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AAID News

SPRING 2011

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Editor's Notebook

David G. Hochberg, DDS
Editor, AAID News



On a personal note, I want to express my condolences to the family of **Dr. A. Norman Cranin**, one of the pioneers of implant dentistry and the AAID. He will be missed.

This issue includes something known as QR Codes. This is a way for you to use your smart phone to instantly access online information that won't fit in the print version of *AAID News* or will enhance your knowledge about the topic. For example, we have included a heretofore unseen video interview with Dr. Cranin in which he talks about the early days of developing implants, including his dog model studies.

Plan to attend AAID's 60th Annual Meeting, October 19 – 22, 2011 in Las Vegas, where in addition to presenting outstanding education, we will celebrate the Academy's 60th Anniversary. See you there. ▀

State of California to pay AAID nearly \$1 million in *Potts Case*

By Frank R. Recker, DDS, JD, General Counsel for the AAID

The United States District Court for the Eastern District of California followed up on its 2010 ruling in the AAID's favor. After its final Order was entered in November 2010, the Court ordered the submission of briefs on AAID's application to recover fees and costs expended in its almost eight-year quest to have the statutory prohibition on advertising AAID credentials declared unconstitutional.

On Oct. 15, 2010, Federal Judge John Mendez, for the United States District Court for the Eastern District of California, issued an opinion that struck down a state law that effectively prevented dentists from advertising credentials issued by the AAID and the ABO/ID. These credentials reflect specific training, education, and

experience in implant dentistry. The Court stated that credentials issued to dentists by the American Academy of Implant Dentistry are bona fide and legitimate, and state laws that prohibit or restrict advertising them to the public are unconstitutional. The State did not appeal that decision. A hearing date was then established in February 2011 to hear arguments on the recovery of funds paid by the AAID in pursuing its victory. But, instead of more protracted litigation, which would result in even more expense, the State of California and the AAID agreed that the AAID would recover, in addition to the \$325,000 already paid, another \$675,000 towards attorney fees and costs incurred by the AAID in pursuing the victory.

Under the terms of the

agreement, the State of California is required to pay the AAID an additional \$675,000 within 150 days of the Order date. If not paid within that time frame, the AAID will receive 9% per annum until the date of payment.

In his original decision, Judge Mendez wrote that the AAID and the ABO/ID "are bona fide credentialing organizations whose standards are rigorous, objectively clear, and verifiable. They award their credentials only to applicants who have fulfilled rigorous criteria..." The Judge further noted, "These are not fly-by-night credentialing organizations. They take their role and responsibility seriously."

This means that AAID members in California are free to advertise their

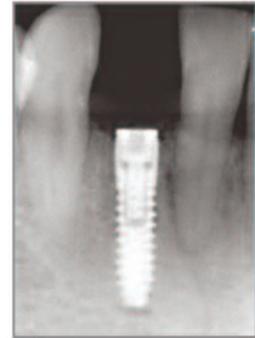
see *Potts Case* p. 11

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Laser-Lok 3.0 placed in esthetic zone.

Image courtesy of Michael Reddy, DDS



Radiograph shows proper implant spacing in limited site.

Image courtesy of Cary Shapoff, DDS

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1. Radiographic Analysis of Crestal Bone Levels on Laser-Lok Collar Dental Implants. CA Shapoff, B Lahey, PA Wasserlauf, DM Kim, IJPRD, Vol 30, No 2, 2010.

2. Implant strength & fatigue testing done in accordance with ISO standard 14801.

3. Initial clinical efficacy of 3-mm implants immediately placed into function in conditions of limited spacing. Reddy MS, O'Neal SJ, Haigh S, Aponte-Wesson R, Geurs NC. Int J Oral Maxillofac Implants. 2008 Mar-Apr;23(2):281-288.

4. Human Histologic Evidence of a Connective Tissue Attachment to a Dental Implant. M Nevins, ML Nevins, M Camelo, JL Boyesen, DM Kim. International Journal of Periodontics & Restorative Dentistry. Vol. 28, No. 2, 2008.



President's Message

By Dr. Joseph Orrico
President, American Academy of Implant Dentistry

I can't believe I'm sitting on my couch, watching the defending Stanley Cup Champion Chicago Blackhawks fight for their hockey playoff life, while the people in Japan are literally fighting for their survival. The world continues to be stunned by the tragedy in Japan. The lives of many of our Japanese AAID colleagues, their families, their dental practices, and their patients have been damaged or destroyed by the initial and now multiple earthquakes and tsunamis. I know that I speak for all AAID members when I express our deep sympathy and our heartfelt condolences to our members and all of Japan for what they have been through — and continue to go through.

As an organization, AAID is helping direct our members to relief organizations that can help and have offered a dues waiver for any members in Japan who request it. We hope that this small gesture can help.

Just like business and life goes on in Japan, we at the AAID continue to pursue the

business of the Academy.

One of the benefits of living in the Chicago area is that I can drop into the AAID office whenever I feel like it. During the first few months of my presidency, that feeling hit me every couple of weeks. Now, it is fallen off to once a month. Nonetheless, I can still drop in unannounced if I want.

So the headquarters staff must remain on their toes. Of course, that really isn't a problem. My observation is that the AAID is blessed to have one of the most dedicated, hardworking, and results-oriented professional staff of any organization I have been affiliated with.

Two of my recent excursions to the headquarters office involved meeting with representatives of other dental organizations. Sharon Bennett and I met with the president and executive director of the American Academy of Endodontists. We had a very candid discussion about where implants fit in the treatment planning for failing teeth. More recently, we met with the president and executive board of the Academy of General Dentistry. We reviewed opportunities for AAID to provide education about implants to members of the AGD. We brought up our success in the courts obtaining recognition for the

AAID Credential and pointed out that, as a result of our efforts, particularly in Florida, the AGD's Mastership and Fellowship awards were also recognized by the Courts.

Unfortunately, when we requested that AGD provide some funding for the past successes and future efforts, they didn't toss money at us. They didn't even say they might think about it.

The reason we asked wasn't because we are in desperate need of the money. As you saw on the front cover of this issue of *AAID News*, we recently entered into an agreement with the State of California to receive the balance of nearly \$1 million to help reimburse AAID for a part of our ongoing legal efforts. Rather, our success in pursuing our legal strategy benefits any non-specialist organization that grants bona fide credentials. If they share in the benefits, they should share in cost.

AAID's Public Relations Committee met in January and presented a proposal to the Board of Trustees to undertake a significant and sustainable marketing campaign to encourage the public to seek out AAID credentialed members for their implant care. The Board endorsed the concept and requested a detailed plan, which the Committee is anx-

ious to complete. The plan is to bring a proposal to the Board of Trustees when it meets again in June to create a complete and detailed business plan that can be implemented beginning in 2012.

The way we get our information and education has changed. The Academy needs
see President's Message p. 4

AAID NEWS

Editor

David G. Hochberg, DDS

Executive Director

Sharon Bennett

Director of Communications

Max G. Moses

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President's Message

continued from page 3

to change how it delivers the excellent content that we have. We have started the process. Go to our web site — www.aid.com — and click on the Education tab. There you will find AAID Online Learning. We have streaming video of a number of presentations in several categories. We are moving forward with webinars and podcasts that should be available by the Fall.

When I spoke at the Annual Business meeting in Boston last October, I mentioned that the window of opportunity to honor some of the pioneers in implant dentistry and great leaders of the Academy is closing. I was sorry to hear of the passing of one of those pioneers — **A. Norman Cranin, DDS, DEng.** At that time, I pointed out that they “took the arrows” on our behalf, and we are simply reaping the benefits of their courage

and hard work. Seek out our great leaders and pioneers. Thank them for what they have done for all of us.

My wife, Trish, and I had the honor of attending the memorial service for Dr. Cranin held at the Waldorf School at Adelphi University in Garden City, NY. We were fortunate enough to have witnessed an outpouring of love and support mixed with humor as speeches were given by his friends and family. The Academy was well represented by members such as **Dr. Carl Misch, Dr. Burt Balkin, Dr. Ken Judy, Dr. Emile Martin, Dr. Jaime Lozada, Dr. Leornad Linkow, Dr. Pankaj Singh, and Dr. Nick Caplanis.** I apologize if I left anyone out. Dr. Lozada spoke in recollection of the support and encouragement that Dr. Cranin gave him when he took over the program at Loma Linda. Dr. Linkow gave a moving account of his relationship with Dr. Cranin back to

Raffle Winner

Timothy K. Johnston, DDS from Williamsburg, VA has won a free registration for the Academy's 60th Annual Meeting that will be held in Las Vegas, October 19 - 22, 2011. He won the registration in the drawing that included the 1,655 members who paid their 2011 dues by December 31, 2010. Dr. Johnston joined the Academy in 2001. ▀



Some e-mails from AAID members in Japan

Dear President,

Thank you for kind e-mail. Most of Japan are okay except Tohoku area, and Fukushima nuclear power plant. But the economic situation is going down. Anyway, Japan will recover in near future, I believe.

Sincerely
Tokio Kuremoto DDS
AAID Fellow

Dear Dr. Joseph F. Orrico,

Thank you very much for your kind message and deep sympathy. I'm glad to be a member of AAID.

The north-east side of Japan was severely attacked by the great earthquakes and Tsunami that we had not experienced before.

Many houses were destroyed and rushed by Tsunami and more than 20 thousand people died. It was quite a big tragedy and we Japanese are all disappointed now.

Fortunately, I have not sustained any serious losses and my family are safe and well.

We are still suffering from the explosion of the nuclear power plants.

We appreciated a lot of supports from many countries and Tomodachi (friendship) operation of USA.

We have a trust that we will get over this disaster and try to do our best.

I'm looking forward to attending the meeting and seeing many members of AAID.

Sincerely yours,
Dr. Yutaka Tohyama

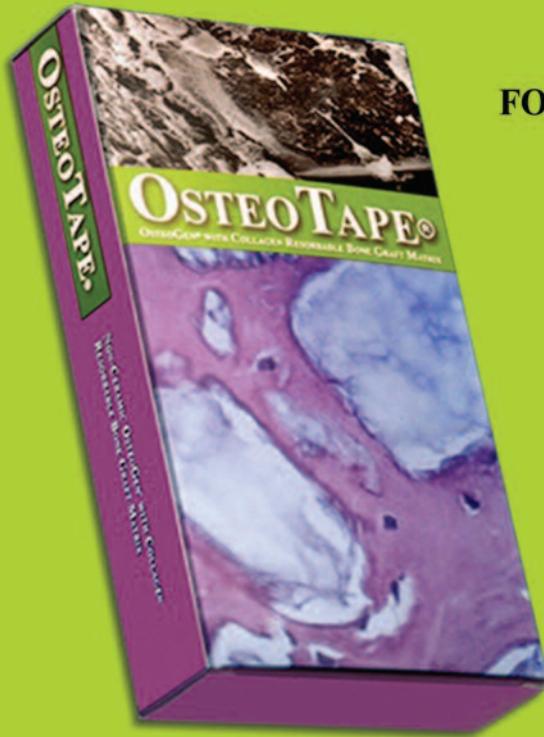
when he was 11 years old. In true Linkow fashion, his tribute was moving, enlightening, hilarious, and, of course, ran over-time. He did get defensive when the podium was approached to cut him short, but he was allowed to continue. Good thing, there was no red light! Overall, it was a memorable and touching service, and I feel honored to have been a part of it.

Frank Sinatra used to sing that “Chicago is my kind of town.” Well, I got to tell you, Vegas is really my kind of town. That's where I'm going to be October 19 — 22 this year. I'll be at the AAID's 60th Annual Meeting

at world-famous Caesars' Palace. **Drs. Kim Gowey and Art Molzan** have planned an outstanding program of scientific sessions that will help you “stack the deck in your favor” and address the “realities of implant dentistry.” The headquarters office tells me that we are well on our way to having a record number of attendees. Remember we will be celebrating our 60th Anniversary this fall in Las Vegas. What a perfect chance for you to reach out your hand to our pioneers and leaders who have made it possible for you to enjoy a wonderful career in implant dentistry. ▀

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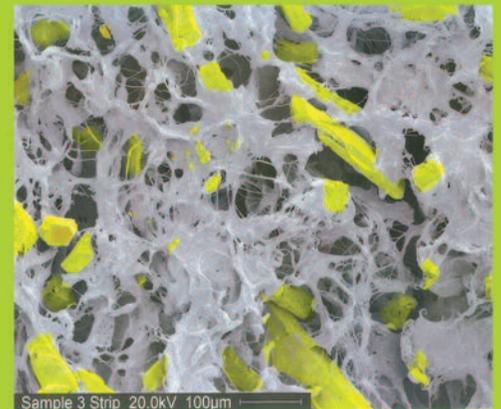
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Business Bite

Ramping Up Implant Production

By Roger P. Levin, DDS

Introduction

Implants represent one of dental practices' best opportunities to increase production and profitability while enhancing the quality of patient care. Does that seem overly optimistic given the recent economy and the fact that dental practices have experienced widespread declines in production? It isn't when you take into account the following events:

- **Implants are the best option.** They are being recognized by more and more doctors as the standard of care for edentulous patients. The closest thing to a patient's natural dentition, implants prevent bone loss, restore chewing efficiency and permanently replace missing teeth. If you were missing a tooth, which option would you choose? Convey your passion for implants to patients.
- **Demand will go up.** As the baby boomers continue to age, the number of patients interested in implants will increase

exponentially. Dentures are often perceived as an inconvenient dental treatment—patients tend to view them as a curious leftover from their parents' or grandparents' generation. Implants, when properly presented, will be the most logical choice for these patients.

- **The value of a great smile is increasing.** Beautiful smiles are in demand. Over-the-counter whitening products and makeover TV shows have contributed greatly to this phenomenon. For many patients facing edentulism, implants offer the best opportunity for maintaining wonderful smiles.

As you can see, many factors are in your favor for growing implant production. All you have to do now is make the patient's experience as smooth as possible.

Creating an Excellent Implant Experience For Patients

Unlike other services, implants require an entirely different set of systems and protocols within the practice. Scheduling, case presentation, patient management...these all need to be tailored specifically for implants.

Levin Group recommends two key principles for implant practices:

1. **Schedule Implant Patients ASAP.** When referrals are made to an implant surgical practice, patients should be seen within seven days. Remember that patient motivation can be a very temporary thing. Also, they may be motivated, but they still have questions (which need to be answered by the implant surgeon, not by friends or family who may possess incorrect information). Wait any longer than seven days to get them on your schedule and their motivation invariably drops. In fact, Levin Group research shows that approximately 35 percent of patients referred to implant practices never make an appointment. Don't let that happen! Get them in for a consultation quickly!
2. **Build and Maintain Strong Relationships Between Offices.** Patients can easily become dissatisfied with implants if they experience any communication faux pas along the way. If you wish to see more implant cases, the entire referral process must run like a well-oiled

machine. Placing more implants depends on a smooth referral process. Developing strong partnerships between implant doctors and restorative doctors is critical to optimal patient care and exceptional customer service. Be certain that communication between offices is clear and consistent.

You're scheduling patients quickly—excellent. The communication between offices is perfect—very good. You have the patients in the consultation, and you've delivered an effective case presentation. Everything is fine except for one thing. Unfortunately, you still have one major hurdle to case acceptance—the fee.

Overcoming the Final Obstacle

Even highly motivated patients can have a sudden change of mind if they perceive they can't afford the procedure. Practices must have financial options, one of the most important is patient financing—a critical component for increasing case acceptance of elective dentistry.

I sometimes encounter doctors who have an issue with paying fees to a financing company. What

they don't realize is an outside financing company takes a major burden off the shoulders of the implant doctor. Any collection issues aren't your problem. Instead, you can concentrate on what you do best.

Patient financing is a lifesaver for patients. Remember, they often won't admit to a lack of funds as a rationale for turning down treatment. Instead, they will cite some other reason. They'll say they need to think about it. They will

want to consider it at a later time. By offering patient financing, the practice will have to accept a slightly lower fee, but the patient will be able to have the treatment, and the practice can perform the case.

Implants are elective, and patients can certainly decide against getting them, especially in this economy. It makes a huge difference when patients know that financing is potentially available for dental implant cases.

Flexible, convenient options can lead to significant implant production growth.

Conclusion

Implants remain a growth industry. The trends—demographics, the cosmetic dentistry revolution, and the perceived value of implants—all indicate the opportunity for explosive growth in the coming years. For practices to reach their implant potential, the implant patient experience must be nothing less than superb.

Think you can't grow implants this year? Following these guidelines will change your mind in a hurry.

Visit Levin Group's Resource Center at www.levingroup.com for a wide range of educational materials, including *The Tip of the Day*, newsletters and white papers. You can also connect with Levin Group on Facebook and Twitter (@Levin_Group) for tips, news and sharing ideas. ▀

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



Clinical Bite

Radiation exposure getting more exposure as researchers and health care providers give increased attention to potential cancer risk

By Chris Martin

Editor's Note: The unfortunate events in Japan and the ongoing world-wide aftermath, makes a discussion of radiation exposure in health care diagnosis and treatment even more important today than it was late in 2010 when the New York Times wrote about radiation received by dental patients.

A recent article in the *New York Times* casts some negative light on the use of Cone Beam Visual Therapy imaging machines that are becoming popular among dentists. The machines use radiation to create an image that dentists use to diagnose oral health disease. This use of radiation adds to a patient's radiation exposure burgeoning concern due to an increase in medical imaging tests such as x-rays and computed tomography scans.

According to the *New York Times* article, more than 95 million high-tech scans are done each year, and medical imaging, including CT, M.R.I. and PET scans, has ballooned into a \$100-billion-a-year industry in the United States. But this increase in imaging tests has many researchers and patient advocates expressing concern about whether these tests may unnecessarily increase patients' risk of cancer.

The Food and Drug Administration convened a panel in the Spring of 2010 to address radiation risk

from medical imaging and developed a set of guidelines for reducing risk of cancer based on radiation exposure from medical imaging. While dental imaging is a small piece of the imaging pie, dentists and equipment manufacturers can play a role in helping reduce the risk of unnecessary exposure to radiation.

These are challenging times then for both dentists and patients alike who are sensitive about radiation exposure. But according to Gene Antenucci, DDS, of Huntington, NY and a consultant to Planmeca USA, there are features in dental imaging units that can reduce radiation exposure.

Antenucci encourage dentists to look for 3D imaging units with built-in safety measures that focus on using the least amount of radiation to achieve the best results possible. This commitment to "As Low As Reasonably Achievable" or the ALARA radiation principle, keeps both dentist



Dr. Gene Antenucci

and patient's safety at a priority.

Progressive, safety-conscious manufacturers are increasingly designing their imaging units that have a multitude of different volume selections which allow the dentist to radiate only the area of clinical need. That, combined with the technology to change the radiation amounts more precisely, helps keep the radiation dosages as low as possible to patients. Antenucci encourages his colleagues to look for units that have x-ray aperture controls that constrict the

beam of radiation to target and radiate only the site of interest. Finally, higher end, sophisticated units employ robotic arms that allow for precise imaging anywhere in the maxillofacial/cranial region and wide volume controls that allow dentists to image only the area of concern.

"This means there is no need to take an image of the entire head if only a single tooth site needs to be visualized," Antenucci said.

According to Antenucci, patients can arm themselves with better information and informed questioning to lower any possible risk of cancer.

"Radiation exposure is a topic that easily gets people's attention, mainly because the potential result from 'excessive' radiation exposure is illness, commonly in the form of cancers," he said. He advises consumers and dental patients to become more knowledgeable about radiation exposure, which

consumers often unnecessarily equate exposure to illness, debilitation and often even death.

“The issue is not well-understood by the public, who are subject to media stories which tend to portray a partial view of radiation exposure, linking the words themselves to cancer. Radiation itself is simply the emission of energy from a source. The fact is that people are exposed to many types of radiation, naturally, and on an every-day basis, and it is far from true that all radiation is linked to cancer.”

Antenucci explained that people encounter radiation in two forms — ionizing and non-ionizing — ionizing radiation has the ability to alter the structure of molecules and atoms and can increase a person’s risk of cancer, while non-ionizing radiation does not.

Ionizing radiation has been proven to cause mutagenic cell changes which can lead to cancers. It is known that high and frequent doses of ionizing radiation can lead to cell changes, but it is not known or proven that low levels do. Ionizing radiation exists and is natural in our environment — cosmic rays, solar energy and natural radiation emitted from the soil. We are exposed to low levels of radiation when flying in an airplane. Medical radiation is focused energy designed to perform specific functions. These are usually the source of media attention

and patient concern. Their levels are higher than background radiation, are focused, and can be frequent, such as dental radiographs and chest xrays.

Dentists increasingly are aware of the increase in radiation exposure faced by their patients and need to adjust accordingly.

“The dentist’s role is to fully understand and recognize the risks associated with radiation exposure, yet always weigh the use of ionizing radiation along with its potential benefits and take into account individual risk factors each specific patient has, such as overall health, environmental factors, past radiation history and other factors,” Antenucci said.

In compliance with the ALARA principles, Planmeca’s panoramic systems come with a pediatric program that automatically selects the narrow focal layer that reduces the exposed area from the top and sides, reducing patient dosage by 35 percent while providing full diagnostic information.

Dental patients, too, have a role in reducing radiation exposure and should play a vigorous role in their own care. Antenucci recommends that patients should ask all their health care providers some of the following questions:

- Why do I need to have this test which involves ionizing radiation?

- What are the potential benefits?
- Are there alternatives?
- What is the dose in relation to background radiation (something understandable)?
- What are my risks if I don’t have this test?
- Would you as the doctor personally have this x-ray taken now? How often would you have it taken?

Medical radiation exposure is an issue that many
see Clinical Bite p. 11

What determines the risk of the radiation dose?

- The kV and mA setting (the speed and the amount of the radiation administered)
- The size of the area of exposure
- The total exposure time
- The type and thickness of filters in the x-ray tube head (copper – aluminum)
- Distance from the source of radiation to the object
- Tissue weighting factors of exposed area (organ sensitivity)
- Age of the patient (a younger patient is more at risk)
- Gender of person, male or female (females are more at risk)
- Total radiation previously acquired (i.e. where patient lives, higher altitude, more at risk, lifetime accumulation)
- Stochastic effects of this patient (general health)



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AAID's MaxiCourse® in Iran

Many members of the Academy will be surprised to learn that AAID has a MaxiCourse® in Iran. It is under the directorship of **Dr. Frank LaMar** and not surprisingly, it is very successful. You might be interested in how such a course came about in a part of the world that many believe is closed to much of the world. **Dr. LaMar** shares the following:

Several years ago, when I was Global Chairman, before my Presidency, I received a call from an education group in Iran that was interested in sponsoring a MaxiCourse®. We worked diligently to make this happen with the Academy approving me to direct the Program. However, there were many difficulties coordinating the effort, such as location and politics. We

were never able to get beyond the early stages of discussions.

About 18 months ago, I received another call from **Dr. Ali Mostafavi**, a dentist in Tehran, who completed the MaxiCourse® in India and was interested in starting a MaxiCourse® in Iran.

Dr. Mostafavi suggested having the MaxiCourse on Kish Island, located in the Arabic Sea, a 40-minute flight off the coast of Dubai, and a part of Iran. It is a trade-free zone island that one can travel to without a visa. It is a beautiful Resort with great hotels, accommodations, and appropriate for the MaxiCourse® venue. Kish would also allow the program to be on Iranian soil to meet the desires of a co-

sponsor and Iranian students, yet convenient for our faculty since a visa would not be required

Our next hurdle was to locate an appropriate sponsor at the University of Tehran. **Dr. Mostafavi** went directly to the top, to **Dr. Fazel**, a prosthodontist and the Secretariat of Dental and Post Graduate Dental Education at the Ministry of Education. **Dr. Fazel** is the equivalent of our US Attorney General of Health and Education in the USA. Every aspect of dental education is under his authorization.

Dr. Fazel agreed to approve the AAID MaxiCourse®, in large part based on **Dr. Shankar Iyer's** credibility, the experience with the India MaxiCourse® and the reputation of the AAID.

As a result, **Dr. Mostafavi** was able to partner with ACECR, a department at the University of Tehran Medicine and Dentistry sponsored by the government to coordinate research and education for physicians and dentists.

Dr. Mostafavi is the MaxiCourse® Clinical Director and ACECR's Coordinator of Education. The MaxiCourse®'s first module started on July 30, 2010 and was completed on Aug. 4. The MaxiCourse®

was completely filled. The second Course started in February 2011.

Some of the modules are located in Tehran with visas to be provided by our Co-Sponsor, ACECR. Travel to Kish and Tehran could be a problem since you cannot just buy an air ticket to Iran. We overcame this difficulty by having our faculty fly directly to Dubai, where an ACECR representative had a ticket waiting to fly to and from Kish or Tehran.

Political issues have not been a problem for us. The Iranians and Persians, are a friendly, warm and hospitable people and vocal of their love of the United States, Americans, and our education system. There are nearly 80 million people and 25,000 dentists in Iran with an extremely high level of education. The level of dentistry in Iran is equivalent to that of Europe or the US.

We have also had to overcome the economic embargo since credit cards are not useable.

Our program is the first American program to have the distinction of being approved by the Ministry of Education and the faculty of the University of Tehran since the 1979 revolution. No other American-based program in any endeavor has ever received that distinction. ▀



Front row: **Dr. Shankar Iyer** (Iran course Advisor), **Dr. Rahmani** (Deputy of Education, ACECR TUMS Branch), **Dr. Rahmani's wife**, **Dr. Mostafavi's daughter**, wife, and son. Back row **Dr. Frank LaMar** (Iran MaxiCourse® Director) and **Dr. Mostafavi** (Iran Maxicourse Clinical director) Picture has been taken after having an informal dinner.

A. Norman Cranin, DDS, DEng., passes away

We are sorry to inform you that A. Norman Cranin, DDS, DEng., passed away on February 19, 2011, while vacationing in the Cayman Islands. Dr. Cranin was the 2009 recipient of the Isaih Lew Memorial Research Award and served as editor of the *Journal of Oral Implantology* for 38 years, retiring from that position in 2008. Dr. Cranin, an Honored Fellow and past president of the Academy, earned his Diplomate from ABOI/ID in 1989.

He also served as Chair of the Dental and Oral Surgery, an Oral & Maxillofacial Surgeon, and Implantologist-in-Chief for 37 years at the Brookdale University Hospital and Medical Center.

He is survived by his wife, Marilyn, sons Jonathan and Andrew, and daughter, Elizabeth as well as six grandchildren. Contributions can be made in Dr. Cranin's memory to the AAID Research Foundation, which will be naming a grant after Dr. Cranin.

Dr. Beverly Dunn, AAID's Historian, **videotaped an interview he conducted with Dr. Cranin for the Pioneers Project.** Scan this QR Code with your smartphone to access the video. If you need a QR reader, there are many free apps available for download. ▶



Summary of Actions Taken by Board of Trustees

February 5, 2011

- **Moved \$300,000** of the 2010 excess income into restricted reserves for investment purposes
- **Directed Bylaws Committee** to review and evaluate the section of the Bylaws relating to disciplinary actions and recommend any changes to Board of Trustees
- **Charged the Public Relations Committee** with considering a humanitarian effort as an AAID-endorsed, long-standing cause and report back to the Board with recommendations
- **Referred the Pioneers' Project** to the Public Relations Committee for consideration and recommendations
- **Appointed Dr. Beverly Dunn** as AAID Historian for a two-year term and named him as a liaison to the Public Relations Committee for this project
- **Directed the Public Relations Committee** to move forward with an initial plan to develop a business plan and report back to the Board at the June 2011 meeting
- **Asked the A&C Board** to consider keeping the totally endentulous case an option but not mandatory
- **Directed the A&C Board** to create a self-assessment examination that could be taken if the credentialed member cannot attend one Annual Meeting every three years
- **Increased the AAID financial support** of the AAID-Research Foundation from \$25,000 to \$50,000 for fiscal year 2011 ▶

Potts Case

continued from page 1

hard-earned credentials and no "disclaimers" are required. Also, as a result of the victory in 2009 in the State of Florida, AAID members in the Sunshine State may also advertise their credentials. Other states now appear to be coming to the conclusion that AAID credentials are

bona fide and may be advertised, and hopefully without the need for further legal action.

The State of Florida was ordered to pay the Academy nearly \$750,000 last year. To date, the AAID has recovered over \$1.75 million from Florida and California towards reimbursement to the Academy for expenditures on its legal efforts. ▶

Clinical Bite

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health care professionals and patient advocates are wrestling with, Antenucci said. He is optimistic the recent increased attention on this issue will ultimately raise radiation awareness for both doctors and patients of the true nature of radiation exposure, the

need and benefit of x-ray testing and the potential risks of ordering excessive imaging tests. Dr. Antenucci believes that this will have a beneficial effect on the patient health, while also reducing unnecessary costs to the health care system.

Chris Martin can be reached at chris@addcmpr.com or by phone at 630.670.2745. ▶

Conversation with Kevin Hendler, DDS

President of Special Care Dentistry Association

Interviewed by Editor of AAID News, David Hochberg, DDS

DR. HOCHBERG: Dr. Hendler, as the outgoing president of the Special Care Dentistry Association (SCDA), what were your key priorities?

DR. HENDLER: One of our priorities was to increase the visibility of Special Care Dentistry Association. One way we do this is by advocating for our patients on the state and national levels through writing letters and participating in meetings that can lead to improved oral health care for individuals with special needs.

What we've been doing throughout the year and plan for the coming year is partnering with other organizations. We've been involved with a number of different organizations by adding our name to support their initiatives. We also partner with other groups that promote dental care for individuals with special needs including Henry Schein and Oral Health America. We are supporting the ADA's effort to promote the Special Care Dentistry Act, a piece of legislation introduced into Congress that our members were instrumental in helping to draft. The ADA has promoted this, which has been good for the legislation and SCDA, because they're a much larger organization

and more effective in Washington DC. Basically, the Special Care Dentistry Act provides comprehensive dental care for the aged, blind, and disabled. That's a well-defined cohort of people who receive medical care, but not dental care.

Last November, the ADA hosted a National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities. Special Care Dentistry Association provided many of the experts who were on the panel and who participated in that

conference. Oral Health America is working on the Wisdom Tooth Project, which will help change the lives of older adults especially vulnerable to oral disease. We are looking forward to collaborating with OHA on that project.

DR. HOCHBERG: In keeping with your focus of expanding the horizons of your organization, tell us a

little bit about the demographics of the patient base that you care for.

DR. HENDLER: Special Care Dentistry Association is made up of three components. One of the components deals with older individuals and their oral care (American Society of Geriatric Dentistry). Another is for dentistry for people with disabilities (Academy of Dentistry for Persons with Disabilities), and the third is for hospital dentists (American Association of Hospital Dentists). SCDA is important because at some



Kevin Hendler, DDS

DR. HOCHBERG: What do you think are the major challenges facing dentists who concentrate in treating dental patients with special needs?

DR. HENDLER: Probably the biggest challenge that we face as providers is funding. Many of the patients that our members serve have limited income and may be receiving Medicaid, and that funding is fairly limited. Most states will cover dental treatment for children, but when it comes to adults it's state-by-state. Georgia, where I practice covers exams, x-rays, and extractions, but the reimbursements are low.

I think another major challenge is a lack of understanding by general practitioners about what is

“Patients that have special needs shouldn't be excluded from receiving the best that dentistry has to offer...implants may actually be the best treatment.”

point all general practitioners are going to be faced with individuals that have special needs. It could be a family member that has autism or ADD. Long-standing patients that you've taken care of for many years may develop Alzheimer's disease or other dementias. As patients age, they may have more chronic diseases and require multiple medications. All of this can complicate the dental treatment.

involved in treating patients with special needs. This creates a shortage of dentists that will provide care. General practitioners really can handle a lot of what we do and many of our members are general dentists who found themselves treating patients with systemic diseases, issues of aging, multiple medications, behavioral issues, and many other special needs. They joined our organization to learn how to better treat their patients. Passage of the Special Care Dentistry Act would be a huge bonus by providing funding for comprehensive dental care for the population of patients that we serve.

DR. HOCHBERG: It is well documented that the U.S. population is aging. How will this demographic trend affect your organization today and going forward?

DR. HENDLER: As we all know, people are living longer. As a result of our advances in medicine, they're also living longer with more chronic diseases and taking more medications to control these diseases. People with disabilities are also living longer and expect access to quality dental care.

We're seeing patients with Down Syndrome who are living into their 60s and beyond.

People are keeping their teeth longer. It wasn't long ago that if you were over

65, you didn't have teeth. It was considered a normal part of aging to lose your teeth. I still have patients who ask to have the rest of their teeth pulled out because they are old. I used to joke that if you turn 65 and you still had teeth, you scheduled an appointment with the dentist to have the rest of them out, because it was time for dentures when you got older. But that's not the case now. People are keeping teeth longer, as a credit to dentistry and our focus on preventing disease.

“People are keeping teeth longer, as a credit to dentistry and our focus on preventing disease.”

So, as a result we've got a lot more dental need for individuals with disabilities and other people who are aging. This is what SCDA is all about: treating these people. In the future, there's just going to be more and more oral health needed by more people with special needs. Also, if you practice long enough, you will eventually become a dental geriatrician, because the patients are going to continue to get older. So, I think it will impact not just our members but all dental practitioners.

DR. HOCHBERG: Can the Special Care Dentistry Association become a resource for general dentists whose patients are in their 70s and their 80s?

DR. HENDLER: Absolutely, we can definitely be a resource in a couple of ways. Our biggest asset as an organization is the knowledge that our members have. That's what we have to offer and we're all very happy to share what we know. SCDA provides a forum for an exchange of clinical ideas and patient management techniques among members. SCDA provides a network of colleagues across the world who have already faced issues you suddenly find in your practice. We are very

eager to share our expertise. We have an annual meeting that focuses specifically on the care of people with special needs. We also have a listserv on our Web site, where people can ask questions. It's a great resource because it gives you access to all of our members.

Somebody will come up with a problem that they're facing and don't know what to do. Sometimes they're patient-related. Sometimes they're related to the institutional policies where they are working. You post a question, and within a couple of days you get responses.

The other thing that we've just started, which would be a resource for general practitioners, is an online referral service. If you have a patient with special

needs and you were looking for a dental care provider, you can go online on our web site — scdaonline.org — and search for a practitioner in the area.

We started webinars last year and I believe we will do more in the future. People can sign on and learn about an issue that's specific to caring for individuals with special needs and also get some continuing education credit.

DR. HOCHBERG: Do you feel there is a common denominator or mutually benefiting services shared by the SCDA and the AAD?

DR. HENDLER: I do. Implants are now becoming a routine option that we offer our patients. Patients with special needs shouldn't be excluded from receiving the best that dentistry has to offer. We have many patients who have lost teeth and there are a number of instances where implants may actually be the best treatment. For example, people with disabilities might have issues with removable dentures such as taking them out, throwing them away, breaking them, or just losing them. Fixed bridges may be the best way to restore function or esthetics without the concerns that come along with having removable dentures.

DR. HOCHBERG: Do you believe that the Special
see Conversation p. 18

2010 Donors to AAID Research Foundation

The AAID Research Foundation recognizes all who made auction items and cash contributions to the AAID Research Foundation during 2010. The Research Foundation apologizes in advance to anyone whose name was inadvertently overlooked. Members of the Diamond

Club (cumulative contributions of \$10,000 and more and who contributed in 2010) are highlighted in gold.

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see Donors p. 18

AAID 2011 Annual Meeting Table Clinic Presentations and Poster Presentations



Attendees at AAID's annual meeting learn about new research through poster presentations.

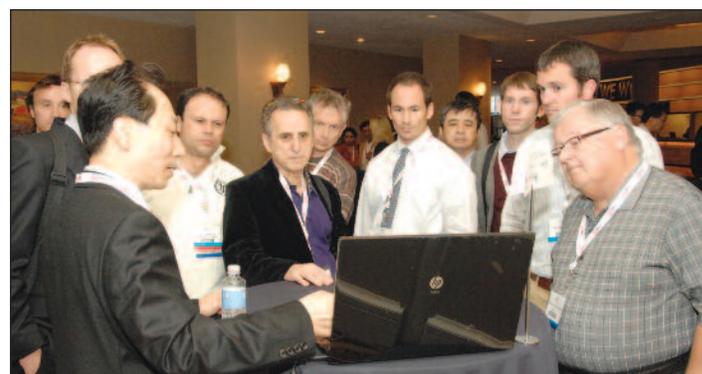


Table clinics draw large groups of doctors interested in learning new techniques.

Overview

The AAID Annual Meeting will be held at Caesar's Palace in Las Vegas, Nevada October 19-22, 2011. This dynamic meeting will feature more than 50 noted authorities in implant dentistry. Poster Presentations and Table Clinics will be an important part of this meeting and an ideal opportunity for dental professionals and graduate students to participate.

We will accept applications for Posters and Table Clinics until we reach capacity, so the sooner we

receive your application, the better. However, if you want the title and name of authors to appear in the printed onsite program guide, we must receive your application by August 15, 2011. We will e-mail applicants within a month of receipt of the application to verify acceptance provided your application is complete.

Meeting Registration

Full-time dental students who are Poster Presenters and Table Clinic Presenters

are eligible for complimentary meeting registration. Students are responsible for their own housing and all other expenses connected with attending the meeting.

Non-student Poster Presenters and Table Clinic Presenters (ie. not full-time dental students) must register to attend the meeting at full dentist rates and are responsible for their own housing and all other expenses connected with attending the meeting.

the application process, the status of your application, the time of your presentation or other logistics, contact Sara May, Director of Meetings at 312.335.1550 or e-mail sara@aaid.com.

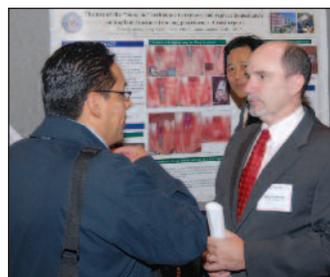
Detailed information about the rules, process, and suggestions for preparing your abstract, as well as an online application can be found online at AAID Web site. Or scan the QR Code below with your smartphone for direct access to that additional information. If you need a QR reader, there are many free apps available for download. ▶

For more information

If you have any questions about the scientific content,



Table clinics and poster presentations are important parts of the scientific content at AAID annual meetings.



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Session III

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Conversation

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Care Dentistry Association can actually grow its membership by marketing to general dentists who might need help with a patient with special needs?

DR. HENDLER: I definitely think that we can grow the organization by marketing to those who never really had the intention of going out and being special care providers. Many of our members are general dentists who started treating patients with special needs as part of their daily practice. The next thing they knew, they were getting more and more patients with special needs. They needed advice or some expert to turn to because they were faced with unique situations. There's a lot you can learn by yourself, but it is sometimes better to ask for help from someone with more experience.

I definitely think that general dentists can benefit. It would be a worthwhile organization for general dentists to join.

DR. HOCHBERG: Tell us a little bit about some of the key areas of dental research that the SCDA is currently supporting.

DR. HENDLER: As an organization, we do not actually fund research. However, many of our members do publish articles relating to the care of individuals with special needs.

As an organization we are in the process of putting together a guide book on how to treat patients with certain medical problems. This would be a resource on what you should know before treating the patient.

DR. HOCHBERG: That sounds very useful. Dr. Hendler, do you have any closing statements or thoughts that you want to share with our membership?

DR. HENDLER: The mission of SCDA is to act as a central focus for diverse individuals and groups with a common interest in oral health for people with special needs and to direct its resources accordingly. Our vision is to be the leading organization where oral health and other professionals meet, communicate, exchange ideas, and work together to improve oral health for people with special needs. Our tagline sums it up well: "Every practice has patients with special needs, and every practitioner needs Special Care Dentistry Association."

DR. HOCHBERG: We wish you and all the members of the SCDA only the very best. They certainly have been in good hands this past year while you served as their president. Thank you very much.



ZEST LOCATOR
Attachment System

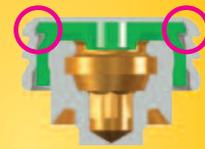
IF YOU'RE NOT USING LOCATOR[®] PIVOT TECHNOLOGY, HERE'S A CASE FOR CHANGING DIRECTION

Dual retention, pivoting action reduces the wear and tear even on divergent implants.

We pioneered self-aligning overdenture attachments to combat the damage done by the improper seating of overdentures. Today, over 70 manufacturers have partnered with ZEST Anchors to customize our LOCATOR pivoting technology abutments to be interface compatible with over 350 different implant products. Patients the world over are enjoying an unprecedented quality of life, as they no longer have to worry about ill-fitting dentures. All in all, a compelling argument for you to consider incorporating the industry's most comprehensive overdenture attachment system into your practice, regardless of the implant system you prefer.

Be sure to visit us at the CDA Show in Anaheim, Booth #1181 to learn more about the ZEST LOCATOR Attachment System.

⚠ CAUTION



GPS[™] ABUTMENT & COMPONENTS

Beware of other "look-alike" products—they do **NOT** have the unique innovations provided by the ZEST[®] patented product. The "look-alike" products do not have the ZEST pivoting technology and in fact, are designed not to pivot, which is a key performance feature of the LOCATOR[®] System.

For more information about the ZEST LOCATOR Attachment System, please call 1.800.262.2310 or visit www.zestanchors.com.

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Rescue of the Ailing Implant

Baltimore, Maryland

June 10 – 11, 2011

Unfortunately, implant failures happen. The AAID Northeast and Southern Districts have brought together a stellar faculty to address a topic that too often gets ignored: *How to Rescue the Ailing Implant*.

Leading off on Friday, June 11, 2011, will be **Alfred “Duke” Heller, DDS, MS**, and **Robert L. Heller, DDS**, who will present a full-day program entitled “Digging Out of Problems,” covering the following:

- Handling loose and broken screws
- Removing an implant with minimal bone loss
- When and how to charge for implant failure

- Which tissue barriers to use in implant repair
 - Identifying failed implants that cannot be repaired
 - Which bone grafting materials to use in implant repair
 - When to remove an implant that has lost bone support
 - When to remove a compromised tooth and replace with an implant
 - When to do socket preservation with immediate implant placement
- Bring your own challenging cases for interactive discussion with Drs. Heller.

On Saturday, we turn our attention to the question of whether failing implants are



preventable as well as a discussion of one common result of failing implants.

David M. Vassos, DDS, will present “Minimal Stress, Maximum Success,” examining whether ailing, failing implants are really preventable, and we will discuss if we are really doing everything we can to minimize failure.

Dr. Vassos’ lecture will show you ways to simplify implant surgery from a single tooth to full arch reconstruction regardless of the degree of bone loss. You will achieve complete patient satisfaction and shorten the time to completion.

Edgar El Chaar, DDS, MS, will present “Peri-implant Environment:

Peri-implantitis Diagnosis and Treatment and Optimization of Soft Management around Dental Implants.” The etiology and treatment options for peri-implantitis have been established over the past two decades. Recently, the subject is becoming more critical as dental implant therapy is more involved and practitioners are taking implant therapy further into new modalities unimagined five to ten years ago. The factors that lead to peri-implantitis and the way to manage and prevent them in order to preserve a healthy and stable result over the long run will be covered.

To register for the meeting, visit www.aaid.com.

The meeting will be held at the Marriott Waterfront Hotel in Baltimore, MD. AAID has negotiated a very favorable room rate of \$159 single or double (plus tax). Reserve your room by May 12, 2011, to receive the low AAID rate. For reservations call: 800.266.9432 or 410.385.3000

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AAID Northeast and Southern Districts present:

Rescue of the Ailing Implant

June 10 – 11, 2011
Marriott Waterfront Hotel
Baltimore, Maryland

Unfortunately, implant failures happen. The AAID Northeast and Southern Districts have brought together a stellar faculty to address a topic that too often gets ignored: *How to Rescue the Ailing Implant*.



Alfred "Duke" Heller, DDS, MS

**Alfred "Duke" Heller, DDS, MS,
and Robert L. Heller, DDS**
"Digging Out of Problems"



Robert L. Heller, DDS



David M. Vassos, DDS
"Minimal Stress,
Maximum Success"



Edgar El Chaar, DDS, MS
"Peri-implant Environment:
Peri-implantitis Diagnosis and
Treatment and Optimization of
Soft Management around
Dental Implants."

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- Bring your own cases for consultation

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AAID 60th ANNUAL MEETING

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October 19 – 22, 2011

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 Caesar's Palace at 866.227.5944 to make your hotel reservations. Mention the American Academy of Implant Dentistry for special group rates. Visit https://resweb.passkey.com/Resweb.do?mode=welcome_gi_new&groupID=2820458 Group Code: SCAA11.

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 9/19/11	After 9/19/11
_____ AAID Associate Fellow/Fellow*	\$ 1095	\$1195
_____ AAID General Member*	\$ 1145	\$1245
_____ AGD Member*	\$ 1145	\$1245
AGD Member # required		
_____ NonMember PLUS! Dentist * [Includes Membership in AAID through November 30, 2011]	\$1295	\$1395
_____ Nonmember*	\$1495	\$1595
_____ Technician	\$ 345	\$ 395
_____ Life Member & Retired Member	\$ 245	\$ 245
_____ Office Staff	\$ 345	\$ 395
Register 3 or more allied staff from same office at \$275 each		
Doctor's Name _____		
_____ Student	\$ 150	\$ 150
_____ Spouse Name _____	\$ 245	\$ 245
_____ Guest Name _____	\$ 245	\$ 245

* Includes one (1) President's Celebration ticket

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Send check, payable in US\$, and this form to the AAID:
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Or register online at www.aid.com.

Or you may fax your form to 312.335.9090.
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Requests for refunds must be made in writing and received by September 26, 2011 for a 100% refund; between September 27 and October 3, 2011 for a 50% refund. **Due to advance commitments to the hotel, no refunds will be made after October 3, 2011.**

At AAID's 60th Annual Meeting, learn from the pros that have the knowledge and experience about how to attract and keep new patients, improve your treatment planning, and enhance your skills as an implant dentist.

Join over 1,000 of your colleagues and a world-class faculty at one of the best values in implant dentistry.

- Obtain comprehensive implant dentistry CE with choices of more than 50 different programs
- Leave with clinically practical information you can use immediately
- Interact one-on-one with world-class presenters in Roundtables and Hands-on Workshops
- Discover the latest products and services in implant dentistry
- Celebrate 60 years of innovation in implant dentistry

Industry News

3Shape and Astra Tech announce strategic alliance for lab-based scanning

3Shape, a technology leader and trendsetter in 3D scanning and CAD/CAM software for dental applications, announces a global strategic alliance with Astra Tech, a market leader and innovator in the field of implant dentistry and CAD/CAM abutments.

The first step is the development of a software interface enabling the 3Shape dental scanners to communicate with the Atlantis VAD™ (Virtual Abutment Design) software used for the design and production of patient-specific implant abutments. When developed, the interface will make it possible for 3Shape scanner users to quickly and easily transfer digital scan information of patient oral geometry to the Astra Tech Atlantis™ design and manufacturing facilities worldwide. This connectivity reduces costs, eliminates shipping of physical models, and reduces turnaround time.

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

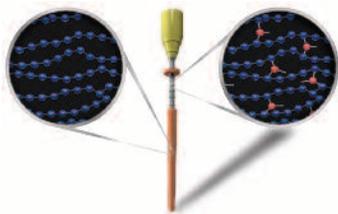
DENTSPLY Tulsa Dental Specialties introduces breakthrough GuttaCore™ Obturator

First Crosslinked Gutta-Percha Core Obturator Delivers Warm Fill

throughout Root Canal System

DENTSPLY Tulsa Dental Specialties today announced GuttaCore™, the first obturator with a crosslinked gutta-percha core.

The unique cross linking technology used to develop GuttaCore transforms gutta-percha making it the ideal core material for centrally condensing the warm flowable gutta-percha with a hydraulic force that sends it flowing throughout the entire canal system with one insertion.



Before the development of GuttaCore, warm gutta-percha was deemed unsuitable for use as an obturator core because it melted when heated. Cross linking the gutta-percha connects the polymer chains and transforms the obturation material, keeping it from melting. This established scientific process subtly strengthens the gutta-percha while retaining its shape and its familiar benefits.

GuttaCore simplifies post space creation and retreatment as it removes with unprecedented ease. The obturator handle removes by bending to either side of

the canal wall without affecting its seal. Supported by extensive research, GuttaCore allows practitioners to achieve dense, 3-D fills in the most challenging root canal systems.

Many obturation techniques continue using lateral or vertical compaction to move gutta-percha in one or two unequal directions – no match for the complexity of the root canal system. Three-dimensional views of micro CT scans show that GuttaCore's central compaction sends the gutta-percha flowing equally in three dimensions, reaching the entire canal system.

GuttaCore's tapered design matches the shapes created by today's files, it's safe and biocompatible, and the obturator is heated and placed in seconds, making it the efficient choice for predictable 3D fills.

For more information or to purchase GuttaCore, please visit www.guttacore.com or call 1.800.662.1202.

elexxion presents its *pico* and brand-new *delos 3.0* and *duros 3.0* at IDS 2011

elexxion AG, the market and technology leader for dental lasers “made in Germany,” presented its shooting star *pico* and its new *delos 3.0* – a completely new interpretation of the ideal of Er:YAG/high-power diode laser



Picos

combination – in Hall 4.2, Stand J 41 at IDS 2011. Optimized versions of the well-proven *nano* and the *claros* and *duros* dental lasers were also on display.

The *pico* has only been on the market since September 2010. The only mobile diode laser for professional use weighing less than 600 g (21 oz.) has been greeted with tremendous user enthusiasm. Dental professionals appreciate this unit for its therapeutic benefits and outstanding economy, with an excellent price-performance ratio. The *pico* was designed for mobile deployment anywhere in the dental office, eliminating the need to invest in multiple devices. Each charge of the high-performance lithium-ion batteries is sufficient for regular treatment day. Its well-conceived five-button user interface lets dentists alternate between endodontic and periodontological indications, three surgical levels and more than 25 specific soft-laser indications.

The *pico* is also ideal for laser power bleaching — and allows the procedure to be

performed by assistant dental staff. Dentists in Germany and internationally appreciate these advantages, turning out in great numbers to equip their offices with the *pico*. This laser unit makes an important contribution toward popularizing laser treatment in dentistry — a treatment modality long since successfully adopted by other medical specialties such as ophthalmology.

More and more dentists are discovering that a state-of-the-art

Er:YAG/diode laser combination such as the *delos 3.0* is perfectly suited for preparing the dental office for the challenges of the future, using innovative treatment methods to appeal to new patients.

The *elexxion delos 3.0* is based on the *delos*, praised since its introduction as the number-one reference device for the Er:YAG/diode laser combination as it combines the advantages of the two most important laser wavelengths in a single unit.

The *delos 3.0*, which also premiered at IDS 2011, is characterized by a number of ground-breaking new features, including an Er:YAG module with 50% more output power, a mirror-joint arm that intelligently circumvents the inherent efficiency loss of fibre-based systems, a highly efficient cooling system and completely redesigned system software that is intuitive to use and offers pre-defined as well as

see *Industry News* p. 26



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Industry News

continued from page 25

freely programmable indications. This makes the new *delos* 3.0 the reference combination laser unit for all applications and speeds.

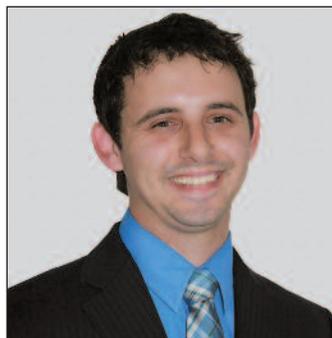
With its patented Digital Pulsed Laser (DPL) technology, the *elexxion claros* occupies a unique position on the market as the arguably most powerful diode laser available. This highly mature and easy-to-use product offers the broadest range of indications, with special emphasis on major surgical procedures. The new model shown at IDS 2011 features a completely new software interface for even better operator usability.

The *elexxion duros* has been the focal technology of many clinical studies. At IDS 2011, a new and greatly improved version – the *duros* 3.0 – was revealed to the public. It is a pure-bred Er:YAG dental laser facilitating efficient hard-tissue preparation and bone ablation tasks – without requiring external compressed-air or water connectors.

The *duros* 3.0 now features a novel 10.5" colour touch-screen for intuitive access to all pre-defined and custom programs as well as the integrated fee calculator. Another novel feature is the proven mirror-joint arm offering considerably higher efficacy compared to fibre-based systems.

Christopher Ufnal Joins Hayes Handpiece Company as director of business development

Christopher Ufnal has joined Hayes Handpiece Company as Director of Business Development.



Formerly the manager of the Surgical, Endo and Restorative Product categories at Hu-Friedy Manufacturing LLC., Co., Ufnal earned his B.S. in Marketing from Arizona State University and his MBA in Finance from Grand Canyon University.

As Director of Business Development, Ufnal will be responsible for expanding the Hayes product offering as well as educating and training the corporate and franchisees' sales teams. Additionally, Ufnal — who will be operating out of the Hayes Chicago office — will provide input into the corporate marketing strategy.

With Ufnal's addition to Hayes Handpiece Company, Hayes' Scott Smola will be promoted from Director of Business Development to Chief Operating Officer. Smola, also a former Hu-Friedy manager, has been with Hayes since 2009.

For more information, contact Hayes Handpiece Company by phone at 1.800.228.0521 or visit their Web site at www.hayeshandpiece.com

Straumann CAD/CAM prosthetics now available in high performance ceramics from VITA

Straumann announces that customers in Europe can now order CARES® CAD/CAM precision inlays, onlays, veneers, crowns and partial crowns in VITA Mark II and TriLuxe glass ceramics.

Supplied by VITA Zahnfabrik in Germany, VITA Mark II and TriLuxe are well-established fine-structure feldspar ceramics offering a wide range of colors with high translucence and excellent shade-matching (chameleon effect). These qualities, combined with strength and durability, make these materials an excellent choice for restorations that are virtually indistinguishable from natural teeth.

Tooth and implant borne

restorations designed and manufactured by Straumann® CARES® Digital Solutions are increasingly popular thanks to the accuracy of its scanner, the powerful ingenuity of its design software and the high quality and precision of its milling system. Moreover, Straumann offers one of the broadest ranges of material options on the market – from metals and polymers to a selection of high-performance ceramics that cater to a variety of preferences among dental laboratories.

The launch of Straumann CARES prosthetics in VITA ceramics follows a collaboration agreement between the two companies, which was announced at the International Dental Show in Cologne. VITA Mark II and TriLuxe restorations by Straumann are scheduled to become available to customers in other markets in the near future.

For more information visit Straumann's Web site at www.straumann.com. ▀

New Associate Fellow

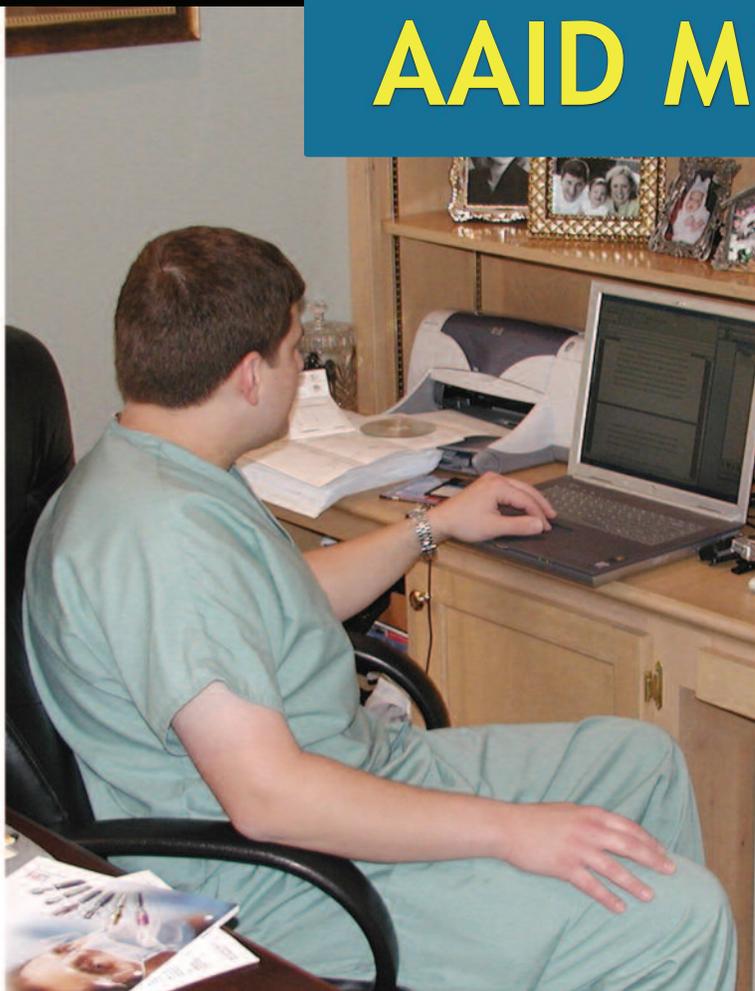
In the Winter 2011 issue of *AAID News*, we published a list of the newly inducted Associate Fellows. Inadvertently, the name, photo, and background information for **Kambiz Dowlatabadi, DMD** of Los Angeles was left out. We apologize for the error.



Kambiz Dowlatabadi, DMD, Los Angeles, CA graduated from Unciano College of Dentistry in the Philippines in 1983. ▀

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- **Journal of Oral Implantology**, the AAID's official scientific journal, WWW.JOIONLINE.ORG

- **Implant Insight**, a weekly newsletter of the top news articles that your patients read and will be asking you about.

- **Business Bite**, a monthly newsletter providing implant dentists with practice management information, insights and tips.

- **Legal forms** to personalize and use in your practice

- **Implant Identification card** - record information for patients about the implants used in their treatment

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- **Discounts** on Implant Dentistry Text books

- **AAID Online Learning**, meetings and presentations for when you can't be there in person



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AMERICAN ACADEMY
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Nominations sought for AAID Honored Fellows

The Honored Fellows Committee is seeking nominations of members to be denoted as AAID Honored Fellows in 2011. The process includes the opportunity for members to self-nominate, nominate, or be nominated by their peers.

Those eligible for nomination are all who have been voting members in

good standing for at least eight years. Nominees should have distinguished themselves and colleagues through professional, clinical, research or academic endeavors. They should have achieved noteworthy accomplishments within the field of implant dentistry and distinguished themselves through support of AAID.

A sample mini-nomination form is reprinted below and is also available full-size on the AAID Web site – www.aaid.com. Nominations are due July 1, 2011. The review and selection process itself will be handled by the Honored Fellows Committee. That committee is chaired by **Dr. Tom Chess** and includes **Drs. Walter**

Chitwood, Linda Weinfield, Joseph Buttacavoli, Fran DuCoin and Jack Hahn as members.

The Committee will meet to review nominations this summer with the new Honored Fellows recognized at the 2011 Annual Meeting in Las Vegas. ▀

Know someone who should be an Honored Fellow? Nominate online at www.aaid.com before July 1, 2011.

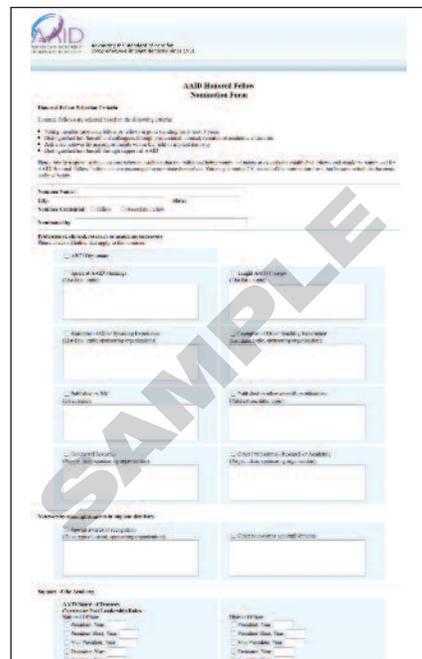
Some of the information needed on behalf of the nominee for Honored Fellow of the AAID. Visit www.aaid.com to complete the nomination form. Remember, the deadline is July 1, 2011.

Professional, clinical, research or academic endeavors: This category includes, for example, lectures at AAID or other dental organization courses or meetings. Be sure to list dates and topics. It also includes any articles that the nominee has published in *Journal of Oral Implantology* or other scientific journals. The citation to the article(s) should be given. Include here any research the nominee might have conducted, along with the project name, date, and sponsoring organization.

Noteworthy accomplishments in implant dentistry: This category includes any special awards or recognition the nominee has received. Be specific and include the date, type of award and sponsoring organization.

Support of the American Academy of Implant Dentistry: Check boxes are provided on the online form to indicate offices the nominee held on the national, district or committee level within AAID. Include information about the nominee's leadership involvement with the AAID Research Foundation.

Other considerations for Honored Fellow Nomination: Include in this section any community efforts undertaken by the nominee, any leadership roles in other dental societies, or any other information you believe the committee should know about the nominee.



The image shows a screenshot of the online nomination form for AAID Honored Fellows. The form is titled "AAID Honored Fellow Nomination Form" and includes sections for nominee information, professional accomplishments, and support of AAID. A large "SAMPLE" watermark is overlaid on the form.

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Dan Root is on the left and Dr. Spyridon is on the right.

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AAID Membership Ambassadors

AAID Membership Ambassadors know firsthand how membership in the Academy helps dentists establish or expand their expertise in implant dentistry and encourage their colleagues to join the AAID.

The following are the Membership Ambassadors who have referred col-

leagues as new members between December 1, 2010 and March 22, 2011:

Thank you for referring 14 colleagues to the Academy.

Ashok K. Patel, DMD
from Waltham, MA
Thank you for referring 2 colleagues to the Academy.

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Louie Al-Faraje, DDS
from San Diego, CA
Gordon J. Christensen, DDS, MSD, PhD
from Provo, UT
Matthew Young, DDS
from San Francisco, CA

Thank you for referring 1 colleague to the Academy.

Brandon D. Chambless,
DMD from Madison, AL
Oscar M. Dalmao, DDS
from Toronto, ON
CANADA

Joey de Graffenried, DDS
from Kilgore, TX

Berneer Dunson, DDS
from Atlanta, GA

Richard Grubb, DDS
from Havre de Grace, MD

Dr. Young Jin Kim from
Busan, SOUTH KOREA

Frank LaMar, DDS from
Pittsford, NY

John C. Minichetti, DMD
from Englewood, NJ

Richard C. Nguyen, DDS
from Katy, TX

Benjamin D. Oppenheimer,
DDS from Amherst, NY

Samuel J. Peppy, Jr., DDS
from Jamestown, NY

Would you like to be an AAID Membership Ambassador?

Simply encourage your colleagues to join the AAID. Offer your colleagues a discount on their first year's membership dues by having them specify your name in the "How did you learn about the AAID?" section of the membership application. Your colleague saves \$100 off their 2011 dues by simply placing your name on the referral line (\$195, regularly \$295.) Or if they join after July 1 for the remainder of the year, they can save \$50 (\$125, regularly \$175.)

At the end of the membership year, your name will be entered into a drawing for a free AAID membership (up to a \$600 value). And remember, that the more members you refer, the more chances you have to win.

If you have questions about the Membership Ambassadors Program or would like to request membership applications, contact Carolina Hernandez in the Headquarters Office at carolina@aid.com. ▶

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- David S. Hornbrook, DDS, FAACD ("Hot Topics in Restorative and Esthetic Dentistry")
- Pascal Magne, PhD, DrMedDent ("Biomimetic Restorative Dentistry")
- Harold L. Crossley, DDS, PhD ("What's the Real Deal About Street and Prescription Drug Abuse?" and "The 30 Most Physician-Prescribed Medications")
- Louis Malcmacher, DDS, MAGD ("Total Facial Esthetics for Every Dental Practice")

GO! to Hear from the Leading Scientist in Genomic Research!

The pioneer researcher who uncovered the sequence of the human genome, Dr. J. Craig Venter, is the 2011 AGD Keynote Speaker!



Academy
of General Dentistry™



2011 Candidates for Credentialed Membership

When the Admissions and Credentials Board holds its 2011 annual meeting and oral/case examinations in Chicago, April 28 – May 1, it will consider 110 applications for credentialed membership. Ninety-two have applied for Associate Fellowship and 18 for Fellowship. This year's candidates for Associate Fellowship are:

Fario Amin Ayad, DDS,
Mississauga, ON, Canada
Sharon A. E. Azavedo,
Toronto, ON, Canada
Dr. Ninette Banday, Abu
Dhabi, United Arab
Emirates
Dr. Abdurahim Badreldin
Bahru, Jeddah, Saudi
Arabia
John D. Beckwith, DMD,
Hillsborough, NJ
Domenic P. Belcastro, DDS,
Toronto, ON Canada
Caroline P. Benalal, DDS,
Madrid, Spain
Akshay Bhargava, MDS,
Dwarka, New Delhi,
India
Joseph H. Blum, DMD,
Lynbrook, NY

John C. Boain, DDS,
Florissant, MO
Thomas Ames Bonbright,
DDS, Denver, CO
Dr. Leonard Bowara,
Oxford, United Kingdom
Robert Alexander Busto,
DMD, North Lauderdale,
FL
Brandon D. Chambless,
DMD, Madison, AL
Dr. Myunghyu Choi,
Dugyang-Gu Goyang-Si,
Gyeonggi-Do, South
Korea
Robert Vance Costello,
DDS, Farmerville, LA
Minh Thu Thi Dang, DDS,
Lakewood, WA
Joseph Claude de
Graffenried, DDS,
Kilgore, TX

Elizabeth D. DiBona, DMD,
Exeter, NH
John P. DiPonziano, DDS,
San Leandro, CA
Re-Mee Doh, DDS, MSD,
Seodaemun-gu, Seoul,
South Korea
Daniel J. Domingue, DDS,
Lake Charles, LA
Charmen W. Douglas, DMD,
Gibbsboro, NJ
Helena Esteves, DDS, MSc,
Buckinghamshire,
United Kingdom
Antoine Farha, DDS,
Brooklyn, NY
Dr. Germain Gaitan, The
Villages, FL
Roger B. Galburt, DDS,
Boston, MA
Frederick Gustave, DDS,
Carbondale, IL
Dr. SunDeok Han, Incheon,
South Korea
Sangjin Han, DDS, Suwon-
si, Gyeonggi-do, South
Korea
J. Denton Hardie, DMD,
Albany, GA
Seung Hyun Jin, DDS,
Bucheon si, Kyung Kido,
South Korea
Deukwon Jo, DDS, Incheon,
Gyeonggi-Do, South
Korea
Yong-Hun Joo, DDS,
Heung-duk-gu, Cheong-
ju-si, South Korea
Dr. Keiji Kasai, Suzuka-shi,
Mie-Ken, Japan
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Upcoming Key AAID Dates

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10-11 Northeast and
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OCTOBER

19-20 Annual AAID Meeting
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Check the AAID Online
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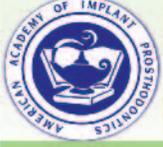
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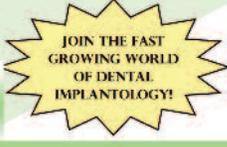
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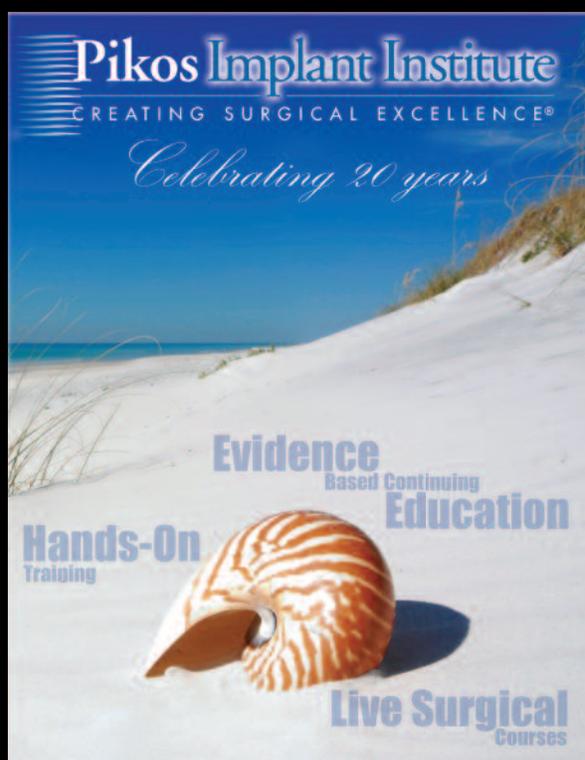
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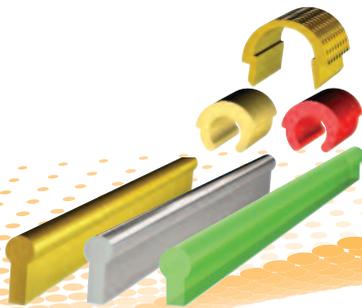
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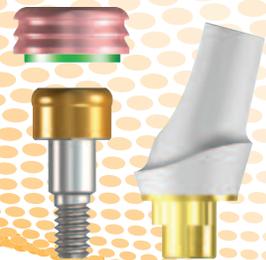
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Phone: 604-531-3344

Email: nicole@implantconnection.ca

Iran ACECR TUMS Branch MaxiCourse®

Contact: Mohammad Ali Mostafavi, BDS, DDS

E-mail: mamostafavi@yahoo.com

Web site: www.jdtums.ir/aaid/

Courses presented by AAID credentialed members*

U.S. Locations

Basic and Advanced Implant Mini- Residency in Surgery & Pros. and Live Surgery Weekend

Zimmer Dental Training Course

John C. Minichetti, DMD

Contact: Lisa McCabe

Phone: 201-871-3555

Web site: www.englewooddental.com

Bay Area Implant Continuum with Hands- On Training

Matthew R. Young, DDS

Starts February 2011

120 CE Hours

Bay Area Implant Synergy

San Francisco, CA

Contact: Andy Holt

Phone: 415-392-8611

E-mail: info@drmyoung.com

Connecticut Dental Implant Institute

Joel L. Rosenlicht, DMD, Director

* Advanced Bone Grafting

* Basic Implant Dentistry

* Advanced Implant Dentistry

All courses feature live surgeries and hands-on
model workshops Venue: Rosenlicht Oral &
Facial Surgery Center, Manchester, CT

Contact: Michelle Marcil

Phone: (860) 649-2272

E-mail: Michelle@jawfixers.com

Web site: www.JawFixers.com

Fixed Removable Implant Treatment

Carol Phillips, DDS

Contact: Melissa Martin

Phone: 800-549-5000

Hands-on Training Institute

Dr. Ken Hebel

Hands On Implant Training –

Prosthetics, Surgery and Bone Grafting

Contact: Kerri Jackson

Phone: 888-806-4442 or

519-439-5999

E-mail: info@handsontraining.com

Web site: www.handsontraining.com

Programs held throughout the year in Canada,
New Jersey, California and Texas

Linkow Advanced Implant Courses

Course Director: Dr. Michael Shulman

Phone: 201-840-7777

Contact: Amelia

Phone: 551-655-1909

E-mail: info@adiseminars.com

Web site: www.adiseminars.com

Midwest Implant Institute Externship – Bring Your Own Patients

Drs. Duke & Robert Heller

Contact: 614-885-1215

E-mail: dukeheller@copper.net

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Louie Al-Faraje, DDS

San Diego, CA

Phone: 858-496-0574

E-mail: info@implanteducation.net

Web site: www.implanteducation.net

Osteogenics 2011 Global Bone Grafting Symposium

Barry Bartee, DDS, MD

April 1 – 2, 2011

Scottsdale, Arizona

Contact: Laura Wood

Phone: 888-796-1923

Web site: www.osteogenics.com/courses

Pathway Learning Series Swiss Implants, Inc.

Carol L. Phillips, DDS, Director

84 CE Units – Six 2-Day Workshops

Contact: Julie Hansen

Phone: 805-781-8700

Pikos Implant Institute

Michael A. Pikos, DDS
CT Diagnosis and Treatment Planning
Contemporary Soft Tissue Grafting
Advanced Bone Grafting
Advanced Bone Grafting II
Contact: Alison Thiede
Phone: 727-781-0491
E-mail: learn@PikosInstitute.com

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Contact: Rebekah Register
Phone: 727-459-4910
Toll free: 888-360-5550
E-mail: tatumimplants@verizon.net

Outside U.S. Locations

Beirut Implant Dentistry Center

CE Courses Survey of Surgical and Prosthetic Implant Care
Drs. Jihad Abdallah & Andre Assaf
Contact: Mahia Cheblac
Phone: +961 1 747650 or +961 1 747651
Fax: +961 1 747652
E-mail: beirutidc@hotmail.com

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

Dr. D.M. Vassos
Mentor Program – Hands on Program over six Saturdays
Contact: Rosanna Frey
Phone: 780-488-1240

E-mail: rosanna@dmvassos.com
Web site: www.dmvassos.com

Implant Smile Center, Alberta, Canada

"Hands-on" Introductory to Advanced Surgical and Prosthetic Implant Courses with Live Surgery.

Dr. Robert E. Leigh, Director
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Contact: Anita Leigh
Phone: 1-888-877-0737 (Toll Free)
E-mail: staff@albertadentalimplants.com
Web Sites: www.implantmilecenter.com
www.albertadentalimplants.com

Pacific Implant Institute

Dr. Ron Zokol
Comprehensive Training in Implant Dentistry
September through June
Location: Vancouver, B.C., Canada
Contact: Kim
Phone: 1-800-668-2280
E-mail: kimber@piidentistry.com
Web site: www.piidentistry.com

AAID Affiliated Study Clubs*

California

Bay Area Implant Synergy Study Group
San Francisco
Matthew Young, DDS
Phone: 415-392-8611
E-mail: young.matt@yahoo.com
Web site: www.drmatthewyoung.com/
BayAreaImplantSynergyPage.htm

New Jersey

Lincroft Village Dental Implant Study Group
Treatment planning, bonegrafting, prosthetics
Richard J. Mercurio, DDS
Contact: Martha Gatton
Phone: 732-842-5005
E-mail: lincroftimplant@aol.com

New York

CNY Implant Study Group

Brian Jackson, DDS
Contact: Melanie – Course Coordinator
Phone: 315-724-5141
E-mail: bjiddsimplant@aol.com

New York Study Club

Edgard El Chaar, DDS
John Minichetti, DMD
Phone: 212-685-5133
E-mail: info@edgardelchaar.com

CANADA

Surrey, British Columbia

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Implant Connection II: Surgical mentorship to incorporate implants into your practice

One year program that incorporates lecture, lab work, surgical demo's and live patient surgery.

Implant Connect: Prosthetic course

One year program that will cover patient selection, treatment planning, occlusal considerations and how to incorporate implants into your practice.

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

* This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, contact Carolina Hernandez at Carolina@aaid.com. ▶



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211 East Chicago Avenue,
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