

AAID News

WINTER 2010

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Editor's Notebook

David G. Hochberg, DDS
Editor, AAID News



The large number who attended AAID's Annual Meeting in New Orleans experienced "lagniappe" (that little bit extra) at its finest. The Scientific Programs were so outstanding that many had trouble pulling themselves away from the Main Podium programs to attend Limited Attendance Workshops they had already paid for. Thanks to **Drs. Emile Martin, Shankar Iyer and Beverly Dunn** for planning such an outstanding meeting. AAID Headquarters' Staff executed it to perfection.

I am looking forward to next year's meeting in Boston, October 20 – 23, where we will find out how to "Navigate Zones of Implant Dentistry: Complications, Confidence and Comfort." ▀

Clinical Bite

Rehabilitation of relocated implants

Editor's Note: The following was the winning Table Clinic presentation at the 2009 AAID Annual Meeting held in November 2009 in New Orleans. Congratulations to Gilbert Tremblay, BSc, DMD, of Pierrefonds, Quebec, Canada.

Abstract:

In the following case study, three implants placed in a dysfunctional and non-esthetic position have been successfully relocated. A comprehensive dental rehabilitation was performed on the patient to restore masticatory functions and dental esthetic. The goal of this study is to



Gilbert Tremblay, BSc, DMD

develop surgical techniques to successfully relocate dental implants rather than replace them.

Introduction:

A 55 year-old patient comes in with a treatment requisition given she cannot speak properly or chew with her restored dental implants.

She also states having a tooth (#11) located "at the back of her dental arch" causing discomfort.

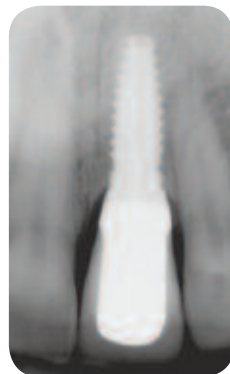
The clinical exam reveals 7 dental implants located in the edentulous space of teeth #16 to 22. Implant #11 is in fact positioned on the palate and is lying against the floor of the nasal cavity. This implant presents a bone dehiscence on the buccal surface. Implants #21 and 22 are almost in contact at the occlusal 1/3 and are mostly located at the apical portion compared to the rest of the teeth. All these prosthodontic implant

see **Clinical Bite** p. 12



Figure 1-2: Patient' 3D radiographic reconstruction

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)

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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.

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President's Message

By Joel L. Rosenlicht, DMD
President, American Academy of Implant Dentistry

For those of you who were not able to attend our recent Annual Meeting in New Orleans, you missed a wonderful opportunity to reconnect with friends and colleagues and participant in a wonderful educational experience. My congratulations to Dr. Beverly Dunn, our Past President, and all the members of the annual meeting committee who did a great job making this a truly successful meeting in times when doing so is getting more difficult.

It is a great honor that I have been inducted as president of the oldest and most influential Academy in implant dentistry.

I accept the presidency of this organization with a lot of humility. There have been many wonderful and effective leaders who have preceded me, as well as many members who have played an important part in my AAID career. I want to thank all of them — too many in numbers to mention — for all the support and encouragement they have given me.

As we enter the 59th year of this organization, it

humbles me to think that my membership began in 1983. For over 25 years the impact of the AAID on my career, its influence on my professional development, the friendships and successes that I have achieved, seem so integrally wrapped up in this organization and what it continues to offer to all its members. I am glad to have taken advantage of these opportunities. One of my goals for our future is that more of you — all our members — are able, interested, and look to the AAID to meet their career goals.

My specific goal and objectives for the coming year are to continue to secure the place of AAID as the premier implant organization, working with all disciplines of dentistry. We will continue to provide more educational opportunities, while offering leadership and support to our membership. I believe our credentials and our educational opportunities through District Meetings, Maxicourses®, Annual Meetings, multiple hands-on programs and especially our sponsorship of the ABO/ID remain vitally important.

The public and the dental profession need to be aware of our purpose and all we offer. Our Research Foundation and *Journal of*

Oral Implantology continue to grow in size and influence though wonderful efforts of the Research Foundation Chairman, Dr. John Minichetti and our *Journal* Editor, Dr. James Rutkowski.

It would be a wonderful goal — one I am hoping to reach — to increase the number of our members who obtain their Associate Fellow or Fellow membership in the AAID and encourage them and all our qualified members to become Diplomats of the ABO/ID.

As many of our dental specialties start educational programs in implant dentistry, we stand well poised to provide all the support and education they will need to achieve competence and comfort in both surgical and restorative aspects of implant dentistry (Shameful plug follows: Our theme for the 2010 AAID Annual Meeting is “Navigate Zones of Implant Dentistry: Complications, Confidence and Comfort.” Be sure to attend October 20 – 23 in Boston. I hope to see you all there).

As an organization we wish to remain inclusive to all those who want to join us. I look forward to having the AAID be the common ground and platform for the voice of implant dentistry.

We continue to provide meaningful programs abroad for our international members. A lot of credit needs to be given to our Global Committee Chairman, Dr. Nick Caplanis.

We look forward to adding to our membership many of these international
see President's Message p. 10

AAID NEWS

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Business Bite

How Implant Scripting Makes Your Future Brighter

By Roger P. Levin, 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. Roger P. Levin valuable. Dr. Levin is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Levin Group can be reached at 1.888.973.0000 and customerservice@levingroup.com.

AAID readers are entitled to receive a 50% courtesy discount on a Levin Group Total Success Practice Potential Analysis™, an in-office analysis and report of your unique situation conducted by a Levin Practice Senior Practice Analyst.

Without question, the economy has affected dentistry. With many practices experiencing decreased production, implants have certainly not been immune to declining or slow growth.

The good news is that implant production will likely experience significant expansion as the economy recovers. This can only happen through the use of powerful scripting to ensure consistent, accurate and motivating messages to patients. For example, Levin Group PowerScripting™ uses every opportunity for positive interactions among the doctor, the implant treatment coordinator, and patients.

Here are five PowerScripting™ tips that will immediately jumpstart implant growth:

1. Emphasize implant success rates

Every doctor involved in implants knows success rates are extremely high. Patients, on the other hand, are usually unaware of this fact. Both the doctor and the team members need to convey this information. For instance:

"Mrs. Jones, one of the

wonderful aspects of dental implants is that they have very high success rates. In fact, they have among the highest success rates of any surgical procedure. We feel it is very important to provide you with the

one thing, there were fewer patients eligible for this alternative, which included contraindications, such as patients with medical issues that complicated the healing process of implant therapy (i.e: whether

about it — the answer would be automatic. This sense of enthusiasm and dedication should reach patients. Doctors who have earned the trust of patients can easily leverage that trust to advance case presentation. For example:

"Mrs. Jones, I firmly believe in the quality of implants. In fact, if I needed to replace a missing tooth, I would absolutely get an implant. For me, there's no choice, really. I wouldn't even consider another option because I feel they are that much better than the alternatives."

Eliminating bone loss is another patient benefit that the doctor or the Implant Treatment Coordinator should emphasize with conviction:

"We stress the implant option for a very good reason... it's the only way to prevent bone

see Business Bite p. 10

"When properly scripted, a discussion about the benefits of implants and their extraordinary success rates will help make implants a more viable treatment ..."

best option to replace your missing tooth."

When properly scripted, a discussion about the benefits of implants and their extraordinary success rates will help make implants a viable treatment alternative to traditional crowns, bridges and removable dentures.

2. Discuss how implants are for everyone

Implant case presentation 30 years ago was a lot harder than it is now. For

patients were smokers, etc.). Today, it's a different story. Inform patients that better technology and faster treatment times have made implants the treatment of choice for many more people.

3. Be a passionate advocate for implants

If doctors who work with implants were to lose a tooth, would they opt for an implant? The answer is obviously, "Yes." There would be no need to think

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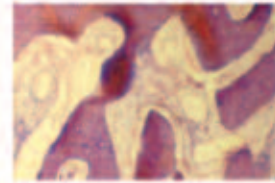
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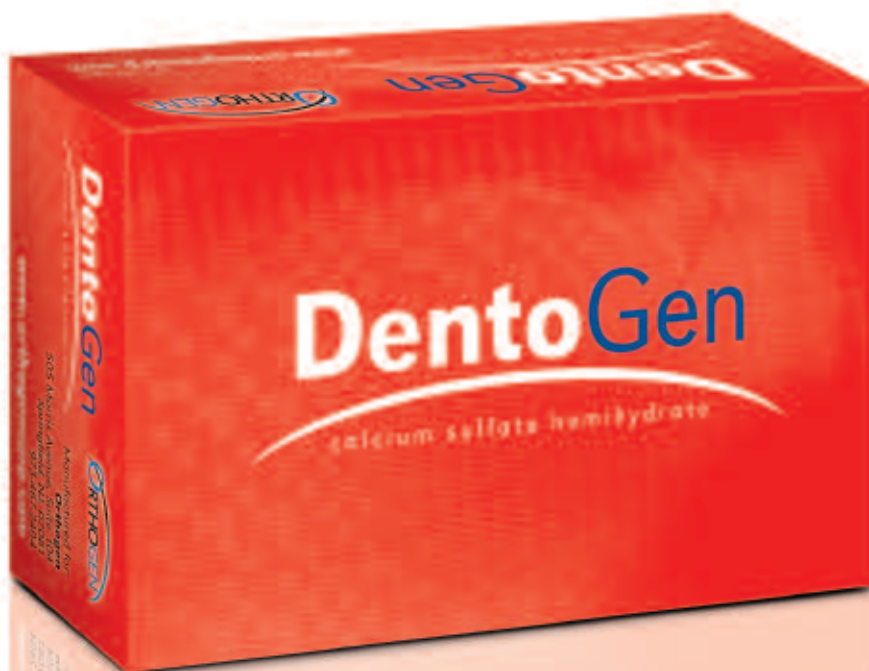
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Legal Bite

The Problem Patient

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.

Rarely does a day go by without encountering a dentist who is having a dispute with a patient about something. It could involve the shading of a crown, the way something 'feels' to the patient, a fee dispute or misunderstanding, or a

combination of unfortunate events that culminate in threats of litigation or complaints to a dental board, or both. My first search for information usually entails somewhat of a forensic analysis of the patient as a person and his/her past

medical and dental history. Using that information I might be able to formulate a potential resolution.

Some people seem to thrive on attention, and conflict brings attention. A dispute about a fee that was previously disclosed, or

the appearance of a crown that was previously approved, is usually symptomatic of an emotional state that can often lead to unreasonable confrontation. When a patient is expressing displeasure, dissatisfaction, or making

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Dr. James R. McAnally

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threats, they know they will get your attention. And attention is often the “drug” they seek. Trying to differentiate between patients with a sincere complaint and a patient who has a strong psychological desire for attention is a critically important task.

A patient who truly believes they have a legitimate complaint will likely be reasonable about discussing that issue and similarly reasonable about resolving the matter. Whether a change in shading or the reduction of a fee, the patient is usually fair and reasonable about a proposed solution.

On the other hand, a patient complaint that is primarily driven by emotional discord will be almost impossible to resolve. In such situations, the patient usually demands more and more, or the impossible (“put my teeth back the way they were”). In such situations, it is likely that the patient will become more unreasonable as the dentist attempts to seek a resolution and the impasse can easily escalate into a complaint to a dental board, a letter from a lawyer, a peer review complaint, or a combination of the above.

A dentist needs to realize that attempting to

appease some patients can lead to an unexpected escalation of demands, rather than to a resolution. And this escalation is usually related to the patient’s psychological state rather than the alleged dental issue. Although the ideal scenario would be to avoid accepting such patients into your practice, it isn’t always possible to ascertain emotional conditions prior to commencing treatment.

One safety net would be to include a question on the new patient medical dental history that asks: “Have you ever been treated for, or received medication for, an emotional, psychological or

psychiatric condition? If yes, please provide the name or names of the treating practitioners and the name of any medications prescribed.” Although some patients will not answer this question truthfully, failing to do so will provide a potential defense if a suit later arises and you learn that the patient had received treatment for a condition that, had you known about, would have affected your decision to treat or the treatment plan. On the other hand, a truthful answer could indeed provide important information about the

see **Legal Bite** p. 11

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Interview

James Rutkowski, DMD, PhD

Editor, *Journal of Oral Implantology*

Interviewed by Editor of AAID News, David Hochberg, DDS



DR. HOCHBERG: As the new editor of the *Journal of Oral Implantology*, how does it feel to replace Dr. Norma Cranin, a 38-year veteran?

DR. RUTKOWSKI: It is a challenge, I've realized that I have huge shoes to fill. I will rely upon the friendship and mutual respect that I have with Dr. Cranin. I've already called several times on him for advice. Dr. Cranin did a fantastic job in taking the *Journal* from where it was 38 years ago to 2008. I appreciate all the efforts and accomplishments that he and Ms. Ethel Bruck achieved during their tenure with the *JOI*. I am also fortunate to have a great senior editor who has been with the *Journal* for a number of years – Dr.

Sheldon Winkler. He is a good friend of Dr. Cranin, and I've developed a friendship with him as well. I've consulted with him on several occasions and he has helped by suggesting names for our new editorial board. There is a good number of colleagues that I can rely upon for guidance.

DR. HOCHBERG: As you begin your new role as editor of the *JOI*, assess the publication from the perspective of its content and overall value to the AAID membership.

DR. RUTKOWSKI: *JOI* plays a key role in the image of the AAID to the Academy's membership, as well as, the implant community at large. Our annual meeting is important, but our *Journal* is what the profession sees every two months and stays with them if they archive their journals. The quality of the articles is of great importance and will be my main focus as Editor. Providing a quality publication with each issue enhances the image of the AAID and its significance to Implant Dentistry. The AAID is the oldest implant organization and we must bring the science of implantology to the clinician.

I would like *JOI* to become the premier journal in implant dentistry and to be referenced by many authors whether they are submitting manuscript to *JOI* or to other publications.

JOI adds to the credibility and image of AAID. The *Journal* needs to be comprehensive; merging science with clinical practice, so implant dentistry can be an evidence-based discipline.

DR. HOCHBERG: Some believe that *JOI's* content should be directed towards the academic community and researchers. Others contend that content should be directed to those in the daily practice of dentistry. Dr. Rutkowski, what do you believe should be the role of the *JOI*?

DR. RUTKOWSKI: *JOI* should have a role in both communities. Having an understanding of both the science and clinical practice aspects of Implant Dentistry, I realize that many of our colleagues in academia and research have a number of answers that would benefit the clinician. However, these individuals are not always

aware of the issues facing the clinician. Having been in clinical practice for 34 years, I can see there are clinical issues that the profession needs to deal with effectively, but as clinicians we may be struggling to find answers. This is where bridging the world of academia and research with the clinical world benefits all of us – the researchers and the clinician.

If the individuals in academia and research can be made aware of the problems that clinicians have in daily practice, they will help provide the answers, and in doing so it becomes a win-win situation. So those who believe it should be directed towards the academic or research communities I believe are correct. However, I also believe that those who feel that *JOI* should have a clinical intent are also correct.

DR. HOCHBERG: Dr. Rutkowski, what advice do you have for AAID members who may be interested in submitting articles for publication in the *JOI*?

DR. RUTKOWSKI: Individuals interested in submitting a manuscript to

JOI should initially go online and become familiar with our Peer Track submission process (www.editorialmanager.com/aaid-joi/). The site provides concise instructions and is very intuitive. Once you are registered and have submitted your manuscript, you can monitor the progress of your manuscript through the peer-review process. Allen Press (publisher of JOI) is helpful to authors.

Individuals with no experience in writing peer-reviewed articles may want to review one of the following texts on this topic. One is [How To Write A Paper](#) by George M. Hall. A second book of value is [How To Write and Publish a Scientific Paper](#) by Robert Day and Barbara Gastel. A third text is [Successful Scientific Writing: A Step-by-Step Guide for the Biological and Medical Sciences](#) by Janice Matthews and Robert Matthews. These three texts will provide background information and guidance to the new author. Also, at the AAID annual meeting in New Orleans (November 2009) JOI presented a two-hour course on how to write a scientific paper. We intend to provide this or a similar course at the 2010 AAID annual meeting in Boston.

DR. HOCHBERG: As a follow-up to that question, what are some of the key factors that

determine the acceptance of a manuscript for publication in the JOI?

DR. RUTKOWSKI: The initial concern is whether the manuscript presents something that has not been explored before, or if it has, does the manuscript bring new information to the topic? For example, if it is a case report, it may treat a problem that has been around for years, but it presents a novel method for treating the situation. Does the manuscript add to the science or clinical knowledge base? The manuscript does not have to be directly related to implant dentistry, but it may have something that is of value and can contribute to the clinicians understanding and help him or her to provide better care for their patients.

The *Journal* staff also checks that all of the necessary aspects of the manuscript are there – introduction, materials and methods, results, discussion and appropriate conclusions. One of our greatest concerns is whether the author(s) conclusion(s) are truly based upon the results that they achieved in their research project or case report. We must make certain that the author(s) are not overextending what the results will support. Conclusions should be concise and only address the issue(s) that the clinical case report or the research

answers. Finally, we must assure there is a good “flow” to the manuscript.

DR. HOCHBERG: What new approaches can AAID readers expect from the JOI under your leadership as Editor?

DR. RUTKOWSKI: The most evident change that readers can expect to see is a “new look” to the *Journal*. Readability will be improved with a new font format. Each article will be laid out in a two-column format with a larger side margin, allowing the reader to make notes for their future reference. This makes the page have a more “open” appearance and improves ability for the article to be read quickly. At our recent annual meeting in New Orleans, we encouraged the members to vote on the color combination and cover design that will be introduced with the first issue of 2010. We used this input to arrive at our final cover design. Paper stock quality will also be upgraded and all clinical photographs will be done in full color and must be of high quality.

The manuscript review process has been improved. I feel the content of the articles will be enhanced with the upgraded review process. We are checking references to make certain that they are relevant and accurate. We are also implementing something

that few journals are now doing. JOI has retained John Kern PhD as an Associate Editor. John is an Associate Professor of Biostatistics at Duquesne University (Pittsburgh PA). Manuscripts involving statistics will be reviewed by Dr. Kern to assure that the results presented were obtained by using the proper statistical analysis method.

Therefore, the quality of the articles is going to be improved by this comprehensive review process.

DR. HOCHBERG: You know, or readers may not be aware that you recently earned your PhD in Pharmacology. Tell us about your current research interests.

DR. RUTKOWSKI: My dissertation was “Mechanistic and Clinical Studies of Platelet Rich Plasma: A Simple Clinical Method For Enhancing Bone and Soft Tissue Healing.” There is controversy as to whether PRP really does help with bone development. I’ve found through my research that the method of processing has an impact on whether PRP aids or hinders bone development. An additional research interest of mine is the effect of bisphosphonates on patient’s systemic/oral health and the issue of bisphosphonate induced osteonecrosis of the jaw (BONJ). Currently, controversy surrounds this

see Interview p. 28

Business Bite

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loss in your jaw when teeth are missing. Over time, bone loss distorts your appearance, which is obviously something you don't want, and we don't want. Implants are the best way to keep bone loss from occurring and altering how you look."

4. Make it clear that case completion time is often less than in the past

Patients are accustomed to short-term treatment procedures, such as cavity restorations. When implants became part of the dental landscape in the 1980s, the majority of dental implant cases required six to nine months to complete. This was an inhibiting factor

for doctor motivation and patient case acceptance. That's often not true any longer — although patients may not know it.

"Mrs. Jones, did you know that advances in dental implant systems have decreased treatment time significantly? The majority of cases are now completed in 12 to 16 weeks or less depending on the system used."

By incorporating scripts like this, implant dentistry becomes a more desirable and attractive treatment choice for patients.

5. Appeal to the aging baby boomer population

The market for implants gets larger every year as baby boomers continue to age. Never has an age group been so well disposed to implants. This generation places a premium on the quality of life and appearing young. Consequently, dental implants meet their requirements much more so than dentures and/or bridges with their inherent limitations.

Consider an implant patient of about 60 to 65 years of age. This person came of age in the era of Woodstock, amid the birth of a very prominent youth culture. When they think of dentures, they think of a pair of "choppers" in a glass of water beside the bed — the sort of thing they saw in situation

comedies. It's not how they want to venture into old age.

"Mrs. Jones, you look very young for your age. As you know, a great smile is a complement to a person's appearance. Dental implants are an excellent way to build a better smile and appear younger as well! No one ever knows you have implants. There is no possibility of embarrassing slippages, like with some traditional dentures."

Conclusion

With economic conditions expected to improve over the next few years, you should see an subsequent increase in patient interest about implants. As we know, implants are a highly effective procedure with many patient benefits. You understand that it is faster, it is less complicated and there are fewer contraindications. To achieve consistent implant case acceptance, patients must understand these benefits as well.

Scripting and patient education are two key systems that will enable practices to enjoy the highest implant production growth during the economic recovery. As we have seen with our clients, implant practices have the potential to expand at a pace of 15-20% per year in a good economy. Your implant practice can experience that same growth! ▀

President's Message

continued from page 3

students and dentists who do make substantial sacrifices to be active members and support our meetings and the Academy.

The districts and their bi-annual programs they provide continue to enhance the relationships of our members and the camaraderie we are known for. It is a great way to become more involved with the AAID by being more active and recognized at the District level. It's the District organizations that allow the AAID to be connected to the Headquarters Office and our members. I challenge the Districts to continue to work together in our efforts to welcome new members and strengthen our cause.

We are in challenging economic times; our practices and families are, and should remain, our priority. We will explore alternative

means to continue being more relevant and meaningful to you through:

- Online Courses
- Treatment Planning Opportunities
- Membership benefits, etc.

We have a wonderful and very available Headquarters Office. Please take advantage of all our resources. Be proud of what the AAID is. I know I am. With our past, present and future leaders committed to AAID, our future is bright and exciting.

Thank you for the opportunity to serve you and our Academy. I will do my best to help guide us. I look forward to a great year for all of us.

Please feel free to contact me for any issues or concerns you may have to make the AAID a more meaningful organization for you. Have a great year, and I look forward to the upcoming District meetings and next year's Annual Meeting in Boston. ▀

Legal Bite

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potential “risks” of undertaking various treatment plans on such a patient.

Unfortunately, some patients see a typical dentist’s willingness to “make peace” through refunding a fee or discounting services as an admission of guilt or a concession by the dentist that the patient is really entitled to more. Sadly, many lawyers view such in a similar manner. As a result, I would caution my dental colleagues to be more cautious and reticent about offering fee refunds or otherwise

acquiescing to a patient’s demands. At a minimum, a release from liability to be signed by the patient prior to any refund should be given serious consideration.

Relative to filing a complaint with a dental board, patients who are obsessed about causing trouble for a dentist will not be deterred by signing a release. While a release will present a bar to any civil claim, it does not prevent a patient from filing a complaint with a dental board. If such wording were included in a release, a patient could nonetheless make the board aware of the release, after which the

board could become the “complaining” party.

The moral of this story is simply that a patient can make life very difficult even for the most clinically proficient and amiable dental practitioner. And this reality is often purely a function of a patient’s mental/emotional condition. The only way to avoid such a potential problem is to avoid such a potential patient. And that can only be done with a thorough medical and dental history, a thorough discussion with the patient, and perhaps instituting a “cautious” treatment plan prior to

embarking on any complicated and expensive course of treatment.

Lastly, when conflicts or confrontations arise that raise the specter of a suit or dental board involvement, seek advice from legal counsel experienced in such matters, such as an attorney referred to you by your malpractice carrier. The practitioners involved with such patients are often too close to the situation to appreciate the legal pitfalls associated with a particular course of action. In such matters, seek competent legal advice and “Do not attempt to heal thyself!”

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Clinical Bite

continued from page 1

restorations are out of occlusion. Only her four natural teeth support the complete occlusion of her maxilla.

Materials and methods:

Phase 1:

Implant #11 is relocated to place it on the patient's maxilla. A bone section is outlined around implant #11 using a stereolithographic model-based guide. A relocation of abutment #11 is possible thanks to a prosthetic jig. An allogenic bone graft is placed around the bone block to fill empty

spaces. Soft tissue preparation as well as their incision is the same as the one used in the distraction osteogenesis technique.

Phase 2:

The patient is so satisfied with the result of her implant relocation that she wants to have her two other implants, #21 and 22, relocated.

Being contiguous, they cannot be relocated simultaneously like the relocation of implant #11. In fact, an insufficient or non-existent vascularisation could arise between both bone blocks. The risk

is therefore too high given the possibility of losing one or both bone blocks. To overcome this obstacle, a rhBMP-2 protein will be used between both blocks to stimulate bone growth and ensure bone block survival. Both implants are simultaneously relocated.

Phase 3:

A complete maxillary and mandibular prosthodontic rehabilitation was done after relocating bone blocks on the maxilla.

Results:

All three implants were relocated on the maxilla.

The bone blocks in which these implants were relocated integrated well into the maxilla. The prosthodontic rehabilitation allowed the patient to regain oral and esthetic functions.

Conclusion:

It is possible to relocate dental implants and rehabilitate them to adopt new dental abilities by complying with bone regeneration parameters. However, advanced techniques such as CT Scans, parametric software, stereolithographic models and bone regeneration products must be used. ▀

Pikos Implant Institute Course Continuum

MICHAEL A. PIKOS, DDS

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AMERICAN ACADEMY
OF COSMETIC DENTISTRY

Executive Director's Report

Honored Fellows Selection Revised

By Sharon Bennett

Each year AAID has selected a new class of Honored Fellows as nominated and voted on by the current Honored Fellows. Over the years, the total number of Honored Fellows has grown to 135. The list of those eligible for the status has also grown 359...and continues to grow every year based on the simple criteria of 8 years as a voting member in good standing.

Based on the increasing volume of eligible members, the current Honored Fellows have had to review a long list of names when selecting the new Honored Fellows.

So the selection it self has often been based on name recognition alone...in other words, a "popularity contest." Although the criteria also include a distinguished career, noteworthy accomplishments, or exemplary support of AAID, there has been no way for the voters to access that information as part of the selection process.

The Board of Trustees appointed an Honored Fellows Task Force to review the current process and make recommendations for a way to move the selection process beyond name

recognition. The Task Force was chaired by **Dr. Tom Chess** and included **Drs. Walter Chitwood, Joe Buttacavoli, and Linda Weinfield**. They presented the Board with their suggestions in November and received unanimous approval.

Revised Honored Fellows Procedures

The Task Force agreed that the original criteria, as outlined in the Bylaws, would remain:

- Voting member in good standing for at least 8 years
- Distinguished themselves and colleagues through professional, clinical, research or academic endeavors
- Noteworthy accomplishments within the field of implant dentistry
- Distinguished themselves through support of AAID. Now, however, any

member may nominate another member or him or herself. The nomination form will be on the AAID web site. By using a nomination form that asks questions about the specific criteria, there will be more information to help identify those who truly should be "Honored." In addition, the selection process itself will be handled by the Honored Fellows Committee. That committee will continue to be chaired by **Dr. Tom Chess** with members **Drs. Walter Chitwood, Linda Weinfield, Joseph Buttacavoli, Fran DuCoin and Jack Hahn**.

The process will begin in the spring of 2010 through a "Call for Nominations" in *AAIDNews*, and eGrams. Those wishing to make nominations will be directed to the webpage where they will also be able to access the criteria and the nomination form. The selection process will be conducted this coming summer with the new Honored Fellows recognized at the 2010 Annual Meeting in Boston.

Watch for the announcement with the "Call for Nominations" in the spring. Then be sure to nominate yourself or some deserving Fellow or Associate Fellow member. ▀

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



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Industry News

3Shape's new DentalSystem™ software release is packed with unmatched value for users of digital dentistry



3Shape A/S announced the release of its highly innovative DentalSystem™ 2009 software that surpasses all versatility and performance norms for modern Dental Labs and Dental offices.

The 2009 3Shape DentalSystem™ contains many significant feature additions, such as a larger range of dental indications, unique Adaptive Impression Scanning, along with enhanced design efficiency and unlimited free-form modeling flexibility.

3Shape's Adaptive Impression Scanning represents a huge leap in digital dentistry. When teamed with 3Shape's advanced D700 impression scanner, the 3Shape DentalSystem™ delivers high quality impression scans for immediate digitization, representing a unique opportunity for model work process optimization and cost savings for labs and dentists. With Adaptive Impression Scanning, incomplete areas are automatically identified and rescanned resulting in unmatched pre-

cision within the final model. Impression scanning enables the scanning of post & core, an impossibility on traditional gypsum scanners due to the narrow post.

3Shape's DentalSystem™ 2009 features a new intuitive interface, and a wide array of enhancements focusing on user-friendliness, automated design and process optimization. Examples are a powerful free-form sculpt toolkit, sophisticated crown automation, and advanced split-file design options truly enabling pressed ceramic restorations.

Another indication of the high value of 3Shape's system is the broad palette of dental indications supported – from copings, crowns, inlays, onlays, veneers, post & core, large-scale bridges, implant bars, to customized abutments. Versatility has always been one of 3Shapes major strong points in relation to other offerings on the market.

The new 3Shape DentalSystem™ allows laboratories of any size to offer their customers an unprecedented level of output quality – and all while improving their own productivity through reductions in both cost and turnaround time – plus future-proofing their business in the highly competitive field of dentistry laboratory services.

The adaptive impression scanning module and the

Abutment design module come as add-on modules to the standard Dental system software package.

For further information regarding 3shape A/S, please refer to www.3Shape.com.

American Tooth Industries announces new line of Composite Teeth



October 29, 2009

American Tooth Industries (ATI) is pleased to announce a new line of Posterior Composite Teeth! Major Tooth Manufacturing Company, which has been affiliated with ATI for 40 years, has been producing Composite Teeth for more than three decades. American Tooth Industries will be the sole distributors in the North American continent. The design of these posterior teeth is very modern and will satisfy the denture professional who is involved in new technologies. They are available in 6 upper and lower posterior mold sizes and 15 Vita type shades.

The new Major Plus composite line is replacing the Crystal Composite Line and is now available for immediate delivery.

American Tooth



Industries also has launched a new e-commerce Web site to streamline the ordering of ATI's premium products. The e-commerce site includes a collection of dental products ranging from Articulators to trademarked Justi teeth to silicones, gels and denture accessories. Most products will be shipped within 24 hours. American Tooth Industries is an ISO and CE certified company.

To place an order or receive additional information please contact American Tooth Industries at 1.805.487.9868 or log onto www.americantooth.com.

PaloDEx Joins Gendex, DEXIS and ISI

Danaher Corporation (NYSE: DHR) announced that it has acquired PaloDEx Holding Oy ("PaloDEX"), a leading manufacturer of dental imaging products (with revenues of more than \$100M in its most recent fiscal year) that goes to market under the Instrumentarium Dental and SOREDEX brands. Instrumentarium Dental and SOREDEX will join Gendex, DEXIS, ISI, KaVo and Pelton

see Industry News p. 16

Industry News

continued from page 15

& Crane as part of Danaher's group of market-leading dental equipment companies.

Instrumentarium Dental and SOREDEX and their products have been highly regarded by dental professionals since their inception 45 years ago. PaloDEX's product range includes 3D CBCT, Panoramic x-ray (including the OP200), PSP (including the Optime IO PSP) and other intra-oral and extra-oral x-ray imaging systems.

Pelton & Crane introduces AeroPure Vacuums, Compressors, and Accessories



Pelton & Crane announces the launch of the full AeroPure portfolio with the release of the new AeroPure Accessories. The AeroPure line of Vacuums and Compressors are the "greenest" product line in the industry.

The new AeroPure Accessories include:

- **AeroPure Remote Air Intake System** - The

AeroPure Remote Intake System is unlike any other remote air intake system in the market as it features a 5 Micron filter that removes 99% of airborne contaminants, providing cleaner air than any other air intake system. In addition, this accessory provides sound buffering for the air compressor, improving sound quality by up to 7 dBA – more dBA reduction than from using a sound cover.

- **AeroPure Vacuum Muffler System** - The exclusive AeroPure Vacuum Muffler System reduces the dBA of the AeroPure exhaust by as much as 27 dBA, or up to 27%.
- **AeroPure Sound Cover** - This esthetically pleasing sound cover provides up to 5 dBA reduction, and when used with the Remote Air Intake system, can improve sound quality up to 10 dBA.
- **AeroPure Remote Control Panel** - The AeroPure Remote Control Panel allows the doctor ease of activation for his or her vacuum, air compressor, and water solenoid valve. This easy-to-read user interface is essential for every office as, when used regularly, it can reduce costly energy bills by allowing easy deactivation of utilities when they are not needed.
- **Vista Water Solenoid System** - The Vista Water Solenoid System helps

prevent costly water damage as it allows the doctor to easily turn-off all water to each operator. In addition, this water solenoid includes a 20 micron filter element which acts as the first step to Vista's best-in-class full water treatment solution. Unlike other water solenoids, the Vista solenoid easily plugs into any standard 120V outlet and utilizes non-corrosive housings and fittings.

- **AeroPure Stacking Racks** - AeroPure stacking racks are perfect for smaller equipment rooms, allowing the Air Compressor and Vacuum to be stacked in a smaller footprint.
- **Buck and Boost Transformer** - The Buck and Boost Transformer is recommended for installations where proper voltage is not available. The transformer will increase or decrease voltage by 10% and one transformer is needed per vacuum or compressor.

For more information on AeroPure, please contact Pelton & Crane at 1.800.659.6560, or visit www.pelton.net.

Zimmer Dental to exclusively distribute ERA Mini Implant System

Zimmer Dental Inc. announces its exclusive distribution of the ERA® Mini Dental Implant System, manufactured by Sterngold Dental, LLC.



The ERA Mini Dental Implant System enables the transitional function of a denture during the osseointegration of traditional implants, as well as long-term, affordable, chairside denture stabilization in as little as one visit. This multi-dimensional system comprises the ERA Mini Implant, surgical instrumentation, and prosthetic components, including the unique angulation-correcting, vertically-resilient properties of the widely used ERA attachment.

Using the ERA Mini Dental Implant System to stabilize an unsecured prosthesis can dramatically improve a patient's quality of life — enabling proper chewing and speaking, increasing comfort and self confidence, and fostering the consumption of a wider variety of foods.

Contact a Zimmer Dental Sales Consultant or Customer Service at 1.800.854.7019, 1.760.929.4300 (for outside the U.S.), or visit www.zimmerdental.com for more information. ▀



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INCLUDES: Cover Screw, Healing Collar, Transfer & Straight Preparable Abutment Surgically and Prosthetically Compatible with Zimmer's Tapered Screw-Vent®

Legacy3 USA price = \$175

*Tapered Screw-Vent USA price = \$563

* Includes similar components provided with Legacy3 Implant



Three Implant Designs and Packaging Options Original Conical Connection (GNiznick US Pat.#4,960,381)

Selection As Simple as 1-2-3

Select Implant based on Price, Packaging and Thread Design

Legacy1: \$125 includes Healing Collar

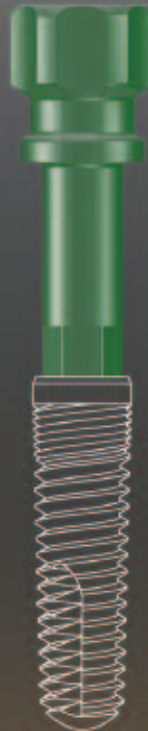
Legacy2: \$150 includes Healing Collar & Transfer

Legacy3: \$175 includes Healing Collar, Transfer & Abutment

Legacy1
"V" Threads
3 Diameter Options
Plastic Carrier

Legacy2
Spiral Threads
4 Diameter Options
Ti. Transfer Carrier

Legacy3
Buttress Threads
6 Diameter Options
Ti. Abutment Carrier



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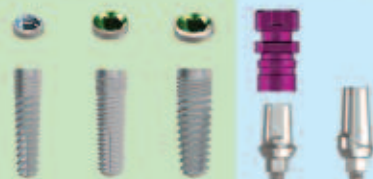
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Components

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3.2mm Legacy3, 3.7mm Legacy1, 4.2mm Legacy2, 1 Straight Snap-On and 1 Contoured Abutment with Fixation Screws



Compare US List Price	Straight Contoured	HLA Abutment	15° Angled Contoured	Straight Snap-On	Gold/Plastic	Titanium Temporary Abutment	Plastic Temporary Abutment	Ball Attachment	Locator Abutment	Multiple-Unit w/ Cap & Transfer Straight	Multiple-Unit w/ Cap & Transfer Angled
Implant Direct	\$85	\$75	\$85	\$85	\$100	\$35	\$35	\$107	\$110	\$85	\$100
Zimmer Dental	\$150	\$150	\$191	\$185	\$182	\$40	\$49	\$172	\$110	\$180	N/A
Cost Savings	43%	50%	55%	54%	45%	13%	29%	38%	0%	53%	N/A

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59th Annual Meeting

Boston

October 20-23, 2010

AMERICAN ACADEMY OF IMPLANT DENTISTRY

NAVIGATE ZONES OF IMPLANT DENTISTRY

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59TH ANNUAL MEETING

registration form

AMERICAN ACADEMY OF IMPLANT DENTISTRY

SPECIAL RATES AVAILABLE UNTIL MARCH MANIA 2010 - MARCH 31, 2010
 Boston Marriott Copley Place, Boston, Massachusetts
 October 20 – 23, 2010

A separate registration form must be completed for each attendee, including office staff, spouse, family members and guests. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing. Call the Boston Marriott Copley Place at 1.800.266.9432 or 1.506.474.2009 to make your hotel reservations. Mention the American Academy of Implant Dentistry for special group rates. Visit <https://resweb.passkey.com/go/AAID2010>.

YOUR CONTACT INFORMATION (Please write legibly.)

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

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

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

Meeting Registration Until March Mania	By 3/31/10	By 9/20/10	After 9/20/10
_____ AAID Associate Fellow/Fellow*	\$ 895	\$ 995	\$1095
_____ AAID General Member*	\$ 945	\$ 1045	\$1145
_____ AGD Member*	\$ 945	\$ 1045	\$1145
AGD Member # required			
_____ NonMember PLUS! Dentist *	\$1095	\$1195	\$1295
[Includes Membership in AAID through November 30, 2010]			
_____ Nonmember*	\$1295	\$1395	\$1495
_____ Technician	\$ 295	\$ 295	\$ 295
_____ Life Member & Retired Member	\$ 190	\$ 190	\$ 190
_____ Office Staff	\$ 295	\$ 295	\$ 295
Register 3 or more allied staff from same office at \$225 each			
Doctor's Name _____			
_____ Student	\$ 150	\$ 150	\$ 150
_____ Spouse Name _____	\$ 190	\$ 190	\$ 190
_____ Guest Name _____	\$ 190	\$ 190	\$ 190

* Includes one (1) President's Celebration ticket

METHOD OF PAYMENT

Amount enclosed or to be charged \$ _____

Check Enclosed Visa MasterCard

Card No. _____

Card Exp. Date: _____ 3 Digit Security Code from Back of Credit Card _____

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Send check, payable in US\$, and this form to the AAID:
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 190 Delaware Place, Chicago, IL 60611

Or register online at www.aaid.com.

Or you may fax your form to 312-335-9090.
 American Academy of Implant Dentistry • 211 East Chicago, Ave., Suite 750
 Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

Requests for refunds must be made in writing and received by September 27, 2010 for a 100% refund; between September 28 and October 4, 2010 for a 50% refund. Due to advance commitments to the hotel, **no refunds will be made after October 4, 2010.**

MEETING HIGHLIGHTS:

Something for everyone from those new to implants to the most experienced in implant dentistry:

- Why we are here: Identify your comfort zone
- Reconstruction of the severely atrophic maxilla
- Complications associated with reconstruction of the severely atrophic maxilla
- Reconstruction of the severely atrophic mandible
- Occlusion and Implants: When is guided surgery appropriate from a restorative perspective?
- Prosthetic complications
- The role of implants in orthodontic treatment
- Esthetic gingival reconstruction
- Periodontal complications with dental implants
- Optimal esthetics for implant restorations
- Optimal facial esthetics: Laser treatments, Botox & Restylane
- Medical management of dental implant patients
- Medical legal responsibility for all implant dentists: Identifying the high risk case to know your comfort zone

**Interactive, dynamic, informative, participatory:
 New in 2010 – Nearly 20 Symposia including many that are hands-on.
 Just a sample of topics:**

- Face Transplant
- Guided vs. non-guided surgery
- Sinus grafting, Challenges, Techniques and Complications
- Extraction with graft vs. extraction with implant
- Sinus graft vs. onlay graft vs. guided surgery
- Risk Management - avoiding the suit
- Let's design the ideal dental implant

Allied Staff programs on implant practice management:

- Cosmetic Dentistry: Proper shade selection and advanced provisional fabrications (hands-on)
- Implant Practice Management: Case presentation, financial arrangements, indications for dental implants, benefits, and more
- Implant treatment planning coordination (both within office and with referring offices)
- Proper patient monitoring for the sedated patient
- Documenting cases with photography
- Women's Health Issues - It is a quality of life issue!!

“Haute” Doc AAID’s Olivia Palmer Goes Gator Huntin’

What some folks won’t do to get a new pair of alligator boots. Boot store? Online? Naw, too easy, says Olivia Palmer, DMD, eagerly waiting for her new boots to be crafted from the hide she harvested in an adventurous gator hunt in South Carolina’s low country.

Public alligator hunting had been illegal in South Carolina for 44 years until 2008. But a surging gator population and mounting complaints about the normally reclusive reptile’s attraction to swimming pools prompted the state’s Department of Natural Resources to issue 1,000 new hunting licenses in a lottery. DNR officials say alligator sightings in South Carolina are common along roadways and in ponds, lagoons and ditches. There are now about 100,000 alligators in the state, but it’s a pittance compared to Florida’s estimated gator population of 1.5 million.



Last year Dr. Palmer was one of the lucky lottery winners. In October, she recruited a hunting team of two strong teenage boys, one a skilled bow hunter, and her friend Tadpole, a six-foot-three, 250-pound plantation caretaker and accomplished gator hunter. They embarked on the chase on a Saturday night in a fishing boat stocked with food and drink and ammunition to subdue their prey. By law, public alligator hunts in South Carolina occur at night.

Dr. Palmer lives on

Bailey Island, a 700-acre community 50 miles south of Charleston. It has a 400-acre nature preserve and is adjacent to one of the nation’s largest protected wetlands. It also has a thriving alligator population. “On a typical boat ride here, you can see 30 or 40 alligators,” said Palmer. “These creatures fascinate me as prehistoric reptiles that epitomize survival, and they are eating machines.”

Dr. Palmer and her hunting companions cruised the river along Bailey’s Island until 11:30 p.m. when they spotted their prospective catch. “When you get close, an alligator will sink far below the surface. Before it got down too low, we shot a cross-bow arrow attached to a strong line and scored a

direct hit. After that, we had to tire the animal before reeling it close to the boat,” she recounted.

Once the wounded alligator was pulled close, Dr. Palmer fired a shot from a Glock pistol to the back of the gator’s head. Tadpole quickly tied the massive snout shut and pulled out his measuring tape. The alligator was 8 feet, four inches, well above the legal minimum of four feet for hunting. “We were high fiving each other in the boat and broke out the champagne to celebrate,” said Palmer. With their prize in tow, the party headed home – they thought.

Just as the hunters began their return trip, a monsoon-like thunderstorm erupted. “It was one o’clock in the morning, pitch dark and we were getting drenched while dragging a dead alligator. The storm completely turned us around and all we could do was find a covered spot to keep the rain off everyone and out of the boat,” said Palmer. “And if that wasn’t enough trouble, we ran out of gas.”

The morning brought calm weather and safe passage home. Dr. Palmer





arranged for a local taxidermist to remove the alligator's hide and freeze it for eventual transport to a tannery in Georgia.

The recession has forced numerous tanneries in the South to close as demand for expensive alligator-skin products has declined significantly. For those still in business, tanning a raw alligator skin can take nine months to convert to fine, soft leather ready to be made into footwear and other goods.

"I'm hoping to show off my new boots at the AAID meeting next year in Boston," said Palmer, well known as one of AAID's best dressed members. She added that skin left from boot production will be used for wallets and belts for her hunting companions.

What's the next hunt for the tiny but mighty AAID Board member? How about a bear? ▀

2009 Table Clinic and Poster Presentation Winners

Congratulations to the winners of this year's Table Clinic and Poster Presentations at AAID's 58th Annual Meeting held November 11 – 14, 2009 in New Orleans:

Table Clinic Winners

First Prize: \$500 plus
15 minute speaking slot at 2010 AAID Annual Meeting
Rehabilitation of Relocated Implants
Gilbert Tremblay, DMD
Pierrefonds, Quebec, Canada

Second Prize: \$300
The Effect of Residual Root Contact on the Success of Dental Implants. A Case Report
Wesam Salha, DDS

Loma Linda, California
Elisa Sin, DMD
Loma Linda, California

Third Prize: \$100
Bone Splitting with a 15-Blade
Bertrand Bonnick, DDS
High Point, North Carolina

Poster Presentation Winners
First Prize: \$500
An Assessment of Incisive Canal Dimension Using Cone Beam CT Scan
Pakawat Chatriyanuyoke, DDS
Chun-Li Lu, DDS
Yusuke Suzuki, DDS
Jaime Lozada, DDS
All from Loma Linda, California

Second Prize: \$300
Accuracy of CBCT (I-Cat) and 3D Model in Identifying the Anterior Loop Length of the Mental Nerve: A Cadaver Study
Rueben Santana, DDS
Loma Linda, California

Third Prize: \$100
A Pilot Study Examining the Incidence of Maxillary Sinus Membrane Perforation during Ostotome/Crestal Sinus Membrane Elevation. A Study in Fresh Human Cadaver Heads
Antoanela Garbacea, DDS
Beatrice Criveanu, DDS
Loma Linda, California ▀

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

Designing Beautiful Smiles with Dental Implants

RISING TO THE CHALLENGE



March 13 – 14, 2010
Hyatt Regency Century Plaza
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Los Angeles, California

- Better manage patient expectations through prototype development.
- Understand applications and limitations of contemporary esthetic dental materials.
- Apply vital occlusal principles to achieve long term esthetic success.
- Master the principles of site development and esthetic implant placement.

Speakers

- Brian LeSage, DDS
- Nicholas Caplanis, DMD, MS
- Edward McLaren, DDS, MS
- Philip Kroll, DDS

To Register call (312) 335-1550
or (877) 335-AAID [2243]
or by fax (312) 335-9090
www.aaid.com


AMERICAN ACADEMY
OF IMPLANT DENTISTRY
WESTERN DISTRICT

Meeting synopsis

Esthetic Dentistry must begin with the "end result clearly in mind". The "End Result" begins with Smile Design. Integrating Implant Dentistry with Esthetic Dentistry poses a unique set of challenges that must be understood to insure success.

This program will teach dentists the techniques and rules to analyze a patient's Esthetic Zone and to appropriately integrate implant dentistry into the design of a beautiful smile. Special emphasis will be focused on how to navigate the unique challenges of creating Micro and Macro Esthetics in implants with respect to the delicate interface between the periodontal-implant-prosthetic interface.

Including:

- Surgical principles for defining and creating Bio-Type, importance of papilla preservation and development. Pink and White Esthetics
- Photography for Smile design, analysis, and shade mapping.
- Use of Prototypes to refine esthetic design, develop occlusion and test esthetics and function before committing to final design.
- Review of contemporary esthetic materials: Pressed ceramics, milled ceramics, zirconium and cementation techniques

An outstanding faculty



Brian LaSage, DDS, FAACD

- Fellow of the American Academy of Cosmetic Dentistry
- Fellowship, Academy of General Dentistry
- Course Director, UCLA Aesthetic Continuum



Nicholas Caplanis, DMD, MS

- Diplomate, American Board of Periodontology
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Honored Fellow, American Academy of Implant Dentistry
- Private practice limited to periodontics and dental implant surgery



Edward McLaren, DDS, MS

- Associate Professor, UCLA School of Dentistry
- Director, UCLA Center for Esthetic Dentistry
- Founder and director of UCLA Master Dental Ceramist program
- Private practice limited to prosthodontics and esthetic dentistry



Philip Kroll, DDS, MAGD

- Master of the Academy of General Dentistry
- Associate Fellow, American Academy of Implant Dentistry
- Director of Occlusion and Lecturer for UCLA Center for Esthetic Dentistry

Day and a half of focused CE

Saturday, March 13, 2010

- 8:00 am Breakfast
- 8:45 am Opening Remarks
- 9:00 am Dr. Brian LaSage
Fundamentals of smile design
- 10:30 am Break
- 11:15 am Dr. Nick Caplanis
Defect management and surgical planning
- 12:30 pm Lunch
- 1:30 pm Dr. Nick Caplanis
Site development and esthetic placement principles
- 3:00 pm Break
- 3:30 pm Dr. Brian LaSage
Managing patient expectations through prototype development
- 5:00 pm Case Presentations by AAID members
- 6:00 pm Reception

Sunday March 14, 2009

- 8:00 am Dr. Phil Kroll
Occlusion – the overlooked ingredient for esthetic success
- 9:00 am Dr. Ed McLaren
TBD
- 10:30 am Break
- 11:00 am Dr. Ed McLaren
TBD Continued
- 12:30 pm End of program

REGISTRATION FORM

A separate registration form must be completed for each attendee, including office staff and guests. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing. This blank form should be copied for additional registrants.

Last Name _____ First Name _____ Degree _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

A. Meeting Registration *Designing Beautiful Smiles with Dental Implants*

Select one category ONLY	By 2-22-10	After 2-22-10	Onsite
_____ AAID Member	\$595	\$795	\$995
_____ AGD Member	\$595	\$795	\$995
_____ AGD # _____			
_____ AAID Non-Member*	\$695	\$895	\$1095
_____ STAFF	\$195	\$295	\$495

* Join AAID by March 31, 2010 and \$100 will be applied to your one-year membership in the American Academy of Implant Dentistry. Applications for AAID membership will be available at the meeting and must be submitted independently.

Meeting Registration Fee includes registration book, meeting materials, name badge, coffee breaks and refreshments, lunch on Sunday, and Cocktail reception on Saturday evening.

\$ _____ **A. Meeting Registration Total**

Method of Payment

Check enclosed Visa Mastercard

Card number _____ Exp _____

3 digit security code on back of card _____

Make checks payable in US\$ to:

American Academy of Implant Dentistry Western District

Send this form with your check to:

American Academy of Implant Dentistry Western District
211 E. Chicago Avenue, Suite 750, Chicago, IL 60611

Or you may fax the form with your credit card information to 1-312-335-9090.

CANCELLATION/REFUND POLICY: The American Academy of Implant Dentistry-Western District reserves the right to cancel all or any part of this course should circumstances warrant such action. In the event a course is cancelled, the Western District will refund the full tuition and will not be responsible for any other damages. Requests for refunds must be made in writing and received by February 10, 2010 for a 100% refund, or between February 11, 2010 and February 25, 2010 for a 50% refund. Due to advance commitments to the Farmport Newport Beach, no refunds can be made after February 25, 2010. A \$50 administrative fee will be applied to all refunds regardless of when request is received. NO EXCEPTIONS.

Academy News

Ashok Patel: The force behind the honor

By Stephen Swallow, DDS, Immediate Past President, AAID Northeast District

His private office is a large rather stark looking room – a door all of the way across, a large wall to the right with a lone portrait hanging on it, a large desk that looks small with framed diplomas in exotic languages behind it and a small amount of IT equipment to the far left.

Dr. Ashok Patel is a large man in a small package. He came here from India with only a few dollars in his pocket. He makes it clear that to grasp his perspective on life, one must understand that he “would be pleased to return from whence he came with



Dr. Patel toasts his mentor.

no more in his pocket than he came with.” All else that has come his way is a gift that has been bestowed upon him in the work of helping others

The portrait on the wall is that of **Dr. O. Hilt Tatum**. This is the man that Dr. Patel says “showed him the way” to who he is today. “Dr. Tatum taught me to work hard and to give with no expectations of what the return might be. He showed me that a care giver must be healthy mentally,

emotionally and physically in order to have the ability to teach and care for others.”

“007,” as Dr. Tatum affectionately refers to him, sure knows how to “give back” and that includes to his mentor. Eight weeks before the meeting he told me that he had very good news: A 75th birthday celebration/tribute to Dr. Tatum has been “on the drawing table” and the time and place selected was Boston at the 2009 Northeast District Meeting.

What a tribute it was! ▸

Dr. Steven Hewett profiled for humanitarian work

Steven Hewett, DDS, a Fellow of AAID and a Diplomate of the ABO/ID, was featured in the

Monday Profile column in Lakeland, Florida publication *The Ledger* for his humanitarian work in Guatemala.

Each of the last couple of years, Dr. Hewett has traveled to Guatemala to provide free dental services to the Mayans. Along with his family and Case Western University dental students, Dr. Hewett travels through rural mountainous terrain to a small village called Chichicastenango. His goal is to build a clinic there to provide dental hygiene services to this remote area.

The complete article is available online at *The Ledger's* Web site (www.theledger.com). The URL directly to the article is www.theledger.com/article/20090927/NEWS/909275029 ▸



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¹**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.

²**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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Scientific programs highlight of AAID Annual Meeting

“The main podium programs were so compelling, that I didn’t want to leave even to attend a workshop I paid extra for,” said several attendees at the AAID Annual Meeting held November in New Orleans.

Nearly 1,400 dentists, allied staff and exhibitors attended the annual scientific conference. They were able to obtain as many as 24 hours of CE credit from the main podium, limited attendance workshops and dine and discuss sessions.

The theme for the AAID meeting was “New Opportunities in Implant Dentistry,” and the scientific program showcased an outstanding cast of speakers comprehensively covering dental implant topics.

In a candid address, noted dental researcher,

author and lecturer **Gordon Christensen, DDS, PhD**, urged more dentists to add implants to their practices, but said the procedure must become simpler and less costly to achieve optimal public and professional acceptance.

Edward Kusek, DDS of Sioux Falls told his AAID colleagues that he has employed lasers in most of the surgeries he has performed in the last five years, which include implants and endodontic procedures. He said the lasers use low levels of non-ionizing radiation and actually generate less heat and discomfort than other devices commonly used in dental surgery.

An exciting treatment gaining acceptance in orthopedics and sports medicine, called platelet-

rich plasma therapy (PRP), is showing strong potential for accelerated healing of dental implant procedures, according to a prominent dental researcher and editor of the *Journal of Oral Implantology*. **James Rutkowski, DMD, PhD**, detailed at a limited attendance workshop that

therapy can accelerate bone and tissue growth and help assure long-term success of dental implant placements.

At the Annual Business Meeting, the voting members rejected the proposed bylaw amendment that would have changed Article IX, Section 12 to change the time when



New credentialed members of AAID who were present at the Annual Business Meeting.



Attendees at Dine & Discuss roundtables were able to interact directly with world class clinicians.



Attendees packed the scientific sessions and found the educational content attention-grabbing.

nominations for candidates by petition need to be filed from 24 hours to 30 days before the Annual Business Meeting, changed the number of signatures required from 20 members to 5 percent of the voting members, and the time for notifying members of the slate proposed by the Nominating Committee from 30 days to 60 days.

Don't miss AAID's 2010 meeting which will be held October 20 – 23 in Boston. The theme is "Navigate Zones of Implant Dentistry: Complications, Confidence, and Comfort." ▸



Business was brisk during AAID's Implant World Expo at the 2009 Annual Meeting.

AAID Maxicourse® Asia fosters global growth

Dr. Shankar Iyer is the director and is coordinating a one-year program in Abu Dhabi, United Emirates, Delhi, India, and Penang, Malaysia. **Dr. John Minichetti**, who lectured as part of the first session, is photographed with the Dean of the Penang International Dental School and several of the participating doctors. The AAID is looking to forward our future endeavors with our global growth.

Pictured are Dr. Lim Sliew Kee, Dr. Subin Jacob, Dr. Senthil Kumar, Dr. John Minichetti and Dean and Professor Perianna Pillai Pushparajan. ▸





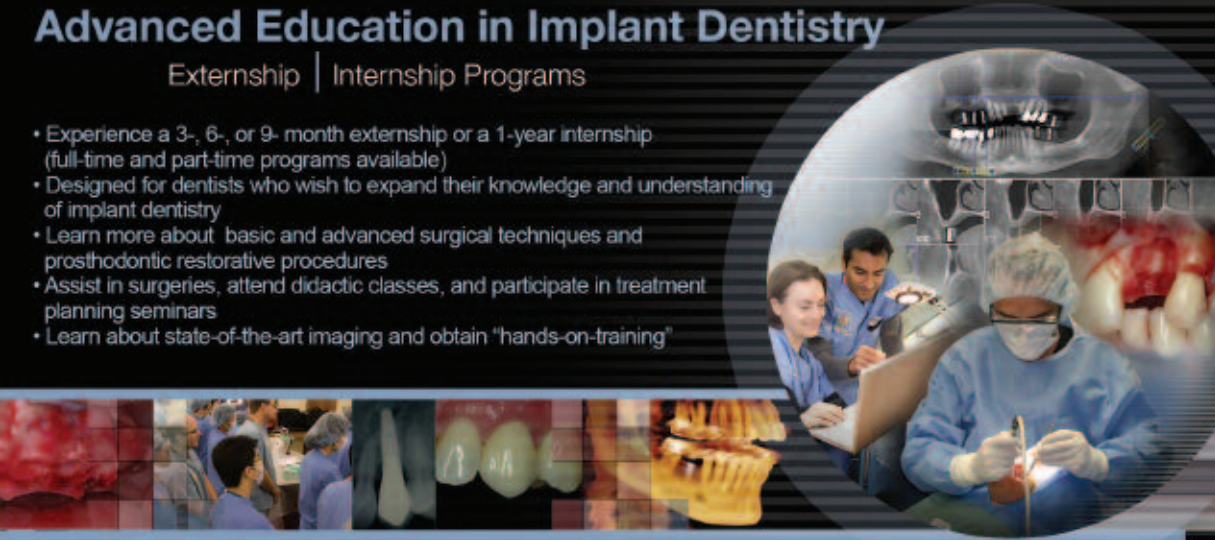
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Upcoming Key AAID Dates

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, Hyatt Regency Century City, 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 Club, Jekyll Island, Georgia

26-27 Bone Grafting Participatory Course
Dayton, Ohio

OCTOBER 2010

20-23 59th Annual Meeting of AAID
Boston, Massachusetts

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Interview

continued from page 9

topic regarding the incidence rate and etiology. My bone research has involved *in vitro* and *in vivo* aspects. My research group is trying to bridge the gap between the world of bone science and clinical practice.

DR. HOCHBERG: How do you find time to manage the JOI, pursue your research, see patients and also have time for your family?

DR. RUTKOWSKI: The reason I am able to take on this task is because I am fortunate to be surrounded by many supportive people. That begins first and foremost with my wife Debbie, who has always encouraged me to pursue my dreams and tolerates my taking the time to pursue my research, practice and JOI. Debbie and I are empty nesters. We have two children and one granddaughter. They all live in Charlotte, North Carolina. My staff has just been outstanding. I practice three days a week, and the other four days I devote to family, research, teaching and

JOI. My staff literally runs the office and they demonstrate a true team spirit. I live a half-block from my office so I walk to and from work. My commute time is two minutes a day.

JOI is managed effectively because we have a great team of Associate Editors (**Drs. Dexter Barber, Craig Misch, Jaime Lozada, Nick Caplanis, Sebastiano Andreana, Nick Radio, and John Kern**) and our Managing Editor Ms. Beverly Lindeen. Allen Press and all of the individuals involved in the publication process are very supportive and help carry the responsibility of getting the *Journal* to readers in a timely manner.

DR. HOCHBERG: Dr. Rutkowski, it's been a pleasure speaking with you today. I have full confidence that the AAID and the JOI are in excellent hands. I'm sure all the readers look forward to seeing all of these wonderful changes that you planned. We certainly wish you the best of luck. Thank you so very much.

AAID Research Foundation sets record with auction

The AAID Research Foundation raised over \$64,000 at its auction held during AAID's 2009 Annual Meeting in New Orleans in November. The Foundation thanks the following individuals and organizations that donated items for the auction. The auction, along with the other generous donations made to the Foundation has allowed it to award four new grants of \$10,000 each.

The recipients, their universities and titles of their research projects are:

James Borke, PhD

Medical College of Georgia

Bisphosphonate-Induced Peri-Implant Vascular Changes in a Rat Oral Implant Model

Juaro Yamashita, DDS, MS, PhD

University of Michigan

Effect of Intermittent Parathyroid Hormone Administration on the Outcome of Vertical Ridge Augmentation

Venu Varanasi, PhD

University of California, San Francisco

Combinatorial Control, of Bone Healing Using Inorganic Silicon and Calcium

Damian Lee, DDS

University of Illinois, Chicago

Dental Implant

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Randall Rose, DDS

Thanks to the following members who purchased items at the auction that helped the Foundation set the record of raising over \$64,000:

Leo Arellano	Keith
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Frank Fruce	Lama
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Kim Gowey	Fred Stalley
Timothy	Steven
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Joseph Jung	Jasmine Sung
Greg	Don Timpton
Knotopetz	Bruce Trimble
Stanley Lee	Bill Williams
Winnie Lee	Librada Yamat

Summary of Actions taken by Board of Trustees

November 10, 2009, New Orleans, Louisiana

- Approved 2010 Budget with \$3.2 million in revenue and \$2.8 million in expenses.
- Approved Research Foundation Officers and Directors including **John Minichetti, DDS**, as Chair.
- Elected **Dr. Mahesh Verma** as an Academic Associate Fellow
- Kept dues for General and Student members for 2010 at same level as 2009
- Adopted FDI World Dental Foundation list of least developed countries as basis for determining reduced dues rate for international General Members
- Established dues rate for full-time military members as same as Student members
- Accepted revised Honored Fellows nomination and selection process

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see Continuing Education p. 32



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Continuing Education

continued from page 30

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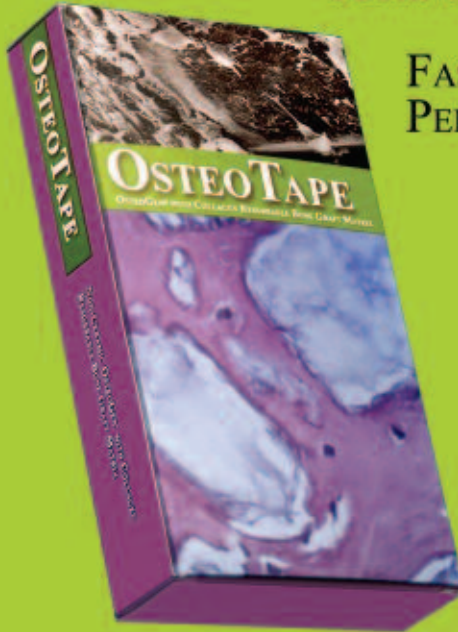
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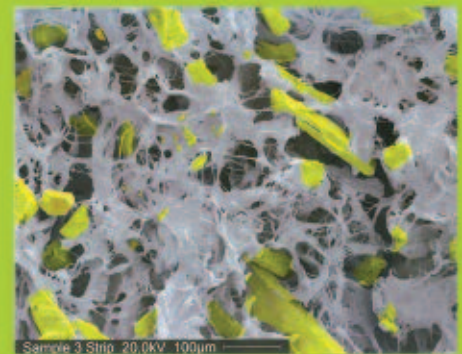
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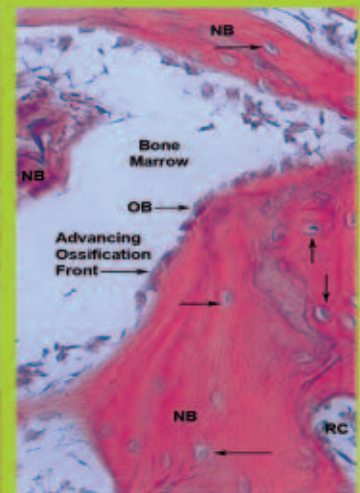
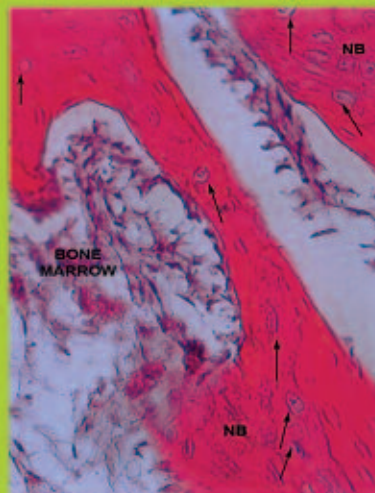
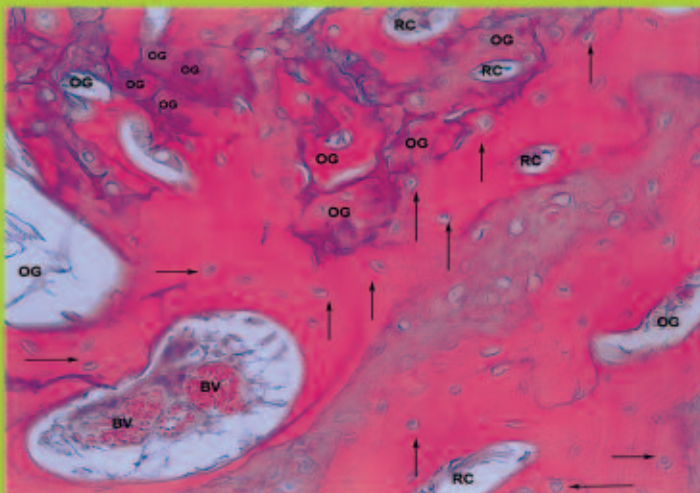
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* Wines H. Bone 1996;19:398-578. Buser D, et al. Int J Perio Restorative Dent 1995;15:10-99. Shih MS, et al. Bone 1985;6:377-379. Vassos D. Dentistry Today 2007;26:124-127.

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Membership

NEW MEMBERS

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

ALABAMA

Mehdi Karimpour, DMD
Birmingham
Matthew Blake Limbaugh, DMD
Huntsville
Robert Matthew Stephenson, DMD
Huntsville
David Vincent Adams, DMD
Mobile
Teri Sandlin, DDS
Montgomery

ALASKA

E. Craig O'Donoghue, DDS
Fairbanks

CALIFORNIA

Dr. Gaba Kokhreizde
Anaheim
Dr. Samuel C. Rombaoa
Fresno
Dean Garcia, DDS
Laguna Hills
Guilberto Rito, DMD
Los Angeles
Seung Kyou Yu, DMD
Redlands
Carol Calicdan, DDS
Upland

FLORIDA

Manuel M. Rodriguez, DDS
Doral
Charles J. Snyder, DMD
Fort Walton Beach
Melvin H. Eaton, II, DDS
Key West
Sadesh Kumar, BDS, DMD
Melbourne
Rahim Bhanji, DMD
Orlando
Basil Hammoudeh, DMD
Orlando
Anne Kencos-Hajek, DDS
Orlando
Harvinder S. Chadda, BDS
Port Orange

ILLINOIS

Reginald Baker, DDS
Chicago

Brian A. Prudent, DMD
Moline

KENTUCKY

Greg Sutton, DMD, MHS
Crestview Hills

MAINE

John Lewis, DDS
Belfast

MASSACHUSETTS

Charles Krikorian, DMD
Boston

MICHIGAN

Nezih Bachuri, DMD
Troy

MISSOURI

Michael Sigler, DDS
Kansas City
Peter Pagano, DDS
Saint Louis

NEW HAMPSHIRE

Joseph Vincent Columbus, DDS
Hudson

NEW JERSEY

Ali N. Weiselberg, DDS
Fort Lee
Jorge Luis Carvajal, DMD
Mullica Hill
Jeffrey R. DeMartino, DMD
Phillipsburg
Jamie Oshidar, DMD
Roselle Park

NEW YORK

Asim Alsuwaiyan, BDS
Amherst
Terry Liebman, DDS
Brooklyn
Nadeem T. Naseem, DDS
Brooklyn
Bandar A. Almaghrabi, BDS
Buffalo
Michael Joseph Romano, DDS
Liverpool
Joshua Chung, DMD
Tuxedo Park

James Tedesco, DDS
West Seneca

NORTH CAROLINA

Haley Gottfried Mann, DDS
Asheville

OHIO

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Grafton

OREGON

Edward J. Warr, DMD
Ashland

RHODE ISLAND

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Elizabeth Viruet, DMD
Murrells Inlet
Mark Beck, DDS
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Federal Way
Roy Kaldestad, DDS
Tacoma

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Kitchener
Sunil Vick Soordhar, DMD
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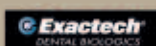
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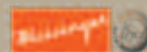
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