentials from the AAID or Diplomate certification from the American Board of Oral Implantology / Implant Dentistry," said Dr. Frank. R. Recker, legal counsel for AAID. "These credentials give the public valuable information regarding a dentist's postgraduate education, training and experience in implant dentistry."

All AAID credentialed members must have completed at least 300 hours of postdoctoral instruction specifically in implant dentistry, passed a comprehensive written examination, and presented cases demonstrating successful completion of different types of implants to a group of examiners. It is one of the most comprehensive and rigorous

professional credentialing programs in dentistry. Credentialed AAID members include general dentists, periodontists, prosthodontists and oral surgeons.

Recker also praised the involvement of AGD, AACD and ALD in helping AAID forge a strong coalition and communicate a united position in opposition to the proposed advertising restrictions. "This was a very effective partnership that upheld the rights of general dentists to promote their bona fide credentials in various areas of dentistry, including oral implantology," he said.

"Haute" Doc

AAID members are more than just excellent dentists. Every member has a personal side that may surprise you. Find out more about this issue's "haute" doc on page 4.





President's Message

By Jamie Lozada, DDS President, American Academy of Implant Dentistry

n 1985, I had the incredlible opportunity to attend my first AAID annual meeting. It took place in San Francisco, California. Back then, I was a young resident in the implant dentistry program at Loma Linda University (LLU). I clearly remember the heated debates between the various speakers participating in the meeting, along with members of the audience, transforming the enormous lecture room into a small classroom where people's desire to know more and more about the best ways to treat their patients flourished. For the next few years, I continued to attend the meetings, sometimes listening very attentively to the material presented, and on other occasions privileged to be an invited speaker with the opportunity to present material that I developed at Loma Linda University under the direction of my mentor. Dr. Robert (Bob) James.

I do not have words to adequately express what it meant to me, to have worked alongside Bob James during

my early years at LLU. Besides the daily teaching activities and clinical work providing patient care within the implant clinic, I witnessed his love and dedication for this Academy. He was a regular speaker at the annual and district meetings and constantly mobbed following his lectures. Still. Bob James always took the time to answer anyone's clinical questions. It is permanently etched in my memory the way he strongly encouraged me to present my very first lecture in front of a large audience. It was during a Western District meeting in San Diego in the late 80's where, for the first time, I experienced the pressure and responsibility of being a speaker for this great Academy.

The AAID honored Bob James with the Aaron Gershkoff Award in 1988. Clearly, he was extremely honored and felt very privileged for the recognition. Motivated by the love for this Academy, he also helped initiate the American Board of Oral Implantology/Implant Dentistry and the AAID sponsored Hospital Based Didactic Implant Dentistry programs.

As a student resident, I had the privilege of meeting many renowned speakers in

our graduate program. One of these great minds is an individual that has permanently engraved his teachings in my mind. He was the inspiration behind Bob James' decision to initiate an implant program at LLU. He has served the academy for more than 30 years with the majority of this time as the editor in chief of the *Journal of Oral Implantology*, the official publication of the AAID.

During my professional career and when I needed advice, Dr. Norman Cranin has always been there for me, my residents, and for our Academy. Dr. Cranin will soon retire and will leave behind the Journal of Oral Implantology, his legacy for this Academy, in the best shape it has ever been. He will also leave us with the memories of his insightful comments as an officer of the AAID Board of Trustees and as a former President. Next time you see him perusing through the halls of our annual meeting, please thank Dr. Norman Cranin for all his years as a leader of the American Academy of Implant Dentistry.

In 1994 Dr. Robert James passed away from a sudden heart attack. Soon after that, I was asked to direct the advanced education program in implant dentistry

at Loma Linda University. Dr. Hilt Tatum, Jr., then president of the AAID, attended the funeral services and in an effort to help maintain the presence of the implant program at LLU, he proposed the formation on the Robert James Research Endowment Fund. He solicited donations from the AAID membership and in a short period of time delivered a check for \$100,000 to the University in order to initiate the fund. Thanks to that contribution, residents of the implant dentistry program have been able to conduct research and produce significant publications in the field of implant dentistry. More importantly, this contribution allowed the Implant Dentistry Program at LLU to remain solvent following the death of its founder. I will always be grateful to the AAID and Dr. Tatum in particular for the incredible gesture in memory of Dr. James on behalf of Implant Dentistry.

I was invited by **Dr. Kevin O'Grady** to be a part of the AAID education committee. As a committee member, I began to understand the Academy's awesome role in education. The evaluation of the MaxiCourses®, administration of Academy-sponsored courses and supervision of

the district meetings is an unsurpassed educational endeavor that has flourished under the oversight of Dr. John DaSilva and Joyce Sigmon. Our success in Implant Dentistry Education under their leadership is a testament to how unique our Academy is both nationally as well as internationally.

I also had the opportunity to collaborate for several years on the test construction committee of the ABOI. Once again, two champions of education, **Dr. Jerry Soderstrom** and **Dr. Carl Misch** are perfect examples of the types of contributions that have been made by leaders of the AAID. Without a doubt, Drs. Soderstrom and Misch

AAID NEWS

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Events offered in this newsletter are by credentialed members. Except for the MaxiCourses® (cosponsored by the Academy) the listing of an event does not imply endorsement by the AAID. The editors reserve the right of refusal and to edit.

are only two of the many individuals that have made our Academy grow.

Approximately six years ago, I was elected as an officer of the Board of Trustees of the AAID. The leadership at that time, Drs. Carol Phillips, the late Paul Johnson, Fran DuCoin, Ed Mills, Kevin O'Grady, Kim Gowey and Frank LaMar were and still are a united group of individuals that have re-defined the AAID in the contemporary world. I feel honored and humbled to work side by side with them to help make this Academy what it is today, the best dental implant organization in the world.

And now, 23 years after I began my initial membership in this Academy we will meet in San Diego, for this year's Annual Meeting "Beyond Boundaries" October 29 through November 2, 2008. Our journey will stretch the imagination, exceed expectations and challenge existing beliefs in our continued pursuit of excellence in patient care. We will cast sails on Wednesday, October 29, for the New Trends, Techniques, and Technology forum with presentations given by esteemed clinicians representing our twenty corporate partners. On Thursday, October 30, we will "Break the Barriers in Implant Surgery" learning about the latest concepts in immediate loading protocols in grafted bone, on non invasive vertical bone regeneration

techniques and concepts involving dental implant engineering. In the afternoon, we will "Raise the Bar in Implant Prosthodontics" with cutting edge presentations in implant cosmetic techniques, the use of various ceramics and biomaterials for implant restorations, and virtual presurgical implant planning to improve predictability and clinical outcomes.

After the tremendous success of the "Focus on the Sinus" Western District program, live surgical demonstrations will be the highlight of the conference on Friday via high speed internet streaming from the operating suites of Loma Linda University. Vertical bone regeneration, predictable use of bone grafts and membranes and tissue grafting to enhance implant esthetics will be the types of live surgical demonstrations performed by the esteemed University faculty. Later that afternoon, we will "Confront the Challenging Issue of Innovation" and debate current controversies in implant dentistry including the use of mini implants to support definitive restorations, as well as the clinical relevance of platform switching, with interactive audience participation technology used to gain member feedback.

The conference will culminate on Saturday as we "Think Beyond Boundaries" with scientific lectures presenting human histology of rhBMP-2 in the maxillary sinus, expert clinicians demonstrating alternative graft less treatment options for the posterior maxilla and presentations on the various uses of implants to achieve extraordinary orthodontic tooth movement. An equally phenomenal program will be available for auxiliaries and laboratory technicians that will energize staff and provide a great "team" experience.

Our Academy will be at the forefront of education during our 2008 Annual Meeting, and will broadcast for the first time in our history, the meeting online. Presentations will be made available real time and simulated-live (beginning at 3:00 am PST) via web casts for viewing at convenient times by implant dentists across the globe. In addition, the presentations, once completed, will be archived for on-demand viewing of lectures and live surgical demonstrations.

This year's Annual Meeting in San Diego will be one of our Academy's best, and I invite all of you to attend to witness firsthand, the strength and greatness of the AAID. I give a great deal of credit to our meeting chairman, Dr. Nick Caplanis, who continues to exceed expectations, as well as to the entire 2008 meeting planning committee including the AAID staff, who have all helped engineer yet another extraordinary event.



"Haute" Doc AAID's Best Stand-up Act

Our neighborhood was so poor you could tell who the rich families were because they were the only ones with garbage. One day I told my dad the garbage truck was in front of our place, and he said: 'Good, tell them to leave a couple of cans.'

Think you heard those lines from Bob Hope? Or Henny Youngman? Or Rodney Dangerfield? No, the jokes were written and performed by Canadian implant dentist and AAID member David Vassos. **DDS.** Dentist by day, comedian by night, Vassos, 69, got the entertainment bug in college while performing in a musical quartet to pay his tuition and living expenses. After graduating from dental school, he turned to comedy and has entertained audiences worldwide - sometimes as a warm-up act for top-name singers like Charlie Pride, Tina Turner and Neil Sedaka.

Vassos recalled the days when he worked through high school as a lighting operator at this brother's night club in the Edmonton area. "I would watch all the comedians who performed in the club and learned quickly that jokes and comeback lines that seemed to be ad-libs actually were rehearsed

and used in every performance," said Vassos. "I learned from watching other comedians that preparation and making your material relevant to the audience is critical for getting laughs."

As Vassos built his successful implant dentistry practice and became wellknown in the field, the demand for his comedic talents increased as well. "I marketed my act to hotels in the area that did a lot of convention business and told the mangers 'spend a few extra bucks and I'll do a routine that's funny and relevant to the group." From that beginning, Vassos' second career has taken him all over world entertaining convention audiences worldwide, including some club, radio and TV gigs, including the famous Comedy Club in Los Angeles.

"First and foremost, I'm a dentist, and comedy is a hobby," says Vassos. "My interest in humor never motivated me to be a professional comedian doing three shows a night."

"As long as your comedy is pertinent, you should be a hit with the audience." Vassos said. "Many business conventions are populated with men over 40, so the Viagra and



prostate and failing memory jokes usually work well. I also find out who are the most colorful or notorious convention attendees and do a few jokes about them and the organization at the beginning of the monologue. That loosens up the group and paves the way for the other material, as long as the transitions are good."

Vassos weaves jokes and funny cracks into his dental lectures. He even gives out Smarties candy to reward correct answers from the group. "I use humor to back up points I'm trying to make and keep the presentation lively. Most dental lectures, unfortunately, are like sitting through Gone with the Wind twice."

He notes that sometimes it's difficult to apply humor to international audiences and said he once was warned by a colleague not to tell jokes during a dental lecture in Japan. "I got ready for the talk by taking

a night-school course in Japanese, and members of the group appreciated that I was the only speaker who tried to use the language. But I couldn't be funny in Japanese." Vassos remembers when he told a 30-second joke, the translation lasted just five seconds. After the lecture, he asked what was going on. The program chairman told him the translator said "Canadian speaker just told joke, please laugh."

Nobody knows anything about Canada, which is good because we've seen what happens to countries you take an interest in.

That line got laughs, but Vasso usually is careful with political topics and also avoids using profanity in his act. "Sometimes a joke isn't funny without a mild expletive, but as rule I don't swear during performances," he said. I like to take the high road."

Does Vassos tell jokes to his patients? "I like writing new stuff and sometimes patients are a good trial audience," he said. "Several have asked me to do routines in the office and I try to oblige within limits."

Doctor I have yellow teeth, what should I do? Wear a brown tie.

Research Foundation Auction includes Educational Courses

During AAID's 57th Annual Meeting in San Diego, the Research Foundation Corporate Auction, for the first time, will include many outstanding educational courses for your bidding. With values ranging from \$1,300 to over \$14,000, there is something for everyone's budget and CE needs.

Written bids will be accepted starting at 9:30 a.m., Thursday, October 30, at the AAID Research Foundation auction table located in the Implant World Expo. All bidding will close at 12:30 p.m. Saturday.

Following are the courses as of September 10, 2008:

Englewood Dental: John Minichetti, DMD Retail Value: \$4,900 Description: 2009 Advance Course at the Dental

Implant Learning Center, Englewood, NJ. The Dental Implant Learning Center is holding its 8th Annual Course in Englewood, NJ. Dr. John Minichetti, DMD is the Director of the program and has trained hundreds of dentists both basic and advanced implant surgery and prosthetics. The Advanced course is designed for clinicians with previous implant experience wishing to expand

their surgical and prosthetic skills. Topics covered include bone grafting, spreading, sinus grafting, block grafting soft tissue surgery, immediate placement and loading. The Advanced program is 5 sessions starting September 16, 2009 and October 7 and 14 and 21 and November 4.

Implant Smile Center:
Robert Leigh, DDS
Retail Value: \$2,000
Description: SP1 or SP2
Course. Introductory
course on Dental Implants
in a clinical setting. To view
description of course please
visit www.implantsmilecenter.com

Shankar Iyer, DDS:
Director, AAID India
Maxicourse*
Retail Value: \$6,000 + INR
50,000 (\$1,250), Total
(7,250)
Description: India
Maxicourse* - New Delhi
(2009)

Loma Linda University:
Jaime Lozada, DDS
Retail Value: \$7,500
Description: Jaime Lozada,
DDS will donate a course
at Loma Linda University.
This will be the Advanced
version of the Maxicourse®.
This course will be held one

Wednesday per month begin

Wednesday per month beginning June 2009 running thought December.

Midwest Implant Institute: Alfred "Duke" Heller, DDS Retail Value: \$14,450 Description: Midwest

Description: Midwest Implant Institute Externship Program.

Doctor will attend 301 two day course without charge. Doctor and two staff members will attend 302 course without charge. Doctor and two staff members will attend Externship Program of approximately 5-7 visits with their own patients to do implant surgery in Worthington, Ohio without charge. Visit www.midwestimplantinstitute.com to view the Externship Program.

Pikos Implant Institute: Michael Pikos, DDS Retail Value: \$3,900 Description: One Registration to Advanced Bone Grafting February 5-7, 2009. This

advanced bone grafting course is designed for the clinician with prior implant experience who desires to implement millennium technology and state of the art bone

grafting protocols for their implant practice. The focus will be the application of the Pikos Philosophy to optimize hard tissue architecture for predictable surgical implant placement and restoration. High technology interactive CT diagnosis will be utilized to improve patient selection, graft site evaluation, harvest site assessment and minimize complications. Contemporary surgical bone grafting protocols, including ridge expansion, sinus grafting, and autogenous block grafting, will be presented with live surgical demonstration and handson model surgery. A dedicated section of the course will address bone grafting complications.

Joel Rosenlicht, DMD
Retail Value: \$1,300
Description: CDII: 22nd
Annual Ski Symposium
Tuition. Join us for an
incredible week of skiing
see Research Foundation p. 11



Clinical Bite

More and More, Dental Implants Preferred to Bridgework

By Olivia Palmer, DMD

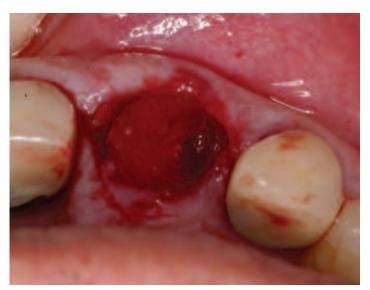
Editor's Note: The following article was originally published in the September 2008 issue of Implant Tribune. It is based on a news release issued by the AAID entitled "Bridge to Nowhere."

n our practice in n our practice Charleston, South Carolina, we utilize dental implants as the preferred alternative to bridgework for replacing a missing tooth, filling extraction sites from removal of a broken tooth and, of course, for replacing aging, wornout bridges. For the single tooth replacements, we are able in one surgical procedure to replace the tooth root with a permanent implant with no loss of bone.

Young patients who have lost one or more teeth from accidents and sports injuries benefit from permanent implants rather than sacrificing healthy teeth to accommodate a

three or four unit bridge. The bridge eventually will have to be replaced and the young patient likely would face a lifetime of compromised dentition. Once the implant is in place, however, it functions the same as a normal tooth without complications associated with bridgework.

Our patient Bobby, was hit during a soccer game and fractured his left front. tooth. The remaining root was removed and the dental implant and temporary crown were placed in the same appointment. If not for this technique to replace just the damaged tooth, Bobby would have had the healthy teeth on either side cut down for a



Root exposed after extraction.

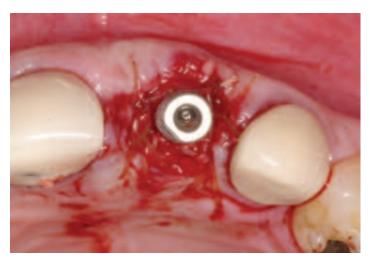
bridge. Further, the bone above the gumline would have shrunk, leaving a defect that showed when he smiled.

Today Baby Boomers are coping with dental problems associated with advancing age, and for many that means replacing aging bridgework. With an estimated two of three Americans having at least one missing tooth, implants are the preferred toothreplacement option because it is one of the safest, most precise and predictable procedures in dentistry, when performed by dentists with appropriate implant training.

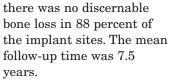
A study published this year in the Journal of Oral *Implantology* reported that dental implants are 98 percent successful and cause little or no bone loss. The study goal was to determine the level of bone loss over time at implant sites in the jaw. A key clinical issue was not whether bone loss would occur, but how much bone loss should be considered normal and acceptable. The authors reviewed 60 charts of patients who received a total of 267 implants in two private dental practices in Israel and Germany. They found that 98.5 percent of the implants survived and



Crown removed and root exposed after extraction.



Implant placement immediately after extraction.



These findings should be very encouraging for older patients who have had their original bridges in their mouths for ten years or more and are considering implants. For most, the bridges were inserted when the procedure was considered to be the norm in dentistry for replacing missing or compromised teeth. Unfortunately, many older patients today are unaware that aging dental bridges are a maintenance headache and a recipe for oral-health disaster. An old bridge is worthless for preserving good dental health. In essence, it's a bridge to nowhere. Old and worn bridges are difficult to floss, often decay, and almost always require replacement with longer bridges.

As a result, bridges gen-

erally fail after 5-10 years as patients have trouble flossing them. Because these bridges link missing tooth spaces to adjacent teeth, many patients have great difficulty flossing the bridge, and root surfaces below and around bridgework often decay, if they are not kept exceptionally clean by flossing. Since it is impossible to repair this marginal decay, the entire bridge has to be replaced. Unfortunately, teeth supporting the old bridge often are lost, requiring insertion of longer bridges that further compromise dentition.

That's why we have been advising our patients to replace those bridges to nowhere with convenient, reliable and permanent dental implants. Implants are proven to be a superior treatment alternative because they preserve the bone of the jaw, can be flossed easily, do not decay, and function just like nat-



Temporary crown placed on the same day as implant insertion.

ural teeth. Also, to have implants you don't have to sacrifice healthy teeth.

Our patient, Melissa, was missing her lower first molar and had been wearing a bridge. She had not been flossing regularly, as she stated it was too difficult to get under the bridge. The decay around the margin of one of the teeth in the bridge required replacement of the entire bridge. She chose to have a single tooth implant and replace the crowns on either side so she could floss normally and not have to replace the bridge again in her life. She is so happy that she can floss her implant just like a natural tooth.

In the last decade, prosthodontic treatment planning has changed dramatically because of the acceptance of dental implants as a viable long-term option for replacing missing teeth. Why should

we recommend higher risk procedures when dental implants are more predictable and a better alternative?

Also, we are advising patients with old endodontically treated teeth with failed root canals to extract them and have implants placed instead of choosing apicoectomies (surgery to try to save the root) that usually has a poor long-term prognosis.

Today highly precise computer guided dental implant surgery has made the procedure faster, highly predicable, long-lasting and 97 percent successful, which is far superior to outcomes with bridges. Therefore, we strongly recommend that anyone with one or more missing teeth who is considering having a first bridge inserted or needs to replace an old one to seriously weigh the benefits of dental implants before getting treatment.





Legal Bite 'Informed Consent' versus 'Negligence:' A distinction WITH a Difference!

By Frank R. Recker, DDS, JD

Editor's Note: Each issue of the AAID News will include a "Legal Bite" article written by Frank Recker, DDS, JD who is legal counsel for the Academy. Dr. Recker will share his suggestions for dealing with every day experiences that might lead to legal issues for dentists. Dr. Recker can be reached at: 800.224.3529 or by e-mail at recker@ddslaw.com.

any concepts in dental malpractice are misunderstood by dental professionals, and sometimes even lawvers. One area of relatively common confusion is the legal differences between negligence — the failure to render treatment that comports with the accepted standards of care, resulting in damage or injury to a patient, and a lack of informed consent — the failure to obtain a patient's acceptance of the proposed treatment with its attendant risks, knowing and understanding those risks. A dental malpractice suit usually alleges both negligence by the dentist and a lack of informed consent by the patient. However, the facts often reveal that the dentist was not negligent in treatment but that the patient records lack clear documentation of an 'informed consent' by the patient.

If a dental clinician places an implant and a partial paresthesia results from the treatment, such can give rise to a malpractice suit alleging both

negligence in performing the service, and a failure to obtain the informed consent of the patient. The negligence claim must be established by expert testimony that shows the dentist failed to conform to the accepted standards of care in the placement of the implant and that such

that an informed decision of the patient was not obtained. The informed consent claim does not require a showing of negligence or substandard care. In other words, even if the implant were placed perfectly, there is a material risk that the proper placement of the implant could still result in

"... the facts often reveal that the dentist was not negligent in treatment but that the patient records lack clear documentation of an 'informed consent' by the patient."

failure 'caused' or resulted in the injury to the patient. On issues of alleged negligence, most often the patient and the dentist will provide conflicting expert testimony which is ultimately a decision left to the jury or to the judge.

The lack of informed consent claim relates to the dentist's alleged failure to provide the patient sufficient information about the procedure and its attendant, foreseeable risks, such some injury to the nerve, and this foreseeable risk was not provided to or understood by the patient. In the absence of clear documentation in the patient record that such information was provided to the patient and that the patient understood and expressly consented to the procedure, whether or not an informed consent was obtained is also a question for the jury.

The burden of proof in a

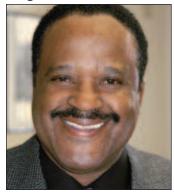
claim alleging lack of informed consent falls on the patient/plaintiff. It isn't sufficient for the patient to show that the dentist failed to provide a clear picture of all the reasonably foreseeable, potential risks attendant to the procedure or that the patient failed to understand those risks. The patient must also establish that, under the same or similar circumstances (i.e., pain, toothache, dental condition, etc.) a 'reasonable person' would have declined to have the treatment rendered had he/she known of those risks. This burden of proof can be a very difficult hurdle for the patient to overcome.

Ultimately, again, the jury will decide if there was indeed a lack of informed consent. But in most situations, a reasonable person would likely have chosen to accept the treatment, under the same or similar circumstances, even knowing the risks of the procedure. This makes the patient's burden of proof very difficult to achieve. For example, many

see Legal Bite p. 28

Industry News

Carecredit Celebrates 100.000th Practice **To Begin Offering The Program**



Dr. Charles Mattison is 100.000th CareCredit practice.

CareCredit® is celebrating an important milestone – the 100,000th practice to begin offering the program as a convenient payment option.

Dr. Charles Mattison. from Inglewood, California, understood the benefits of offering No Interest and Low Interest Payment Plans to his patients and practice, prompting him to call CareCredit to get started with the program. "I had been thinking about adding CareCredit as a payment option to help patients get healthy and beautiful smiles. When a patient who had used CareCredit before came to our practice and wanted to use it for their dentistry, I knew it was time to call," explained Dr. Mattison. What he didn't know was

that he was going to be the 100.000th practice to add CareCredit, making him somewhat of a celebrity to the company as it achieved this very important milestone.

CareCredit is exclusively selected for their members by ADA Member AdvantageSM, AGD, AADOM, AAOMS, and AAP, and is also recommended by leading practice management consultants. For more information, call CareCredit at 1-800-300-3046 ext. 4519 (new to CareCredit) or 1-800-859-9975 (if already enrolled) or visit www.carecredit.com.

New Technology Simplifies Restorative Process



BIOMET 3i now offers a new solution to meet aesthetic demands, increase productivity and maximize chair time. The Encode® Complete Restorative System utilizes Robocast Technology to eliminate implant-level impressions

and the need to inventory components. The process delivers a patient specific abutment and a master cast ready for the final restoration fabrication.

The clinician simply makes a supragingival impression of the Encode Healing Abutment, which was previously placed by the surgeon. Codes embedded on the occlusal surface of the Encode Healing Abutment communicate the implant depth, hex-orientation, platform diameter and interface (Certain® Internal Connection or External Connection). This information allows **BIOMET** 3i ARCHITECH PSR® Dental Technicians to create an anatomic patient specific abutment with appropriate margin height and natural emergence contours while a robot places the implant body analogs to create a master cast.

Because there is no need to remove a healing abutment and seat an impression coping for an implant level impression, soft tissue is spared from the unnecessary trauma of traditional techniques. As a result, soft tissue levels may be preserved and bone remodeling is potentially minimized. The Encode Complete System process results in an anatomically designed final abutment

created to specifications with consideration of the surrounding gingival architecture and dental structures.

Encode Abutments are available in Titanium and with a Gold-colored Titanium Nitride Coating.

BIOMET 3i is based in Palm Beach Gardens, Florida, with operations throughout North America, Latin America, Europe and the Pacific Rim. For more information, call 1-800-443-8166 or 561-776-6700, or visit the company's website: www.biomet3i.com

The Evolution of First True **Mini Dental Implant: OCO** Biomedical's New 3.0 mm I-Mini™



OCO Biomedical Inc., announced the approval for long-term use of the first true mini dental implant (as opposed to a threaded pin – anything less than 3.0 mm in diameter). Formerly marketed for five years as

see Industry News p. 19



Upcoming key AAID dates

O C T O B E R 2008

29-Nov. 2 AAID 57th Annual Meeting — San Diego, CA

N O V E M B E R 2008

- 2 AAID Associate Fellow Written Exam — San Diego, CA
- 5 Deadline to apply for AAID December 5 Associate Fellow Written Exam
- 12 Deadline to apply for AAID December 12 Associate Fellow Written Exam
- 20-21 AAID Soft Tissue Grafting Course— Henderson, NV

DECEMBER 2008

- 5 AAID Associate Fellow Written Exam — Atlanta, GA
- 8-12 AAID Associate Fellow Written
 Exam Pearson Vue Testing
 Centers

12 AAID Associate Fellow Written Exam — Loma Linda University

J A N U A R Y 2 0 0 9

8-9 AAID Bone Grafting Course - Henderson, Nevada

F E B R U A R Y 2 0 0 9

Examination Deadline for April 30May 3 Fellow Exam Chicago, Illinois

Examination Deadline for April 25-27 Associate Fellow Oral/Case Exam Chicago, Illinois

9-13 Associate Fellow Written Examination Pearson Vue Testing Centers

A P R I L 2 0 0 9

30- May 3 Fellow and Associate Fellow Oral/Case Exam Chicago, Illinois

M A Y 2 0 0 9

- 14 Examination Deadline for computer-based Associate Fellow Exam
 Pearson Vue Testing Centers
- **14-16** The Exotic Side of Implant Dentistry Acapulco, Mexico

J U N E 2 0 0 9

26-27 AAID Bone Grafting Course - Dayton, Ohio

AUGUST 2009

7 Examination Deadline for computer-based Associate Fellow Exam on December 7 - 11, 2009 Pearson Vue Testing Centers

SEPTEMBER 2009

14-18 Associate Fellow Written
Examination
Pearson Vue Testing Centers



Executive Director's Report

By Sharon Bennett

AAID Education Continues to Expand

AAID has built a solid reputation on providing implant education. But with some new courses and delivery mechanisms, that reputation is expanding.

The 57th Annual Meeting, which will be held October 29 - November 2, 2008 in beautiful San Diego, is just the first example of these new programs. The New Trends, Techniques and Technology programs and the Main Podium presentations will be available on the internet in both real-time and simulated-live. That means the sessions can be watched while they are hap-

pening...or can be viewed at a time that matches your schedule. It's the next best thing to being there, and it provides CE credit.

Other new programs at the 2008 Annual Meeting include a live surgery broadcast from Loma Linda University. This session, too, will be available in real-time or simulated-live. And there will also be two days of programming for allied staff...a laboratory technician program...and a program devoted to providing education for dentists new to implants.

But the Annual Meeting is only the beginning of AAID's expanded education

opportunities.

The "Advanced Dental Cosmetic Microsurgery" course (October 3-4 in Chicago) is a two-day participatory course designed for general practitioners and specialists that focuses on basic microsuturing techniques. It's a new program for AAID...and it sold out!

The "Optimizing Implant Esthetics and Patient Satisfaction with Soft Tissue Grafting" course will be held at Touro University College of Osteopathic Medicine in Henderson, Nevada, November 20 – 21, 2008. This new course will combine lecture and participation dealing with the knowledge

and skills required to perform basic free gingival and connective tissue grafts.

AAID's education is expanding in other areas, too. Two new
MaxiCourses® will be offered this year – one in South Korea and one sponsored by the Oregon AGD.

The expansion of AAID's educational programs and delivery mechanisms is just another example of working to meet one significant aspect of AAID's mission: "To advance the science and practice of implant dentistry through education..."

AAID continues to lead the way in implant education.

Research Foundation

continued from page 5

and learning. The symposium theme is "Peak Performance" held at the Peaks Resort in beautiful Telluride Colorado. Created for all dentists and specialists, topics include Implants, Prosthodontics and cutting edge Technology. Featured speakers are: James Downs, DMD, Troy Gasser, Sascha Jovanovic, DDS, A. Burton Melton, DDS, and Joel Rosenlicht, DMD. (Travel and hotel accommodations not included).

David Vassos, DDS Retail Value: \$2,500

Description: **Donating Tuition in the amount of \$2,500 for 2009 surgical course.**

AAID Bone Grafting Course Retail Value: AAID Members \$2,495 AAID Non-Members \$2,995

Description: Bone Grafting Course June 26-27, 2009 Wright State University, Dayton, Ohio. This course combines lectures and laboratory sessions featuring hands-on experience for bone and soft tissue grafting utilizing cadaver heads. The lectures focus on relevant head and neck anatomy; chin, ramus and subantral grafts; bone expansion techniques; soft tissue management (including free gingival and subepithelial grafts) relating to dental implant(s) and osseous grafts; bone graft material classifications and indications; science of platelet rich plasma (PRP) and how to obtain PRP using a simple cost-effective technique; venipuncture techniques; and pertinent

perioperative pharmacology. During the supervised laboratory sessions, participants will review anatomical landmarks and perform procedures demonstrated by the lecturers.

Don't forget
to visit
www.aaid.com
for the latest
news and
updates.





News from the American Board of Oral Implantology/Implant Dentistry

By James L. Rutkowski, DMD, President, ABOI/ID

Valerie Lober Retires

Valerie Lober, Ph.D., executive director of the ABOI/ID since July 2002, retired at the end of May due to the complications of a chronic illness. Before becoming executive director, she served the ABOI/ID as a measurement consultant from 1994 to 1996. The ABOI's current success is due in large part to her guidance.

Dr. Lober was dedicated to assuring that the integrity of Diplomate credential was always maintained. She worked closely with the various Board members and officers to keep the ABOI/ID's mission on track. The list of her accomplishments is extensive. Among the Board's major accomplishments during her tenure include revalidation of the ABOI/ID's certification examination, creation of the first practice analysis that became the foundation of the entire certification process and the development of written/oral examinations based on that practice analysis, and implementation of the current oral examination wherein standard case stations are used.

Dr. Lober's fondest memories of her work with the ABOI include guiding dentists who were applying for certification, offering support to candidates as they pre-



Valerie Lober, Ph.D.

pared for examination, and serving the Diplomates and the Board of Directors through the years. As the current president, my fondest memory of Dr. Lober is her thorough knowledge of Board matters and her attention to detail. Valerie was a pleasure to work with, and speaking for the entire Board, we will miss her and wish her well and good health in retirement. She and her husband Ross, who also made many contributions to the ABOI/ID through the years, are enjoying international traveling and the pleasures of free-time. Valerie and Ross are deserving of many happy days to come.

New Executive Director hired

The Board of Directors is pleased to announce the appointment of Kathleen Huttner as ABOI's new executive director. Ms. Huttner brings a wealth of clinical and administrative experience to her new position.

After working in an oral and maxillofacial surgery private practice and as supervisor of the Oral Surgery Clinic at the University of Illinois School of Dentistry, she ioined the American Association of Oral and Maxillofacial Surgery as a Senior Staff Associate in the continuing education department before becoming the Continuing Medical Education and E-Learning Manager for MacNeal Hospital, Berwyn, Illinois. Through her prior positions, Kathleen has great insight into what implant dentistry practitioners experience on a daily basis: and her involvement in E-Learning will be helpful as the Board increases its use of technology in the application and examination processes. Her experiences, insights and expertise will be helpful as the ABOI/ID continues to evolve.

Kathleen also brings enthusiasm to her new position, and she is getting up to speed on the ABOI/ID's current and future needs. Already, she is helping the Board streamline the application process in an effort to attract more of the many qualified implant dentistry practitioners.

Dr. Lober assisted the Board in developing the finest dental implant board

examination, one that is based on a valid practice analysis: and Ms. Huttner and the current members of the Board of Directors are grateful for her contributions. With a sound examination process in place, I am confident that streamlining the application process will encourage many more qualified implantologists to apply for examination. We look to the past with great appreciation and pride and look forward to the future with much anticipation and excitement.

If you are thinking of becoming a Diplomate of the ABOI please stop by the ABOI Booth in the exhibit hall during the AAID Annual Meeting in San Diego, CA.

You can also go to www.aboi.org for more information on becoming a Diplomate.

Additionally, Diplomates are encouraged to attend the Thirteenth Annual Breakfast, Friday, October 31, 2008 during the AAID Annual Meeting. This is a great opportunity to showcase being a Diplomate as well as encourage and mentor a new applicant. If you plan on bringing a colleague that is interested in becoming a Diplomate, please purchase your tickets in advance through the AAID.

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Interview

Interview with Beverly W. Dunn, DDS

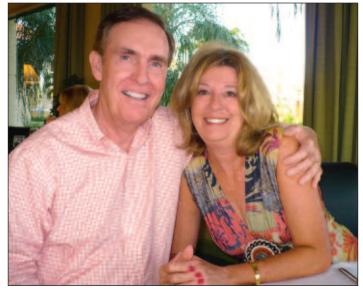
Incoming President, American Academy of Implant Dentistry

Interviewed by Editor of AAID News, David Hochberg, DDS

How did you become interested in implant dentistry?

I remember distinctly. It was the spring of 1986, and my periodontist invited me to go to a two-day meeting in Washington, D.C. to hear Dr. Gerald Niznick lecture about dental implants.

I knew very little about implants at that point in time. I had read about them and had seen advertisements in dental journals. I was doing a lot of removable and fixed perio prostheses in my practice, but I was confused and intimidated by how Dr. Niznick was restoring these dental implants. My periodontist started placing the implants for me and I did the restorations. Sometimes the prosthetic restorations were difficult to restore due to the position of the implants. About a year later, I was attending a subperiosteal course in North Carolina at Dr. Paul Homily's office where I met a dentist from Michigan. I told him about my problems restoring the implant cases. Dr. Bill Moilanen said to me "if you really want to learn about implant dentistry, you



Dr. Beverly Dunn and his wife, Alana.

need to take **Dr. Carl Misch's** course." So that's what I did.

How did you become involved in the AAID?

Dr. Misch suggested to all of us that we should get involved in the American Academy of Implant Dentistry. He explained to us there was an associate fellowship exam and with what we learned at the Institute, he felt that we would be able to pass the examination. So I went ahead and joined the AAID. I found that people in the AAID were very willing to share their knowledge with you. All you had to do was ask them. I had never experienced this willingness to help at other courses that I had attended over the years. That kindness is what really attracted me to attend more meetings of the AAID.

I attended a subperiosteal course in Cooperstown, NY in 1998 that was sponsored by the Northeast District of AAID. They needed to have a secretary for the district and said they wanted me to be the secretary. I accepted with some trepidation as to whether I was capable of fulfilling that responsibility. That started my volunteer career in AAID. The members of this Academy have made it a wonderful journey.

What are some of the issues that you will be addressing during your upcoming presidency? One of the top issues will be to have a search committee find a replacement for editor of the Journal of Oral Implantology. Dr. Norman Cranin who has been our esteemed editor for many years will be retiring at the end of November. We need to find a competent editor to replace Dr. Cranin.

This past February, the Board of Trustees and stakeholders in the AAID had a strategic planning session to update the strategic plan for the Academy. This strategic plan needs to be reviewed each year. We are going to work this year to implement other phases of the strategic plan. Another area is to try and have more inclusion of the general members working on some of our committees. We also want to increase our rate of retention of members. We're losing about 10% of our existing membership a year. We have been adding over 20% new members each year, so we are growing at a net 10% rate. However, the Academy wants to try and retain all members. The AAID Lunch

and Learn Programs that we have in the dental schools need to be expanded. This is an excellent means of providing dental students with information about implants and the AAID as the primary source for implant education. We want to continue building our relationship with the American Academy of Cosmetic Dentistry, the Academy of General Dentistry and the Academy of Laser Dentistry. The Academy is in the process of developing a program that will allow the districts to run their district meetings more effectively. We want to continue our efforts internationally with our MaxiCourses® and with the transition with our executive director.

Of the many issues you listed, can you speak in more detail regarding membership retention?

I think it's very important to have more inclusion of our general members in the Academy. It will encourage the general members to become credentialed. One way of doing this is adding the general members to some of our committees. Another way is to have inclusion of the general members at our caucus meetings. Some of the general members can become involved in the district helping on committees and getting more interested in the AAID. As to the mem-



Bogey, the Dunn's cocker spaniel (with an unidentified friend).

bers who choose not to renew their membership, Carolina Hernandez in the Headquarters office, is working With Max Moses on how to retain memberships in the Academy.

What advice would you give to our new members regarding the many benefits that the AAID has to offer?

As many of you know, we have six MaxiCourses®, including two international one in India and one in South Korea. In the United States, we have four MaxiCourses® - New York, Georgia, California and Oregon. We also present two bone grafting courses, one at Wright State University in Ohio and the other at Touro University in Nevada. We just implemented a new microsurgery course presented in Chicago and that

is completely sold out. In November, Touro University Nevada will be the site of our latest educational offering - a course entitled "Optimizing Implant Esthetics and Patient Satisfaction with Soft Tissue Grafting." In addition we have some of the best scientific programs available in implant dentistry at our annual meeting.

For dentists preparing for their associate fellowship examination, we have a mentoring program that can help them. We're in the process of expanding even further our educational course offerings and want to have more presence in the dental schools.

Dr. Dunn, please share with us some of your thoughts regarding the challenges facing our Academy today. I think there are a couple of challenges. One is the court challenges in Florida and California so that our credentials will be recognized. Another area is in education. There is competition in education with the dental implant manufacturers. We have to make dentists who are placing implants aware of the importance of continued implant education so they can provide the best possible service to the patient and that the AAID is the place to get that education.

What do you think of some of the strengths of the AAID?

The greatest strength that we have is the membership itself. The amount of time and hours that our members volunteer shows their love for the Academy and makes the Academy what it is today. We have a very strong Board of Trustees with good vision and no personal agendas. Our financial stability is as strong as it's ever been. The AAID Research Foundation has over \$1.2 million in its **Endowment Fund. Grants** from the foundation are given for dental implant research. We have the only authoritative credentialing process in implant dentistry. We are attracting new members both nationally and internationally.

The second strength that we have is the central office.

see Interview p. 18



Academy News

2008-2009 Slate of Officers

The AAID Nominating Committee presents the following slate of officers for consideration at the Academy's 2008 Annual Business Meeting on Saturday, November 1 in San Diego during the 57th Annual Meeting.

President — **Beverly W. Dunn, DDS** (Automatic succession from President-Elect)

President-Elect — Joel L.
Rosenlicht, DMD
Vice President — Joseph
F. Orrico, DDS
Treasurer — James L.
Bush, DDS
Secretary — Nicholas
Caplanis, DMD, MS
Editor-in-Chief —
A. Norman Cranin, DDS

The Nominating
Committee is chaired by **Dr. Frank LaMar.** The
Committee members are **Drs. Fran DuCoin, Bev Dunn, Jay Elliott,** and **Emil Syoboda.**

Bylaws Amendments

The following Bylaws Amendments have been approved by the AAID Board of Trustees and will be considered at the 2008 Annual Business Meeting on November 1.

Note: Text that is boldfaced and all caps is proposed new language to be added. Text that contains strikethru is current text that is proposed to be deleted.

Amendment to eliminate the inclusion of actual dues dollar amounts from the Bylaws. This amendment would allow the Board of Trustees to make dues recommendations for Fellows and Associates Fellows as it does for General Members. It would also give the Board the flexibility required to deal with possible financial adjustments on a more timely basis than would otherwise be possible.

ARTICLE IV - DUES, ASSESSMENTS, AND FEES

Section 1. **Dues.** The following provisions apply to the payment of dues by the different classes of Academy membership.

- A) Fellows. Fellows'
 annual dues shall be
 \$600.00 ESTABLISHED
 BY THE BOARD OF
 TRUSTEES AND
 SHALL, which include
 publication fees and
 regional district dues as
 determined by the Board
 of Trustees.
- B) Associate Fellows.
 Associate Fellows' annual dues shall be \$600.00,
 ESTABLISHED BY
 THE BOARD OF
 TRUSTEES AND
 SHALL which include publication fees and regional district dues as



President - Beverly W. Dunn, DDS



President-Elect — Joel L. Rosenlicht, DMD



Vice President — Joseph F. Orrico, DDS



Treasurer - James L. Bush, DDS



Secretary – Nicholas Caplanis, DMD. MS



Editor-in-Chief - A. Norman Cranin, DDS

determined by the Board of Trustees.

AND
Section 2. Fees and
Assessments

B) Assessments. The Board of Trustees may levy monetary assessments upon the membership except as to those classes specifically exempt, provided that such assessments are levied by a three-fourths vote. No assessment in excess of \$75.00 can be levied except at an Annual Membership Meeting. No dues increase can be levied except at an Annual Membership Meeting.

No amendment relating to assessment or dues increase can be voted upon except at an Annual Membership Meeting.

Amendment to make Editor-in-Chief a Board appointed position. This change would bring AAID into alignment with the best practices in association management. Elected Officers would be for those positions which deal solely with AAID governance and policy-making.

ARTICLE VI -BOARD OF TRUSTEES

Section 2. Composition. The Board of Trustees shall comprise the following: the

President, President-Elect, Vice President, Secretary, Treasurer, Editor in Chief, Immediate Past President, Past Presidents Council representative and the District Trustees.

ARTICLE VII - OFFICERS

Section 1. **National Officers.** The officers of the Academy shall be the following:

A) Elected Officers.

President, President-Elect, Vice President, Secretary, Treasurer, Editor in Chief and District Trustees elected by the members of each regional district.

Section 3. Duties of Officers.

G) Editor in Chief. The

Editor in Chief shall:

- 1) discharge the primary objective of recording and disseminating implant information to members and all others interested in implant dentistry;
- 2) be responsible for the quarterly Academy publication Journal of Oral Implantology;
- 3) with the approval of the Board of Trustees, appoint an Assisting and Managing Editor as are deemed appropriate and necessary;
- 4) review all programs, sessions, and events of the Academy and interact with other Academy officers,

committees, andorganizational bodies relative to implant dentistry developments and progress;

- 5) chair the Publications
 Committee so as to
 offer appropriate
 material for inclusion
 in The Journal of Oral
 Implantology, an official publication of the
 Academy; and
- 6) attend meetings of the Academy and of the Board of Trustees.

The AAID Bylaws
Committee is chaired by **Dr. Bev Dunn.** The Committee members are **Drs. David Gimer, Bernee Dunson,**and **Jay Elliott.**

Connecticut Dental Implant Institute

Dr. Joel L. Rosenlicht, Director

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Located at our Surgery Center in Manchester, Connecticut



Admissions and Credentials Board

Computer-Based Examination Launched:

Part 1 (written) of the Associate Fellow examination was given in the computer-based format for the first time August 4 - 8. Dr. Richard Rapoport, who is from Montreal, Quebec and one of the first to take the computer-based examination, was enthusiastic about his experience. "It was fantastic to be able to write the exam here in Montreal. Two factors were very significant to me: being away from my practice for only a few hours and having no travel expenses. The Pearson Vue Testing Center met all the criteria for a professionally administered exam that completely ensures that the

candidate is properly tested and at the same time maintains the security of the test questions," said Dr. Rapoport.

In 2009, the computerbased exam will be available February 9 – 13, September 14- 18 and December 7 – 11. Applications for the computer-based exams must be received in the AAID Headquarters Office four months before the examination period begins.

When an application for the computer-based exam is accepted, the Academy sends the applicant a written authorization to schedule an examination at his or her choice of the over 230 Pearson Vue testing centers located around the world. The print format of the Part 1 exam continues to be given at the end of the US-based AAID MaxiCourses® and at the Annual Meeting. This year, it will be given three more times at the following times and locations: November 2

San Diego, California December 6

Atlanta, Georgia December 12

Loma Linda, California Applications and fees for these three examinations are due in the Headquarters Office at least 30 days before each of these examinations.

Applications for 2009 Oral/Case Examinations Due February 1:

Applications for the 2009

Fellow examination and Part 2 (oral/case) of the Associate Fellow exam are due in the Headquarters Office February 1. The 2009 examinations will be held in Chicago, April 30 – May 1.

The 2009 annual oral/case examination is the last one that will be held during the four-year eligibility period of those who passed Part 1 (written) of the Associate Fellow examination in 2005.

All materials related to the Fellow and Associate Fellow examinations are posted on the AAID website (www.aaid.com) in the Credentialing section. They are also available from the Headquarters Office upon request.

Interview

continued from page 15

Our executive director Sharon Bennett has made a very smooth transition with the Board of Trustees and the staff of the headquarters office. I feel that all the employees work well together. They are a strong cohesive unit, which allows the Academy to function from a position of strength Dr. Dunn, please share with the membership something about yourself. What do you like to do when you're not knee deep in implant dentistry?

I enjoy spending time with my wife Alana and our cocker spaniel Bogey. Alana and I play golf and enjoy entertaining in our home. We value the many new friendships that we have

Check out www.aaid.com to get the most out of your AAID membership.

made in our community and enjoy traveling and learning about our new home state of Florida. I have continued my hobby of wine collecting. After much frustration and patience I have learned how to make a digital DVD slide presentation with music. This digital format is now used for our photo albums. The fitness center has become part of my life and I am on the grievance committee at the golf club. We also enjoy visiting our grandchildren and spending time with family.

Do you have any closing thoughts for the membership?

I look forward to being president of the AAID and I will do my best to continue to make it the best dental implant organization in the world.

Dr. Dunn, I want to thank you so much for spending this time with us. I know the Academy will be in wonderful hands this upcoming year and we certainly wish you the very best as you work hard towards helping better our Academy.

Industry News

continued from page 9

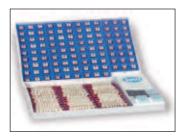
the 3.0 mm ISD Mini Transitional Dental Implant, the new longterm, self-tapping 3.0 mm I-Mini™ Dental Implant is now gamma radiated with new sterile packaging designed for direct implant placement capabilities. To compliment the launch of the new implant, OCO Biomedical has also released a new economical surgical kit specifically designed for placement of the 3.0 mm I-Mini™ Dental Implant line.

The wider body 3.0 mm diameter offers a highly aggressive thread pattern and the patent-pending OCO Biomedical bull-nose/auger tip condenses and locks into the bone − resulting in superior osseointegration and immediate stabilization. As a true mini implant, the I-Mini™ can be used in thin ridge applications with the stability and strength of a larger diameter implant.

With the same implant design as the original 3.0 mm ISD Mini Transitional Dental Implant, the new 3.0 mm I-Mini™ implant shares a long history of success with a better than 99.9% reported success rate since the introduction of the 3.0 mm ISD Implant in 2003. The auger-like/bullnose tip of the I-Mini™

implant is safe and not forward cutting. The tip condenses bone around the apex for a true mechanical lock. The implant is designed to stop at the depth established by the pilot drill and incorporates a unique, side cutting final drill for the complete osteotomy to optimize this locking action.

For more information on OCO Biomedical, Inc. and the Dual Stabilization® and I-Mini™ Dental Implant Systems, please visit www.ocobiomedical.com, or call 800-228-0477.



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shades or in one shade.

For more information, contact: Emilio Pozzi at Justi Hollywood Teeth, a division of American Tooth Industries

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DEXIS® And DENTRIX® –In Sync For Greater



Efficiency New Software Integration Offers Advanced Functionality

DEXIS, LLC introduced DEXIS® Integrator™ for DENTRIX® — a new level of seamless integration between two powerhouse products, DEXIS Digital X-ray and DENTRIX Practice Management.

Designed to improve workflow and efficiency for the entire dental team, this exclusive offering provides direct and immediate one-click access to all the patient's images, to DEXIS imaging software, and to image acquisition — all from within the patient's DENTRIX chart.

Expanding efficiency even further is the simplified process of image attach-

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The key to this new level of integration is the DEXIS Image Pane that allows the dental team member to view and access all available intra- and extra-oral, X-ray and camera images for the patient, and then easily and quickly select specific images for administrative and clinical functions.

Adding to the clinical value of Integrator is the ability to enlarge an image up to full-screen, and even apply ClearVuTM image enhancement as well as annotations, all without leaving the DENTRIX chart. Another click leads to the full, feature-rich DEXIS software. Other new features include image indicators on the chart which alert the clinician of pre-existing images for each tooth, full integration with Henry Schein's GURU™ Patient Education, and one-click attachment of selected images to web referrals, lab cases, and insurance e-claims.

Visit www.dexis.com to learn more about digital X-ray and the advantages of the DEXIS sensor and software. More information about the DENTRIX® Enterprise software is available at www.dentrixenterprise.com. For more information, visit the Henry Schein Web site at www.henryschein.com.



Education Committe

Soft Tissue Management Course Scheduled

"Optimizing Implant
Esthetics and Patient
Satisfaction with Soft
Tissue Grafting," is a new
course that the Academy
will present November 20 –
21, 2008 at Touro
University College of
Osteopathic Medicine,
Henderson, NV. The faculty
includes James
Rutkowski, DMD, course

director, and Lee
Silverstein, DDS, MS.
This lecture/participa-

This lecture/participation course focuses on the knowledge and skills needed to perform basic free gingival and connective tissue grafts, including the use of platelet-rich plasma. Postoperative pain control techniques applicable to graft cases as well as all areas of dentistry are also included.

The course brochure is posted on the AAID Web site. Course tuition is \$795 for members, \$1,095 for non-members and \$150 for allied dental staff. Registrations must be received by November 3.

Salvin Dental Specialties, Inc. and BioHorizons are the course sponsors.

Bone Grafting Course

Thirty dentists and four allied staff members participated in the AAID's highly acclaimed Bone Grafting Course at Wright State University, Dayton, Ohio, June 27 – 28. Four of the dentists were from Japan and one was from Ireland.

Marc Lipkin, DMD, Souderton, PA, who attended the course with his assistant said, "We



Joseph Bedich, DDS, answers a question during a Bone Grafting Course laboratory session.

were so impressed that such a dynamic group of people could be together in one place at one time to present such comprehensive and impressive information. We truly learned a lot. I do not know how to express my thanks and gratitude to Dr. Rutkowski and the other members of the staff for such a wonderful and productive two days."

James L. Rutkowski, DMD, Clarion, PA, is the course director. The lecturing faculty at Wright State also included Craig D. Cooper, DDS, Indianapolis, IN; Lee H. Silverstein, DDS, MS, Atlanta, GA; and Barry Loughner, DDS, PhD, Orlando, FL. Assisting with laboratory instruction this year were Rick A.
Barstow, DDS, New
Concord, OH; Joseph
Bedich, DDS, Cortland,
OH; James Fennell, DDS,
Norwood, OH; and Dale
Spencer, DDS, Hickory,
NC. Course sponsors were
Curasan, Makers of
Cerasorb; BioHorizons;
Impladent, Inc.; Salvin
Dental Specialties, Inc.;
Sybron Implant Solutions
and Zimmer.

The course was presented twice this year, at Touro University Nevada, which is in Henderson, and Wright State University. Next year, it will also be presented twice and at the same two locations – January 8 – 9, 2009 at Touro University Nevada and June 26 – 27, 2009 at Wright State University.

Mark your calendar!

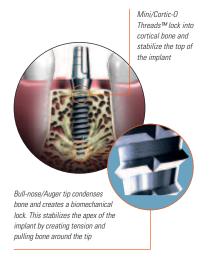
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To learn more about the Dual Stabilization® Dental Implant System or how our one-day training program can improve your profitability, call 800.228.0477.

One-day training program dates: November 14 • December 12 • January 9 • February 6.



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course.com

OAGD/AAID Maxicourse® 2008

Oregon Academy of General Dentistry OHSU School of Dentistry September 2008 – June 2009 1 weekend per month Contact: Bernie

Contact: Bernie Phone: 503-228-6266 E-mail: oagd@teleport.com

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courses/annualstudyclub

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August 2008 – July 2009 1 weekend per month New Delhi, India Contact: Dr. Shankar Iyer E-mail: drsiyer@aol.com Web site: www.aaid-india.org

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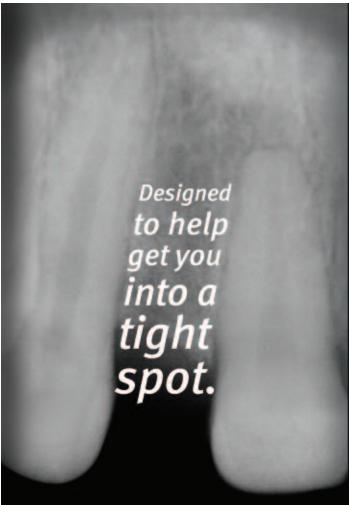
New Jersey Lincroft Village Dental Implant Study Group

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Membership

NEW MEMBERS

The AAID is pleased to welcome the following new members to the Academy. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. We have changed the way we are presenting the names of new members. The list is organized by state and then alphabetically by last name of the new member. We have also included the city where the member has his or her office. Contact your new colleages and welcome them to the Academy.

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BDS,MDS

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Suneetha Garlapati,

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Michael Rose, DDS

Susanville

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Kreg Boynton, DDS Wichita

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Boston Anna Tamara Jotkowitz, BDS Boston Reza M. Madani, DMD Framingham Rima Abdallah, BDS

MICHIGAN

Newton

Shenna Allen, DMD Carsonville

MINNESOTA

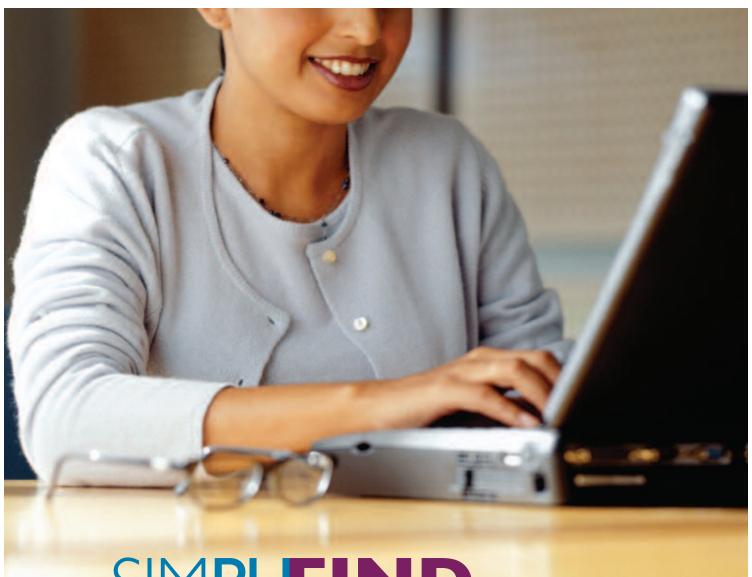
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Jonathan Germany, DMD Brandon Samuel Reid Lester, **DMD** Madison

see Membership p. 26

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Talmadge DeWitt Wilkins, DMD Aiken

Calendar

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New York

CNY Implant Study Group November 19, 2008 - "Treatment Planning the Edentulous Maxilla/Mandible with Removable Overdentures" Speaker: Brian Jackson, DDS "Laser Welded Technology - Live Demonstration" Speaker: Paul Giovannone, CDT Contact: Melanie - Course Coordinator Phone: 315-724-5141

* This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar

Jason Solomon, DMD Charleston Kristina L. Hapney, DMDSimpsonville Michael A. McGinnis, DDS.MS Sumter

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Thomas Taylor, DDS • Robert B. Summers, DMD
Steve Wallace, DDS • Craig Misch, DDS • Howard Chasolen, DMD
Ole T. Jenson, DDS • Bozena Wrobel, MD

Meeting Chairman: Nicholas Caplanis, DMD, MS

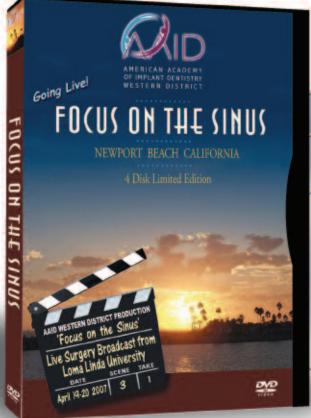
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Legal Bite

continued from page 8

third molar extractions are necessitated by the patient's complaints of pain, swelling, muscle tenderness or other symptoms associated with a partially impacted third molar. Most 'reasonable' people in the same or similar circumstances would likely accept the treatment (removal) even fully appreciating the risks of a potential nerve injury, infection, swelling, etc. Fortunately, in the vast majority of cases such risks do not materialize. But the occasional case does result

in the foreseeable risks occurring and the attendant injury to the patient.

Clearly the answer to the question as to whether or not a patient gave an 'informed consent' can be largely provided by written documentation in the patient chart. Such would reflect the treatment proposals, the foreseeable risks attendant with each treatment option, and the patient's signature attesting to the fact that the patient fully understands the treatment options and related risks, and consents to a specific treatment plan. While such a document does not

prevent an allegation of lack of informed consent in a malpractice suit, it does make the patient's evidentiary hurdle greater and can even result in a potential plaintiff's attorney declining to accept the case.

Conversely, if a patient sustains an injury that is commonly associated with a certain procedure (i.e., a partial paresthesia resulting from the removal of a bony impaction of a lower third molar), written documentation that establishes informed consent will not absolve the dentist from the injury having resulted from negligent treatment.

The informed consent merely reflects the patient's acceptance of the risk, assuming the procedure is performed within the standard of care. If the injury was foreseeable, BUT caused by the dentist's negligence in the treatment rendered, the patient may not have a claim related to consent, but rather whether or not the injury was caused by a deviation from the accepted standards of care.

Indeed, both legal doctrines are separate and distinct, and the distinctions do make a difference relative to any potential liability for the dentist!

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Student	\$75	LA2 James Cherry, DMD - 3rd Generation Implant Design (Thurs. pm)
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		LA6 Jack Krauser, DMD - Laser Textured Microsurface (Fri. pm)
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