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# AAID News

SPRING 2009

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY

## Editor's Notebook

David G. Hochberg, DDS  
Editor, AAID News



It is official to those who are charged with making it official: We are in a recession.

Improving one's ability to compete is a way to get ahead during tough economic times. At the AAID, we are seeing the truth in this. For example, this year, the Academy will have a record number of candidates sit for the Oral/Case Exam, the final step in the process to becoming a credentialed member. The American Board of Oral Implantology/Implant Dentistry has received a record number of applications to become a Diplomate. MaxiCourses® are full of new students.

The AAID is an excellent resource for dentists seeking to achieve that competitive edge. Contact our Chicago headquarters' office or visit [www.aaid.com](http://www.aaid.com) online to see how you can benefit. ▀

## Florida Court allows advertising of bona fide dental credentials

**A** Florida judge has ruled that a state law restricting how dentists can advertise credentials issued by bona fide professional organizations is unconstitutional and violates the First and Fourteenth Amendments of the US Constitution. The AAID hails the verdict as a victory for consumers evaluating the qualifications and experience of dentists who perform implant procedures and for practitioners entitled to promote their credentials to the public.

At issue was a Florida statute preventing advertising of membership in or credentials earned from any dental organization not recognized by the Florida Board of Dentistry (FDB). Florida's dental board only recognizes specialty credentials issued by

the American Dental Association (ADA). Therefore, implant dentists who wanted to advertise their AAID credentials had to include an onerous disclaimer that implant dentistry is not a recognized specialty of ADA or the FDB and that AAID is not a recognized specialty accrediting organization.

The case stemmed from multiple challenges to the constitutionality of the Florida statute by dentists with credentials from AAID, the Academy of General Dentistry and the American Academy of Cosmetic Dentistry. Circuit Court Judge Frank E. Sheffield ruled in favor of the plaintiffs on April 3.

"The Court found that these advertising restrictions were unconstitutional on many grounds. They violated the Florida consti-

tution's guarantee of the right to be rewarded for industry or professional achievement and First and Fourteenth Amendment rights of free speech and equal protection of the law," said Frank R. Recker, DDS, JD, AAID's chief counsel.

"We are very pleased with this decision recognizing the rights of dentists with bona fide credentials to advertise them to the public without negative disclaimers and offer consumers valid informa-

see Advertising p. 7

### "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 8.

# esthetics enhanced by technology



Laser-Lok® dental implant at 8 years post-restoration showing superior crestal bone & tissue maintenance.

*Case courtesy of Cary A. Shapoff, DDS (Surgical); Jeffrey A. Babushkin, DDS (Restorative)*

## Laser-Lok® microchannels

BioHorizons is known for using science and innovation to create unique implants with proven surgical and esthetic results. Laser-Lok microchannels exemplify our dedication to evidence-based research and development.

The effectiveness of Laser-Lok has been proven with over 15 years of *in vitro*, animal, and human studies at leading universities.<sup>†</sup> This patented precision laser surface treatment is unique within the industry as the only surface treatment shown to inhibit epithelial downgrowth, attract a true, physical connective tissue attachment to a predetermined zone on the implant and preserve the coronal level of bone; long term.<sup>‡</sup>

Laser-Lok is currently available on Tapered Internal, Single-stage, and Internal Implants.



For more information, contact BioHorizons  
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<sup>†</sup>Clinical References available. <sup>‡</sup>Human Histologic Evidence of a Connective Tissue Attachment to a Dental Implant. M Nevins, ML Nevins, M Camelo, JL Boyesen, DM Kim. The International Journal of Periodontics & Restorative Dentistry. Vol. 28, No. 2, 2008.



# President's Message

By Beverly W. Dunn, DDS  
President, American Academy of Implant Dentistry

**R**ight after reviewing the proof of my president's message, I received word of the outstanding legal decision in Florida. Not only did the judge rule the Florida statute to be unconstitutional, but he went on to state "The Court finds that AGD, AACD, AAID and ABOI are reputable organizations that convey valid, meaningful credentials."

So, it may very well be an understatement that after the first four months as president of AAID, I feel good that so much has been accomplished. I want to thank you again for placing your trust in me to lead this wonderful Academy. Nothing could have been accomplished without the openness of our executive director, who guides us with her insight, and the professional, dedicated staff that gives so much of their time to make us the best implant academy in dentistry.

As you may recall, one element of our strategic plan is to reach out to other dental organizations to establish strategic alliances. In furtherance of that, Sharon Bennett, **Dr.**

**Joseph Orrico**, Dr Frank Recker and I met with Dr. Paula Jones, President of the Academy of General Dentistry, and other AGD officers at the end of February. The purpose of that meeting was to discuss implant education for the AGD and to update them on the financial investment AAID has made in legal actions to bolster credentials issued by non-specialty organizations. We asked them for financial support, and they were open to discussion. We will have another meeting with the AGD regarding this as activities on the legal front develop.

Sharon Bennett and I had a conference call with Dr. Mickey Bernstein president of the American Academy of Cosmetic Dentistry regarding our legal efforts. I am happy to report that this year the Academy Of Cosmetic Dentistry is going to contribute \$30,000 to our legal fund.

Our strategy goes beyond our legal efforts and extends to AAID's goal of being a source of comprehensive dental implant education. The Education Committee met by conference call with members of the Academy of General Dentistry's Annual Meeting Council to discuss the

development of a two-part course to fulfill AGD's Mastership requirement. One part of the course would be presented at the AGD's annual meeting in the summer of 2010 with a follow-up course presented at the AAID Annual Meeting in the fall of 2010.

A cornerstone of AAID's mission is to be the credentialing standard in implant dentistry. The Board of Trustees approved the recommendation of the Education Committee that the AAID apply to the Commission on Dental Accreditation (CODA) for an accreditation program for implant dentistry as a subspecialty in general dentistry. If successful, the AAID may be well positioned to be a source for developing a curriculum for university implant programs in implant dentistry.

We also have good news on our credential applications:

- 85 applications for the Associate Fellow and Fellow exams. A new record
- 75 dentists have enrolled in the Maxicourse® at Loma Linda
- 46 applications for the ABOI exam. A new record.
- 2 new applications for Maxicourses®.

Don't forget to register for the 2009 meeting in New Orleans, November 11-15. The theme is "New Opportunities in Implant Dentistry." Everyone should have received a preliminary brochure in the mail highlighting the "New Opportunities" available at **see President's Message p. 5**

## AAID NEWS

Editor

**David G. Hochberg, DDS**

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AAIDNEWS is a quarterly publication of the American Academy of Implant Dentistry. Send all correspondence regarding the newsletter to AAID, 211 East Chicago Avenue, Suite 750, Chicago, IL 60611.

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## Business Bite

### Being Invisible

By Bill Blatchford DDS

*Editor's Note: As a part of our effort to provide greater value to AAID members through the AAID News, we are offering a "Business Bite" column in each issue. We hope that you find the following article by Dr. Bill Blatchford valuable. Dr. Blatchford is the strongest voice for profitability in dentistry. He coaches for more net return, more fun and more time off so you can keep practicing well. He is encouraging general dentists to diversify by adding implant skills. Dr. Blatchford is author of Playing Your 'A' Game and his new book in April, Blatchford BLUE-PRINTS. He also produces monthly thoughts and encouragement by being a member of Blatchford FILES. He can be reached at [www.blatchford.com](http://www.blatchford.com), [www.blatchfordlive.com](http://www.blatchfordlive.com), 1-888-977-4600 and [info@blatchford.com](mailto:info@blatchford.com).*

**D**entists are interesting beings! We know some type of marketing would work for us, and we know there is an immediacy to market now. We are willing to pay someone else to do the work, and we do expect the results to be spectacular.

Are we willing to do our part to make marketing work? Some dentists would ask, "Is there a part I really need to do if I pay someone else to do it?" Ummm, yes, and it needs to be done well and with commitment.

What is it? You need to mix in the community, be known for your interests and networking with others. If you do not, you are doing the invisibility dance, and very little marketing can sustain you.

Eighty percent of your communication is with your body. Many dentists are very practiced at appearing invisible out of choice. We see ourselves as scientists, and we really don't like to mix with others. How do regular business persons conduct themselves if they want to be successful?

Many of you are sheepishly smiling because you recognize your conduct is one of being the invisible dentist. Here's how it might look: You own a full set of camouflage clothing (these are made for women, too). You can't see the dentist because he is wearing "camouflage clothing" by choice, enters the back door of the dental office under the cover of darkness, has his lunch in the staff lounge or his own office then leaves after dark so no one will see him. He exhibits this behavior so he does not have to mix with anyone new or be uncomfortable. We label him, "the invisible dentist." Seldom seen or heard in his community, he makes great effort to be alone and comfortable.

A dental office can consume your life, if you let it. You could use the practice as your excuse to avoid mixing with others or

meeting new people. Whether conscious or unconscious, it is a consistent behavior. How is that working for you? You may not be cognizant of this detrimental choice, yet we see it frequently in dental circles.

Being invisible is a behavior of choice. It is a habit to hide. Dr. Rob Gilbert contends, "First we form habits, then they form us. Conquer your bad habits or they will conquer you."

We know new patients are the lifeblood of a practice. You may boast of your triple hygiene, but the real production comes from new patients. Unless you are redoing the dentistry on your hygiene patients, you must make an effort to reach out and meet new possibilities.

Here are some concerning statistics on new patients: 20% of America

moves every year. Your patient base naturally has people who transfer for jobs, move closer to family or marry and move away. You will have your share of the people moving in, but only if you make a conscious effort. If you have four days of hygiene, you have 800 active patients (200 for each day of hygiene). Your 20% transient loss would be 160 patients leaving. If you are attracting 10 new patients a month or 120 a year, can you see the problem which must be remedied ASAP. Your invisibility isn't helping you. This is a pathologic new patient flow.

Every dentist wants and needs new patients saying "If I just had more new people coming to me, I know I could do 50% better." Invisible dentists would much rather spend money and hire someone else to do their visibility for them. Realize your choice of

behavior actually creates a negative situation for meeting new people, it hurts your practice.

Other situations showing you as the invisible dentist could be:

- Working out in your home gym.
- Choosing to eat breakfast at a drive-thru.
- Spending your down time in your big cluttered office working on your Game Boy.
- Spending every free moment on your computer in a solitary situation, either in dental chat rooms or thinking you are a day trader in stocks.
- Working on charts, billing, shuffling papers during non-patient days.
- Looking at your calendar and realizing weeks have gone by without a lunch appointment with a specialist, friend or community organization.
- Living in a different community than your practice at a distance of more than half an hour.
- Not knowing or pretending you do not know of community events like farmer's markets, art strolls, community theatre, fund drives, school events, etc.
- Having no intention of meeting others, so you carry no business cards.
- Your vision of yourself is one of a technical person rather than a business person providing a service. You do not see

yourself as a business person.

- At social gatherings and continuing ed courses, you choose the empty table for lunch and fail to introduce yourself when others sit down next to you.
- In travel situations, you choose to be alone rather than make a conversation, connecting with someone interesting, who might be of service to you or you to them.

The remedy? You have to hurt badly enough and want new patients in a significant way before you will really change your solitary behavior. "A nail is driven out by another nail. Habit is overcome by habit," according to Desiderius Erasmus. Moving from the invisible dentist to visible will be a bold step for you, one that will result in a more interesting life and a more profitable life.

Here is what I suggest:

- Shed your invisible outfits and burn them. Never again can you retreat to being in camouflage.
- Join a Toastmaster's Club to relearn some social skills and participate in the challenges and joys of being with other people.
- Make an assessment of your hobbies and activities. Is there a way to turn that solo activity into participation? For example, if you like to swim laps, consider the

Masters Swim Program in your community? If you like to bike, find a group on Saturday which schedules a longer ride?

- Work out in an athletic club with people. If you participate regularly in a class, you will become part of the group and meet people.
- Eat out at least three times a week. Meet a friend for breakfast, a dental colleague for lunch and take your team to lunch once a month in a busy restaurant.
- Announce to your team you want to change your behavior to be with people. They will encourage you to be visible. They want you and your practice to be successful, not stressful.
- Join a networking group like Chamber of Commerce, Rotary or service group and attend at least two of their events a month.
- Be active in your house of worship. Go beyond being an independent lump of "do little."
- In addition to spending marketing dollars, do your part by hosting lunches combined with education with specialists, physicians and other dentists. Yes, you can! Visibility is the goal and it is a behavior choice. Make that choice. You'll be a happier and more successful person for reaching out to others. ▀

## President's Message

continued from page 3

this year's meeting. Early bird registration for the meeting so far has exceeded the early bird special registrations for recent meetings held in Scottsdale, New York, Hollywood (Florida) and Chicago. Thank you for your support.

On a personal note it has been a special pleasure to have had so many of our general members call me regarding questions that they have about the Academy. Be sure to introduce yourselves to me at the Annual Meeting. The District caucus business meetings will be held on Thursday November 12 during the lunch hour. All general members are invited to attend. Come and meet your colleagues at the Annual Meeting.

If you have any thoughts or questions about how the Academy can better serve you, please don't hesitate to contact me at [bevodunn@comcast.net](mailto:bevodunn@comcast.net) or 561-784-6734. ▀

**Don't forget  
to visit  
[www.aaid.com](http://www.aaid.com)  
for the latest  
news and  
updates.**



## Legal Bite

### When the Dentist Becomes a Defendant

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: 1-800-224-3529 or by e-mail at recker@ddslaw.com.*

Many dentists may have experienced the dreaded 'service of process' by which a lawsuit instituted by a former patient is delivered to the dentist. Typically, a dentist is distraught by its receipt and begins the self destructive process of analyzing every chart entry, every radiograph, and second guessing the treatment rendered, the fees assessed, and every other possible aspect of the patient relationship. Over many years, I have seen dentists virtually immobilized by such a suit. Ironically, but not surprisingly, this reaction actually reflects how much they truly care about the patients they serve.

Having experienced many such dentist/client encounters, I can only continue to hope for one thing: a "magic pill" by which dentists will stop internalizing every word contained in the allegations recited against them in the suit. What is nothing more than boilerplate stored on a word processing program used in every malpractice suit by the plaintiff's attorney, the

dentist translates into carefully crafted arrows specifically carved out and embedded into his/her psyche. In reality, most suits do not deserve being dignified by an unwarranted waste of a dentist's emotional or mental energy.

Of course, it's easy to understand the dentist's ongoing perception that

neighborhood. These comments have a way of trickling back into the dental office, further escalating the dentist's feelings of being unfairly victimized and helpless.

Are you forced to keep all your weapons in their holster?

However, in such cases the patient/plaintiff's behavior can give rise to

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"The law does not give an aggrieved, disgruntled former patient a blank check to destroy the professional reputation of a dentist who also happens to be the defendant in a malpractice suit."

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he/she is a sitting target with little say or control over the pace or direction of the malpractice suit. This makes it even more difficult to avoid internalizing or feeling victimized. And such can be made even worse by the former patient's actions. Not infrequently, a maliciously motivated plaintiff will make disparaging comments about the dentist to other patients at the grocery store, or in another professional's waiting room, or in the neigh-

borhood. These comments have a way of trickling back into the dental office, further escalating the dentist's feelings of being unfairly victimized and helpless. Are you forced to keep all your weapons in their holster? However, in such cases the patient/plaintiff's behavior can give rise to legitimate claims by the dentist against the patient for various legal wrongs such as defamation ("bad mouthing" the dentist), intentional interference (tortious interference) in business relationships (with other patients or staff), or infliction of emotional distress (intentional conduct calculated to do so), or breach of contract (failure to pay fees). The law does not give an aggrieved, disgruntled former patient a blank check

to destroy the professional reputation of a dentist who also happens to be the defendant in a malpractice suit. Because such malpractice suits are routinely handled by the patient's attorney on a "contingency" basis, the patient/plaintiff tends to adopt a 'no risk' attitude and often recklessly engages in legal wrongs against the dentist, such as those noted above.

Unfortunately, when a patient who sues a dentist engages in conduct calculated to defame the dentist, or cause the loss of other patients, or attempts to disrupt the dental office, the malpractice attorney retained by the insurance company will, in my experience, never suggest filing counterclaims against the patient. Insurance company retained attorneys are simply not programmed to do so, being retained solely for purposes of 'defense,' and not adopting a plaintiff attorney's approach of "attack."

But such a counterattack, if based upon reasonably reliable facts, can dramati-

see Legal Bite p. 25

# Clinical Bite

## Does Delayed Placement of Implants, Following Tooth Extraction, Affect Implant Survival?

*Editor's Note: The following was the winning poster presentation at the 2008 AAID Annual Meeting held in October 2008 in San Diego. Congratulations to Michael R. Markiewicz, DDS, MPH; Thomas Dodson, DMD, MPH; Meghan Weed, RDH, BS; Sung-Kiang Chuang, MS, DMD, MPH, ScM, DMSc*

### Introduction

The purpose of the investigation was to estimate and compare the survival of delayed-placed implants (inserted some time after the day of tooth extraction), and immediate-placed implants (inserted on the same day as tooth extraction), and to identify prognostic factors associated with dental implant survival.

### Materials and Methods

The investigators designed a retrospective cohort study and enrolled a sample of subjects who had at least one Bicon™ (Bicon LLC; Boston, MA) implant placed between July 1st, 2001 and August 31st, 2005. The primary predictor variable was timing of implant placement in relation to tooth extraction, delayed or immediate. The primary outcome variable was implant survival. Survival rates were estimated using Kaplan-Meier survival analyses. Multivariate marginal Cox

proportional hazards models were constructed to identify prognostic factors for implant survival.

### Results

The sample was composed of 200 patients who had 669 delayed- and 490 immediate-placed implants inserted during the study enrollment period. The four-year Kaplan Meier survival estimates for delayed- and immediate-placed implants were 89.9% and 84.1%, respectively ( $p=0.002$ ). In the adjusted Cox hazards proportions model, the relative risk of immediate and delayed-placed implants were not statistically significantly different ( $p=0.3$ ).

### Conclusions

Timing of implant placement relative to tooth extraction was not associated with implant survival. These data suggest that immediate placement protocols may be a viable treatment option to expedite implant therapy. ▀

## Advertising

continued from page 1

tion from which they can evaluate qualifications of dentists in their communities," said AAID President **Beverly Dunn, DDS**. "Also, the decision noted that AAID and other dental organizations provide substantial training that enhances proficiency and competency and benefits consumers as well."

Dunn added that the Florida decision establishes a strong precedent that could form the basis for challenging advertising restrictions in other states, if necessary. "Demand for dental implants is rising, and more dentists need comprehensive training to become highly skilled at implant procedures," said

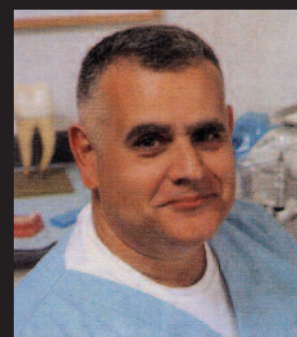
Dunn. "Attending a weekend course isn't enough. There is a higher level of risk with the procedure if the dentist has limited experience."

AAID offers a rigorous implant dentistry credentialing program which requires at least 300 hours of post-doctoral instruction in implant dentistry, passing a comprehensive exam, and presenting to a group of examiners successful cases of different types of implants. It is one of the most comprehensive credentialing programs in dentistry.

AAID helps consumers find a local credentialed implant dentist at [www.aaid.com](http://www.aaid.com). ▀

Donald J. Roman, DMD, an Associate Fellow from Hackensack, NJ, has won a free registration for the Academy's 58th Annual Meeting that will be held in New Orleans, November 11 – 15, 2009. He won the registration in the drawing that included the 1,386 members who paid their 2009 dues by December 31, 2008.

Dr. Roman joined the Academy in 1992 and earned his Associate Fellow credential in 1996.



## MARK YOUR CALENDAR!

**"The Exotic Side of Implant Dentistry"**

**Acapulco Princess • Acapulco, Mexico**

**May 28-30, 2009**

# “Haute” Doc

## Joe Orrico, DDS: Boyhood Love for Hockey Continues Today

Like many boys growing up in Chicago in the late fifties, AAID’s Joe Orrico followed the Chicago Blackhawks professional hockey team and enjoyed the excitement in every game when the “Golden Jet,” Bobby Hull, made rink-long dashes and fired his trademark 100-mph slap shot on goal. Following the Hawks and Hull helped fuel a lifelong love for the sport that began for Joe at the age of four.

Joe grew up in the Galewood community on Chicago’s west side. Today his dental office is located in Elmwood Park, the suburb bordering his old neighborhood. Joe recalls that his fascination with playing hockey came from his father, a physician and rabid hockey enthusiast.

“My first pair of skates was a gift from Dad. They had the old-style, double-edge blades, and I learned to skate on frozen ponds in the neighborhood,” said Orrico.

When Joe attended St. Giles School in nearby Oak Park, he would rise at 4:00 in the morning to attend hockey practices.

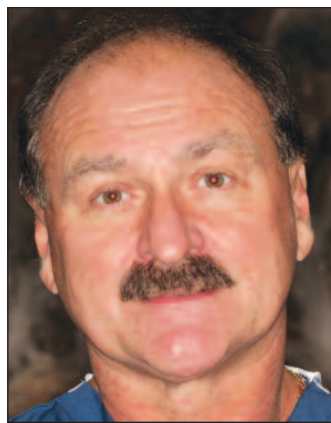
“I was a hockey rat and would play whenever I could wherever I could. The Park

District would flood basketball courts in the winter and I would play pick-up hockey with the kids in the neighborhood for hours almost every day,” he recalled.

When a boy devotes so much time and energy to an athletic interest, it’s likely he’ll become quite good at it. That was the case with Joe. Throughout the 1960’s he played in several organized and very competitive hockey leagues in the Chicago area. While attending Campion High School, a prestigious Jesuit boarding academy for boys in Racine, Wis., Joe didn’t play much hockey except for the summer leagues back home.

“Most of the organized leagues I played in as a teenager were against older players. I enjoyed the challenge because I knew that to improve my game I had to play against bigger, faster and more skilled competition.”

The 160-pound center iceman learned well and earned respect from the older foes. At 17, he was playing in a semi-pro league but points out that the word “semi-pro” was a misnomer because players had to pay instead of getting paid to participate in the league.



“I was too small to play football, and my legs were the biggest part of my body. Skating speed and stick handling were my best assets on the ice,” he said.

While playing as a “semi-pro” in 1972, Joe caught the eye of a scout from the Philadelphia Blazers of the fledgling World Hockey Association, the new rival to the established National Hockey League. In the early seventies, WHA team owners recruited several NHL stars with what were then considered outrageous salary offers. Chicago’s Hull, for example, was lured away for the princely annual sum of \$150,000.

After a game, the Blazer scout sat down with Joe and offered him a contract paying \$20,000 a year. For a kid finishing high school, it seemed like a million.

“The minimum wage then was \$1.60 and even though I had been accepted at Loyola University, I wanted to sign the contract. When I told my Dad about the offer, he was furious and said I was going to college, no further discussion needed,” Joe remembers and admits his father’s tone of voice wasn’t measured and the language needn’t be quoted in this article.

While an undergrad at Loyola and in dental school, Joe connected with pals who played the sport, and they formed a team that competed in a dental school league. In a flash of sound, professional judgment, Joe decided to wear a helmet while playing as a dental student. His team was very successful, but after graduating in 1979 and starting as a practicing dentist, Dr. Orrico hung up his skates until one of his old teammates called a few years later and lured him back on the ice for a game. What Joe, 28 at the time, didn’t know was he would be skating against six players who had competed on the Czech Olympic team.

“My first thought stepping on the ice was

see Haute Doc p. 20



# AAID Honors Members with Highest Awards

At AAID's 57th Annual Meeting, the Academy honored two members with the organization's highest awards.

## Aaron Gershkoff Memorial Award to Dr. Mark Davis

**Dr. Mark Davis** was selected to receive the Aaron Gershkoff Memorial Award, which is given to one individual each year who exemplifies Aaron Gershkoff and keeps his memory alive. Nominees must have demonstrated one or all of the following attributes:

- national and/or international recognition as an outstanding implantologist
- an outstanding and recognized contribution to the field of implant dentistry
- distinction in the field or allied science

- documented, outstanding service to AAID
- a high degree of professionalism

**Mark V. Davis, DMD**, is a 1967 graduate of the University of Kentucky College of Dentistry. He has been in private practice in Clearwater, Florida, since 1968. Dr. Davis is a Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID). He served as president of the ABOI/ID in 2000. He served as General Chairman for the 1992 and the 2003 American Academy of Implant Dentistry Annual Meetings. He has served as Examiner for the American Board of Oral Implantology/Implant Dentistry Board Member,



**President Frank LaMar (R) introduces Dr. Arthur Ashman as the recipient of the Isaiah Lew Memorial Research Award.**

1995-2004 and was Expert Case Reviewer for the Florida Board of Dentistry for Implant and Restorative Dentistry, 1990-2003

Dr. Davis had a faculty appointment 1983 through 1991 at the University of Kentucky College of Dentistry as guest lecturer to senior dental students. He is a past visiting clinical professor in Professional Development at Baylor College of Dentistry. Dr. Davis served as editor of the special issue *Journal of the American Dental Association* published September 1990 devoted exclusively to implant dentistry. This issue was widely regarded as a landmark publication in implant dentistry.

## Isaiah Lew Memorial Research Award to Dr. Arthur Ashman

**Dr. Arthur Ashman** was presented the Isaiah Lew Memorial Research Award by the AAID Research Foundation at AAID's 57th Annual Meeting. The award is given to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isaiah Lew's spirit and enthusiasm for implant dentistry.

Dr. Arthur Ashman earned his DDS from Columbia University School of Dental and Oral Surgery in New York City in 1961. He subsequently served as

see Awards p. 11



**Dr. Mark Davis and his daughter, Dr. Lia Wheeler, flank Dr. Gordon Christensen after Dr. Davis received the Aaron Gershkoff Memorial Award.**

## New Opportunities in Implant Dentistry

You and your staff will have numerous opportunities to learn in both traditional and nontraditional settings from innovators in implant dentistry. Engage in interactive learning as these experts reveal their secrets on the hottest topics in implant dentistry at AAID's 58th Annual Meeting in New Orleans, November 11 – 15, 2009.

- Bring back reproducible clinical procedures to your office.
- Obtain up to 24 hours of comprehensive unbiased CE
- Interact one-on-one with the world-class presenters
- Leave with clinically practical information you can use immediately
- Discover the latest products and services in implant dentistry

**Learn at these outstanding main podium program topics and speakers.**  
Esthetic and Functional

Considerations in Implant Rehabilitation

*Maurice Salama, DMD,  
Henry Salama, DMD,  
and David Garber, DMD*

Emergency Medicine – The Basics

*Stanley Malamed, DDS*

Practical Strategies for Achieving Ideal Esthetics with Implants

*Andre Saadoun, DDS, MS*

Case Planning for Particulate Grafting Parameters for Horizontal and Vertical Augmentation

*David Vassos, DDS*

New Opportunities for Enhancements in the Esthetic Zone – Foundational Changes

*Eric Van Dooren, DDS*

Case Planning and Sequencing for Managing Horizontal Deficiencies with Block Grafts

*Michael Pikos, DDS*



Is Implant Dentistry Heading in the Right Direction?

*O. Hilt Tatum, DDS*

Practical Guidelines to Maximize Peri-implant Soft Tissue Esthetics

*Nicholas Caplanis, DDS, MS*

Treatment of Atrophic Maxilla with Invasive Procedures

*Eduardo Anitua, DDS, MD*

Efficient Prosthetic Sequencing for Comprehensive Rehabilitation

*Ken Hebel, DDS, MSc*

Avoiding and Managing Complications in Esthetic Implant Therapy – Hard and Soft Tissue Considerations

*Anthony Sclar, DMD*

### 2008 Annual Meeting Lectures Available Online and on DVD-ROM

Couldn't attend AAID's 2008 Annual Meeting in San Diego? Did you miss some of the Main Podium Programs while attending a Limited Attendance workshop? Now, you can see and hear what you missed either online at AAID's Live Learning Center or by purchasing a DVD-ROM containing most of the presentations.

You can order your DVD-ROM or purchase access to the online version at [www.softconference.com/AAID](http://www.softconference.com/AAID). ▶





## Isaiah Lew Memorial Research Award Nominations Being Accepted

The AAID Research Foundation is now accepting nominations for the Isaiah Lew Memorial Research Award. It is presented by the AAID Research Foundation to an individual **who has contributed significantly to research in implant dentistry.**

Dr. Lew was an implant pioneer. He was a founding member of the AAID and

served as its president and the editor of the *Journal of Oral Implantology*. This award is given every year to perpetuate Dr. Isaiah Lew's spirit and enthusiasm for implant dentistry.

Please fax or e-mail your nominations describing the reasons why this nominee should be awarded, by June 30, 2009 to AfshinAlavi, CFO, 1-312-335-9090 or Afshin@aaid.com. ▀

## Awards

continued from page 9

a Captain in the U.S. Dental Corps ULM, West Germany. Upon his return from the service, Dr. Ashman entered private dental practice in New York City. He served in various academic capacities at the Columbia University School of Dental and Oral Surgery from 1964 until 1975. He also served as Head of Dental Research at Mt. Sinai Research Center (ATRN) in New York City from 1967 through 1978. In 1991, Dr. Ashman became Clinical Professor of Dentistry in the Department of Implant Dentistry named for him at the New York University College of Dentistry.

Dr. Ashman has been a respected researcher for nearly 40 years and has been the recipient of six issued patents on HTR polymer from the U.S. Patent Office. He holds many foreign patents as well. Dr. Ashman became a Diplomate of the American Board of Oral Implantology in 1993 and was named Honored Fellow of the AAID in 1985. He served as National Vice President of the AAID from 1984 through 1985 after having served a term as President of the Northeast District of the Academy. He has been a Fellow of the Academy of General Dentistry since 1977. ▀

New Opportunities with Computer-guided Reconstructions – Taking Out the Guess Work  
*Philippe Tardieu, DDS*

Planning Implant Cases to Achieve Predictable Outcome – A Step-by-Step Approach  
*Carl Misch, DDS, MDS*

Interdisciplinary Management of Implants in the Esthetic Zone – Contemporary Concepts for Predictability and Success  
*Tidu Mankoo, BDS*

Implant Dentistry: The Next Generation  
*Gordon Christensen, DDS, MSD, PhD, ScD*

Prosthetic Guidelines for the Implant Surgeon to Achieve Biologically Sound and Esthetic Implant Restorations  
*Paul Petrungaro, DDS*

## Enjoy today's New Orleans.

New Orleans is better than ever featuring new attractions and hotels, more restaurants, record-breaking attendance at cultural festivals, and a renewed sense of hospitality. There truly has never been a better time to visit New Orleans.

In the “center of it all,” the newly renovated Hilton New Orleans Riverside hotel is immediately on the banks of the Mississippi River with easy access to everything New Orleans has to offer. With streetcar access at the hotel's front entrance and located only three blocks from the French Quarter, the hotel is adjacent to Harrah's Casino.

AAID has arranged a very affordable room rate of \$215 USD Single; \$235 USD Double (plus tax).

For more information, visit [www.aaid2009.com](http://www.aaid2009.com). A registration form can be found on page 31 or register online. ▀

## Industry News

### CareCredit® Donates \$100,000 to Give Kids a Smile® Fund; Joins National Dental Association Corporate Roundtable

CareCredit continued its support as Founding Donor of the American Dental Association Foundation GIVE KIDS A SMILE fund with its third consecutive yearly \$100,000 donation made at the recent GIVE KIDS A SMILE National Advisory Board meeting.

The company also was recently appointed to the National Dental Association Corporate Roundtable, continuing its commitment to increasing access to dental care among children and underserved communities. The National Dental Association (NDA) mission is to reach children and adults in underserved communities and generate interest in the dental profession.

For more information call CareCredit at 1-800-300-3046 ext. 4519 (if new to CareCredit) or 1-800-859-9975 (if already enrolled) or visit [www.carecredit.com](http://www.carecredit.com). Information on the GIVE KIDS A SMILE® program can be found at [givekidsasmile.ada.org](http://givekidsasmile.ada.org). For information on the NDA, visit [www.ndaonline.org](http://www.ndaonline.org).

### DEXIS Introduces DEXcam™ 3



DEXIS, LLC announces the release of the DEXcam 3 Intra-oral Video Camera, an exciting new imaging product that provides dental professionals with an easy, efficient clinical

tool to raise patient understanding and help increase case acceptance.

DEXcam 3 utilizes a seven-element glass optical lens, four bright LEDs and an internal prism for optimal lighting, along with its Sony® CCD sensor. Precision-ground glass optics virtually eliminate image distortion. The lightweight handpiece offers maneuverability; the slide focus allows viewing of intra-oral and extra-oral images without a lens change; and the capture control freezes the streaming video into a still image with a simple press, then saves the image to the patient record with another press.

For more information about DEXIS imaging solutions, visit [www.dexis.com](http://www.dexis.com).

### DEXIS® and Henry Schein® Dental Lend Support for Their Seventh Year to Give Kids A Smile®

February signals ADA®'s National Children's Dental Health Month® (NCDHM) and the kickoff of the Give Kids A Smile (GKAS) program, now 7 years strong. The goal of the program is to provide free oral health education, screening, and treatment services to disadvantaged children in a well-orchestrated series of events across the entire nation. DEXIS and Henry

Schein Dental, founding corporate sponsors, are honored to have participated in the care of children since the program's inception.

DEXIS is pleased to also participate in other events that fall under the umbrella of the GKAS program, such as Mission of Mercy (MOM), the world's largest three-day on-going dental outreach event that takes place in Wise, Virginia annually. DEXIS also supports TeamSmile™, a non-profit organization that partners with major sports organizations helping volunteer dentists provide quality dental care to underserved populations.

For more information about DEXIS imaging solutions, visit [www.dexis.com](http://www.dexis.com).

### Osteogenics Biomedical to Launch Two Application-Specific Titanium-Reinforced Membrane Sizes

Osteogenics Biomedical has announced the addition of two new membrane shapes

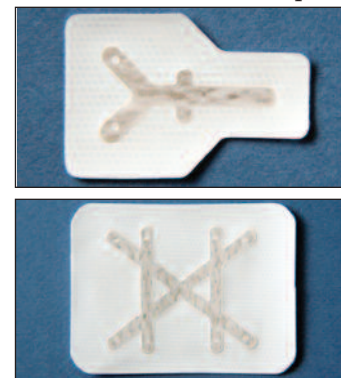


Photo provided courtesy of ADA News. ADA News Staff. Photo of CareCredit presenting a check to ADA Foundation. ADA News; 40:3. Copyright © 2009 American Dental Association. All rights reserved. Reprinted by permission.

and sizes, the Ti-250 XL and Ti-250 Buccal, to its line of Cytoplast® titanium-reinforced regeneration membranes.

The new membranes are the first in a planned improvement to the entire line of Cytoplast® titanium-reinforced membranes. Clinicians designed the new membranes to include a broader titanium frame, as well as pilot holes to create more secure membrane stabilization. The Ti-250 XL measures 30 mm x 40 mm and is ideal for grafting very large bony defects,

especially vertical and horizontal ridge augmentation. Measuring 17 mm x 25 mm, the Ti-250 Buccal is designed for use in large buccal defects.

The PTFE membrane's titanium frame increases rigidity and allows for the creation and preservation of space when grafting. Osteogenics Biomedical's patented Regentex® surface helps stabilize the membrane and the soft tissue flap.

For further information, contact Osteogenics Biomedical at 1-888-796-

1923, or visit [www.cytoplast.com](http://www.cytoplast.com).

### Angled Zirconia Abutment Provides Convenient Restorative Solution



Zimmer Dental Inc., a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., announces the availability of its

Zimmer® Contour Angled Zirconia Abutment in the United States, Canada, Europe, Latin America, and Australia. Engineered for use with its Tapered Screw-Vent® implants, the Zimmer Contour Angled Zirconia Abutment provides clinicians with a convenient, off-the-shelf restorative solution for immediately satisfying patients' esthetic needs.

The *Zimmer* Contour Angled Zirconia Abutment carries on the tradition of the *Hex-Lock*™ Contour

see *Industry News* p. 15

## Pikos Implant Institute Course Continuum

MICHAEL A. PIKOS, DDS

- ✓ LIVE SURGERY
- ✓ HANDS-ON TRAINING
- ✓ SMALL GROUP SIZE/  
UNIQUE INTERACTIVE TEACHING
- ✓ MORE THAN 2100 ATTENDEES  
SINCE 1990



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## Admissions and Credentials Board

### 2009 Candidates for Credentialed Membership

When the Admissions and Credentials Board holds its 2009 annual meeting and oral/case examinations in Chicago, April 24 - 27, it will consider 75 applications for credentialed membership. Sixty-two have applied for Associate Fellowship and 13 for Fellowship.

This year's candidates for Associate Fellowship are:

Shabraz Ahmed, Baltimore, MD  
 Donald Anderson, Vancouver, BC, Canada  
 Mohd Ali Awwad, Eureka, CA  
 Hisham Mohamed Barakat, Chesapeake, VA  
 Jesus R. Barreto, Miramar, FL  
 Sukhminder S. Buttar, Tukwila, WA  
 Jeffrey Alton Cauley, Waycross, GA  
 Bhavin C. Changela, Pomona, CA  
 Vijai Jeevan Chokanda, Bangalore, Karnataka, India  
 John Alex Collier, Oxford, MS  
 Kambiz Dowlatabadi, Los Angeles, CA  
 Ronald Eugene Duffin, Hemet, CA  
 Randal Stuart Elloway, Red Bluff, CA  
 Zakar L. Elloway, Flagstaff, AZ

James E. Ference, Johnstown, PA  
 Michael S. Freimuth, Wheatridge, CO  
 Michael J. Gioia, Jr., Boca Raton, FL  
 David Greenberg, Chevy Chase, MD  
 Pablo E. Guzman, Cochabamba, Bolivia  
 Adam Michael Hogan, Virginia Beach, VA  
 Kyung Jae Hong, Dongdaemunga, Seoul, South Korea  
 Thorpe Allen Jacob, Woodruff, SC  
 Bela Sangai Jain, New Delhi, India  
 Paresh Ramkrishna Kale, Pune, Maharashtra, India  
 Harry A. Karna, Moreno Valley, CA  
 Deepika Kenkere, Bangalore, Karnataka, India  
 Yong Do Kim, Anyang-si, Gyeonggi-do, South Korea  
 Joongmin Kim, Seoul, South Korea  
 Jae Yong Kim, Dogok-dong, Gungnam-Gu, Seoul, South Korea  
 Seong Eon Kim, Busan, South Korea  
 Jung In Kong, Youngi-gun, Chung nan, South Korea  
 Eldo Koshy, Cochin, Kerala, India  
 Young Gil Kwon, Chungnam, South Korea  
 Kevin Kibong La, Fullerton, CA

Keith R. Lawson, Calgary, AB, Canada  
 Chi Joong Lee, Seocho-Gu, Seoul, South Korea  
 Hyun Keun Lee, Asan, Choong-Nam, South Korea  
 Jae Kuk Lee, Yongi-si, Gyeonggi-do, South Korea  
 Junghyuk Lee, Geumjeong-dong Gunpo-si, Gyeonggi-do, South Korea  
 Kyung-Sook Lee, Yangcheon-gu, Seoul, South Korea  
 Tae Yong Lee, Annandale, VA  
 James C. Lin, Yorkville, IL  
 Vinoo Pothan Mathew, Abu Dhabi, United Arab Emirates  
 Suhail Sanhareeb Mati, Bingham Farms, MI  
 Phillippe H. Morisseau, North Kingstown, RI  
 Hayat U. Najafe, Fredericksburg, VA  
 Mark A. Padolsky, Atlanta, GA  
 Sunen G. Pandya, Lawndale, CA  
 Sujal H. Parikh, Victorville, CA  
 Rajiv R. Patel, Deland, FL  
 M. Drew Shabo, Chattanooga, TN  
 Dhaval Kumar Shah, Highland, CA  
 Keyur P. Shodhan, Desert Hot Springs, CA  
 David P. Solomon, Melrose, MA  
 Roberto Sosa, Miami, FL

Thomas Ming Sang Tang, Central Hong Kong  
 Asvin Vasanthan, Kansas City, MO  
 Mahesh Verma, New Delhi, India  
 Nirav Shirish Vidyarthi, Abu Dhabi, United Arab Emirates  
 James Russell Welland, West Chester, OH  
 Alexander P. Zubkov, Enfield, CT  
 Kastytis M. Zymantas, Naperville, IL

### Candidates for Fellowship are:

**John Argeros**, Peabody, MA  
**Colin Diener**, Edmonton, AB, Canada  
**Berneer Dunson**, Atlanta, GA  
**Chanda Kale**, Brooklyn, NY  
**Michael Katzap**, Rego Park, NY  
**Andrew Wayne Kelly**, Clemmons, NC  
**Yunjong Lee**, Cheonan-Si, Chungnam-do, South Korea  
**Vahik Meserkhani**, Glendale, CA  
 Pankaj Singh, New York, NY  
**Frank Sung**, Houston, TX  
**Adam Szymczak**, Cambridge, ON, Canada  
**Ryo Uehara**, Kure City, Hiroshima Pref, Japan  
**Charles Walton**, Mobile, AL

## Industry News

continued from page 13

Abutment System. In addition, like the straight Contour Zirconia Abutment, the angled abutment's innovative titanium ring provides a stable titanium-to-titanium fit with the *Tapered Screw-Vent* implant for added reliability.

Angled at 17-degrees, the *Zimmer Contour Angled Zirconia Abutment* provides a natural looking base for an all-ceramic, cement-retained crown in the esthetic zone — thereby increasing the likelihood of overall patient satisfaction. The abutment collar is contoured below the margin to create space for soft tissue without compromising strength or quality.

For more information contact Customer Service at 1-800-854-7019, 1-760-929-4300 (for outside the U.S.), or visit [www.zimmerdental.com](http://www.zimmerdental.com).

### **3Shape Now Offers a Unique Opportunity for Major Process Automation on Both RP and Milling Machines**

3Shape A/S, a world wide leader in 3D scanners and CAD/CAM software solutions, now launches the CAM application CAMbridge™ introducing an opportunity for dental and ear device laboratories to implement major process automation.

CAMbridge™ is fully integrated with some of the most popular RP machines in the market. Thus CAMbridge™ does not require a manufacturing solution from 3Shape, but has the flexibility to be integrated into all major manufacturing systems in the market.

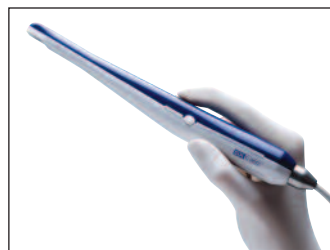
CAMbridge™ is a software module linking 3Shape scanning and CAD software with the manufacturing process. The CAMbridge™ application offers the highest level of automated manufacturing available for dental and ear device laboratories.

CAMbridge™ introduces automatic orientation and vertical placement, supports, mesh optimization (repair, decimate, refine), scaling, ID-Tags, engraving, limit surfaces, sprues (connector pins), drops, placement (nesting), blank management, reference

objects, platform ID and much more.

For further information visit [www.3Shape.com](http://www.3Shape.com).

### **Gendex Launches the GXC-300™ Intraoral Camera**



Gendex offers a new addition to its high-quality dental imaging equipment, the GXC-300 intraoral camera, designed to help build doctor-patient communication and treatment acceptance — at an affordable price.

The GXC-300 provides visuals of the patient's dental conditions that help dentists better explain treatment and, in turn, help patients move forward with case acceptance.

Clinicians and patients alike can appreciate clear, undistorted, well-lighted images due to the camera's precision optics, Sony® CCD sensor, and LED lighting system.

The GXC-300's well-placed sliding adjustable focus and Quad-image capture buttons facilitate quick and easy image capture.

For more information, visit [www.gendex.com](http://www.gendex.com). ▀

### **ImplantDrillPoint.com**

*ImplantDrillPoint.com, provides drill sharpening service for all dental implant providers.*

*Each dental implant drill is sharpened in our Illinois facility by trained technicians utilizing the finest Swiss made optical drill point sharpeners. Practitioners worldwide have chosen us to re-sharpen their implant drills.*

*With Implantdrillpoint you get:*

- Superior performance
- Improved care
- Extreme precision
- Exceptional longevity
- Unsurpassed quality
- Lower cost
- Increased ROI

[Implantdrillpoint.com](http://Implantdrillpoint.com)  
[contact@implantdrillpoint.com](mailto:contact@implantdrillpoint.com)

Visit AAID's  
[DentalIndustryMarketplace.com](http://DentalIndustryMarketplace.com)

— A searchable database of hundreds of vendors offering products and services for dental professionals.

# Executive Director's Report

## AAID: Good News and ... Better News

By Sharon Bennett

Generally, there is a “bad news” option offered with a report of “good news.” I think we’ve all had a chance to hear the bad things – in fact, the news has been bad enough that I don’t even have to make a list. Take your pick. Gloom and doom.

The better news is what AAID can do to help you during these difficult economic times.

### Increase the value of your experience as an implant dentist

Your AAID credential just became more valuable as a result of AAID’s legal strategy. On April 3, 2009, a Florida trial court judge declared unconstitutional a Florida statute that prevents advertising of membership in or credentials earned from any dental organization not recognized by the Florida Board of Dentistry. The complete article on that victory is on page 1 of this issue.

As a member of AAID, you have both an interest and a great deal of experience in placing or restoring implants or both. AAID helps you distinguish yourself from other dentists through the Fellow and Associate Fellow creden-

tials. We have a record number of your peers who are candidates for the fellow and associate fellow credentials this year with a total 82. In addition, the American Board of Oral Implantology/Implant Dentistry boasts an application record of its own with 46 candidates for the Diplomate designation.

These numbers show the increasing importance of credentials and show that AAID is the source for those credentials. More doctors are realizing that they need to remain competitive and need the professional edge that the AAID credentials bring.

### Enhance your knowledge as an implant dentist

As Sir Francis Bacon said, “knowledge is power.” AAID helps you enhance your knowledge of implant dentistry making you a much more powerful resource for your patients. AAID has numerous educational offerings that provide a wide range of breadth and depth of implant dentistry topics.

### MaxiCourses®

Currently AAID has seven MaxiCourses® throughout the world. The application has been approved for a MaxiCourse® in Puerto

Rico. An application is also in the works for Howard University. Plus, plans are underway for a course in Toronto in conjunction with Toronto Academy of General Dentistry. And Vancouver is also under consideration for a future course.

Your peers are taking advantage of these comprehensive implant education opportunities in order to gain the knowledge that will make them more valuable in their practice. For example, the Loma Linda Course (California) has 75 participants this year – a record.

The 300 hours of education includes lectures, laboratory, on-line learning, clinical experience and even live surgery dealing with the placement in implants in real patients. Graduates of an AAID MaxiCourse® meet the minimum education required for pursuit of the AAID Associate Fellow credential.

### Participation courses

A new education offering will be held August 21-22 in Chicago on “Medical Pharmacology in Implant Dentistry.” The goal of the course is patient care and safety and exemplifies AAID’s commitment to pro-

viding the best possible care for our patients.

### Meetings

AAID is hosting a number of meetings over the next few months where you can not only enhance your knowledge of implant dentistry but expand your base of colleagues upon who you can call for more personal or practice related resources.

- International Meeting - “*The Exotic Side of Dentistry*” – May 28-30, in Acapulco, Mexico
- Northeast and Southern District Meeting – “*Focus on Bone Atrophy*” – June 11-14, in Boston
- Annual Meeting – “*New Opportunities in Implant Dentistry*” – November 11-15, in New Orleans

### Use your AAID membership to thrive

AAID is more than just an organization to include on your CV. Use AAID to help you leverage your experience and expand your knowledge to thrive while others are floundering during these troubled economic times.

You will be in a better position when the economy turns around to grow your practice exponentially. ▀



# TIRED OF MEMBRANE COLLAPSE INTO DEFICIENT DEFECTS?

Both extraction sites with deficient structural support *and* ridge augmentation procedures often require **tenting membranes to prevent collapse**. These same procedures are often the most difficult cases to achieve closure, limiting the applicability of traditional tenting membranes. However, Cytoplast® dense PTFE titanium-reinforced membranes are actually **designed to withstand exposure** and prevent bacterial penetration, while also preventing collapse.



Due to a vertical root fracture, the entire buccal plate is missing. The titanium-reinforcement of the Cytoplast® Ti-250 Anterior Narrow allows easy placement and maintenance of space.



The dense PTFE membrane has a pore size of <math><0.3\mu\text{m}</math>, making it occlusive to both soft tissue cells AND bacteria. Primary closure is not necessary.



At two weeks, healing over the membrane is excellent – no inflammatory response and infection-free.



Because the membrane is left exposed, a non-surgical removal requires only topical anesthetic after 4 weeks of healing.



Two weeks after removal of the membrane, soft tissue has re-epithelialized over the socket. Soft tissue contours are preserved.



Re-entry at 4 months shows regeneration of the ridge to its original dimensions. Implants may now be placed in an optimal location.

2 Membranes Per Box. Shown Actual Size.



**CYTOPLAST® TI-250 ANTERIOR NARROW**  
12 mm x 20 mm Ti250AN-2  
~~\$200~~ **\$150 SPECIAL!**



**CYTOPLAST® TI-250 ANTERIOR SINGLES**  
14 mm x 24 mm Ti250AS-2  
~~\$250~~ **\$200 SPECIAL!**

**NEW!**



**CYTOPLAST® TI-250 BUCCAL**  
17 mm x 25 mm Ti250BL-2  
~~\$270~~ **\$220 SPECIAL!**



**CYTOPLAST® TI-250 POSTERIOR SINGLES**  
20 mm x 25 mm Ti250PS-2  
~~\$325~~ **\$275 SPECIAL!**

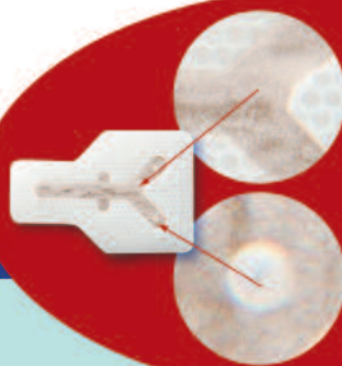


**CYTOPLAST® TI-250 POSTERIOR LARGE**  
25 mm x 30 mm Ti250PL-2  
~~\$365~~ **\$315 SPECIAL!**

**NEW!**



**CYTOPLAST® TI-250 XL**  
30 mm x 40 mm Ti250XL-2  
~~\$450~~ **\$400 SPECIAL!**



< Broader titanium frame increases rigidity and allows for the creation and preservation of space when grafting.

< Pilot holes create more secure membrane stabilization.

New features currently available on XL and Buccal.

**SPECIAL OFFER:** MENTION OFFER CODE AAID409 THROUGH MAY 29TH AND RECEIVE **\$50 OFF** EACH BOX OF TI-250 MEMBRANES. 2 PER BOX.

**BONUS: FREE 2ND DAY SHIPPING** TO THE FIRST 10 AAID NEWS READERS WHO ORDER.

Call Toll-Free 1-888-796-1923 to Order Now

## Medicine and Pharmacology for the Implant Practice

This participation course will be held August 21 – 22, 2009, in Chicago. Attendees will earn 13 CE credits.

The course will feature the following three outstanding practitioners who are engaging presenters:

James L. Rutkowski, DMD, PhD, course director  
Adam C. Miller, DDS, MD  
James W. Fennell, DDS

At the end of this participation course, the participants will be able to:

- Render implant treatment that is safe, effective and medically integrated as the result of increased knowledge of medicine and pharmacology.
- Identify the medically high risk patient for surgery.

- Understand a logical algorithm for when to treat and when not to treat.
- Understand the importance of various pharmacological treatments.
- Understand important drug interactions that can occur in the dental office.
- Utilize medical and drug

resources in the dental office more effectively.

- Consult more effectively with the patient's physician.
- Course Tuition is \$1,095 for AAID members; \$1,495 for non-members; \$150 for each staff member.

Visit [www.aaid.com](http://www.aaid.com) for more information and to register. ▶

## Connecticut Dental Implant Institute

Dr. Joel L. Rosenlicht, Director

### Surgical Courses 2009-2010

#### BASIC COURSES

##### Implants

For the new Practitioner wanting to learn simplified implant dentistry techniques

Day 1:

Lecture & Model, hands-on workshop

**CE 8 Hours**

Day 2:

Observation of live surgery

**CE 4 Hours**

October 1-2, 2009

April 8-9, 2010

October 7-8, 2010

#### SIGN UP TODAY!

To Register Contact:

Melissa G. Mazzola

860.649.2272

[melissa@jawfixers.com](mailto:melissa@jawfixers.com)

Visit us at:

[www.JawFixers.com](http://www.JawFixers.com)



#### ADVANCED COURSES

##### Bone Grafting & Implants

For experienced implantologists looking for grafting techniques

Day 1 & 2:

Lecture & Live Surgeries

**CE 16 Hours**

June 18-19, 2009

February 25-26, 2010

June 24-25, 2010



Located at our Surgery Center  
Manchester, Connecticut

**Find out why 1000's of dentists have chosen us!**

"Course is Super! I will tell my colleagues!!!..."

"Very happy, please continue these...course was exactly what I was looking for and more..."

"I have learned enough to perform these procedures. Dr. R is excellent, he made and explained things very completely and clearly..."

# 30 Seconds To A Perfect Solution

The PreXion 3D Dental Cone Beam Scanner processes images *in only 30 seconds*.

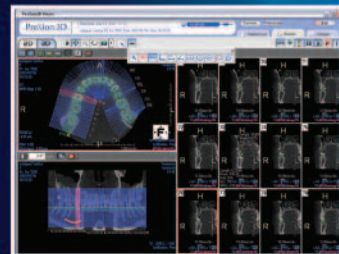
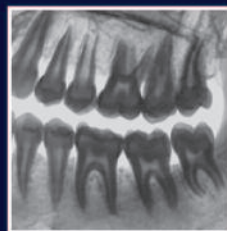
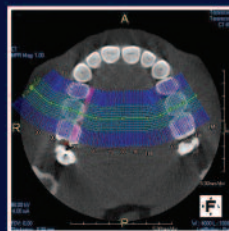
Additional benefits include:

- Highest resolution of any Cone Beam System
- More detail through proprietary XTrillion Processor
- Powerful Diagnostic 3D Planning Tools
- **NEW** Four different scanning modes
- Ideal for Implant Planning
- Available FOV 8cm x 8cm or 5cm x 5cm
- Small Foot Print of only 39" x 59" fits anywhere

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The World's Best Image Quality

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# Upcoming Key AAID Dates

## APRIL 2009

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

## MAY 2009

**14** Examination Deadline for computer-based Associate Fellow Exam  
Pearson Vue Testing Centers

**28 - 30** **The Exotic Side of Implant Dentistry - Acapulco, Mexico**

## JUNE 2009

**7** Associate Fellow Written Examination  
New York, New York

**13** Associate Fellow Written Examination  
Portland, Oregon

**11-14** AAID Northeast and Southern

**District Meeting  
Focus on Bone Atrophy  
Boston, Massachusetts**

**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

## OCTOBER 2009

**16** Examination Deadline for Associate Fellow Exam on November 15, 2009  
in New Orleans

## NOVEMBER 2009

**5** Examination Deadline for Associate Fellow Exam on December 5, 2009 in Atlanta

**11-15** **58th Annual Meeting of AAID  
New Orleans, Louisiana**

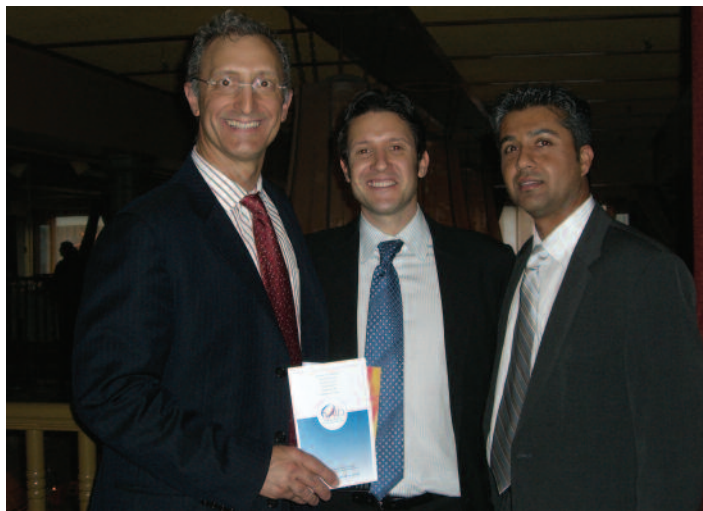
**15** Associate Fellow Written Examination  
New Orleans, Louisiana

## DECEMBER 2009

**5** Associate Fellow Written Examination  
Atlanta, Georgia

**7-11** Associate Fellow Written Examination  
Pearson Vue Testing Centers

## AAID Comes to San Francisco



The Bay Area Implant Synergy – AAID Study Club kicked off its first meeting with a “Full Day Hands-on Surgical and Prosthetic Training Program” in San Francisco, CA, with over 30 doctors in attendance. Program speakers from left to right are John C. Minichetti, DMD, AAID Trustee and past chairman of the AAID Study Club Committee, Matt Young, DDS, president of Bay Area Implant Synergy – AAID Study Club and David Ehsan, MD, DDS, current president San Francisco Dental Society. Any credentialed member interested in forming an affiliated local AAID Study Club should contact Carolina Hernandez at AAID Headquarters – [Carolina@aaid.com](mailto:Carolina@aaid.com) or John Minichetti at [drminichetti@englewooddental.com](mailto:drminichetti@englewooddental.com)

## Haute Doc

continued from page 8

amazement at how fast we age,” said Joe. “On one shift, I started getting tired and slowed down. The next thing I remember was an elbow smashing against the side of my nose and I was out cold,” he said. “My helmet didn’t have a faceguard, but I was lucky my nose and teeth were okay.”

From that day on, Joe restricted his hockey playing to less competitive, no-check men’s leagues and today skates occasionally on a pond behind his home. Though he has tried several times, Dr. Orrico hasn’t convinced his son to play the game. “He’s eight, there’s still time,” says Joe.

Looking back at his life-long hockey experience that includes five broken noses, fixed capably by his father,

an eye, ear, nose and throat specialist, Joe says hockey taught him valuable life lessons to be competitive.

“I learned that when you get knocked down, get back up and keep going, and that to improve your skills you have to compete against the best. He said he followed this lesson when deciding to get involved in implant dentistry.

“I learned implant dentistry from leaders in the field who generously gave their time and guided me. I still learn from the experts today in AAID.”

And if any of Dr. Orrico’s AAID colleagues want to learn how to fake a goalie and snap off a quick wrist shot, he’ll be happy to lace up the blades and show how it’s done. ▀

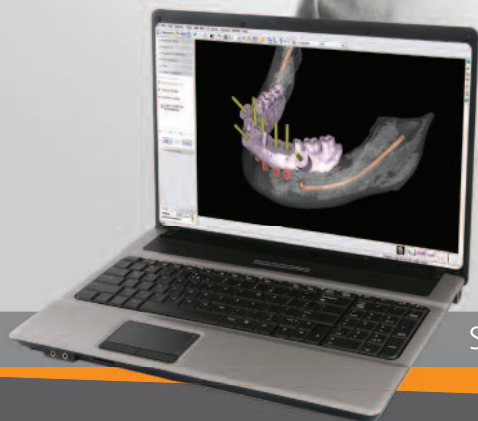


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# Continuing Education Bite

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Phone: 800-221-6437 or

706-721-3967

E-mail: lbthigpen@mcg.edu

Web site: www.mcg.edu/ce

### OAGD/AAID Maxicourse® 2009

Oregon Academy of General  
Dentistry

OHSU School of Dentistry

September 2009 – June 2010

1 weekend per month

Contact: Bernie

Phone: 503-228-6266

E-mail: oagd@teleport.com

Web site: www.oragd.org

### Loma Linda University/AAID

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Continuing Dental Education

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New Delhi, India

Contact: Dr. Shankar Iyer

E-mail: drsiyer@aol.com

Web site: www.aaid-india.org

### Annual Maxicourse® on Oral Implantology (South Korea)

Monthly March through December

Contact: Dr. Jaehyun Shim

E-mail: dental-care@hanmail.net

Web site: www.kdi-aaid.com

### Courses presented by AAID credentialed members\*

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Basic and Advanced Implant

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Weekend

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Contact: Lisa McCabe

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Contact: Melissa Mazzola

Phone: (860) 649-2272

E-mail: Melissa@jawfixers.com

Web site: www.JawFixers.com

### Fixed Removable Implant Treatment

Carol Phillips, DDS

Contact: Melissa Martin

Phone: 800-549-5000

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Dennis Flanagan, DDS

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E-mail: dffdds@charter.net

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Web site:

www.handsontraining.com

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### Linkow Advanced Implant

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Fax: 201-592-0798

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www.implanteducation.net

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Michael A. Pikos, DDS

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### Tatum Institute International A Hands-On Learning Series Emphasizing the “Hilt Tatum” Philosophy

Course #1: Implant 101 (Beginner

to Intermediate) - June 24th

and 25th, 2009 Atlanta, GA

Course #2: Bone Expansion and/or

Manipulation (Intermediate)-

April 18th , 2009 Clearwater,  
Florida

Course #3: Sinus Manipulation in

Dentistry (Intermediate to

Advanced)- April 19th , 2009

Clearwater, Florida

Course #4: Bone Grafting

(Intermediate to Advanced) -

December 4th , 2009

Clearwater, Florida

Course #5: Nerve Reposition and

Segmental Osteotomies

(Advanced) December 5th ,

2009 Clearwater, Florida

Contact: Rebekah Register

Phone: 727-459-4910

Toll free: 888-360-5550

tatumimplants@verizon.net

### Treatment Planning for Restorative & Implant Dentistry from the Simple to the Complex Case

Speaker: Dr. Kenneth S. Hebel

Presented by: Dr. Billy Payonk and

Dr. Kenneth O. King

February 13, 2009

Contact: Mary Pike

Phone: 901-767-3259

### Outside U.S. Locations

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Legendary Dr. Hilt Tatum

Lecture and live surgical participa-

tion with Dr. hilt Tatum

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Nicole@implantconnection.ca

Web site:

www.implantconnection.ca

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CE Courses Survey of Surgical and

Prosthetic Implant Care

Drs. Jihad Abdallah & Andre Assaf

Contact: Mahia Cheblac

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747651

Fax: +961 1 747652

E-mail: beirutidc@hotmail.com

### The D.M. Vassos Dental Implant Centre Introductory & Advanced Surgical & Prosthetic Programs

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Program over six Saturdays



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Web site: www.dmvassos.com

#### **Implant Smile Center, Alberta, Canada**

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#### **Pacific Implant Institute**

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Contact: Kim

Phone: 1-800-668-2280  
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Web site: www.piidentistry.com

#### **AAID Affiliated Study Clubs\***

##### **New Jersey Lincroft Village Dental Implant Study Group**

Treatment planning, bonegrafting, prosthetics  
Richard J. Mercurio, DDS  
Contact: Martha Doucette  
Phone: 732-842-5005  
E-mail: lvdimplantstudygroup.com

##### **New York CNY Implant Study Group**

March 3, 2009: Is An Implant Indicated?  
Bell Hall; Utica College  
Speaker: Emile Martin, DDS

##### **September 8, 2009: Atraumatic Extractions with Socket**

Grafting: A Predictable Technique for Site Preservation  
Bell Hall; Utica College  
Speaker: Brian J. Jackson, DDS

**November 10, 2009: Advanced Multidisciplinary Implant Treatment Planning with Case Presentations**  
Bell Hall; Utica College  
Speaker: Brian J. Jackson, DDS

##### **Goldstone Memorial Dental Seminar**

October 2, 2009  
Speakers: **James L. Rutkowski, R.Ph, DMD, Ph.D.; Shankar Iyer, DDS, MDS**  
Contact: Melanie – Course Coordinator  
Phone: 315-724-5141  
E-mail: bjjddsimplant@aol.com

#### **CANADA**

##### **Surrey, British Columbia Implant Connection I:**

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E-mail:  
Nicole@implantconnection.ca  
Web site:  
www.implantconnection.ca

\* 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. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, contact Carolina Hernandez at Carolina@aaid.com. ▀

## **Legal Bite**

continued from page 9

cally alter the balance of power in a malpractice suit. The patient becomes a defendant, and the patient's attorney will need to explain to the patient the legal risks presented by the counterclaims and the potential liability that attaches. The plaintiff's attorney may also require that hourly fees be paid by the patient to defend the counterclaims. The playing field has just been leveled. The reality is that patients can and should be held accountable for their behavior if they commit legal wrongs against the dentist. But the dentist should not expect the insurance com-

pany's retained defense attorney to suggest, or to willingly agree to implement, counterclaims against the patient, no matter what facts the dentist has uncovered.

### **Overcoming reluctance to counterclaim**

My typical advice to a dentist who finds himself or herself the defendant in a malpractice suit is to let the insurance carrier's retained attorney handle the matter, but to insist on monthly updates from counsel including copies of all correspondence between the attorney and the insurance carrier and anyone else. I also suggest that dentists do not sign a "consent to settle" document until the

litigation has progressed to the point where everyone understands the facts, the issues, the patient's background, including previous and subsequent dental care, and the experts have given their respective opinions. It is important to understand that malpractice insurance companies most often base their decisions on dollars alone (combined costs of attorney fees to defend, deposition costs, expert witness fees, and other costs), not on whether the dentist did anything wrong. So if they believe they can settle for a reasonably small sum, i.e., \$5,000-\$50,000, by doing little or nothing and eliminating further risk, they might very well suggest

that the dentist "consent" to such a settlement. However, the ramifications of doing so first need to be thoroughly analyzed and understood by the dentist.

In summary, if you find yourself a defendant in a malpractice suit, do not allow yourself to be, or feel, victimized and helpless. Be vigilant for how your case is being handled, insist on being kept up to date, do not hesitate to ask questions, and do not authorize settlement prematurely. And if you have facts which you believe support any legal claims against the patient, discuss them with an outside/private attorney of your own choosing who is not paid by the insurance carrier. ▀

# 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 colleagues and welcome them to the Academy.

### ALABAMA

John Steen Bellerjeau, DMD  
Chickasaw

### ALASKA

Nile Ersland, DDS  
Anchorage  
Robert Louis Lerner, DDS  
Anchorage

### ARIZONA

Darrel L. Bischoff, DDS  
Peoria

### CALIFORNIA

Massoud Kashanchi, DDS  
Costamesa  
Anthony Kim, DDS  
Riverside  
David Levitt, DDS  
Trabuco Canyon  
Jose Martorell,  
San Bernadino  
Jong Soon Yoon, DMD  
Los Angeles

### GEORGIA

Lorenzo Minniti, DDS  
Alpharetta  
Dirk Russell, DMD  
Canton  
Grace Wu, DDS  
Atlanta

### ILLINOIS

Terrence J. Needham, DDS  
Oak Lawn

### INDIANA

Manrat Amornporncharoen,  
DDS  
Indianapolis

Deidra Guerrettaz, DDS  
Indianapolis

### LOUISIANA

Richard Tipery Akin,  
DDS,MD  
Batton Rouge

### MARYLAND

Shabrez Ahmed, DDS  
Baltimore  
Ajay Kumar Reddy, DDS  
Waldorf

### MICHIGAN

Edward Liu, DDS  
Holt

### NEBRASKA

Daniel Kay Howard, DDS  
Morrill

### NEW HAMPSHIRE

Daniel H. De Tolla,  
DDS,MD  
Portsmouth

### NEW JERSEY

Kayvon Haghighi, DDS,MD  
Red Bank  
Wen-hui Liu, DDS  
Englewood  
Roberto Russo, DDS  
Clifton  
Mike Shulman, DDS  
Clifton

### NEW YORK

Edgard El Chaar, DDS  
New York  
Jeffrey H. Fox, DDS  
Wading River  
Michael Medler, DDS  
Poughkeepsie

Sean Meitner, DDS,MS  
Pittsford

Eric A. Poznyansky, DDS  
Brooklyn

### OHIO

Gregory Francis Diederich,  
DDS  
Sheffield Village

### OREGON

Margaret A. Boone, DMD  
Wilsonville  
Bruce Burton, DMD  
Hood River  
Michael D. Cary, DMD  
Canby  
Chad E. Clement, DDS  
Florence  
Jim Delgado, DDS  
Albany  
James Anthony Dutro,  
DMD  
Hillsboro

Shawn Eckstrom, DDS

Eugene  
Daryl Fedak, DMD

Springfield  
Robert Gemmell, DMD

Eugene  
Scott Hansen, DMD

Gresham  
G. DeWin Harris, DMD

Gresham  
Kuhn R. Marshall, DMD

Portland  
James A. Miller, DMD

Hillsboro  
Jeffrey O. Ross, DMD

Portland

Richard R. Schirmer, DDS  
Sweet Home

Patrick Sherrard, DMD  
Portland

Trent Westover, DMD  
Gresham

Jeffrey Williamson, DDS  
Lake Oswego

### PENNSYLVANIA

Arturo R. Garcia, DMD  
Harleysville

Kevin J. Owoc, DMD,MSD  
Monroeville

Marina Saucó-Helfst, DDS  
Stroudsburg

### TEXAS

William Corry Roddy, DDS  
Fort Worth

### UTAH

Paul L. Child, Jr., DMD,CDT  
Provo

### VIRGINIA

Jangyeul Yoon, DDS  
Fairfax

### WASHINGTON

Phillip R. Clark, DDS  
Everett

Duane L. Jones, DDS  
Federal Way

Marshall E. Langohr, DDS  
Seattle

### CANADA

#### ONTARIO

Bernie Gryfe, DDS  
Toronto

Jeremy Kurtz, DDS  
Toronto

### GREECE

George Tsampas,  
Piraeus

### HONG KONG

Thomas Ming Sang Tang,  
BDS  
Central

### INDIA

#### HARYANA

Preeti Chaudhary,  
Hussar

#### MAHARASHTRA

Sachin Shantilal Dugad,  
BDS  
Nasik

### JAPAN

Shinji Nakajima,  
Tokyo

### SOUTH KOREA

Soo Won Jang, DDS  
Busan

Yonghan Ji, DMD  
Seoul

Keon Hong Kim,  
Gimhae-si,  
Gyeongsangnam-do

### TAIWAN

Pen-Hsin Lin, DDS  
Taichung

### UNITED KINGDOM

Nissit Patel, BDS  
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<sup>1</sup>Surgical and Mechanical Techniques to Increase Stability of Dental Implants. Kharouf, Zeineb; Oh, Hyeong Cheol; Saito, Hanae; Cardaropoli, Giuseppe; Bral, Michael; Cho, Sang-Choon; Froum, Stuart; Tarnow, Dennis. Ashman Department of Periodontology and Implant Dentistry, New York University. Research presented at the AO Boston 2008.

<sup>2</sup>Implant Design and Its Effect on Preservation of Crestal Bone Levels. Jang, Bong-Joon; Pena, Maria Luisa; Kim, Mean Ji; Eskow, Robert; Elian, Nicolas; Cho, Sang-Choon; Froum, Stuart; Tarnow, Dennis. Ashman Department of Periodontology and Implant Dentistry, New York University. Research presented at the AO Boston 2008.

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## The Exotic Side of Implant Dentistry

The American Academy of Implant Dentistry returns to Mexico after the successful meeting of the Western District in 2006 in Puerto Vallarta. This 2009 event will be held May 28 - 30.

Earn 13 hours of implant specific continuing education taught by the top presenters and clinicians in the Western Hemisphere for only \$295.



You will hear presentations by Dr. Sascha Jovanovic and Dr. Paul Petrunaro, as well as a dozen more renowned international speakers. They will present the latest clinical topics with special emphasis on the exotic yet practical in Implant Dentistry. Simultaneous translation will be provided so that you can get the most out of all programs.

This meeting is also a perfect way to reward and



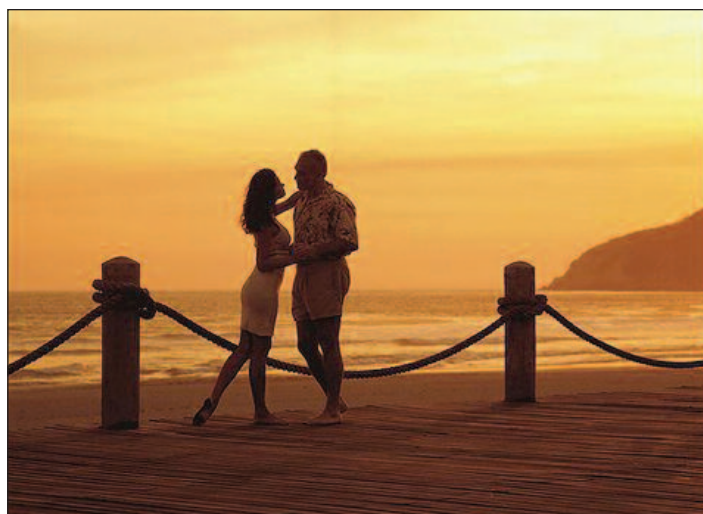
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Visit the meeting's Web site at [www.aaidacapulco.com](http://www.aaidacapulco.com) for more information about speakers and topics, to download a brochure or to register. ▶



# Summary of Actions Taken by Board of Trustees

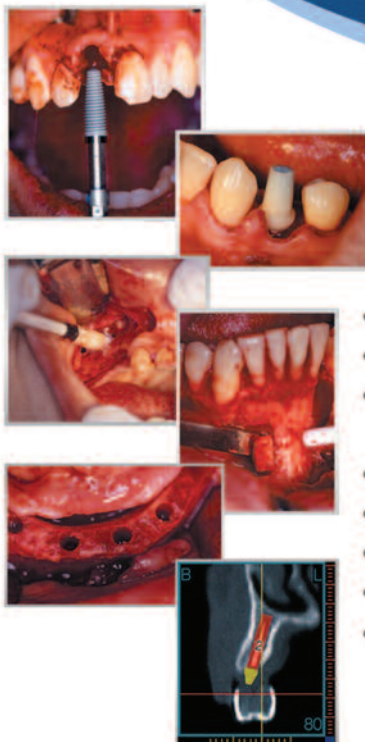
February 7, 2009, Palm Beach, Florida

- **Recognized one of AAID's founders** and its first president, by naming the Headquarters' office conference room, the "Norman Goldberg Conference Room."
- **Eliminated the Board meeting** that is typically held on the Sunday following the Annual Meeting.
- **Approved an annual \$20,000 stipend** for the President, effective in 2010.
- **Adopted the recommendations of the District Meeting Task Force** including:
  - Only 2 District meetings per year
  - Each meeting will last no more than 2 days
  - Black-out dates for meetings is August 1 – January 1
  - Standardized exhibit fees for each District meeting
  - Comprehensive registration fee
  - Minimum ratio of Exhibitors to attendees at 1:5
- **Granted Life Member status to Truman D. Baxter, Jr., DDS and Max Malan, DDS**
- **Adopted four new financial policies** for AAID, including:
  - Whistleblower
  - Code of Ethics
  - Record Retention
  - Conflict of Interest
- **Authorized preparation of application** to Commission on Dental Accreditation for the establishment of an accreditation program for advanced training in general dentistry in the area of implant dentistry.
- **Directed staff to explore** possibility of reducing number of annual Board meetings from three to two.

**Voted to provide District Officers** with summary of Board meeting after each meeting. ▀

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58TH ANNUAL MEETING

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# AAID 58<sup>TH</sup> ANNUAL MEETING

New Orleans Hilton Riverside, New Orleans, Louisiana • November 11 - 15, 2009

A separate registration form must be completed for each paying attendee. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing. Each dentist, including spouses or other family members who are dentists, may not register as a spouse or guest. All dentists, including non-practicing dentists, must register in the appropriate dentist category. Badges will be required for admission to all activities. Be sure to register your guests so they can participate.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Address: \_\_\_\_\_

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AGD Member #: \_\_\_\_\_ (Required if AGD Member registering at AAID Member rates)

	By 9/14/09	After 9/14/09	
_____ AAID Associate Fellow/Fellow*	\$ 945	\$ 1045	
_____ AAID General Member*	\$ 995	\$ 1095	
_____ AGD Member*	\$ 995	\$ 1095	AGD Member # required
_____ Nonmember PLUS! Dentist *	\$ 1145	\$ 1245	
[Includes Membership in AAID through 11/30/09]			
_____ Nonmember*	\$ 1345	\$ 1445	
_____ Technician	\$ 295	\$ 295	
_____ Life Member & Retired Member	\$ 150	\$ 150	
_____ Office Staff	\$ 295	\$ 295	
	• Register 3 or more allied staff from same office at \$225 each.		
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\* Includes one (1) President's Celebration ticket

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