

AAID News

FALL 2009

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY



Editor's Notebook

David G. Hochberg, DDS
Editor, AAID News



I had the privilege of attending a meeting about AAID's *Journal of Oral Implantology* last month at AAID Headquarters. **Dr. James Rutkowski**, JOI's new editor and the team he has assembled to advise him, have come up with several exciting and major enhancements to the content and look of the *Journal*.

Our goal is to make the *Journal* more useful to all members – academics, researchers and practitioners. Look for the new *Journal* at the beginning of next year and be sure to let me know what you think by e-mail at hochbergdds@earthlink.net. **D**

Clinical Bite

Research Foundation Awards Three Student Research Grants

The AAID Research Foundation has awarded three student research grants for the 2009 school year. The non-student grants will be awarded in November.

Timothy Bishop, DDS
*University of California
San Francisco*

Project Title
Identification of Osteogenic Gene Families Enhanced by Bioactive Gas Ions

Abstract
The long-term goal of this research project is to implement bioactive glass coatings to improve the overall osteointegration potential of titanium implants by providing a regenerative interface that supports direct bone bonding. The near-term goal of this research project is to determine how osteoblasts interact with bioactive glasses. Thus this study tests the hypothesis

that the corrosion products (in the form of cations) from bioactive glass coatings enhance osteoblast mineralizing potential.

Glass ions are added to cell cultures by first soaking glass specimens in cell culture media. This glass-conditioned media and control media are then added to osteoblast cultures as they differentiate and mineralize. The influence of these ions on differentiation and mineralization will be determined by first lysing cells for mRNA and protein and determining the relative expression of key genes involved in the differentiation and mineralization potential of these osteoblasts.

The genes of interest include collagen type 1 (col1·1, col1·2), core binding factor a (cbfa1/Runx2), osteocalcin, lysyl oxidase, and alkaline phosphatase

since these genes are necessary to turn on downstream matrix proteins such as collagen type 1, alkaline phosphatase and osteocalcin for bone matrix formation. For gene analysis, quantitative reverse transcription polymer chain reaction arrays and immunocytochemical stains are used. For matrix analysis, enzyme-linked immunosorbent assay arrays and end point histological stains are used.

Jai Hui Fu, BDS
University of Michigan

Project Title
Clinical Evaluation of Guided Bone Regeneration in Horizontally Challenged Edentulous Ridges during Implant Placement Surgery

Abstract
The aims of this research are to investigate (1) efficacy of CopiOS®

see **Clinical Bite** p. 10

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

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[†]Clinical References available. [‡]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

This is my last president's newsletter to you as the 56th President of the AAID. It has been an honor and privilege to have served you this past year and it has been a wonderful experience for me. In my speech to last year's annual meeting, I quoted Theodore Roosevelt, who said: "Far and away the best prize that life offers is a chance to work hard at work worth doing." As I reflect back over the past year, I can assure you that your Board of Trustees, committees, and Headquarters' staff worked hard on your behalf. Following is a brief summary of what we have accomplished. I hope you agree that what we accomplished was worth doing.

Governance:

- Updated the AAID officer job descriptions and responsibilities
- Developed the Executive Director's performance review questionnaire
- Established an annual Headquarters' Staff appreciation luncheon
- Created an Honored Fellows Task Force to

recommend a new policy for selection of Honored Fellows. This should be completed for the 2010 selection of honored fellows.

District Organizations:

- Placed all district bank accounts at the Headquarters office to streamline accounting procedures
- Board of Trustees adopted guidelines for scheduling and planning district meetings
- Encouraged Districts to work with the Headquarters' Office to develop budgets and specific planning guidelines for their meetings

Rich history of AAID:

- Captured on audio and video the personal recollections of many of the pioneers in implant dentistry for inclusion in a DVD to be available in 2011
- Named the conference room at the Headquarters' Office, for AAID's first president, **Norman Goldberg**, where his contributions to implant dentistry will be on display

Legal Efforts to Support AAID Credentials:

- Won the Florida court

case on advertising your credentials without disclaimers

- Partnered with the Academy of General Dentistry and the American Academy of Cosmetic Dentistry on legal efforts
- Applied to the Florida courts for reimbursement of legal fees since the Florida Board of Health did not appeal the verdict on disclaimers
- Received a \$30,000 commitment from the AACD to help defray our legal expenses

Providing comprehensive dental implant education:

- Expanded our educational opportunities for members, perspective members and those interested in oral implantology by presenting four participation courses during 2009 – Periodontal Microsurgery, Medicine and Pharmacology, and two Bone Grafting Courses
- Worked with the AGD to develop courses to support the implant section of AGD's Mastership program to be given in two parts – Part 1 at AGD's 2010 annual meeting and Part 2 at the AAID's annual meeting in October 2010

- Began the preparation of an application for an accreditation program for implant dentistry to the Commission on Dental Accreditation (CODA) for standards in implant dentistry as a subspecialty of General Dentistry

see President's Message p. 6

AAID NEWS

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David G. Hochberg, DDS

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Business Bite

Introducing Implants

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 BLUEPRINTS. He also produces monthly thoughts and encouragement by being a member of Blatchford FILES. He can be reached at www.blatchford.com, www.blatchfordlive.com, 1-888-977-4600 and info@blatchford.com.

What are the skills necessary to have implants accepted by your patients? You are all excited about implants, have taken a number of excellent courses. Now you are finding you have actually placed very few, and those were at a reduced fee or possibly free. Learning to place implants and learning to sell implants are two completely different skills.

Start asking your patients about their long term goals. What is important to them in twenty years? The necessary skills for selling implants or any dentistry are:

- Shift your paradigm from NEED to desire
- Enter the conversation with no dental agenda on your mind
- Give up being the dental authority during the sales process
- Be an incredible listener
- Make your guest right, no matter what they say
- Never put pressure on your guest in any form

We have it wired that sales means talking someone into something. Today's successful sales are

the opposite. There can be no pressure to purchase what you have in mind for them. The answers come from them, not you.

If you have an "implant agenda" before entering into a conversation, you will kill a sale. When you already have in your mind what you

conversation is selling. Successful sales skill for implants is right-brained and emotional, not technical. Informed consent is an important part of the treatment sequence, not the sales process.

The reason people buy anything is they want it,

not just nodding and waiting impatiently for the next time you can speak. By asking questions, you help your patients uncover their own agenda. Yes, they do have an agenda when they call your office. You need to find out what that agenda and thought process entails. Develop a trusting relationship by staying out of the "tooth talk" while you develop a friend. Dr. Bob Barkley said, "You can never treat a stranger."

The important sales conversations which can include implants and restorations can be accomplished by any team member or the Doctor. It can be started on the phone or even an email conversation but primarily in the consult room upon meeting a new patient. It could be done by the hygienist during a recare visit.

- How can I help you?
- Tell me more about that...
- Have you considered

see Business Bite p. 6

"Successful sales skill for implants
is right-brained and emotional,
not technical."

want them to have, there can be no listening. And listening creates trust. They buy from someone they trust. If you enter the conversation with an implant agenda, you try to talk your patients into understanding the treatment you think they need.

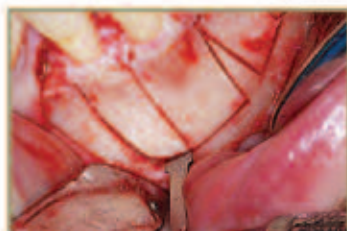
Dentists tend to use the language of informed consent with technical information, thinking this

and they trust you. All life decisions are made permanently, instantly and emotionally. Usual conversations in a dental office are very technical, left-brained and pressure-filled by trying to educate the patient on how you will be placing the implant.

Building trust, an important part of the sales process, means putting yourself in their shoes and actively lis-

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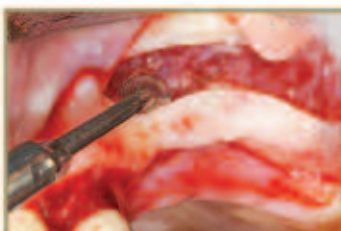
- Dr. Joel Rosenlicht



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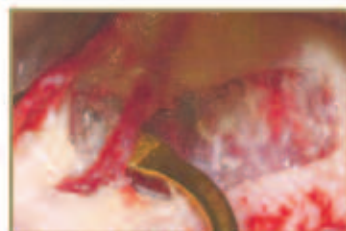
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Business Bite

continued from page 4

- what the result might mean to you?
- How long has this been a problem?
- What have you tried so far? How did that work?
- Have you considered how this affects your life?
- Where are you in your research?
- Have you considered a budget for this?
- What do you mean “it is a lot of money”?
- What would work for you?
- Do you have a time frame?
- What would you like to do next?

Learn to ask questions. Even in the initial phone conversation, you can make a friend. Learn to play the role of a friend, rather than an order taker. Try to discover why they are calling, how we can help them, what do they have in mind, what might be motivating this call and so on. In today’s sophisticated marketplace, much research has probably already been done on the Internet, or by asking friends and neighbors. Give them a chance to talk and keep it on the right brain with “tell me about that” or “I can see that is important to you.”

Ask your guests future focus questions rather than the usual, “do you have any concerns today?” Ask what they would like their smile or dental health to be like in twenty years? This is right-

brained, dream-like questions putting them where decisions are made. The predictable answer is the desire to keep their own teeth. Ask why. Don’t jump in with your “implant agenda.” Probe deeper. Ask more questions. Keep asking questions like “what benefits can you see by keeping your own teeth? Tell me about your family’s dental health. Is keeping your teeth a family tradition?”

You are all excited about the implant process. Educate your team so they can be as excited as you. Team helps greatly in the sales process. Take them to some of your implant courses. On the economics side of dentistry, why would a team member learn sales skills? If you have an equitable bonus system everyone understands, team members become accountable for their results, and they will learn to employ right-brained conversations with your recare and new patients. There needs to be a reward.

Implants can be an integral part of the long-term treatment plan for your guests. By asking open-ended and emotional questions about the bigger picture, your results will be more implants and stronger, longer-lasting smiles for your patients. Integrating communication skills of the team conversations with patients, as well as the technical implant skills of the dentist, is a dynamite combination. ▀

President’s Message

continued from page 3

- Approved three new MaxiCourses® in Toronto, Puerto Rico, and Howard University. We now have eight MaxiCourses® and are in the process of reviewing applications for three more.
- Increased the number of students in existing MaxiCourses®

Research Foundation:

- Published the first AAID Research Foundation Annual Report, which was mailed with the Summer 2009 AAID News

Global:

- Planned an outstanding meeting in Mexico that unfortunately had to be cancelled because of the H1N1 virus outbreak in the Spring

Credentialing:

- Received a record number of applications for the Associate Fellow and ABO/ID examinations

Public face of AAID:

- Appointed **Dr. James Rutkowski** as the new Editor-in-Chief of the *Journal of Oral Implantology* and planned graphic redesign and content enhancement
- Distributed four news releases that generated millions of page views throughout the world
- Broadcast radio mes-

sages featuring over 40 AAID members that were heard by over 25 million people in U.S.

Membership:

- Increased membership by 2% to 3,611 — despite the economy.
- Fostered inclusion by opening the District Caucuses to all AAID members including General Members and by appointing General Members to AAID committees
- Communicated five times by e-mail and fax directly to all members through a President’s Update

The future of AAID:

The future of our Academy is vital and strong. We have dedicated members and a dedicated Headquarters’ office staff under the leadership of Ms. Sharon Bennett. I think that there are three areas that will lead us to the forefront of implant dentistry:

1. The CODA accreditation mentioned above will be critical especially since some dental schools are dropping the full denture requirements for dental students. Other dental schools are considering dropping the oral surgery and periodontal surgery rotation requirements as well.
2. Having the AGD and AACD as partners in the Florida Case as credentialing organizations will see **President’s Message p. 21**



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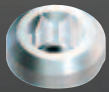


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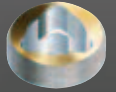
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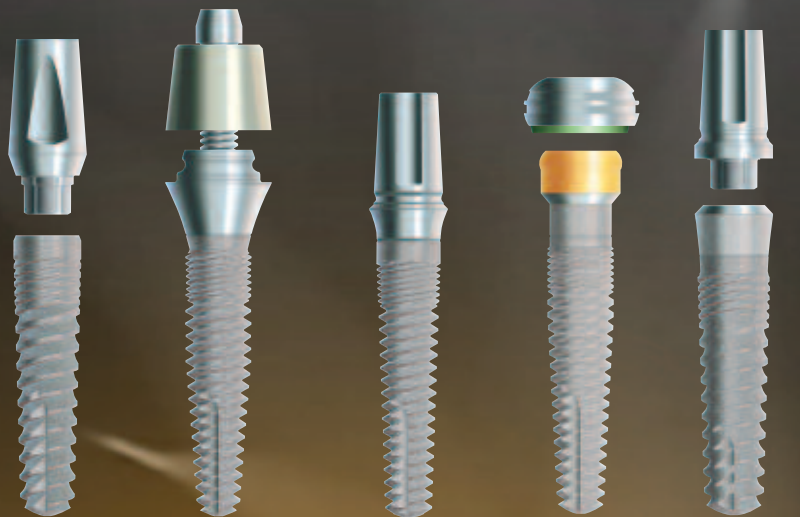


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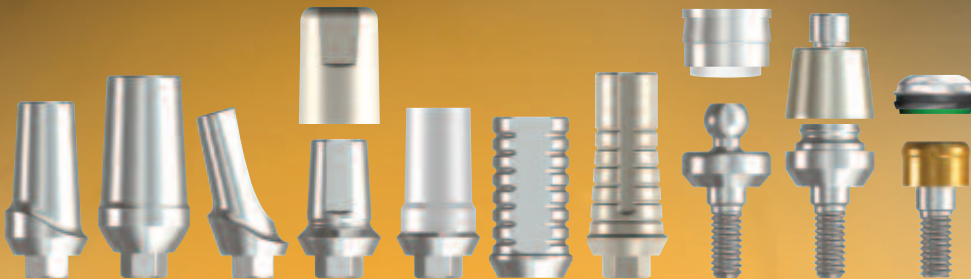


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Legal Bite

The bricks of our treatment plans

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.

Not infrequently, I am involved in situations where a dentist's professional judgment is being scrutinized by a state regulatory board or in a malpractice action. We all know that general dentists, and many specialists, have differing opinions as to what is the best treatment plan for a given patient. Indeed, in 1997, a *Reader's Digest* reporter traveled across the country to obtain about 50 independent dental exams and treatment recommendations. He was astonished to find out that the plans ranged from doing virtually nothing, to spending in excess of \$50,000. And that was in 1997! Those findings did not startle most general dentists.

Nonetheless, dentists do find themselves the target of scrutiny as a result of a particular diagnosis or treatment plan they have rendered. How can we reconcile the fact that there are a multitude of treatment plans and professional opinions for almost any patient, yet we

can be placed at risk for criticism as a result of a particular treatment plan we propose or implement.

The answer doesn't lie as much in the treatment plan itself, but rather in the underlying diagnostic basis for the plan. As dentists, we are often too cryptic in our record keeping. It was common for me in my clin-

ical years to simply note: #23 mod comp; #24 pm crown; bridge #18-21; root plane and curretage ul/lr quadrants.

patient wishes, existing condition of mouth, radiographic interpretation / findings, and oral examination findings. Although I can perform an oral exam, scan the radiographs and almost instantly recommend a course of treatment, unless I write down the multitude of observations underlying any treatment

enamel, or wear facets on various areas, those observations are important to my subsequent treatment recommendations. Therefore, they need to be recorded in the patient chart. Similarly, when I review the radiographs, my observations should be noted in the chart relative to any apparent pathology, decay, bone height or density, angulation of teeth, apparent fractures, marginal defects in existing restorations, pulpal pathology, and more.

In many cases, if my clients had noted what they actually observed, which formed the basis for one or more treatment plans, it would be impossible to level any criticism against them. But in many cases they processed the clinical and radiographic data mentally, did not write it down, and thereby leaving themselves open to criticism as to whatever treatment plan they recommended. As long as we have recorded the diagnostic data that we considered in formulating

see Legal Bite p. 24

“Dentists need to be mindful of how critical it is to record the findings we make relative to the medical history, dental history, patient wishes, existing condition of mouth ... ”

ical years to simply note: #23 mod comp; #24 pm crown; bridge #18-21; root plane and curretage ul/lr quadrants.

While this may indeed be a treatment plan, what is missing is the diagnostic bases upon which I formulated this plan.

Dentists need to be mindful of how critical it is to record the findings we make relative to the medical history, dental history,

recommendation, I am subjecting myself to potential criticism.

We can enable another dentist to 'stand in our shoes' by providing the facts that we gleaned from performing the examinations noted above. So when I see, during my oral exam, a fractured margin on a tooth or restoration, chipped enamel on a thin marginal ridge, the telltale 'cracks' in a thin wall of



Dan, Boyd and Lenny (left to right)

Congratulations to the AAID on their continued efforts in the research of implant dentistry. I am proud to participate in this endeavor as Root Lab has been involved with implants for over 40 years. I want to take this opportunity to thank the Academy for the Aaron Gershkoff Award presented to me in 2005. This award represents one of my highest career achievements. I hadn't been very active at the time the award was presented as I was waiting on a lung transplant. I'm glad to say that I finally received my lung on May 1st, 2007 from the University of Pittsburgh Medical Center and am now over 2 ½ years out, doing great and back at the bench.

Today dentistry is facing problems with foreign manufacturing and an unstable economy. Root Lab is proud to say that all of our work is manufactured in the USA. We do not, nor ever have, out-sourced our work outside the country. It is our philosophy that to maintain our high standard of quality, all of our work must be produced in our laboratory by using certified products. Manufacturing guidelines are adhered to so that we can ensure the end product will be a quality product that we can stand behind. We are committed to remaining the best full-service laboratory in the world, offering Crown & Bridge, Removable, & Custom Implant Prostheses. Root Laboratory has restored over 191,000 units of implant prostheses on more than 178,000 implants for more than 86,000 patients in 50 states and 28 foreign countries. Furthermore, we are committed to keeping jobs here in the U.S.

Dan Root

Clinical Bite

continued from page 1

pericardium membrane in horizontal bone augmentation of buccal implant dehiscence defects using the Sandwich Bone Augmentation (SBA) Technique and (2) molecular aspects of bone regeneration after a guided bone regeneration procedure. The long-term objective is to examine the processes of bone physiology during healing and protein expression of mineralization related proteins (e.g., osteopontin and osteocalcin).

30 healthy patients with horizontally deficient ridge widths will be recruited. Stage 1 surgeries will be performed using tapered Screw-Vent® microtextured Zimmer dental implants. They will be randomly assigned to two groups:

1. Control group (N=15)
Puro® cancellous and cortical bone graft with no membrane
2. Test group (N=15) Puro®

cancellous and cortical bone graft with CopiOS® pericardium membrane.

Dimensions of the implant buccal dehiscence defects will be measured and augmented using SBA technique. State 2 surgeries will be performed six months later with bone core biopsies taken for histomorphometric and protein expression analysis. The primary outcome variables are (1) % of Defect Height Reduction, (2) % of Bone Fill, (3) thickness gain.

Mindy Gil

Harvard University

Project Title

Comparison of Novel Osteogenic Peptides to Functional Moieties of BMP

Abstract

In orthopedic settings, autograft is still considered the “gold standard.” However, this gold standard is not without drawbacks; autograft can cause complications of its own, such as increased operative time, increased patient

recovery time, and chronic pain at the location where the bone graft was taken. Therefore, a synthetic bone grafting material with potency comparable to autograft is highly desired.

A key to maintaining dynamic equilibrium in bone regeneration is in bone extracellular matrix (ECM). Bone ECM proteins include critical signals that conduct recruitment, adhesion, proliferation, and differentiation of osteoblast to regenerate bone. Specifically, we are looking for ECM-mimetic biomaterial that would play a major role in successful bone regenerative medicine. However, while the functional information of bone ECM is crucial to build such mimetic material, because this vital information is displayed to osteoblast progenitor cells as peptide residues of ECM, even the most advanced proteomics find it challenging to denote exactly which parts of the peptide sequences are of interest.

Using a novel osteogenic peptide high throughput system (Provisional patent filed by Harvard Medical School), we screened 180 millions of bacterial peptide display library to select for top 21 osteogenic peptides. Three successive screenings were conducted to select for peptides that bind to osteoblast precursors, promote growth, and support maturation of osteoblast precursors. Top 21 peptides were then sequenced, and one of the peptides showed high homology to bone ECM protein of osteopontin (OPN).

The goal of the proposed study is to conduct an *in vitro* study to compare functional efficacy of these novel peptides to other known osteogenic peptides, such as fibronectin derived RGD, or Bone Morphogenic Protein (BMP) derived sequences. Our peptides are found to be all novel, especially because their discovery was enabled by a novel method. Furthermore, because our study involves a large number of peptides (21), we can investigate potential synergistic effect in combinations of peptides.

With multiple inventions contributing to the final goal, we believe that this project will yield an effective ways to help patients who suffer from incurable bone fracture and defect. ▀



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Executive Director's Report

The survey says...

By Sharon Bennett

We recently sent out the 2009 AAID Membership Survey and are receiving responses at a record pace. The Membership Committee thought that sharing some of the results from last year's survey would give members of AAID a better insight into the organization collectively and what is important to the membership as a whole.

Who we are:

We are experienced dentists, with 82% of AAID members having practiced dentistry for at least 11 years, with 58% having practiced between 11 and 30 years. We are also experienced implant dentists, with 52% having included implants in their practice for between 11 and 30 years. Nearly two-thirds of AAID members said they place between one and ten implants per month, with 38% reporting they place between one and five implants, and 22% placing between six and 10 implants per month. Eighty-four percent provide both surgical and restorative phases of implant treatment.

What we charged for implants and how we get paid:

For the first time, the AAID conducted research into past pricing practices for

implant services and what types of financing is offered by AAID members.

The survey, based on 2008 pricing, asked members the patient's cost of treatment for a single tooth (implant, abutment and crown) in their office assuming there were no complications and no tissue or bone grafts required. Overall, 68% of the respondents indicated they charged in the range of \$2,001 to \$4,000 for this service. The most frequently mentioned range was \$3,001 to \$3,500, with 23% of the respondents so indicating.

We also asked about treatment for an implant supported overdenture (defined as either four implants, four abutments and four locator attachments OR four implants, four abutments and an implant connecting bar) assuming there were no complications and no tissue or bone grafts required. Slightly over half the total respondents (51%) reported a range of \$8,001 to \$12,500 for this treatment option.

Finally, we asked about what treatment financing options were made available by our members to their implant patients. 87% of all respondents accept credit cards and 69% offer third party credit services.

Only 11% reported not offering any financing options.

The Membership Committee has recommended that a survey be conducted in the future that focuses only on practice management issues.

What we think of AAID:

Over 95% of the 437 members responding to the 2008 survey said they were very or somewhat satisfied with AAID membership and 97% said they were likely or somewhat likely to recommend AAID membership to a colleague.

Members reported being satisfied with each of AAID's regular periodicals that were published prior to the 2008 survey, with the *Journal of Oral Implantology* receiving a very or somewhat satisfied response from 92% of those responding. *AAID News* was rated at 91% and the electronic *AAID eGram* received a 78% rating.

When it comes to AAID's educational programs, they are very highly rated by attendees. For example, 97% stated they were definitely or somewhat likely to recommend the AAID Annual Meeting to a colleague. Each of the Academy's participatory courses presented in the

past year were similarly highly regarded by attendees. Nearly 100% of the attendees at each Bone Grafting Course and Soft Tissue Grafting Course, said they would recommend the course to others.

What we want AAID to provide:

The most desired new member benefit was for a discount on implant text books, with 83% of the respondents stating they were very or somewhat interested. The Membership Committee listened and has entered into an agreement with Wiley. Members of the AAID can save 20% on their next book order from Wiley by entering **SDP21** - a special code exclusively for AAID members - at www.wiley.com.

The second most valued new benefit is the creation of a CE credit registry and providing transcripts of CE credits. This capability will be considered as one of the new features as AAID Headquarters searches for a new Association Management System to replace the current one. Discounts on third-party financing for patients and AAID organized trips were two other future member benefits that respondents to the survey ranked highly. ▀

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Industry News

3Shape Expands International Operations into Asia with Opening of Shanghai Office

3Shape has officially announced its expansion into Asia with the opening of new offices in Shanghai and the appointment of Mr. Ye Jin as the General Manager. The Asian market for digital dentistry and hearing is beginning to benefit from recent hospital privatization projects, expansion of private clinics, aging populations and a growing urban middle class. Dentists and laboratories find themselves in the midst of an increasing demand for higher quality restorations and are investing rapidly in CAD/CAM solutions that boost their accuracy and efficiency.

3Shape A/S is a Danish company specializing in the development and marketing of 3D scanners and CAD/CAM software solutions designed for the creation, processing, analysis and management of high-quality 3D data for application in complex manufacturing processes. For further information regarding 3shape A/S, please refer to www.3Shape.com.

SimPlant® compatible with CAMLOG® Guide System

Materialise Dental is pleased to announce its newly established cooperation with CAMLOG, hence

offering compatibility with its CAMLOG® Guide System. Materialise Dental customers who have prepared their SimPlant® treatment planning, can now also order a SurgiGuide® that is compatible with SCREW-LINE implants. Customers benefit from authentic CAMLOG® Guide System guiding sleeves, which allow for optimal drilling, implant guidance and depth control.

Materialise Dental offers its customers SurgiGuide® solutions that can be used with a variety of brand specific guided surgery kits:

- External Hex SAFE SurgiGuide® Kit – Materialise Dental
- Facilitate™ – AstraTech
- Navigator™ – BIOMET 3i
- ExpertEase™ – DENTSPLY Friadent
- Straumann® Guided Surgery Kit – Straumann®
- Nobel Biocare guided surgery instruments – Nobel Biocare
- CAMLOG® Guide System - CAMLOG

DEXIS introduces the latest in digital imaging

DEXIS, LLC is proud to release its latest evolution in intra-oral X-ray technology — the DEXIS Platinum Sensor. While maintaining both the comfort and single-sensor concept of its trusted DEXIS PerfectSize™ sensor, DEXIS Platinum now com-



bines direct USB connectivity, TrueComfort™ design, and PureImage™ technology for a new experience in digital imaging.

DEXIS offers breakthrough connectivity with a direct USB digital X-ray sensor that is an even more durable and even more portable solution for use in multiple operatories and fieldwork. Dental team members will benefit from the integrated USB functionality that allows direct connection to the computer!

As part of TrueComfort design, the DEXIS Platinum Sensor's refined beveled corners and its rounded casing ensure that there are no sharp edges against the patient's tissues. The new smaller, angled dome on the back of the sensor incorporates the patented WiseAngle™ cable exit that increases comfort and efficiency for precise placement.

Since well-defined subtleties in X-ray images are vital to diagnosis, DEXIS has developed its PureImage technology — a combination of highly sophisticated software and

premium-quality hardware components. With 16,000 shades of gray generated by a 14-bit analog-to-digital converter, clinicians are able to visualize the slightest variations in densities.

The sensor's high resolution provides more than 20 visible line pairs offering remarkable image clarity and virtually no visual noise. Plus, an exclusive design maximizes active area at the pixel level, bringing out the smallest details. With a 2.2-megapixel size, images remain crisp when enlarged.

Adding to its clinical value, the DEXIS Platinum Sensor has an enhanced quantum efficiency, which makes it very receptive and efficient when capturing X-ray images across a dynamic range of radiation settings. This delivers the ability to reduce the number of retakes due to under- and over-exposure, as well as ultimately lower radiation dosages.

For more information on the DEXIS Platinum Sensor and to learn about DEXIS imaging solutions, visit www.dexis.com.

Imaging Sciences International Announces Tru-Pan™ for i-CAT®

Imaging Sciences is proud to introduce Tru-Pan, which delivers anatomically accurate and precise panoramic images with optimal clarity

see Industry News p. 13



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Biocom Implant

Seven Implant

Lance Implant

Biocom | \$150

MIS BioCom Implants are titanium cylinder screw type implants that are designed for both two-stage and single stage procedures.

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The MIS self-tapping Seven Implants are especially designed for implantation in a wide range of bone types and bone augmentation procedures. The implant comes with a final drill.

LANCE | \$150

The extensive research and development that went into the LANCE has created a tapered self-tapping implant with a unique shape.

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 **Booth #606**

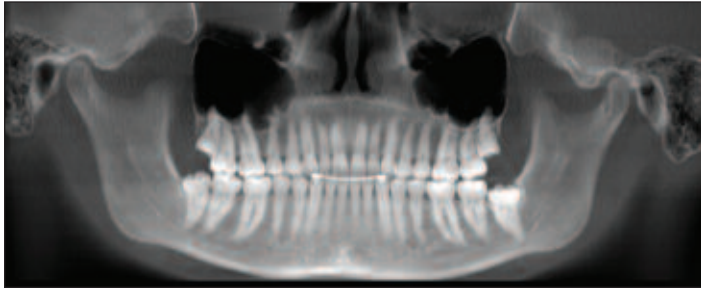
Visit us in AAID Annual Meeting 2009
November 11-15 New Orleans, Booth #606

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Industry News

continued from page 14

and detail plus time savings over traditional arch detection methods found in today's 3-D imaging programs.

Tru-Pan's advanced reconstruction of unique anatomic landmarks automatically creates a custom, optimized focal trough specific to each patient. This focal trough detection reveals a new level of detail that delivers consistently crisp and clear views of root tips and crowns, including the incisor regions, and sinuses — all within one panoramic image.

Tru-Pan's panoramic images are created with just one click of the mouse. The automatic custom focal arch detection works in conjunction with the patient's 3-D data to quickly and efficiently extrapolate "true" and precise panoramic views. These consistent and optimal results save minutes of valuable clinical time over manual and semi-automatic arch setting techniques.

To learn more about Tru-Pan, visit www.Tru-Pan3D.com.

Zimmer Dental Introduces Battlefield Technology for Oral Wound Care

Zimmer Dental Inc., is pleased to announce the

availability of the HemCon® Dental Dressing — a revolutionary wound dressing material that utilizes a unique, propriety technology to effectively seal the wound and minimize pain in various surgical procedures, culminating in a more positive experience for both clinicians and patients. HemCon® Bandages have been a top choice for the U.S. Armed Forces in battlefield wound care since 2003.

Designed to become extremely sticky when placed in contact with blood, the HemCon Dental Dressing immediately seals and protects the wound, while simultaneously relieving pain. Safe, sterile, and easy-to-use, the dressing eliminates the need for traditional sutures in a number of common dental applications — including tooth extractions, donor site soft tissue grafts,



biopsies, maxillofacial trauma, and surgical flap procedures — expediently stabilizing the blood clot, and dissolving over time.

The HemCon Dental Dressing, manufactured by HemCon Medical Technologies Inc. and exclusively distributed by Zimmer Dental, is made from chitosan, a biocompatible polysaccharide derived from the exoskeleton of arctic shrimp. In addition, the innovative product offering contains no human/animal clotting factors.

Contact a Zimmer Dental Sales Consultant or Customer Service at (800) 854-7019, (760) 929-4300 (for outside the U.S.), or visit www.zimmerdental.com for more information.

Introducing COMFORTdrive® - The most innovative high-speed ever!

Kavo Dental North America introduces the COMFORTdrive® 200 XDR high-speed handpiece featuring patented micro-motor technology.



Doctors preferring an air handpiece for its light weight and ergonomics as well as practitioners who appreciate an electric for its precision cutting and quieter sound agree COMFORTdrive offers a blend of optimal performance, superior ergonomics with whisper quiet operation making it the most innovative high-speed ever.

COMFORTdrive offers precise cutting performance with exceptional bur concentricity to assist with faster and smoother preps, the first time, every time. The no-bur-stall feature of COMFORTdrive improves efficiency in gross reductions and crown and bridge preparations. The SAFEdrive technology features an integrated sterilizable motor that delivers 30 watts of constant power for consistent performance.

COMFORTdrive's unique patented design weighs approximately 40% less and is 15% shorter than market-leading

electric options. The integrated motor reduces the distal area length after the pivot point in the doctor's hand allowing for an unprecedented degree of comfort and control. The COMFORTdrive operates at only 55 dB, making it the quietest highspeed handpiece on the market today.

The COMFORTdrive system features an innovative "Plug-n-Prep" auto-calibration technology

see Industry News p. 17



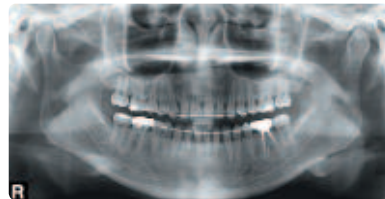
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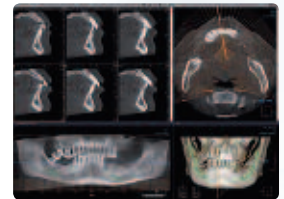
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2 in 1 Solution

Panoramic Image



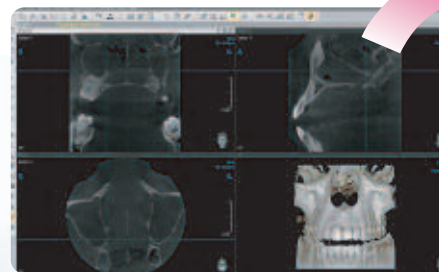
CBCT Image



Multi FOV Options in CM

Option 1	Option 2	Option 3
5X5	5X5	5X5
8.5X8.5	8.5X8.5	8.5X8.5
	12X8.5	12X8.5
		15X14

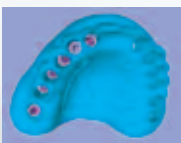
(cm)



FOV 8.5 X 8.5



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“Haute” Doc Emile Martin, DDS: Calls Them as He Sees Them

What do dentists and baseball umpires have in common? They make quick decisions that influence outcomes, says AAID’s **Emile Martin, DDS**. He should know because he’s been umpiring baseball games for more than twenty years while operating a successful dental practice in Syracuse, NY.

“When performing a dental-implant procedure, sometimes you have to make quick calls and adjustments to assure a successful outcome. It’s similar in baseball because umpires make split second decisions all the time that can influence the final score of a game,” said Martin.

How does a dentist from Syracuse decide he wants to take up a hobby calling balls and strikes? Blame the wife. When the Martins enrolled their then 10-year old daughter in the community softball program, it was short on umpires and officials asked for volunteers. “My wife said, ‘My husband probably could do umpiring,’ and after I got started, the umpires developed a strong camaraderie that made it fun,” said Martin. “However, I only

umped softball when my daughter played and switched to baseball exclusively.”

Now, two decades later, Martin works some 50 games a year, mostly at the high-school level in April, May and June. “In the spring, I see three or four patients a day and then work a baseball game in the late afternoon,” he said. “I umpire in summer leagues, too, but also have a life and don’t let the schedule get too demanding. It’s a hobby, not a job.” He did note that the pay is \$73 a game for the varsity level, so financially, the time would be much better spent in the office.

Martin says he has a long fuse on the field and has only tossed two players from a game and no coaches. “I’d rather see everyone in the game. So when I see that a coach is having a bad day, I take the initiative and ask if he wants to chat with me. That avoids unnecessary confrontation and keeps coaches out of trouble with their athletic directors,” he explained. Martin noted that varsity baseball coaches usually are lifers who know the game and the



Emile Martin, DDS, signals a strike during a high school baseball game.

rules and normally don’t argue calls. “It’s a different story in the summer leagues with parent coaches. They’re generally not as experienced as high school coaches and are living the game thru their kids,” he said.

In the style of legendary professional umpires Al Barlick and Dutch Rennert, Martin loudly bellows his strike calls behind the plate. “Every umpire has his own style, and I’m a little quick making calls behind the plate,” he said. “I’m loud so there’s no doubt about the call, and most of the time I’m right,

at least as far as I am concerned.”

Martin knows that good high school pitchers will vary pitch locations at beginning of games to test an ump’s strike zone. “They want to know if you’re going to give them the corners on strike calls, and this makes a difference in how they might pitch certain hitters,” he said. “I have a bigger strike zone at the younger levels because it keeps the game moving. Otherwise, the players will keep the bats on their shoulders.”

Through the years Martin has been hit by foul



Emile Martin, DDS makes sure he is position to call the play correctly.

balls several times. “Getting hit is part of the fun,” he said, and recalled a game when he was hit directly on the collarbone. “It stunned me and the pain was significant. But after a few minutes we resumed play. A few days later, I got hit in the same spot and still have a bruise there.” From that experience, Martin has learned to appreciate big catchers. “I tell the boys all the time it’s their job to protect me,” he said.

In Syracuse, baseball ranks behind lacrosse as the preferred spring sport for high schoolers, according to Martin. “Lacrosse is a huge sport here and the better athletes play it because the chances of getting a college scholarship are much better than in baseball. Most of the top college lacrosse programs are in the East and they

recruit heavily from local high schools. As a result, the better baseball programs in the area are at large schools that have an abundance of good athletes.”

The full-time dentist and part-time umpire admits he’s not as quick getting around the ball field as he was a few years ago, and he stays physically active to maintain his conditioning. “I like to ski and roller blade to stay in shape. From experience, I know where the ball is supposed to go and don’t need to run 90 feet. Quickness is more valuable than speed for an umpire,” he said.

How much longer will Dr. Martin don the blue shirt, mask and chest protector? “As long as it’s still fun to do and I’m physically able to perform to my expectations,” he said. ▀

Industry News

continued from page 16

for easy setup that does not require adjustment to any other equipment in the office. Once calibrated, the COMFORTdrive system allows for an air-like “feathering” effect between 30,000-200,000 rpm with the foot pedal. Therefore, doctors using air-driven handpieces can seamlessly transition to COMFORTdrive with no learning curve. The tiny footprint of the COMFORTdrive system neatly incorporates into any operatory, offering an aesthetic, clean look in the dental practice.

For more information, please contact KaVo at 1-888-ASK-KAVO (1-888-275-5286) or visit www.kavousa.com.

Zimmer Sinus Lift Balloon Joins Regenerative Family



Zimmer Dental Inc., is pleased to announce the availability of the *Zimmer*® Sinus Lift Balloon — the first in a series of “sinus lift solution” products stem-

ming from an exclusive distribution agreement with Osseous Technologies of America (OTA). Created to simplify the delicate sinus lift procedure, the balloon offers a convenient option for clinicians and aids in creating a more positive patient experience.

The minimally invasive *Zimmer Sinus Lift Balloon* allows for improved vertical sinus elevation results and gives clinicians added security when performing a traditional sinus lift procedure — protecting the Schneiderian membrane from tearing, which can significantly disrupt an implant case. The balloon instrument is also well-suited for effectively measuring the required bone grafting material. For example, 1cc of saline, which is used to inflate the balloon, is equal to 1cc of grafting material.

The *Zimmer Sinus Lift Balloon* is available in three convenient, single-use configurations for optimum efficiency and ease-of-use. The angled design is ideal for lateral window procedures, the straight model is well suited for a crestal approach, and the popular micro-mini design can be used for either of these indications.

Contact a Zimmer Dental Sales Consultant or Customer Service at (800) 854-7019, (760) 929-4300 (for outside the U.S.), or visit www.zimmerdental.com for more information. ▀

Interview

Joel L. Rosenlicht, DMD

Incoming President, American Academy of Implant Dentistry

Interviewed by Editor of AAID News, David Hochberg, DDS



Dr. Rosenlicht, talk to us about the influence of the general dentist with your early training and take us up to the present, sharing with us your perspective as to how things have changed.

Well, my first experience being exposed to dental implants was when I was in dental school. At that time, I was introduced to implant dentistry through the assistant dean, a doctor by the name of Doug Roberts, who was conducting research on endodontic stabilizers. I'm not quite sure if any of the current implant dentists or members of our Academy are familiar with endodontic stabilizers, but they were an implant that went through the root of the tooth to stabilize the

residual root, and it would actually give some longevity to the survival of that tooth.

What was interesting from my experience with Dr. Roberts and in doing some research with him on the endodontic stabilizers, we found that the teeth ended up failing, but lo and behold, the endodontic stabilizers, which were a very, very thin titanium rod, actually became embedded in bone and were very difficult to remove. About the same time, when I was a junior dental student, I remember hearing a lecture during the lunch period by **Leonard Linkow**. Dr. Linkow had come to our dental school to speak about the implant work he was doing. He talked about blades and different types of root forms he was working with. And, most interestingly, he discussed sub-periosteal implants.

The audience was small because, at that time, most of the instructors at my dental school - Fairleigh Dickinson University - were pretty averse to thinking that implants could ever work. I was intrigued that Dr. Linkow, a general dentist, had gone so far with some of the things he was doing with surgery, sub-

periosteal implants and blade implants. Some of what he showed us was interesting to me, such as remarkable successes intermixed with obvious controversial failures. That was really my introduction to dental implants. I was introduced to the innovators, many of whom were members of the AAID, all of whom at that time were general dentists.

And how have things changed today for the young practitioner being introduced to this wonderful field?

I think things have changed dramatically, especially the amount of research and education in the last 25 years not only in surgery, but in the approach to prosthetic reconstruction and so forth. It is vast. Sometimes I can't even imagine being able to keep up with everything that's going on. I think general dentists today who want to get involved with implant dentistry must make sure they pursue all the education they possibly can acquire, because this is a field that is so dynamic and expanding quite rapidly. Since so many different spe-

cialty aspects are associated with implant dentistry, I feel it is important for our members, especially our general members, to feel comfortable doing what they're going to be doing and in how they go about treating their patients.

What do you believe separates AAID from other dental societies?

All you have to do is read this newsletter and you see the difference: Educational opportunities, updates on members, political activities regarding our credentials, multiple district meetings, a great annual meeting, and an international presence with our global members including outreach programs. The AAID truly represents Dentistry of all disciplines in Implant Dentistry. I also don't want to forget the ABO/ID sponsored by the AAID: the only truly dedicated educational certifying board in Implant Dentistry.

If you to make a 15 second elevator speech to a prospective member about the benefits of AAID, what would you say?

I would tell them they are rubbing elbows with the



Dr. Rosenlicht and his wife, Doreen with N246J, a Cessna Turbine 210, upon landing on Katama, Martha's Vineyard.

leaders of Implant Dentistry and some of the finest dentists and people around. This organization will broaden your scope, challenge your abilities and be there for your support and growth.

What will be your key priorities as AAID President?

The key priorities are to bring new members into positions of leadership through committee appoint-

ments, develop strong alliances with all groups in dentistry so that we remain the ADA's representative organization on implant matters, to grow our base of members both nationally and internationally, to provide world class education, leadership and support to our members, and lastly to encourage the growth of the ABO/ID and the wonderful research foundation all of us should be proud of.

President's Message

continued from page 6

make us stronger and we will be able to help our members advertise their AAID credentials.
 3. We have an opportunity to offer some courses outside the scope of implant surgery. These new dentists who may be interested in implant

surgery will need to have expert knowledge in oral surgery, dentures and the restorative phase.

I feel that the future of the AAID is very bright. Thank you again for allowing me to lead this great Academy this past year.

With kind personal regards.
 Beverly Dunn

Dr. Rosenlicht, please tell us a little bit about what you like to do when you're not treating patients?

Well, dentistry is extremely stressful in general. It's very difficult for me sometimes to do things that allow me to not think about the office or the patients I treat. So the hobby that allows me to do that is flying. Some of my flying is tied with some of the work I've been doing, such as lecturing and working with implant companies. So I have the opportunity to use the airplane for business as well as personal pleasure. I'm very grateful to the specialty that has allowed me to be able to do something that I also love besides dentistry, which is flying the airplane.

Any closing thought?

You know, just sitting down for this interview with you kind of humbles me to realize that I have the opportunity to become president of this wonderful organization. And for closing thoughts, I'm grateful to those involved in my education and colleagues who introduced me to the AAID and now allow me to help guide it for the next year. I take this opportunity very seriously and am extremely grateful and humbled by it.

I generally say how fortunate we are to have you as our new president and leader. I know the Academy is in good hands as you take us into the direction of a long-lasting and successful future. Thank you very much, Dr. Rosenlicht.

Central District Drop-in Cocktails and Raffle

Join your colleagues from the Central District for an informal gathering on Friday, November 13 after a day of continuing education from 5:30 pm until 7:00 pm.

Join your colleagues in the Spirits Bar on the 1st floor for a non-hosted bar.

This informal gathering is also a fundraising event and will include a chance to win prizes in a raffle.

Tickets for the raffle can be purchased from any officer of the Central District for \$20 each.

Need not be present to win!

Look for your colleagues in the Spirits Bar.

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AMERICAN ACADEMY OF IMPLANT DENTISTRY

Hilton New Orleans Riverside, New Orleans November 11 – 15, 2009

A separate registration form must be completed for each paying attendee.

- Each dentist, including spouses or other family members who are dentists, must register as a dentist.
- All dentists, including non-practicing dentists, must register in the appropriate dentist category.
- Admission to continuing education programs is limited to registered dentists, technicians and office staff.

YOUR CONTACT INFORMATION (Please write legibly.)

Last name: _____ First Name: _____ Degree(s): _____

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

A. Meeting Registration	After 9/14/09
____ AAID Fellow*	\$1045
____ AAID Associate Fellow*	\$1045
____ AAID General Member*	\$1095
____ AGD Member* (AGD Member # required)	\$1095
____ NonMemberPLUS! Dentist*	\$1245
[Includes Membership in AAID through November 30, 2009]	
____ NonMember*	\$1445
____ Life Member or Retired Member*	\$150
____ Technician	\$295
____ Office Staff	\$295
Register 3 or more allied staff from same office at \$225 each.	
____ Doctor's Name _____	
____ Student	\$150
____ Spouse Name _____	\$190
____ Guest Name _____	\$190
* Includes one (1) President's Celebration ticket	
A. Meeting Registration subtotal _____	

C. Special Events	
____ ABOI Breakfast (Fri. 7 - 8 am) \$ 55	
____ Dine & Discuss™ (Fri. Noon - 1:15 pm) \$95	
____ Women Dentists' Wine & Cheese (Fri. 6 – 7 pm) No cost, but reservation required	
____ President's Celebration (Sat. 7:00 pm) \$195	
C. Special Events subtotal _____	
D. Virtual Attendance Opportunities	After 9/14/09 or Onsite at Meeting
____ Meeting Registrant Online access only	\$199
____ Meeting Registrant DVD-ROM only	\$219
____ Non Registrant – AAID Member Online access only	\$729
____ Non Registrant – AAID Member DVD-ROM only	\$749
____ Non Registrant – Non AAID Member Online access only	\$829
____ Non Registrant – Non AAID Member DVD-ROM only	\$849
D. Virtual Attendance subtotal _____	
GRAND TOTAL (A+B+C+D) _____	

B. Limited Attendance Workshops
Each Limited Attendance Workshop is \$115, unless otherwise noted

____ LA1 Alan Herford, DDS, MD; Francis Jones, DDS, MBA; Shedrick Jones, DDS, PhD – Bone Regeneration with rhBMP-2 (Thurs. am)	
____ LA2 Jack Krauser, DMD - NobelGuide™ (Thurs. am) – No Charge	
____ LA3 Edward Amet, DDS, MSD – Bone Grafting with Implant Reconstruction (Thurs. am)	
____ LA4 Len Tolstunov, DDS – Implant Vulnerability (Thurs. pm)	
____ LA5 Philippe Tardieu, DDS – Introduction to Computer-assisted Implantology (Thurs. pm)	
____ LA6 Jack Hahn, DDS – New Direction for Implants (Thurs. pm) – No Charge	
____ LA7 Alfred Heller, DDS, MS; Robert Heller, DDS – Piezoelectric Surgery (Fri. am)	
____ LA8 John Minichetti, DMD; Matthew Young, DDS – Hard Tissue Considerations (Fri. am)	
____ LA9 Jack Hahn, DDS – Emergency Implant (Fri. am)	
____ LA10 Jim Rutkowski, DMD, PhD; James Fennell, DMD – Platelet Rich Plasma (Fri. pm)	
____ LA11 André Saadoun, DDS, MS – Soft Tissue Grafting (Fri. pm) – SOLD OUT	
____ LA12 Mohammad Moini, DMD, MPH – Revolutions in Implant Dentistry (Fri. pm)	
____ LA13 Edward Kusek, DDS – New Frontier in Implant Dentistry w/ Laser Therapy (Fri. pm)	
____ LA14 Richard Hughes, DDS – Multimodal Dental Implant Treatment (Sat. am)	
____ LA15 Bill Blatchford, DDS – Implants Create Profitability (Sat. am)	
____ LA16 Tim Kosinski, DDS – CT Diagnostics for 3D Implant Treatment Planning (Sat. am)	
____ LA17 Carlos dos Reis Pereira Araujo, DMD - The New Morse Taper Connection Implant: A Revolution in Implant Dentistry (Sat. am) – No Charge	
B. LimitedAttendance Workshops subtotal _____	

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Registrations received by October 23, 2009 will be processed prior to the meeting. Anyone wishing to register after October 23, 2009, must do so onsite.

All cancellations will be subject to a \$50.00 administrative fee. Requests for refunds must be made in writing and received by October 1st for a 100% refund (minus \$50); between October 1 and October 15th for a 50% refund (minus \$50). Due to advance commitments to the hotel, no refunds will be made after October 15.

AAID provides exhibitors with a list of registrants prior to and after the meeting. Check here if you want to be excluded from that list.

Legal Bite

continued from page 8

our treatment plan or plans, the professional judgment as to the specific treatment plan we recommend is just that.....a matter of professional judgment. And the standard of care is met if the professional judgment rendered (treatment plan) is within the wide range of acceptable treatment


recommendations.

To make a simple analogy, if the diagnostic data represents a pile of bricks, into what shape or structure a mason wants to assemble them is a matter of professional judgment and client wishes. Similarly, in dentistry, there is a wide range for the standard of care relative to such judgment calls. As long as the appropriate diagnostic data is recorded, if one dentist recommends

'patchwork' dentistry, and another recommends a multitude of crowns and implants, neither dentist is 'right,' and neither is 'wrong.' From a risk management perspective, the professional judgment of each is appropriate. Ultimately, it is the patient's choice as to which treatment plan to accept, after an informed decision is reached.

In conclusion, although dentists have been focused

on recording the treatment plans and the actual work performed in patient records, it is even more important to record all the underlying diagnostic information upon which potentially one or more treatment options can be based. To protect yourself from 'post facto' criticisms, make it easy for anyone to see the pre-op 'bricks' from which you 'built' your treatment plans. ▀



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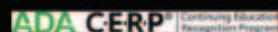
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Academy News

Slate of Officers

The AAID Nominating Committee presents the following slate of officers for consideration at the Academy's 2009 Annual Business Meeting on Saturday, November 14 in New Orleans during the 58th Annual Meeting.

President — **Joel L. Rosenlicht, DMD**

(Automatic succession from President-Elect)

President-Elect — **Joseph F. Orrico, DDS**

Vice President — **James L. Bush, DDS**

Treasurer — **Nicholas Caplanis, DMD, MS**

Secretary — **John C. Minichetti, DMD**

Amendment to AAID Bylaws proposed

At the June 2009 meeting of the Board of Trustees, the Bylaws Committee recommended and the Board of Trustees endorsed an amendment to Article IX – Committees, Section 12, Nominating Committee. The proposed Bylaw amendment would change the amount of time required for submission of a petition candidate from 24 hours prior to the Annual Business Meeting to 30 days prior; change the requirement of 20 signatures on such a petition

from 20 members to 5 percent of voting members; and change the time for notifying the voting membership of the Nominating Committee's slate from 30 to 60 days.

Rationale

While it is vitally important to make the AAID members feel that they are franchised voting members of the Academy, it is also important to hold an Annual Business Meeting that is dedicated to updating the membership on a number of significant activities. Petition candidates presented 24 hours in advance and then brought to the floor can be a very disruptive and distracting activity that can detract from other business that needs to happen.

In addition, petition candidates presented 24 hours in advance would give no time for the voting members to be fully aware of the qualifications of any additional candidates.

As proposed, this amendment would require that the Nominating Committee's Slate be sent to the membership 60 days in advance of the Annual Business Meeting. Petition candidates would need to be submitted 30 days in advance of the Annual Business Meeting. That would then allow for time



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for a final ballot – including the Nominating Committee's Slate and any petition candidates, their bios, their history of service to AAID, etc. – to be provided to the voting membership prior to the actual on-site vote.

Plus, requiring that a percent of voting members would need to sign the petition, rather than a fixed number, would allow for membership growth. When the 24-hour Bylaw with the requirement of 20 signatures was approved in 1998, 20 signatures repre-

sented 5 percent of the voting membership.

That same percentage
see Academy News p. 28

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Academy News

continued from page 26

would be used for future petition candidates and would take into account AAID's membership growth. Based on 2009 credentialed membership, the 5 percent would equal 34 signatures required.

The Proposed Amendment ARTICLE IX - COMMITTEES

Section 12. **Nominating Committee.** The Nominating Committee shall nominate Academy members eligible for election to office for the ensuing year.

1. The names of candidates nominated by this committee shall be transmitted to the voting members at least ~~30~~ **60** days in advance of the election at the Annual Meeting.
2. The Nominating Committee shall consist of

five members: the President-Elect, the Immediate Past President (who will chair the Nominating Committee), a Past President appointed by the President, a member of the Board of Trustees, and a voting member who is not a Past President or a member of the Board of Trustees, with the latter two elected by the Board of Trustees.

3. Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the Chairman of the Nominating Committee or that person's designee for posting ~~at least 24 hours~~ **at least 30 days** in advance of the election.
4. A nominee not announced by the Nominating Committee must include the ~~names~~ **signatures** of at least ~~twenty~~ **5 percent**



Michael Katzap, DDS, AAID Fellow (left) Department Head of Implantology at Brookdale University Hospital and Medical Center, presents the 2009 AAID Graduate Dental Student Award to Daniel Domingue, DDS (right) for outstanding achievement, both academically and clinically, in implant dentistry.



Members of a special *Journal of Oral Implantology* committee met in the AAID Headquarters to plan enhancements to the *Journal*. Examining a possible new look the *Journal* as shown by Publisher Angie Fine are from left, Drs. John DaSilva, Nicholas Caplanis, Jaime Lozada, James Fagan, David Hochberg and Jim Rutkowski.

- of the voting members on the petition.
5. The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and provide this information to the voting members.

Forty-nine schools awarded the AAID Dental Student Award for undergraduate students this year at their graduation ceremony. Award recipients received a certificate of recognition and were invited to a year's free membership in the AAID and a complimentary registration at the Annual meeting.

The recipients and schools that participated are:

Sean P. Connolly, DMD
Arizona School of Dentistry and Oral Health

Fiona Mehrnouch Tavakoli, DMD
Case Western Reserve University School of Dental Medicine

see Academy News p. 30

2009 AAID Dental Student Award

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Upcoming Key AAID Dates

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

16-17 **Medicine and Pharmacology for the Implant Practice Participation Course** Chicago, Illinois

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

JANUARY 2010

28-29 **Bone Grafting Participatory Course**
Henderson, Nevada

FEBRUARY 2010

1 Examination Deadline for April 22-25 Fellow Exam
Chicago, Illinois
Examination Deadline for April 22-25 Associate Fellow Oral/Case Exam
Chicago, Illinois

MARCH 2010

13-14 **Western District Meeting UCLA Dental School, Los Angeles, California**

APRIL 2010

22-25 Fellow and Associate Fellow Oral/Case Exam
Chicago, Illinois

JUNE 2010

11-14 **Southern/Northeast District Meeting**
Jekyll Island, Georgia

25-26 **Bone Grafting Participatory Course**
Dayton, Ohio

OCTOBER 2010

20-24 **59th Annual Meeting of AAID**
Boston, Massachusetts

Academy News

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Matthew B. Larson, DDS

Creighton University
School of Dentistry

Maiko Sakai, DMD

Harvard School of Dental
Medicine

Tashorn K. Lewis, DDS

Howard University

Braden M. Robbins, DDS

Indiana University
School of Dentistry

Leslie Scott Seaman

Loma Linda University
School of Dentistry

Catherine Maddox, DDS

Louisiana State
University School of
Dentistry-Prosthodontics

Matthew R. Kappelman,

DDS
Marquette University
School of Dentistry



Jaime Lozada, DDS, MS, AAID Fellow, professor and program director, implant dentistry, School of Dentistry, presents Leslie Scott Seaman, DDS, with the 2009 American Academy of Implant Dentistry Dental Student Award.

Andrew Mark Bott, DMD

Medical College of
Georgia School of
Dentistry

Kara Christiana Grasso, DMD

Medical University of
South Carolina College of
Dental Medicine

Alex Won, DDS

Meharry Medical College

Lauren Nicole Mills, DDS

New York University
College of Dentistry

Herman Leung, DMD

Nova Southeastern
University College of
Dental Medicine

Luke Barsalou, DMD

Oregon Health and
Science University

Katherine L. Kinney, DMD

Southern Illinois
University College of
Dental Medicine

Leona Kotlyar, DDS

State University of New
York at Buffalo School of
Dental Medicine

Jared Allan Funt, DDS

State University of New
York at Stony Brook

see Academy News p. 38



Dr. Hal Reed (left), a faculty member from the Periodontics Department at WVU School of Dentistry presents the AAID Dental Student award to Dr. Azadeh Afshari.



From left to right: Dr Rosaire Bastien, Prosthodontist; Dr. Marie-Lou Landry, Prosthodontist; Dr. Lynda Nicholson, Prosthodontist; Dr. Jim Cotton, recipient of the American Academy of Implant Dentistry 2009 Dental Student Award and Dr André Fournier, Orthodontist, Dean of Université Laval Faculté de Médecine Dentaire.

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Medicine
Christian J. Lehr, DMD
Temple University's
Maurice H. Kornberg
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Marina Narowetz, DDS
Texas A&M Health
Science Center Baylor
College of Dentistry
Tyler L. Scott, DDS

The Ohio State
University
**Nathan D. van
Hofwegen, DDS**
The University of Iowa
College of Dentistry
Anna Sohn, DDS
The University of
Michigan School of
Dentistry
Jonathon Jundt, DDS



Dr. Fernando Pessoa, recipient of the American Academy of Implant Dentistry 2009 Dental Student Award, and Dr. Pat Ferrilo, Dean of the University of the Pacific, Arthur A. Dugoni School of Dentistry.

The University of Texas
Health Science Center at
San Antonio, Dental
School
Nasem Mojarrad, DDS
Tufts University School
of Dental Medicine
Pascal Grondines, DMD
Université de Montréal
Faculty of Dentistry
Jim Cotton, DMD
Université Laval Faculté
de médecine dentaire
Lini Cai, DMD
University of Alabama at
Birmingham School of
Dentistry
Robert D. Johnson, DDS
University of Alberta
Faculty of Medicine and
Dentistry
**Baonguyen Thuc Ha,
DDS**
University of California,
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Dentistry

Trevor L. Caffall, DDS
University of Colorado
Denver School of Dental
Medicine
**Carmen B. Lammeier,
DMD**
University of Connecticut
School of Dental
Medicine
John Foley, DDS
University of Illinois at
Chicago College of
Dentistry
Diane W. Jenkins, DMD
University of Kentucky
College of Dentistry
**John Joshua Smith,
DMD**
University of Louisville
School of Dentistry
**Brian Christopher
Paterson, DMD**
University of Medicine
and Dentistry of New
Jersey New Jersey
Dental School
Rebecca L. Bergin, DDS
University of Minnesota
School of Dentistry
Anubama Sri, DDS
University of Missouri-
Kansas City School of
Dentistry
**Judd M. Chamberlain,
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University of Nebraska
Medical Center College
of Dentistry
**Benjamin T. Tingey,
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**Robin Marissa Ross,
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see Academy News p. 38

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¹Surgical 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.

²Implant 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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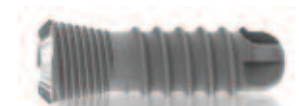
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Walter C. Chitwood, Jr., D.D.S.

Recipient of the Sig Gruenwald Humanitarian Service Award

Dr. Walter C. Chitwood, Jr. was the recipient of the Sig Gruenwald Humanitarian Service Award at the annual meeting of Tennessee Academy of General Dentistry. The Sig Gruenwald Award is presented to the Tennessee Dentist who has distinguished him or herself through the performance of extraordinary and exemplary humanitarian service to his or her community and the dental profession.

Dr. Chitwood has made 19 medical missionary trips to Mexico and three trips to Nicaragua. On these medical missionary trips he has relieved pain in thousands of children and adults who would have otherwise suffered. In very basic facilities, sometimes a lawn chair, he removes abscessed and broken teeth. Beyond the actual relief of pain that he



provides, he also shows them that someone cares for them.

Dr. Chitwood is also the Athletic Dentist for Middle Tennessee State University, the largest undergraduate state university in Tennessee.

Since his graduation from the University of Tennessee College of Dentistry in 1982, Dr. Chitwood has directed his full energies toward developing an implant dentistry practice and to promoting the field of implant dentistry. Dr. Chitwood is a Diplomate of the American Board of Oral

Implantology/Implant Dentistry, Master of the Academy of Implants & Transplants, Honored Fellow of the American Academy of Implant Dentistry, Fellow of the American Society of Osseointegration, Fellow of the Academy of Dentistry International, and a Fellow of the Misch Implant Institute. He has also served as a board examiner for the International Association for Dental Implant Technicians, and serves on the Board of Directors of the Tennessee Academy of General Dentistry.

Dr. Chitwood is a consultant on infection control to medical and dental product manufacturers and is a nationally recognized authority on aseptic technique for implant dentistry.

Dr. Chitwood and his wife, Denise, have three children: Carleigh, Mary Ansley and Walt III. ▀

New York

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* 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.

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.

ALASKA

Michael Forbes Fuller, DDS
Eagle River

ARIZONA

Bilal Annaba, DDS
Chandler
Anna Sohn, DDS
Phoenix
Ashkan Eskandari, DMD
Scottsdale
Leslie Scott Seaman, DDS
Show Low
Richard Warner, DDS
Sun City West

CALIFORNIA

Nizar Alteir, DDS
Anaheim
Chuck Le, DDS
Anaheim
George Sanchez, DDS
Atwater
Mitra Elisha Simanian, DDS
Beverly Hills
Brinda Kansagra, DDS
Chino Hills
Herman Leung, DMD
Clovis
Shailesh Parikh, BDS
Compton
Derek Duong, DMD
Costa Mesa
Joon Yeob Lee, DDS
Diamond Bar
Michael Holland, DDS
Eureka
Diana Xa, DDS
Huntington Beach
Dr. Kelvin T. Nguyen
Irvine
Norihisa Sato, DDS
Irvine
Christine Chung, DDS
Laguna Woods
Roger D. Sohn, DDS
Loma Linda
Brandon T. Nguyen, DMD
Long Beach

Manoj M. Amin, DDS
Los Angeles
Joseph R. Chamberlain, DDS
Los Angeles
Sascha A.
Jovanovic, DDS, MS
Los Angeles
Mehrzaad Seraji, DDS
Los Angeles
Fidele de la Torre, DDS
Marina
Achyut Joshi, BDS
Moreno Valley
Ami S. Shah, DMD
Norco
Hamid Reza Hamid, DDS
Oakland
Shaila J. Akhave, BDS
Ontario
Lan T. Dinh, DDS
Ontario
Irene M. Justin, BDS
Ontario
Jaswant Suthar, BDS
Ontario
David R. Crouch, DDS
Orange
Emerson Lake, DDS
Orangevale
Patrick Laird Huston, DDS
Perris
Hemant N. Joshi, DDS
Pomona
Romulo Calicdan, Jr., DDS
Rancho Cucamonga
Meysam Zaker, DDS
Rancho Cucamonga
Keyvan Bamshad, DDS
Reseda
Jose Guillen, DDS
Rico Rivera
Howard Van, DDS
Riverside
Mohamed Mohamed
Hefzi, BDS
San Diego
Kimberly Foon, DDS
San Dimas

Sara Creighton, DDS
San Francisco
Shawn Michael Fuller, DDS
San Francisco
Jared Pool, DDS
San Francisco
Thomas Wu, DDS
San Gabriel
Ruben H. Begino, DDS
Santa Ana
Michael Campbell, DDS
Santa Ana
Reena Grover, DDS
Santa Clara
Bijal B. Joshi, DDS
Santa Monica
Darren Gonzalez, DDS
Santa Rosa
Fritz Wenck, DDS
South Lake Tahoe
Dorothy Wenyi Chao, DDS
Stanton
Arthur Wu, DDS
Walnut
Daniel Le, DDS
Westminster
Kyung Ok Yoon, DDS
Whittier

COLORADO

John M. Justus, DDS
Aurora
Carmen Lammeier, DMD
Denver
Robert Jeffrey Wilkin, DDS
Lakewood
Stephen Ray
Humphrey, DDS
Thornton
Jeffrey A. Stang, DDS
Westminster

FLORIDA

Henry Lennon, BDS
Boca Raton
Marco Morales, DDS
Coral Gables
Ian Michael Fontenot, DDS
Jacksonville

Dr. Delio Garcia
Miami
Ahmed Nadeem, DMD
Orlando
Richard S. Leiderman, DMD
Plantation
Patrick Sexton, DMD
Saint Petersburg
Douglas Fabiani, DMD
Sarasota
Lance Karp, DMD
Sarasota

GEORGIA

Dr. Vikram Bhatia
Atlanta
Lisa Karen DeAngelis, DDS
Atlanta
Eric Neal Hall, DMD
Augusta
Sean P. Connolly, DMD
Fort Gordon
William B. Zinney, DDS
Stockbridge
Reza Alemzadeh, DDS
Woodstock

HAWAII

Joanne T. Le, DDS
Honolulu

ILLINOIS

Maiko Sakai, DMD
Chicago
Eric Abreu, DDS
Normal

INDIANA

Errol E. Isaac, DDS
Indianapolis
Louis Robert Sertich,
DDS,MS
Merrillville

KANSAS

Anubama Sri, DDS
Mission

LOUISIANA

C. Ryan Haygood, DDS
Bossier City

Calvin Gregory
Bessonnet, DDS
Geismar

Lisa P. Germain,
DDS,MSCD
New Orleans

MASSACHUSETTS

Dr. Mercedes Roldan Chesa
Boston
Malek Esrawi, DMD
Hyannis

MICHIGAN

Paresh D. Patel, DDS
Canton
Richard Panek, DDS
Grand Rapids
William Pourcho, DDS
Lake Angeles

MINNESOTA

Rebecca L. Benson, DDS
Richfield
Matilda Dhima, DMD
Rochester

MISSOURI

John C. Boain, DDS
Florissant

NEBRASKA

Jon Asbjornson, DDS
Lincoln

NEVADA

Jennifer Van Wagoner, DMD
Las Vegas

NEW JERSEY

Avi Weisfogel, DDS
Old Bridge
Dr. Anthony Nicholas Di
Cesare
Red Bank

NEW YORK

Richard W. Whalen, DDS
Hyde Park
Juan P. Collado, DDS
New York
Georgios E. Romanos,
DDS,DMD,PhD
Rochester

Ralph T. Costagliola, DDS
Staten Island

NORTH CAROLINA

Woo-Jung Choe, DDS
Charlotte

OKLAHOMA

James N. Herndon, DDS
Purcell

OREGON

Luke T. Barsalou, DMD
Eagle Point

Leigh Edward Colby, DDS
Eugene

William D. Bateman, DMD
Salem

PENNSYLVANIA

John David Basile, DMD
Erie

Michael Charles
Verber, DMD
Mechanicsburg

Rebecca Marjorie
Bockow, DDS
Philadelphia

PUERTO RICO

Alexis Lebron, DMD
Guanica

Dr. Vidal Antonio Perez
Guayama

SOUTH CAROLINA

Brent Bailey, DDS
Isle of Palms

Matthew Watson, DMD

Mt. Pleasant
Alvaro Virgen, DMD
Murrells Inlet

TENNESSEE

Michael E. Konrad, DMD
Maryville

Alex W. Ramos, DDS
Nashville

TEXAS

Justin D'Abadie, DDS
Austin

Fatemeh Samani, DDS
Austin

George Anthony
Yzaguirre, DDS
Corpus Christi

Robert Ruiz, DDS
El Paso

Andrew La, DDS
Sugar Land

UTAH

David Gordon, DDS
Bountiful

VIRGINIA

Lini Cai, DMD
Alexandria

Walter Collazo, DDS
Leesburg

WASHINGTON

Bryce Kelly Duskin, DDS
Liberty Lake

Garrett Barker, DDS
Olympia

WISCONSIN

Andrew W. Scott, DDS
Milwaukee

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ALBERTA

Jeffery Garry Jess, DMD
Edmonton

BRITISH COLUMBIA

Leslie Chi-To Chew, DDS
Richmond

QUEBEC

Gilbert Tremblay, DMD
Pierrefonds

Mireille Faucher, DMD
Repentigny

Jim Cotton, DMD
Sherbrooke

CROATIA

Dr. Tomislav Flegar
Zagreb

SOUTH KOREA

Dr. Hyo Jong Kim
Anyang, Gyeonggi-do

Sungtak Kim, DDS
Boryeungsi, Chungnam

Dr. Hye Jin Choi
Cheon-an, Chung-Nam

Jaeyung Shin, DDS
Pocheon-si, Gyeonggi-do

Sung-Goo Kim, DDS,MSD
Seoul

Tae Eun Kim, DDS
Seoul

Hyeok-Sang Lee,
DDS,MSD
Seoul

Ho Nam Park, DDS,MSD
Seoul

SPAIN

Dr. Eric Forteza
Aranda de Duero, Burgos

Fernando Orsini, DDS
Barcelona

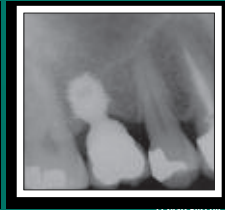
Dr. Edgar Teddy Romero
Pelaez
Barcelona

Juan Pablo Schisano, DDS
Barcelona

Rafael Areses, MD,DDS
Madrid

Caroline Benalal, DMD
Madrid

SHORT IMPLANTS



AAID LECTURE

New Tools, Techniques, and Technology Presentations

Short Implants for Single Tooth Restorations

by Shadi Daher, D.M.D. - Nov. 11, 2009 - 3:30-4:00pm

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Academy News

continued from page 30

Sarah Maree Smith, DMD

University of Pennsylvania
School of Dental Medicine

Sara Haines

University of Pittsburgh
School of Dental Medicine

Denisse Lasanta, DMD

University of Puerto Rico
School of Dental Medicine

Leslie Y. Scruggs, DDS

University of Texas Dental
Branch at Houston

Fernando F. Pessoa, DDS

University of the Pacific
Arthur A. Dugoni School of
Dentistry

Briel Loiseau

University of Washington
School of Dentistry

John C. Sinclair, DDS

Virginia Commonwealth
University School of Dentistry

Azadeh Afshari, DDS

West Virginia University
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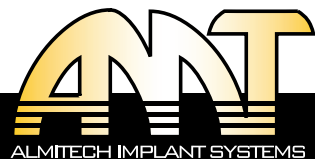
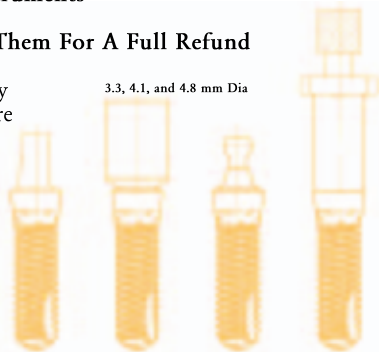
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