

AAID News

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Editor's Notebook

David G. Hochberg, DDS
Editor, AAID News



The AAID credential continues to be recognized by the courts of the United States as being bona fide. Our lead article reports on the most recent victory in the Federal Court in California. Dr. Joseph Orrico, the Academy's newly installed president, calls upon the Academy to evolve the success of our legal strategy to the next level by directing our marketing strategy directly to the consumer. Read his inaugural address on page 3.

2011 is shaping up to be an outstanding year of accomplishment for AAID. Be sure to mark your calendar for the 60th Annual Meeting to be held October 19 - 22, 2011 in Las Vegas. ▶

AAID Credentials Ruled Bona Fide by U.S. District Court

In a clear and unequivocal verdict, a federal court judge in California ruled on Oct. 15 that credentials issued to dentists by the American Academy of Implant Dentistry (AAID) are bona fide and legitimate, and state laws that prohibit or restrict advertising them to the public are unconstitutional.

Judge John Mendez, for the United States District Court for the Eastern District of California, struck down a state law that effectively prevented dentists from advertising credentials issued by AAID, which demonstrate their training and proficiency in implant dentistry. He said AAID and the American Board of Oral Implantology/Implant Dentistry (ABOI/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 that are objectively clear and verifiable." The judge further noted, "These are not fly-by-night credentialing organizations. They take their role and responsibility seriously."

The California statute that was struck down prohibited the advertising of any credential that was not predicated on at least a one-year formal postgraduate education program. As a result, virtually all AAID credential members and ABOI/ID Diplomates in the state were not allowed to inform consumers about their

credentials. The court decision is a victory for consumers as well as dentists.

"We obviously are very pleased with this decision. It validates the rights of dentists with AAID credentials to advertise them to the public without disclaimers and provide valid information from which consumers can assess the qualifications of dentists to perform implants," said AAID President **Joseph Orrico, DDS**.

Noting that the consumer is more protected by receiving information about the AAID and ABOI/ID credentials, Judge Mendez wrote: "Where is the harm in giving consumers more information about the ABOI/ID and the AAID credentialing pro-

see Ruling p. 14

BioHorizons Global Symposium 2011

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President's Message

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

Editor's Note: The following is a reprint of the remarks delivered by incoming president, Dr. Joseph Orrico, at AAID's 59th Annual Meeting in Boston.

Mr. President, members of the Academy, Board of Trustees, AAID staff and guests. Thank you for giving me the opportunity to speak with you.

I wanted to have this speech printed large enough so I could read it without glasses, but it would have looked like our new national health care bill – too big to read and too difficult to understand. So I wrote it in code - "Orrico-code" - hand-written in Parker gel black ink, easy to read and easy to understand.

Dr. Joel Rosenlicht is a tough act to follow. After all, he flies a plane – I drive a car. He skis down the sides of mountains lined by trees – I skate on flat ice surrounded by boards. He lectures to large rooms filled with people who

listen attentively – I lecture to my staff in our staff lounge and they could care less about what I have to say.

I would like to congratulate the newcomers, our newly inducted Associate Fellows, and the more experienced, newly minted Fellows and ABOI Diplomates. Welcome to our home, the American Academy of Implant Dentistry.

Credentialing is part of the educational process. Your hard work and dedication have allowed you to become a part of a distinct organization whose mission is committed to the education and advancement of implant dentistry worldwide.

As we all know, there are far more simple ways to obtain memberships in other organizations where you can get a certificate for cash. We all want them. We all have them. But in clear, distinct, understandable English – it's a "fugazi." And to my Italian friends I ask of you: *non rompetemi I coglioni!* It's kind of like running across your neighbor's back lawn and looking in their window to watch TV so you can get free cable. It wasn't earned, and you don't talk about it.

Associate Fellow and Fellowship status in the American Academy of Implant Dentistry and a Diplomate of the ABOI/ID represent the culmination of much time and effort spent in preparation for exams and case presentations. I'm sure your families have paid a price. It's only the beginning of the lifelong process of becoming a better practitioner of implant dentistry and a continuing journey dedicated to improving your knowledge and skills not only in implant dentistry, but in every discipline of dentistry.

Implant dentistry is not a passive profession. If you think so, you might as well stop here. Your level of participation is the key to your ability to affect change, whether it is in politics, access to care or any number of issues.

Lack of participation in an organization amazes me. It is said that a journey of a thousand miles begins with a single step. You have taken that first step.

Now I call on you to become active in the Academy by getting involved at the local level. Get involved in your District and study clubs. Continue to develop your skills and friendships. Not

only will you benefit but we, as an Academy, will benefit from your involvement.

You now have a stewardship responsibility to dentistry. Make it better than you found it; give back more than you have taken

see **President's Message p. 4**

AAID NEWS

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The acceptance of advertising in the AAID News does not constitute an endorsement by the American Academy of Implant Dentistry or the AAID News. Advertising copy must conform to the official standards established by the American Dental Association. Materials and devices that are advertised must also conform to the standards established by the United States Food & Drug Administration's Sub-committee on Oral Implants and the American Dental Association's Council on Dental Materials and Equipment acceptance program.

President's Message

continued from page 3

from it. The future of implant dentistry rests in the hands of each of you. So improve your skills and knowledge by attending our Academy meetings and developing lifelong friendships.

I am indeed honored to serve as the 60th president of this great Academy. A president who thinks he is bigger than the office will shrink in it. A president who thinks he is smaller than the office will grow into it. I will grow into it. As **Dr. Kim Gowey** will tell you, five years ago I was reluctant to serve when he said it's your time. Those called upon who are reluctant to serve have no personal agenda. I have no personal agenda, but I can share with you my vision for the Academy.

With the tremendous growth the Academy has experienced in the last several years, I see no need for huge change. I am cognizant of what those who served before me have accomplished. Therefore, I would like to stay the course and expand all the good things that the previous presidents have accomplished. I see that the future growth and strength of the Academy depends on education, credentials and marketing.

But what concerns me the most is that, even

though this Academy has been around for a very long time and has some of the most aggressive and progressive doctors in the field of dentistry, our voice is not heard and our presence does not truly represent the field of implant dentistry. I believe our credentials and our educational opportunities need to be presented to the profession of dentistry and the public needs to be made aware that an AAID credentialed member is the most experienced, competent and proficient one to

of knowledge and expertise in the field of implant dentistry. Because the scope of implants covers all disciplines of dentistry, we need to continue to strengthen our alliances with other organizations, not only with the American Academy of Cosmetic Dentistry and the Academy of General Dentistry, but also with other ADA specialties including endodontics, periodontics, and oral surgery. I want AAID to determine the direction of implant dentistry and not allow others

emphasis on enhancing membership retention.

Dental schools are in a state of transition. Some are dropping denture requirements, perio and oral surgery with emphasis now more on cosmetics such as veneers. They are offering strictly pre-doctoral programs with a focus on graduating excellent general dentists that refer. This will certainly influence the politics of dentistry – more referrals to specialists.

Now young dentists coming out of school are not fully prepared to compete in today's marketplace. The day they graduate is the day they need to begin their post-doctoral education.

The growing demand for implant services comes with a growing need for GP's to stay informed and prepared to meet those needs. The GP's must have the knowledge-base and confidence to provide the service.

This presents a golden opportunity for us to reach out not only to new graduates, but also to dental schools and inform them that the AAID has great education and resources available. The message to them: "continuing education is an important part of self-growth." Attending educational meetings gives one a chance to share with others while learning from respected leaders in the field who introduce us to new techniques, concepts,

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provide their service.

I believe that if our marketing efforts concentrate on consumers and present them with the importance of our credential, they will seek our AAID credentialed members for treatment. This in turn will encourage more dentists who provide implant treatment to seek out our credential. Therefore it will be consumers who will play a vital role in the future growth of the Academy.

I see the AAID as the leader and premiere source

to frame the discussion and water down our position.

A proactive membership retention and recruitment plan has been developed and needs to continue in order to keep the AAID viable. The 2009 post-meeting survey showed that 36% of attendees have been in practice for 21 years or more. The maturation of the AAID audience means we have to find new audiences to grow attendance.

We need to recruit dental students and place

products, and ways of practicing. It is important, not just for them, but for all of us to support the AAID meetings to maximize our knowledge and keep abreast of new developments in the profession.

What better way is there to increase knowledge and confidence to provide the services required today than to become an active and credentialed member of the American Academy of Implant Dentistry?

In these tough economic times, there is a growing demand for other convenient forms of learning. The time has come to offer peer-reviewed articles for continuing education credit which may be purchased and viewed online for convenient offline review and completion.

We can also build a selection of webinars, podcasts and online videos that can be marketed and become a revenue source for the Academy.

In closing, as we prepare for the future, it is important to acknowledge the past. Every year after the introduction of our new Associate Fellows, Fellows and ABOI/ID Diplomates, we have our necrology report and observe a moment of silence to remember those who have passed away. This certainly serves as a grim reminder to us all that the window of opportunity to thank the

old-timers for giving us the livelihood that we so much enjoy today is getting smaller. If it weren't for their persistence and courage, this Academy and implant dentistry would not exist as we know it today.

I would encourage all of you, who are much smarter because of the knowledge and experience they shared with you, to place a soft hand on the shoulder or a pat on the back and thank them for a job well done. You know who they are.

The public needs to be made aware that an AAID credentialed member is the most experienced, competent and proficient one to provide their service.

They move slower down the hallways and through exhibit halls dressed in suits and ties. Some have slumped shoulders, some have hair and some have reluctantly lost the war between the hair that wants to fall out and the hair that turns gray.

I see them as the pioneers of an incredible field – this field of implant dentistry that has become part of the standard of care. They had the arrows shot at them and they took them for us. We just came along and followed the trail they blazed.

Certainly their reality was

much different at the beginning of their careers than it was for ours, which leads me to promote the theme of next year's Annual Meeting: "Realities of Implant Dentistry" to be held at Caesar's Palace in Las Vegas.

No implant treatment modality, new or old, is foolproof. Implants fail, root canals fail, and some periodontal cases do not respond well to usual treatments. Everything we do as dentists is transitional with the exception of extractions. No

result is everlasting, none is permanent, and thus our treatment plans must reflect this reality. Dr. Gowey, the general chairman, and **Dr. Art Molzan**, our scientific chairman, have laid the

groundwork for an exceptional meeting that will address these realities.

So mark your calendars, save your quarters, and I look forward to seeing all of you next year in Las Vegas as we celebrate the 60th Anniversary of the Academy and honor some of our own great pioneers. Dr. Frank Recker, I think we need to find a spot for you on **Dr. Beverly Dunn's Pioneers in Implant Dentistry** video, because it is you who has championed and pioneered our 1st Amendment rights to advertise our credentials. You certainly had arrows shot at you and are probably still pulling some of them out. I thank you sincerely for a job well done.

Mr. President, members of the Academy, Board of Trustees, AAID staff and guests: Thank you for sharing your time with me today. I will do my best to earn your respect and support.

My heart is with the Academy. ▀

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

Business Bite

Top Articles in AAID's 2010 Business Bite eNewsletter

Over the past 12 months, AAID has published an electronic newsletter that provides practice management information written specifically for the implant dentist. This very successful newsletter is called *Business Bite* and is sent by e-mail in the middle of each month to members and non-members of the Academy.

Perhaps you've seen it; but maybe you haven't. To help you recognize it among the many items that may clutter your e-mail inbox, the subject line always includes "AAID Business Bite" in addition to a reference to one of the stories in that particular issue.

We have reviewed the past 12 issues and have identified some of the most popular articles. Following is the introductory text from each article. To read all the articles, go to www.aaid.com and visit the categorized archives for the *Business Bite* which is found under the News and Publications tab. www.aaid.com/news_and_publications/AAID_Business_Bite/Article_archives.html

Be sure to open and read each forthcoming issue of this very popular newsletter.

The single most popular article this year was entitled:



Why I Left My Implant Guy

"So my dentist tells me I need an implant," starts this article written by Nancy Friedman, a customer service pro extraordinaire. This is a first person account of what a real, live patient experienced when needing an implant. Read this article and see how your office would measure up. Hopefully, the patient experience — from making the appointments to after procedure follow-up — is a positive one. You make your living from referrals. This "implant guy" sure won't receive any from Nancy. (The link to the complete article is: http://www.aaid.com/uploads/cms/documents/practice_management_customer_service.pdf)

Not surprisingly, this article generated quite a bit of discussion and commentary by implant dentists.

Another of the very popular articles was the follow-up based on those responses.

"Implant Guys" respond

Wow, did we touch a nerve with our lead article in the February 2010 Business Bite entitled "Why I left my implant guy." Not only did nearly 1,000 of those who received the newsletter click on that article, but a half-dozen readers took the time to send a comment to the author. Their reactions ranged from outrage to being called "implant guys" to comments on how they run their office, train their staff

and the type of positive customer service they provide in their own practice.

We are providing a summary of the comments and "lessons learned." (the link to the complete article is: www.aaid.com/uploads/cms/documents/practice_management_customer_service_responses.pdf)

Not everything we published was that controversial. Articles focused on a number of different categories of interest to the implant dentist in managing his or her practice. The categories covered during 2010 included:

- Customer service
- Facilities management
- Human resources
- Legal
- Marketing
- Office management
- Retirement planning
- Risk management
- Social media
- Tax tips

An extremely popular feature we recently added to the *Business Bite* was "Question of the Issue." This feature presents a common legal question that you might encounter in your own practice. Dr. Frank Recker provides the answer in layman terms.

Question of the Issue

One of the most popular

was the following:

Q: My patient clearly understood, and signed the fee agreement, that he was to bring the final portion of his prosthetic fee to the seating appointment. When he arrived, he acted as though he had forgotten his checkbook and credit cards. We told him that we had to cancel the appointment anyway because we were over-booked. What should I do if this happens again?

The answer from Dr. Recker was:

A: Good question! Every dentist has encountered this situation and what to do is dependent upon each scenario. For example, if the patient has been “difficult” and you want to get the work seated and not have to deal with him again, then seating the work would be the best option. At least then that portion of the treatment is finished and you can proceed to bill or send the account to collection if it becomes necessary, without risking patient hostility or adverse dental consequences by allowing the patient to remain in temporary appliances. On the other hand, if you are confident that the patient has no intention of paying the remaining portion of the fee and the fee is significant,

you have every right to defer final placement until the patient performs their part of the ‘bargain.’ But warn the patient (and note in the chart) that their failure to pay as previously agreed is delaying the completion of treatment and that could jeopardize their dental condition if allowed to continue much longer.

To read more of these legal questions and answers, visit www.aaid.com/news_and_publications/AAID_Business_Bite/Article_archives/Legal/Fees.html

Not surprisingly, marketing is also a very popular subject that is covered periodically in *Business Bite*. The most clicked on marketing article this year provided tips to take advantage of one of many free Google tools to market your dental practice.

Put yourself on the map

If your practice doesn't show up when typing in dentist and the name of

your town or one in your surrounding area, you literally are not on the map. It is easy to do and free with one of the tools offered by Google. Here is a step-by-step guide to putting yourself on the map at no cost.

The link to the complete article is www.aaid.com/uploads/cms/documents/practice_management_put_yourself_on_map.pdf

Business Bite also helps you manage your practice. For example, one of the very popular articles covered a human resources issue:

Do's and Don'ts of those pesky personnel records

Despite the fact that your staff help you succeed in your practice, the information that you have about each person who you have hired — or has ever applied for a job with you — may be a time-bomb waiting to go off.

D. Allen Miller, Managing Director of Business Advantage International, Inc.,

answers three key questions about personnel records in his article “The Do's and Don'ts of Those Pesky Personnel Files.” Learn:

- *What should and shouldn't be kept in personnel files*
- *Who should have access to personnel files*
- *How long should documents remain in personnel files*

Read the complete article at www.aaid.com/uploads/cms/documents/practice_management_personnel_records.pdf

Remember to open the e-mail from AAID that we send around the middle of each month. It contains three articles that will help make your practice more profitable and reduce the stress you experience trying to run your practice.

And if you have topics you would like to see covered, please let us know by e-mailing Max G. Moses, Director of Communications and Marketing for the Academy at max@aaid.com. ▀



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Clinical Bite

A novel approach to ridge splitting, immediate placement and piezosurgery in severely compromised implant sites

Editor's Note: The following was the winning Table Clinic presentation at the 2010 AAID Annual Meeting held in October 2010 in Boston. Congratulations to Andrew Kelly, DDS of Clemmons, North Carolina.

Introduction

For dental implant placement to be successful an adequate amount of bone and soft tissue must be present (Brånemark *et al.* 1977). Several methods have been utilized over the years to achieve these results (Lekholm *et al.* 1999).

When the alveolar ridge is not optimal in width, some authors have advocated the use of onlay block or particulate grafts (Marx *et al.* 1998; Chiapasco *et al.* 1999; Fiorellini & Nevins 2003); (Nevins & Mellonig 1992; Hammerle *et al.* 2002). The challenge of many of these techniques is that they require secondary surgical sites and, with this, increased morbidity and patient discomfort. In many cases patient sedation is necessary. All of these factors combine to increase the cost of delivery of treatment (Zijderveld, S.A., 2004).

By using the ridge-splitting technique in conjunction with motorized bone expansion many of the aforementioned complications can be avoided.

Abstract

Piezoelectric bone surgery has been recently introduced to the dental profession by several manufacturers to perform precise bone surgery (Torella *et al.* 1998; Vercellotti 2000; Vercellotti *et al.* 2001; Blus & Szmukler-Moncler 2004).

Several approaches to treating narrow alveolar ridges have been used in the past. This paper will discuss two cases in which an alternative to conventional methods of treating narrow ridges was used. It consists in splitting the vestibular and buccal cortical tables (Simion *et al.* 1992; Scipioni *et al.* 1994) and further opening the space with motorized Summers osteotomes (Summers 1994). This creates room for implant placement with sufficient surrounding bone.

Splitting is classically performed with chisel and hammer (Coatoam & Mariotti 2003; Oikarinen *et al.* 2003; Basa *et al.* 2004), with rotating (Coatoam & Mariotti 2003; Basa *et al.* 2004) or oscillating saws

(Khoury *et al.* 2000; Zijderveld *et al.* 2004).

The use of a bone chisel traumatizes and stresses the patient and many cases necessitates sedation to alleviate stress in the patient. Fine-tuning of the splitting can be difficult when the crest is dense, especially in the mandible. Rotating and oscillating instruments are time-effective and less stressing for the patient.

For the surgeon however, the risk of encroaching the gingiva, the lips or the tongue limits the accessibility and complicates the procedure. By using this method it was found that profound widening of the ridge could be obtained in one case the ridge started at 3.12 mm and after expansion a 4.3 mm X 13 mm Camlog implant was placed replacing tooth number eleven. The resulting ridge width was 8.88 mm which was verified using a CBCT scan.

In another case two adjacent 3.5 mm X 14 mm Ankylos implants were placed replacing teeth numbers eight and nine. This

result was also verified using CBCT.

Material and Methods USBS device

The UBS device (ItaliaMedica, Milano, Italy) was used. The UBS works in the 20– 32 kHz range and the maximum ultrasound power is 90 W. A mid-crestal gingival incision was performed and a mucoperiosteal envelope flap of total thickness was raised.

When relevant, mesial and distal soft tissue discharges were prepared to facilitate the visual access to the bone crest (Blus, C. & Szmukler-Moncler, S. 2004). Bone preparation of the sites included a mesial and distal discharge incision on the vestibular side as well as a longitudinal mid-crestal osteotomy.

Bone cutting was performed by using a continuous gentle up and down or forward-backward movements of the vibrating tip. The vertical incisions were prepared 1 mm away from the teeth. In absence of teeth, the discharges were performed 3-5 mm away

from the closest implant planned site. Subsequently, the longitudinal crestal incision was prepared and deepened down to 7-11 mm. The osteotomy procedure was performed with a single vibrating tip.

At the planned implant sites, motorized osteotomes of 3-4 progressively larger diameters from 1 to 4 mm (BioloK now BioHorizons) were used on a W&H implant motor at 25 rpm. This mobilized and gradually expanded the bony flap; the implant bed was also created. After gentle expansion was completed implant site preparation tips were used to finalize the osteotomies. Implants were then inserted flush with the bone level with a contra-angle at 25 rpm until final seating. After implant placement, primary closure was obtained and the implants were left to heal for three months.

Results

The first case involved a female who had been missing tooth number 11 for over 15 years. The initial width of her alveolar bone was 3.12 mm. After the ridge expansion was completed the final width of the ridge was 8.88 mm. The second case also involved a female patient who lost teeth numbers 8 and 9 due to domestic violence. The teeth had been missing for 5 years. The initial width of the ridge was 4.56 mm.

After ridge splitting and expansion and placement of two adjacent 3.5 mm Ankylos implants, the final width of the ridge was 8.25 millimeters. All measurements were made using CBCT technology (ICAT Imaging Sciences).

The ridge split procedure in combination with immediate implant placement was initially described almost 20 years ago (Simion *et al.* 1992; Scipioni *et al.* 1994). Case reports (Shimoyama *et al.* 2001; Coatoam & Mariotti 2003) and studies have been scarce (Scipioni *et al.* 1994; Sethi & Kaus 2000; Basa *et al.* 2004); survival rates in the 97-100% range have been reported.

This procedure removes the need for onlay grafts taken from the hip, the maxillary tuberosity, and the symphysis of the chin or the external oblique ridge. It avoids the use of a secondary surgical site that exhibits postoperative morbidity associated with bone harvesting; the GBR technique is also avoided. An additional advantage of the procedure is that immediate implant placement shortens the treatment and reduces the costs.

Traditional ridge-split procedures involve razor-sharp bone chisels, rotating or oscillating saws, razor blades and scalpels. Bone chisels or scalpels are impacted into bone by a mallet with precise and

gentle blows; the approach is time-consuming, it requires technical skills and a long learning curve. With rotating saws the procedure is more rapid however soft tissues like the tongue, the cheek or the lips can be traumatized during preparation of the bone incisions; in addition, close access to adjacent teeth is rather difficult.

Furthermore, with the aforementioned techniques, realizations of the discharge vertical incisions are more difficult to make. With USBS, these limitations are no longer relevant. The splitting procedure is less technique sensitive and the learning curve of the technique is dramatically reduced.

The risk of soft tissues injury is almost eliminated and any shape of bone incision in the horizontal and the vertical direction can be easily performed without danger of damaging adjacent structures. In addition, the cavitation effect cleans the working area, and visibility while working is markedly increased.

After ridge splitting and expansion a furrow is created. Some authors advocate leaving this furrow un-grafted. It reportedly does not preclude filling and complete bone healing of the furrow as previously reported (Scipioni *et al.* 1999; Coatoam & Mariotti 2003).

This bone fill is obtained

because a stable space is formed by the cortical plates, which are maintained over the healing period (Scipioni *et al.* 1999). Some authors (Coatoam & Mariotti 2003) observed an early saucerization of the crestal bone around implants that are placed flush with the crest of the ridge. To avoid the above-mentioned crestal bone loss, the treated ridges were covered with a Bovine tendon membrane, and grafted with DFDBA and beta tri-calcium phosphate. This was found to maintain the bone levels well. The crestal bone levels were measured at implant placement and at second-stage surgery.

Conclusion

Ridge splitting with the USBS piezosurgery device is predictable and does not lead to bone overheating or bone injury. This surgical technique is safe, less technique sensitive, and comfortable, without risk of soft tissue encroaching.

Although this study was very limited in scope, a 100% implant survival rate was obtained in some very compromised sites. This technique compares well to conventional implant placement procedures. The USBS device had a better bone cutting efficiency, especially in softer bone because of a higher vibrating frequency range and increased power.

see **Clinical Bite** p. 34

Annual Business Meeting

Over 200 credentialed members of the Academy were in attendance at the Annual Business Meeting held in Boston, October 23, 2010 in conjunction with the 59th Annual Meeting.

President **Joel Rosenlicht** noted the Academy's major accomplishments this year including the AAID's legal victories in California and Florida. In both cases, the courts ruled that the AAID and ABO/ID credentials are bona fide, and the advertising restrictions placed on the announcement of these credentials are unconstitutional. He acknowledged the Admissions and Credentials Board and the American Board of Oral Implantology, both of which the judge in the California case noted have standards that are rigorous, objectively clear and verifiable. Additionally, he reported that the Academy was awarded nearly \$750,000 to repay part of the Florida case expenses and that a yet-to-be-determined

amount would be awarded for the California case.

Among the other accomplishments that Dr. Rosenlicht noted were:

- Outreach to other organizations in an effort to position the AAID as the source for dental implant education irrespective of the specialty.
- The election of 67 new Associate Fellows and 12 new Fellows.
- The approval of four new AAID MaxiCourses®, bringing the total number of approved MaxiCourses® to 13.
- The upgrading and expansion of the *Journal of Oral Implantology*.
- The conduct of two district meetings, both of which were educational and financial successes.
- The success of the 2010 Annual Meeting with respect to the number of registrants, program content, and financial results.

The following slate of new officers was presented and elected by acclamation:

President:

Joseph F. Orrico, DDS
(by ascension)

President-elect:

James L. Bush, DDS

Vice-president:

Nicholas Caplanis, DMD, MS

Treasurer:

John Minichetti, DMD

Secretary:

John D. Da Silva, DMD, MPH, ScM

The 2010 class of Honored Fellows was announced:

Berneer Dunson, DDS,
Atlanta, GA

Marshall Feuer, DDS,
Utica, MI

David Gimer, DDS, Iowa
Falls, IA

Steven C. Hewett, DDS,
Winter Haven, FL

Shedrick D. Jones, DDS,
Winter Haven, FL

Pabjaj Narkhede, DDS,
MDS, Lake Forest, CA

Takaharu Shimizu, DDS,
PhD, Kobe City, Japan

John W. Stowell, BDS,
Knutsford, England

Dr. Nicholas Caplanis, AAID's Treasurer, reported that the AAID will register record financial results this year due to the Florida legal settlement of \$740,721. He also said that the Academy will incur over \$450,000 in legal expenses related to the California case that resulted in a resounding victory for the AAID a few days earlier. Despite these legal expenses, Dr. Caplanis noted that membership dues will remain unchanged for 2011 and that the dues for creden-

tialed members have not increased since 1996.

Two bylaw amendments had been appropriately submitted to the membership and both were adopted:

- **Amend Article IX. Committees, Section 13** by inserting the words "of the Journal of Oral Implantology (JOI), an official AAID publication." This amendment is proposed to meet the requirement of the United States Postal Service that the *Journal of Oral Implantology* be verified as an official publication of the AAID.
- **Amend Article IV. Dues, Assessments, and Fees, Section 1. A and B,** which specify that the dues for Fellow and Associate Fellows outside the United States and Canada shall be established by the Board of Trustees.

President Rosenlicht presented a Presidential Citation to **David Hochberg, DDS,** for his outstanding service as editor of the *AAID News* and elevating its quality and status.

Incoming President, **Dr. Joseph Orrico** outlined his plans for the coming year. His complete remarks can be found on page 3 of this issue of *AAID News*. ▀

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

Linkow Library created

The newly created Linkow Library allows anyone with internet access to view **Dr. Leonard Linkow's** life work at www.linkowlibrary.org. The free site contains videos and slides from Dr. Linkow's lectures throughout his career, from the 1960s, 1970s, 1980s through today.

Visitors to the site will find slides and descriptions of various types of implants including root form, blade, subperiosteal, and ramus frame. Slides of related topics such as morphology, anatomy of the maxilla and mandible, full mouth reconstruction, and diagnosis are also included. Cinefluorographic radiographic tapes showing moveable or solid implants in the radiographic bone place the site visitor into a new dimension in implantology.

Visit www.linkowlibrary.org. ▶

Summary of Actions Taken by Board of Trustees

October 19, 2010

- Approved membership of AAID Committees for 2011 as recommended by President-elect **Joe Orrico**.
- Adopted 2011 Budget as submitted by Finance Committee that included no increase of dues for credentialed or general members.
- Enacted an application fee of \$3,500 for applications to create a new Maxicourse® and \$1,200 fee every three years for renewal of a Maxicourse®.
- Adopted the MaxiCourse® agreement as recommended by the Education Committee.
- Maintained the 2011 dues for General Members at \$295.
- Changed the logo use policy to allow all members to use the AAID logo.
- Increased the price of a single copy of the AAID Directory for non-members from \$75 to \$1,000. ▶

AAID Membership Ambassadors

AAID Membership Ambassadors know first-hand 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 colleagues as new members between August 11, 2010 and November 30, 2010:

Thank you for referring one colleague to the Academy.

James Alexander, DMD
from Saint Augustine, FL
Donald Anderson, DMD
from Vancouver, BC
Todd Engel, DDS from
Ladera Ranch, CA

John M. Fish, DDS from Hildebran, NC
George Hall, DMD from
Augusta, GA
Massoud Kashanchi, DDS
from Costamesa, CA
**Michael Katzap, DDS
from Rego Park, NY**
Michael A. Novak, DDS
from Hinsdale, IL
**Jack Piermatti, DMD
from Voorhees, NJ**

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

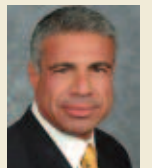
the membership application. Your colleague saves \$100 off their 2011 dues by simply placing your name on the referral line (\$195, regularly \$295.) Or if they join after July 1 for the remainder of the year, they can save \$50 (\$125, regularly \$175.)

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@aaid.com. ▶

Thank you to the 64 Membership Ambassadors who referred new members to the AAID in 2010. All of the 2010 Membership Ambassadors were entered into a drawing for a free membership in 2011. **Richard Mercurio, DDS**, from Lincroft, NJ, won the raffle for the AAID membership in 2011. The Membership Ambassadors referred 84 new members to the Academy. Congratulations again to Dr. Mercurio and thank you for referring Dr. Ryan Sheridan to become a member of the AAID. ▶



Conversation with Hugh Flax, DDS

Interviewed by Editor of AAID News, David Hochberg, DDS

DR. HOCHBERG: Dr. Flax, as president of the American Academy of Cosmetic Dentistry, what are your priorities for the organization under your leadership?

DR. FLAX: It's actually an evolution that's been going on for the last 27 years. What we are creating is a renewal. We developed a new logo this past year and it's a symbol for renewing our organization. It is easy and dangerous to stand pat on the successes that we've had in the past. So what we've done is looked at four specific key areas of our organization: education, globalization, governance, and member relations.

DR. HOCHBERG: Your annual scientific meeting has been very successful. What are you looking at in the area of education?

DR. FLAX: We are looking at our entire gamut of educational offerings. As you may know, we have more than the annual meeting. We also have regional meetings and have ventured outside the U.S. as well. The Academy has enlisted the help of a professor at the University of Wisconsin to look at how we customize our teaching experiences. People

have different ways of learning, so we are looking at how we deliver our education to maximize the experience. Some in the audience are very interactive; others like to sit and just listen; while there are some people that want hands-on programming. We're well known for the hands-on programs we provide, but we are also looking into the kind of hands-on that we do, so they are customized for our attendees.

DR. HOCHBERG: You mentioned that the AACD has presented education outside the U.S. What else makes up the globalization area for the AACD?

DR. FLAX: We have been approached by several organizations in Asia and we've developed a sister relationship with the Japanese Academy of Aesthetic Dentistry. There are a couple of other organizations that are looking to develop a similar relationship with us. At the same time, in Europe, we developed a meeting that was very successful this past September where we had the British, French, German academies as well as the European Society of Cosmetic Dentistry working with us. It was an amazing meeting. We had about 500 or 600 people there from 40

different countries and it was a great educational and cultural experience. Cosmetic dentistry, as well as implant dentistry, has no borders. That's our mantra right now.

DR. HOCHBERG: I have served on Boards for several dental and other organizations, so I know the challenges of good governance. You mentioned governance as a key area of focus for AACD.

DR. FLAX: We're looking at how do we make the governance our Academy more efficient so when we see opportunities that come to us, we are able to deal with those opportunities without the red tape that bogs down the organizations that have been around as long as we have.

DR. HOCHBERG: We all know that our members are our lifeblood, and without them there is no reason for our respective organizations to exist. You mentioned relations with members as an area of attention.

DR. FLAX: Our members are the owners of our Academy. Some of what we are looking at is how can we communicate better about what we have to offer.



Hugh Flax, DDS

Communication is a two-way street so we want to get input from them on what they'd like to see the evolution of the academy become. It's a very, very exciting time for our academy. We have been working on a lot of this for the last six months — my first six months as president — and the next six months are going to be just as exciting.

DR. HOCHBERG: Dr. Flax, how have advances in dental technology influenced the practice of cosmetic dentistry?

DR. FLAX: I think we're seeing that in all aspects of dentistry, not just cosmetic dentistry but also implant dentistry. There's better porcelain and different bonding materials that we can use that are much more

lifelike. We have certainly seen huge improvements in adhesives. We're able to blend that with things like CAT scan technology and laser technology. It's really almost like a perfect storm. Unlike the movie where everybody died, this is actually a very positive thing that has happened for dentistry. Another technology that certainly bears mentioning is CT technology. It's just amazing when you can take information scans and create three-dimensional digitized versions of a patient's face and jaw. It makes treatment planning better. With this technology, you know the need for bone, the need for implants or the need for and how long you want the teeth. You can communicate better with the other disciplines in dentistry and then communicate with the patient, communicate with the lab and the specialist, as well as your team. I think it just makes you much more successful in the type of care you can give. Even better than that, it makes things more fun because it's certainly a whole lot more predictable.

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

DR. FLAX: For many years we've supported the universities that have affiliated themselves with the AACD. We have a very strong university advisory

council but we've expanded on that. We have found that we want to work closely with students and we're expanding our poster sessions. In Boston, where we will be for our 2011 scientific conference, there are three terrific universities. Beyond that, we're getting participation from other areas in New England and then we've got people internationally that want to come to our meetings. It's going to be exciting

to see some of the research that the students can bring to our meeting. At the same time, we've always made it a point at our meetings to invite university clinicians who have research background and as well as the wet-finger background to give us some great feedback.

DR. HOCHBERG: Can you comment on the relationship that exists between cosmetic dentists and plastic surgeons? Are they relying more on the dentist in developing their treatment plans?

DR. FLAX: I think that cosmetic dentists have been ahead of the curve in realizing that we need to have interdisciplinary relation-

ships with all specialties, and certainly cosmetic surgeons because we can create the picture, and they can create the frame around the smiles that we create. But at the same time, I think, cosmetic surgeons have gained a great deal of respect for some of the things we do. They realize that we're a huge source of patients for them. They relied on our expertise and relied on our ability to help improve the reach of

their practices.

I think plastic surgeons have also realized that in order to create a more total patient experience, they can create a beautiful face, but if the smile doesn't look right, their patient isn't getting the full result of what they're doing. So it's been great to develop those kind of relationships with plastic surgeons over the last couple of years because I think they're starting to "get it." At the same time I think that cosmetic dentists have become more confident with the technology. Cosmetic dentists have spent so much time working with periodontists and oral surgeons that they get comfortable with those interdisciplinary rela-

tionships. So bringing plastic surgery in has created a more total patient experience.

DR. HOCHBERG: What impact has the recession had on cosmetic dentists as a whole?

DR. FLAX: I think that the recession has affected every part of our society, whether it's the medical profession or even the National Football League. I think that we realized that there were changes going on with the economy. We changed what we were doing strategically in our practice. We moved to diversify our care for our patients. We're spending a lot more time building relationships with our patients because it takes longer for patients to make decisions. That is the reality of the economy. People will make a positive decision based on the relationship they're developing with their care providers. We've really worked a lot harder with our systems to be really sensitive to people when it comes to the two things that are probably most critical to patients right now: time and money. Patients can't take a lot of time away from work and we need to be flexible with our financial policies. So we have become much more efficient in the way we do things with patients.

DR. HOCHBERG: Other than the current economic conditions, what

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Conversation

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are some of the major challenges facing cosmetic dentists?

DR. FLAX: First, within the dental profession, we could spend a lot more time just helping each other out.

I think that we could have a much more collegial atmosphere like the AACD enjoys in working with AAID. We understand that we need each other and there's an interdependence in how we work with each other. But often within the profession, there are little

turf wars that go on and it's really unfortunate because that little bit of weakness allows the second problem to occur.

There are influences outside of dentistry trying to weaken the profession, whether it's through insurance companies or through groups that want to create different access to care. Sometimes even the universities could work a little bit better in helping prevent that process from occurring.

So if we were stronger within the profession, I think we could really resist some of these things that are occurring in the economy.

DR. HOCHBERG: The AAID has always been proud of its credential and the process we have put in place for examinations and vetting candidates for the credential. How does the AACD go about their credentialing process?

DR. FLAX: As you know, knowledge without action is just plain knowledge. So our credential was developed in the mid-1980's. We've evolved it to a point where it's been tested psychometrically in every way. It is a very hard test that really proves the doctor's skills. We test

see Conversation p. 15

AAID Research Foundation 2010 Auction Participants

The AAID Research Foundation raised over \$52,000 at its auction held during AAID's 2010 Annual Meeting in Boston in October. The Foundation thanks the following individuals and organizations that donated items for the auction.

Donated Educational Courses and Study Club Memberships

AAID
Alfred "Duke" Heller, DDS
Rob Heller, DDS
Shankar Iyer, DDS
Brian Jackson, DDS
Frank LaMar, DDS
Jaime Lozada, DDS
Richard Mercurio, DDS
John Minichetti, DMD
Carl Misch, DDS
Michael Pikos, DDS
Joel Rosenlicht, DMD
Roderick Stewart, DDS
David Vassos, DDS
Matthew Young, DDS
 Lola Snidman
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 Tatum Surgical
 Treloar & Heisel
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Donated Painting & Photograph

Afshin Alavi
Timothy Hacker, DDS
 Ian Shuman, DDS

Donated Vacation Homes

Frank LaMar, DDS
David Resnick, DDS

The AAID Research Foundation extends its sincere appreciation to these generous donors. ▀

Ruling

continued from page 1

grams? And the answer is there is no harm. It only benefits the consumer."

In an ironic twist, two specialists who appeared as witnesses for the state of California, testified they had also sought out additional training from AAID. "The judge said that speaks volumes as to how AAID and ABOI/ID are viewed within the profession as bona fide organizations in every sense of the word," said Frank R. Recker, DDS, JD, AAID's chief counsel.

Recker added that the federal court verdict establishes another strong precedent overturning advertising restrictions on AAID credentials, following

a similar decision in April 2009 by a Florida state court.

"Demand for dental implants continues to increase steadily, and to satisfy this demand safely and effectively more dentists need comprehensive training to become highly skilled at implant procedures," said Recker. "There is higher risk if the dentist has limited experience, which can be minimized as the courts have removed unlawful restrictions on the advertising of AAID's credentials."

Recker added that AAID is closely monitoring regulations in other states to determine if AAID's court victories in California and Florida will be followed and eliminate advertising restrictions that may exist. ▀

Conversation

continued from page 14

people on their knowledge. We have an exam that dentists take just to see if they have the basic knowledge. Our credentialing process tests you on how well can you do veneers, how well can you do complex cases, how well can you do bonding cases and replacing teeth. So you really show that you're a diversified dentist. We have a very rigorous protocol in our photography requirements and in written

reports. We give an oral examination so to see that you really have a great understanding of the types of cases that you're treating. So once dentists can achieve that level of accreditation, including passing five different cases, then there's another level to achieve. That level is called fellowship, and candidates have to do 50 different cases of varying types. This is a very extreme rigorous process but it really proves that you're setting a very high standard of care.

DR. HOCHBERG: Dr. Flax, do you have any additional closing comments or thoughts?

DR. FLAX: What's really interesting is that both our organizations have been around for quite awhile, and we've seen each type of treatment. Implants in cosmetic dentistry have eventually merged into one interdependent field because you can create the function of having the implants but if you don't make it work great. Patients are not accepting of that. If you can't replace

teeth, it's hard to do cosmetic dentistry. So I think you have to develop skills in both areas. I think that's the evolving trend that members of both organizations are seeking at this point.

DR. HOCHBERG: I want to thank you for sharing your thoughts with the AAID membership. The AACD is in very good hands with you at the helm and we wish you and your organization only the very best. ▀

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Industry News

3Shape releases Dental System™ 2010

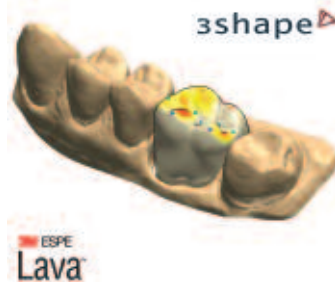


3Shape A/S has released its next generation Dental System™ 2010 to the market. New Dental System™ 2010 features include simultaneous modeling on Upper & Lower jaw, Dynamic Virtual Articulation, the market's fastest digital design of Removable Partial, SmileComposer™ with mirror and clone functionality for designing aesthetic full anatomy bridges, sophisticated design of implant bars, virtual addition of attachments for any indication, and many more powerful features.

Please visit www.3shape.com for more information.

New Interface enables 3M Lava™ manufacturing directly from 3Shape CAD designs

3Shape A/S announced the official release of an important new interface that enables restoration designs created with the 3Shape Dental System™ to be seamlessly manufactured with 3M ESPE Lava™ materials and milling machines.



Both dental labs and milling centers that employ 3Shape's scanners and CAD software can now expand their CAD/CAM services and satisfy the needs of customers requesting restorations manufactured with 3M ESPE's recognized materials such as 3M Lava™ Zirconia and DVS.

Last Spring, 3Shape and 3M ESPE collaborated to release the first interface between their systems that enabled scans from Lava™ Chairside Oral Scanners C.O.S. to be modeled in 3Shape's Dental System™ design software. Now, with this latest release, integration between 3M Lava™ and 3Shape Dental System™ solutions encompasses the manufacturing aspect as well.

The interface has been validated and approved for all 3Shape scanners incl. D250, D640, D700 and D710. 3Shape users who wish to benefit from this opportunity should contact their 3Shape supplier for explicit information about availability of the interface for their specific system.

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

For more information on the complete 3M ESPE line of dental products visit the 3M ESPE Web site at www.3MESPE.com or call the 3M ESPE Technical Hotline at 1-800-634-2249.

elexxion's new German-made lithium-ion dental laser



The first user reports were nothing less than enthusiastic. Dental practitioners have long been waiting for a diode laser like the "claros pico," which elexxion AG has just brought to market after several years of development work.

As a result, elexxion, has developed a diode laser that combines exceptional versatility and portability and makes it possible for every dental practice to acquire dental laser capability.

The "claros pico," which

weighs only 590g, uses an advanced lithium-ion laser and is a truly portable unit that permits completely autonomous use, for example, when bedside treatment is required. The battery capacity reflects the needs of normal everyday practice.

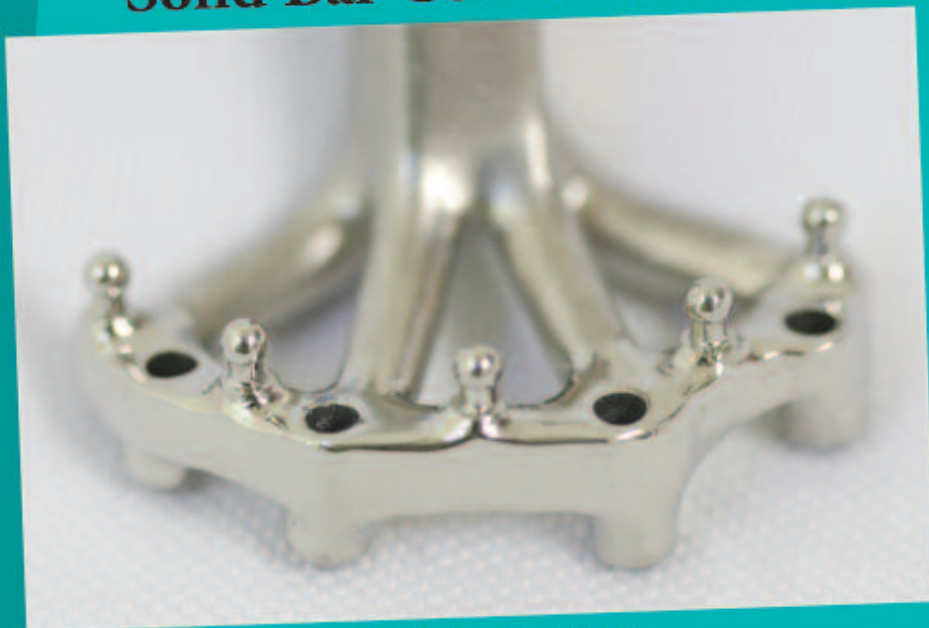
With only five keys, the dentist can select indications such as endodontics, periodontology, three surgery levels and more than 25 soft laser indications. These preprogrammed indications reduce treatment time, improve outcome and significantly expand the therapeutic repertoire of any practice.

The new "claros pico" features a pulse duration of 26 μs with a repetition rate of up to a maximum of 20,000 Hz on the scientifically approved von 810 nm. elexxion delivers the "claros pico" in a complete set with standard accessories that include an autoclavable handpiece, therapeutic applicator and 7 application fibers. The "pico package" also includes a table stand, battery charger and three pairs of protective glasses.

With the "pico" and its standard accessories, any practice can immediately offer patients the benefits of laser power bleaching – a new whitening technique makes it possible to achieve brilliantly white teeth in a single visit.

see Industry News p. 18

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Industry News

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OCO Biomedical Welcomes New Chief Executive Officer

OCO Biomedical, Inc., has

named Jerry Feeney to serve as the company's new Chief Executive Officer. Feeney, with nearly 30 years in the dental industry, most recently served as the vice president of sales for Vident. He was hired initially by Vident in 2003 as the director of marketing and was promoted to positions of increasing responsibility including vice president of sales in 2007. Previous to employment with Vident, Feeney held

various positions with Nobel Biocare including senior director of marketing, regional sales manager and technical sales representative. The early part of his dental industry career was spent at Kerr, where he was a sales representative, product manager and regional sales manager.

OCO Biomedical, Inc., is a U.S. based manufacturer and worldwide distributor of dental implants, surgical

instrumentation, prosthetic solutions and attachment systems. For information on OCO Biomedical, Inc., products, techniques and training and education courses call 800-2288-0477 or visit www.ocobiomedical.com.

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Osteogenics Biomedical introduced enCore™ Combination Allograft, the first particulate grafting product combining mineral-

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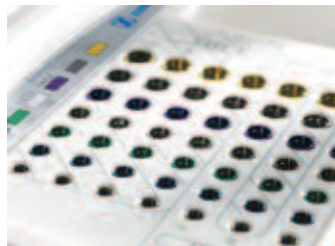
During the processing of enCore™, best practices in tissue safety are utilized, such as single donor sourcing, rigorous donor screening and testing, terminal sterilization, and processing according to both FDA and AATB guidelines.

In addition to the combination allograft, enCore™ is also available as a mineralized-only allograft composed of 100 percent cortical bone. Both enCore™ Combination and Mineralized Allografts are

available in a variety of sizes to treat a wide range of bony defects.

More information is available from the company's Web site - www.osteogenics.com.

Zimmer Drill Stop Kit Improves Surgical Control and Predictability



Zimmer Dental Inc. announces the availability of the new *Zimmer*® Drill Stop Kit. This easy-to-use and durable instrumentation set facilitates bone level depth control, thereby reducing chair time and enhancing surgical confidence during osteotomy procedures.

Intended to alleviate the stress and uncertainty associated with traditional instrumentation and depth-control methods, the *Zimmer*® Drill Stop Kit offers a cost-efficient and convenient solution to clinicians. In particular, the *Zimmer*® Drill Stop Kit should increase a clinician's confidence in controlling and predicting drilling depths, and accelerate and simplify the preparation of the osteotomy.

With securely fitted, length-specific stops, the *Zimmer*® Drill Stop Kit is

designed to simplify and expedite the drilling process, thereby benefiting both clinicians and patients. "Pick-and-go," easy-to-follow color-coding and organization, and a host of other time-saving features, distinguish the kit from competitive depth control solutions.

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

Zimmer Guided Surgery Designed to Enhance Esthetic Outcomes



Zimmer Dental Inc. announces the availability of *Zimmer*® Guided Surgery Instrumentation for use with the renowned *Tapered Screw-Vent*® Implant System. The innovative *Zimmer* Guided Surgery Instrumentation offers clinicians a streamlined, flexible, and efficient way to aid in more precise implant site preparation—allowing for improved clinical outcomes.

For optimum versatility, *Zimmer*® Guided Surgery Instrumentation is compatible with industry-leading

case planning software and guided surgery systems. In order to provide customers with a comprehensive and convenient solution for visualizing and planning, guiding, and restoring *Tapered Screw-Vent*® Implant System cases, Zimmer Dental is now offering the popular *SimPlant*® Treatment Planning Software in conjunction with the new instrumentation.

Designed for quick and easy adoption, and complementary to the *Tapered Screw-Vent*® Surgical Kit, *Zimmer*® Guided Surgery requires a limited investment in additional instrumentation. The *Zimmer*® Drill Module with additional-length *Driva*™ EG Drills easily snaps into the *Tapered Screw-Vent*® Surgical Kit, allowing for one instrument kit to accommodate both traditional and guided surgery procedures. Internally irrigated *Driva* and *Driva* EG Drills are designed to interface with selected surgical guides and provide depth control, while Tube Adapters, included in the *Zimmer*® Tube Adapter Kit, help to orient drills, facilitating positional and angulation control.

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

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State: _____ Zip: _____ Country: _____

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

Meeting Registration Until March Mania	By		After
	3/31/11	9/19/11	9/19/11
_____ AAID Associate Fellow/Fellow*	\$ 995	\$ 1095	\$1195
_____ AAID General Member*	\$1045	\$ 1145	\$1245
_____ AGD Member*	\$1045	\$ 1145	\$1245
AGD Member # required			
_____ NonMember PLUS! Dentist * [Includes Membership in AAID through November 30, 2011]	\$1195	\$1295	\$1395
_____ Nonmember*	\$1395	\$1495	\$1595
_____ Technician	\$ 345	\$ 345	\$ 395
_____ Life Member & Retired Member	\$ 245	\$ 245	\$ 245
_____ Office Staff	\$ 345	\$ 345	\$ 395

Register 3 or more allied staff from same office at \$275 each

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_____ Student	\$ 150	\$ 150	\$ 150
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Or register online at www.aaid.com.

Or you may fax your form to 312.335.9090.
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 Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

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.**

REALITIES OF IMPLANT DENTISTRY

Main podium sessions will take you through implant cases so that you can stack the deck in your favor.

Roll the Dice – Attracting the Right Patient

The Vegas Experience – First Visit

Making the Right Bet – Case Planning

Ace in the Hole - Technology for Diagnosis (CT)

Double Down – Teeth or Implants

High Rollers – Case Presentation

Odds on Your Side – Treatment Options (Adequate Bone)

Double Down – Extract and Implant

Royal Flush – Implants for Fixed

Up the Ante – Implants for Removable

Taking a Chance – The Esthetic Zone – Risk Assessment

Taking a Chance – The Esthetic Zone – Prosthetics

Improving Your Odds - Grafts: Particulate

Improving Your Odds - Grafts: Block

Snake Eyes – Avoiding and Managing Complications

AAID Hands-on Courses: 2011

Bone Grafting Course

Each year the American Academy of Implant Dentistry presents a technique course for generalists and specialists about bone grafting procedures featuring hands-on experience with cadavers. The 2011 Bone Grafting Course will be presented at Touro University Nevada in Henderson, Nevada, February 17-18, 2011. This is the only time that the course will be offered.

Course tuition is \$3,095 for AAID members, \$3,595 for non-members, and \$150 for each staff member. 16.5 CE units are awarded.

Course Description

This course combines lectures and laboratory sessions featuring hands-on experience for bone grafting utilizing cadaver heads and soft tissue grafting using pig jaws. The lectures focus on relevant head and neck anatomy; chin, ramus and subantral grafts; bone expansion techniques; soft tissue management relating to dental implant(s) and osseous grafts; bone graft material classifications and indications; science of platelet rich plasma (PRP) and how to obtain PRP using a simple cost-effective technique; venipuncture techniques;

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

Registrants will be provided a list of instruments to bring to the course.

Course Objectives

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

- Recognize indications for bone grafting procedures.
- Recognize anatomical landmarks pertinent to implant placement and bone grafting procedures.
- Utilize the proper instrumentation for grafting procedures.
- Classify bone grafting and barrier materials and recognize indications for use of each type.
- Recognize potential complications of implant placement and bone grafting procedures.
- Apply clinical protocols for subantral augmentation (sinus lift) using lateral wall and Summer's techniques.
- Apply clinical protocols for autogenous block cortical grafts from chin and ramus donor sites.
- Apply clinical protocols for bone expansion techniques.

- Apply clinical protocols for soft tissue management relating to dental implant placement and grafting procedures.
- Acquire PRP and utilize it during implant and bone grafting procedures.
- Develop a perioperative protocol for the pharmacological management of post-operative pain and infectious complications that may occur with soft tissue and bone grafting procedures.

Medicine & Pharmacology for Dental Practice

AAID's Medicine & Pharmacology for the Dental Practice course will be held March 18 – 19, 2011, in Chicago. This course provides state-of-the-art information that enables the dentist to understand the pathophysiological etiology of a patient's medical history and how their pharmacological treatment may impact the prognosis of dental treatment.

Topics include diabetes types I and II, cardiovascular disease states, asthma, various psychological states, hormonal imbalances, various carcinogenic states, sleep apnea, and the effects of aging on the healing response. The course will

take the practitioner from the initial evaluation interview and medical history, patient examination and evaluation of the physician's physical examination through completion of treatment.

Course Objectives

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

- Render dental treatment that is safe, effective and medically integrated.
- Identify the patient who is medically high risk for surgery.
- Understand a logical algorithm for when to treat and when not to treat.
- Understand the importance of various pharmacological treatments.
- Understand important drug interactions that can occur in the dental office.
- Utilize medical and drug resources in the dental office more effectively.
- Consult more effectively with the patient's physician.

This course provides 14 hours of continuing education credit. Course tuition is \$1,550 for AAID members, \$2,050 for non-members, and \$150 for each staff member. ▀

AAID Global Conference/WCOI8 major success



Dr. Brij Sabherwal, Organizing Secretary, Dr. Rod Stewart, Global Chairman and Debbie Kowalski, Dr. Shankar Iyer, Chairman of the Congress

More than 800 regional dentists attended AAID's Global Conference 2010 and 8th World Congress for Oral Implantology held November 20 – 22, 2010 in New Delhi, India.

Conference attendees came from all over India and from 21 countries. The main conference was preceded by nine Pre-Congress Courses in various areas of Implantology November 18-19, 2010, also in New Delhi.

The main conference featured 30 international keynote speakers and 12 national Main Podium speakers including AAID

members Drs. Hilt Tatum, Joji George Sekine, Jun Shimada, Kim Hong – Ki, Len Tolstunov, Dr. Mark Lin, Marius Steigmann, Ming — Yi-Chou, Mohammed Moini, Natalie Wong, Phillippe Tardieu, Raghunath Puttaiah, Reena Talwar, Sadami Tsutsumi, Tetsu Takahashi, Tidu Mankoo, William Nordquist, W. Schilli, Yasunori Hotta, Yoshinori Arai, Andre Saadoun, James Rutkowski, and Jaehyun Shim.

In addition there were papers presented by academia, AAID Maxicourse® India Alumni and Post Graduate Students. The



A sold out crowd - Registrations were closed two months prior to the Congress - Over 1200 in attendance with 800 registered dentists.



E - Posters with plasma displays for all Poster Presentations

main conference also offered ten Limited Attendance workshops. The trade show “DENTECHIKA – 2010” was held during the main conference. More than 65 booths were exhibited.

The Post-Congress Course on “Advanced Bone

Grafting Course” was presented by Drs. Shankar Iyer, Shane Samy, Gary Wadhwa, Rod Stewart and Natalie Wong. Twenty sinus lifts, 12 block grafts and 3 ridge expansions were demonstrated and performed on patients. ▀

2010 Diplomates of the American Board of Oral Implantology/Implant Dentistry



Joe-Jihad Ali Abdallah, BDS, MDS
Newton, MA
General Practitioner



William T. Conklin, DDS
Windsor, CA
General Practitioner



William E. Hooe, DDS, MS
Shoreline, WA
Oral and Maxillofacial Surgeon



Edward C. Liu, DDS
Holt, MI
General Practitioner



George Arvanitis, DDS
Waterloo, Ontario, Canada
General Practitioner



Edgard Said El Chaar, DDS
New York, NY
Periodontist



Yuan Lung Hung, DMD
Chino, CA
General Practitioner



Charles W. Martin, DDS
Richmond, VA
General Practitioner



Ronald A. Bryant, DDS, MSD
Seattle, WA
Prosthodontist



Michael S. Freimuth, DDS
Wheat Ridge, CO
General Practitioner



Samuel Soonho Lee, DDS
Buena Park, CA
General Practitioner



Suhail S. Mati, DMD
West Bloomfield, MI
General Practitioner



Daniel P. Camm, DDS
Brunswick, OH
General Practitioner



Robert C. Goldtrap, DDS
Fort Smith, AR
General Practitioner



Marc F. Lipkin, DMD
Souderton, PA
General Practitioner



Duane Cary McNeil, DDS
Minneapolis, MN
Prosthodontist



Justin David Moody, DDS
Crawford, NE
General Practitioner



Rajiv R. Patel, BDS, MDS
Deland, FL
General Practitioner



Dominique D. Rousson,
DMD
West Newton, MA
General Practitioner



Raymond L. Schneider III,
DDS
Green Bay, WI
General Practitioner



Richard C. Nguyen, DDS
Katy, TX
General Practitioner

Upcoming Key AAID Dates

FEBRUARY

- 1** Application deadline for April 28 - May 1 Associate Fellow Oral/Case Exam
- 17-18** Bone Grafting Course Henderson, Nevada

MARCH

- 18-19** Medicine & Pharmacology for the Dental Practice Chicago, Illinois

JUNE

- 10-11** Northeast and Southern Districts Meeting Baltimore, MD

OCTOBER

- 19-20** Annual AAID Meeting Las Vegas, Nevada

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2010 Fellows



Shabrez Ahmed, BDS, Baltimore, MD, received his dental degree from Bangalore University, India in 2000.



Ramsey A. Amin, DDS, Burbank, CA, received his dental degree from the University of the Pacific in 1999. He became a Diplomate of the American Board of Oral Implantology in 2009.



Saad Bassas, DDS, Sartell, MN, received his degree from the Faculty of Dentistry Aleppo University, Syria, in 1998. He became an American Board of Oral Implantology/Diplomate in 2009.



Joseph D. Bedich, DDS, Cortland, OH, received his dental degree from the Ohio State University College of Dentistry in 1988. He completed a two year GPR program at SUNY Buffalo School of Dentistry in 1990. He became a Diplomate of the American Board of Oral Implantology in 2009.



Wesley Blakeslee, DMD, Manasquan, NJ, graduated from the University of Medicine and Dentistry of New Jersey in 1979. He became an American Board of Oral Implantology/Diplomate in 2005.



Timothy J. Hacker, DDS, Bartlett, TN, received his dental degree from the University of Tennessee in

1978. He became an American Board of Oral Implantology/Diplomate in 2007.



Tsuneo Imanishi, DDS, PhD, Higashiosaka, Osaka, Japan, graduated from Osaka Dental University in 1991. He received his PhD from the same institution in 1995.



Paresh Ramkrishna Kale, MDS, Pune, Maharashtra, India, received his dental degree from Government Dental College & Hospital, Bombay in 1988.



Philip John Kroll, DDS, Ventura, CA, graduated from the University of Southern California School of Dentistry in 1986.



Gary L. Newell, DDS, Virginia Beach, VA, received his dental degree from Case Western Reserve in 1976. He became a Diplomate of the American Board of Oral Implantology in 2009.



Duane T. Starr, DMD, Portland, OR, graduated from Oregon Health Sciences University in 1984. He received American Board of Oral Implantology/Diplomate status in 2004.



Ryo Uehara, DDS, Kure City, Hiroshima Pref, Japan, received his dental degree from Hiroshima University in 1991. ▀

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In this program our 20-day fellowship is condensed into 15-day continuous program
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Session I

+ October 13-17 2010
Jan 19-23 2011
April 13-17 2011
October 26-30 2011

Session II

+ Feb 23-27 2011
May 18-22 2011

Session III

+ June 22-26 2011

Session IV

+ July 20-24 2011

Dr. Louie Al Faraje focuses on the practical aspects of implantology, giving us information we need to help in making daily clinical decisions. He provides a top-quality venue, excellent organization of materials, and a refreshing humility, which encourages attendees to ask questions, and gives them the confidence to extend the range of services they offer to their patients.

Dr Michael R. Clark, Periodontist, San Diego, CA

Before attending the Fellowship Program at the California Implant Institute I thought I will never be able to place implants, but after taking the Fellowship Program with Dr. Al-Faraje I placed over 100 implants in the period of one year. I would highly recommend the program to all my colleagues.

Asmath Noor GP, Norwalk, California

Dr Faraje offers highly sophisticated courses in Implant dentistry. He distills his experience and delivers the course material to the point, and sharing all aspects of care and patient management. The information is thorough, and perspective offered have the potential of being an asset to a clinician of any level of experience. I enjoyed spending my time learning from him.

Amit Batheja B.D.S., D.D.S., Endodontist. Los Angeles, CA



Louie Al-Faraje
DDS, DABO



James Rutkowski
DMD, PhD, DABO



Suheil Boutros
DDS, Periodontist



Freida Brookshire
DDS, Prosthodontist



Christopher Church
MD, ENT



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2010 Associate Fellows



Esam Abou Nahlah, DDS, Augusta, GA, received his dentistry degree from Damascus University in 2000. He completed the Loma Linda MaxiCourse® in 2007 and is currently enrolled in the Medical College of Georgia's prosthodontics program.



Wasseem M. Al Attar, DMD, Bedford, MA, attended Tufts University Dental School in Boston, MA and graduated in 1996. He also completed the New York MaxiCourse® in 2009.



Bill Anderson, Jr., DDS, Findlay, OH, graduated in 1998 from the University of Detroit Mercy School of Dentistry.



Sergio Arias, DDS, Augusta, GA, attended the Pontificia Universidad Católica Madre y Maestra in Santiago, Dominican Republic, and received a degree in Stomatology in 2002. He also completed a General Practice Residency at St. Elizabeth Health Center in Youngstown, OH, and the New York MaxiCourse® in 2008 and is currently enrolled in the Medical College of Georgia's prosthodontics program.



Lion Berzin, BDS, Toronto, ON, Canada, received his dental degree in 1996 from the University of Witwatersrand, Johannesburg, South Africa.



Curtis A. Brookover, DDS, Los Alamos, NM, graduated from the Oklahoma University School of Dentistry in 1998.



Jerald Bryant, DDS, Cookeville, TN, graduated from the University of Tennessee, College of Dentistry in 2001. He also completed the Medical College of Georgia MaxiCourse® in 2005.



Charles Buist, DMD, Hilton Head Island, SC, received his dental degree from University of Alabama School of Dentistry in 1982. He completed the Medical College of Georgia MaxiCourse® in 2007.



Brice B. Chang, DDS, Brookings, OR, graduated from the University of Iowa, College of Dentistry in 2001.



Joshua Chiu, DMD, Torrance, CA, attended Tufts University, Boston, MA where he received his dental degree in 1978.



Malcolm M. Choy, DDS, Honolulu, HI, received his dental degree from University of Southern California, Los Angeles in 1996.



Jason Collier, DDS, Cordova, TN, graduated from University of Tennessee College of Dentistry in 2007. He completed the Loma Linda MaxiCourse® in 2009.



George Corson, DDS, Scottsdale, AZ, received his dental degree from Indiana University in 2001. He also completed the Medical College of Georgia MaxiCourse® in 2008.



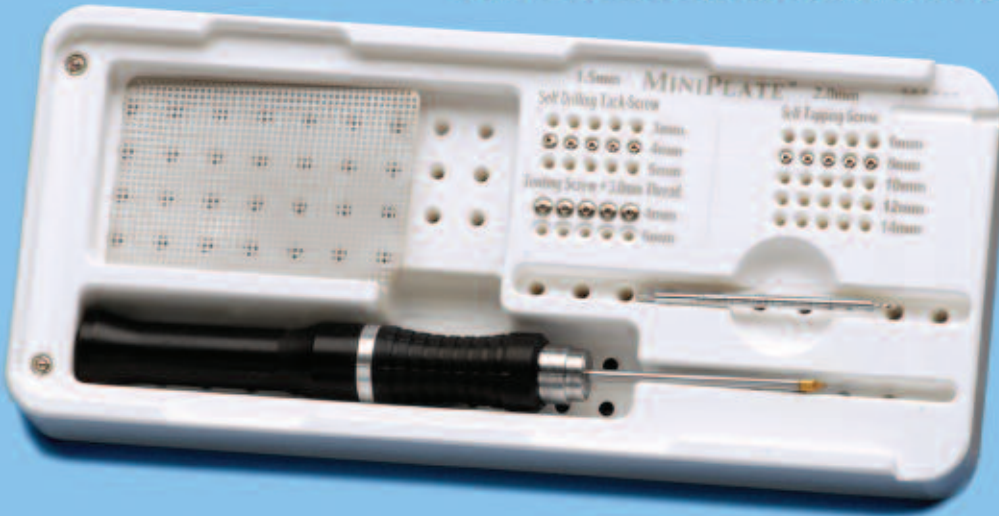
Hasan Dbouk, BDS, Loma Linda, CA, received his dental degree from Loma Linda University in 2007.

see Associate Fellows p. 30

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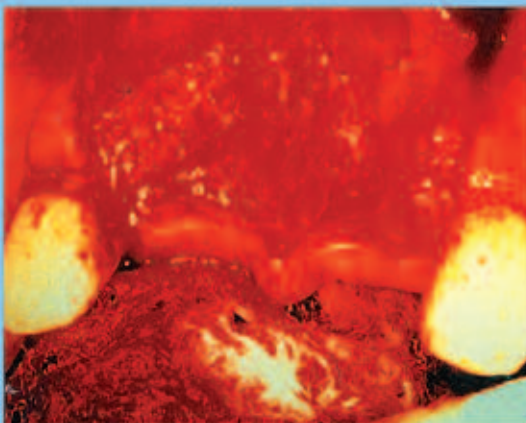
1.5 GRAM OSTEOGEN® GRAFT

2.0 CC OSTEODEMIN™ BONE

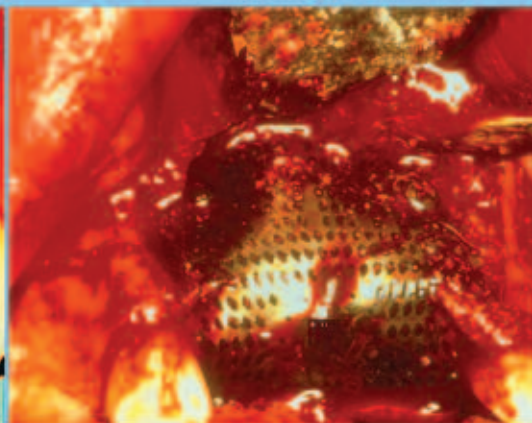
TITANIUM MESH (CHOOSE FROM 2 SIZES)

BUILD YOUR OWN CASSETTE

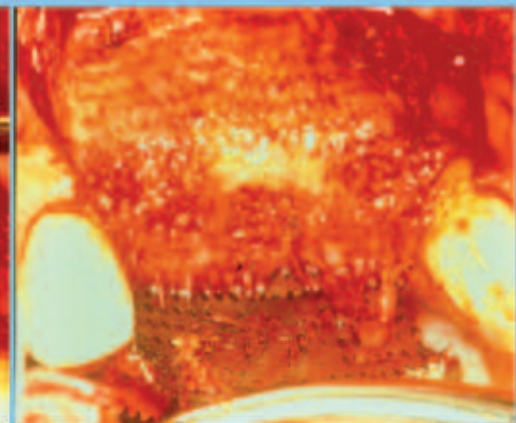
YOUR CHOICE OF 15 SCREWS AND TENTING SCREWS



Debridement and enucleation of buccal region was followed by perforating the cortex to marrow using 2 mm round bur. Bleeding was controlled, and the defect concavities were grouted with OsteoGen®.



OsteoGen® and OsteoDemin™ were mixed with 4 mL blood. Titanium mesh cage was secured lingually with 2 screws. Bone graft mixture placed on ridge and mesh. Cage was secured buccally with 2 screws.



5-6 Months Post-Op. Screws were removed and the cage reflected revealing restoration of 10 mm vertical bone height by 7 mm thickness. Two 4 mm diameter implants were placed in the restored site.

Associate Fellows

cont. from page 28



Naushil G. Desai, DMD, Anaheim, CA, graduated from Temple University School of Dentistry in 1994.



Tushar Doshi, DDS, Irvine, CA, received his dental degree from Nair Dental School Bombay, India in 1984.



Natalia Evans, DMD, North Vancouver, BC, Canada, received her dental degree from the University of British Columbia in 2002.



James E. Ference, DMD, Johnstown, PA, graduated from the University of Pittsburgh School of Dental Medicine in 1972. He completed the Medical College of Georgia MaxiCourse® in 2008.



Quincy Gibbs, DDS, Fallon, NV, received his dental degree from University of the Pacific San Francisco in 2004. He also completed the Loma Linda MaxiCourse® in 2009.



Woohyung Ha, DDS, PhD, Chungju-City, Chungcheongbuk-do, South Korea, graduated from Southwestern University, College of Dentistry in Philippines in 1997. He also received his Master's degree in 2007 and PhD in 2009 from Chosun

University, and completed the Korea MaxiCourse® in 2009.



Seungchan Han, DDS, of Gwang Ju, Kyong Gee-Do, South Korea, received his dental degree from Yonsei University, South Korea in 1993. He completed the Korea MaxiCourse® in 2008.



Michael P. Hansford, DMD, of Kamloops, British Columbia, Canada, graduated from the University of British Columbia in 1998.



Hubert W. Hawkins, DDS, of Littleton, NH, attended The State University of New York and graduated in 2001. He completed the New York MaxiCourse® in 2009.



Bill Holden, DDS, Edmonton, AB, Canada received his dental degree from the University of Alberta in 1991.



Edwin Hurst, DDS, Logan, UT, graduated from the University of Southern California School of Dentistry in 1984.



Karim El Nokrashy, DDS, Sacramento, CA, attended Cairo University Dental School where he received his dental degree in 1993.



Koji Ito, DDS, Ise, Mie Pref, Japan, received his dental degree from Aichi-Gakuin University in

1990. He also completed the Korea MaxiCourse® in 2009.



Peter Jorgenson, DDS, Willmar, MN, graduated from the University of Minnesota School of Dentistry in 1985.



Joong Hyun Jun, DDS, MSD, PhD, Seodae Moon-Gu, Seoul, South Korea received his dental degree from Yonsei University School of Dentistry in 1988. He also received his Masters (1992) and PhD (1996) from the same institution. He completed the Korea MaxiCourse® in 2009.



Hyuno Kim, DDS, Nam-gu, Gwangju, South Korea graduated from Chonnam National University in 1997 where he also see Associate Fellows p. 32



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Implants include Cover Screw and Healing Collar

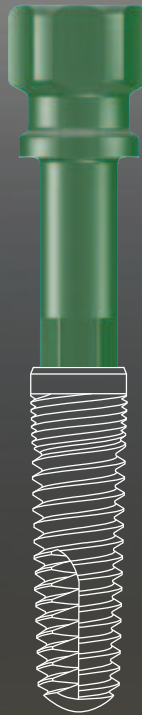
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Cost Savings	46%	51%	53%	58%	44%	48%	33%	36%	40%	49%	N/A

List prices as of April 2010

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Associate Fellows

cont. from page 30

received his Master's and PhD degrees in 2003 and 2007, respectively. He completed the Korea MaxiCourse® in 2009.



Ilwoong Kim, DDS, MSD, PhD, Daejeon, South Korea received his dental degree in 1996 from North-western University in the Philippines, and his Master's degree in 2005 and PhD in 2007, both at Chosun University, South Korea. He also completed the Korea MaxiCourse® in 2009.



Shinichi Komatsu, DDS, Nagoya, Aichi Pref, Japan, attended Aichi-Gakuin University in Japan where he received his dental degree in 1990. He also completed the Korea MaxiCourse® in 2009.



Paresh Kumar, BDS, La Puente, CA, graduated from the University of Birmingham, United Kingdom in 1984.



Akash Lapsi, DDS, Mission Viejo, CA, received his dental degree from Bharati Vidyapeeth Dental, Pune, India in 2002.



Frederick Li, DMD, Vancouver, BC, Canada, graduated from the University of Manitoba Faculty of Dentistry in 1998.



John C. Moreau, DDS, Alexandria, LA, attended Louisiana State University where he received his dental degree in 1984. He also completed the Medical College of Georgia MaxiCourse® in 2007.



Mohammad Ali Mostafavi, BDS, DDS, Tehran, Iran, graduated from Shahid Beheshti, University of Medical Sciences, Iran in 1994 with a degree in dentistry. He also completed the India MaxiCourse® in 2005.



Hiroshi Murakami, DDS, PhD, Nagoya, Aichi, Japan, received his dental degree from Matsumoto Dental University in 1981 and his PhD from Aichi-Gakuin University Graduate

School in 1985. He completed the Korea MaxiCourse® in 2009.



Yukti Nautiyal, MDS, Ghaziabad, Uttar Pradesh, India, graduated from Manipal Academy of High Education, College of Dental Surgery in 2001. She completed the India MaxiCourse® in 2006.



Dr. Maxwell M. Nazari, Anaheim Hills, CA, graduated from Loma Linda University in 2009. He completed an Implant surgery Fellowship in 2006 and received a certificate in Prosthodontics in 2005 from Loma Linda University.



Cory Nguyen, DDS, Plano, TX received his dental degree from

Baylor College of Dentistry in 2004. He completed the Medical College of Georgia MaxiCourse® in 2008.



Luis Eduardo M. Padovan, DDS, MS, PhD, Bauru, Sao Paulo, Brazil, received his dental degree in 1993 from Brazil's Universidade de Marilia. He also earned Master and PhD degrees in Oral and Maxillofacial Surgery in 1999 and 2002, respectively, at the Universidade Estadual Paulista Julio de Mesquita Filho, also in Brazil.



Sunen G. Pandya, BDS, Lawndale, CA received his dental degree from Government Dental College and Hospital, Gujarat, India, in 2001.



JooHee Park, DDS, Busan, South Korea, attended the Dental College of Busan National University where he received a degree in dentistry in 1999. He also completed the Korea MaxiCourse® in 2009.



Vladimir Pastoukh, DMD, Chagrin Falls, OH, received his dental degrees from Kiev Medical University in 1991 and Nova Southeastern University in 2002. He also completed the Medical College of Georgia MaxiCourse® in 2006.



Nimesh N. Patel, DDS, Irvine, CA, received his dental degree from University of Pacific San Francisco in 2004.



Rajnikant Patel, DDS, Corona, CA, received his dental degree from Government Dental College & Hospital in Ahmedabad, India 1980.



Rakesh P. Patel, DDS, Alta Loma, CA, graduated from Loma Linda University School of Dentistry in 1992.



Sanjay Patel, DMD, Marietta, GA, received his dental degree from Temple University School of Dentistry in 2000. He completed the Medical College of Georgia MaxiCourse® in 2006.



Gadia K. Peabody, DDS, Los Angeles, CA, graduated from the University of Michigan School of Dentistry in 2001. He completed the Loma Linda University MaxiCourse® in 2009 and is currently enrolled in the Prosthodontic program at the University of California, Los Angeles.



Vinod G. Rana, BDS, Garden Grove, CA, attended Government Dental College & Hospital, Ahmedabad, India where he received his dental degree in 1980.



Richard Rapoport, DDS, Westmount, Quebec, Canada, graduated from McGill University Faculty of Dentistry in 1980.



Justin J. Reaves, DDS, New York Mills, NY, graduated from the University of Buffalo School of Dental Medicine in 2005. He completed the New York MaxiCourse® in 2007.



Takashi Saito, DDS, Nishinomiya, Hyogo Pref, Japan, received his dental degree from Aichi-Gakuin University in 1990. He completed the Korea MaxiCourse® in 2009.



Ruben R. Santana, DDS, Loma Linda, CA, received his dental degrees from the University of the Philippines in 1987 and Loma Linda University in 2002. He completed the New York MaxiCourse® in 2005 and the three-year

residency program on advanced education in implant dentistry at Loma Linda University in 2010.



Amit Shah, BDS, Tustin, CA, graduated from India's Mahatma Gandhi Vidyamandir Dental College & Hospital in 2000.



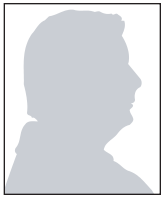
Udah Shah, DDS, Chino Hills, CA, received his dental degree from Government Dental College, Ahmedabad, India, in 1980.



Jeong Hwan Shin, DDS, Jeollanam-do, South Korea, graduated from Chonnam National University in 2004. He completed the Korea MaxiCourse® in 2008.



Fred Stalley, DDS, Redondo Beach, CA, received his dental degree from University of Southern California in 1979 where he also completed a General Practice Residency in Implantology in 1980.



Rostyslav I. Stepanenko, DMD, Storrs, CT, graduated from Boston University School of

Dentistry in 1999. He completed the New York MaxiCourse® in 2009.



Michael Trac, DMD, BSc, Calgary, AB, Canada, received his dental degree from University of Manitoba Dentistry in 2000.



Grigorios Tsiodoulos, DDS, Ioannina, Greece,

received his dental degree from the University of Athens in 1997. He completed a one year preceptorship in implant dentistry at Loma Linda University School of Dentistry in March 2004.



Hongsook Yoo, DDS, Seoul, South Korea, received his dental degree from Dankook University in 1998. He completed a one year preceptorship in implant dentistry at the University of California, Los Angeles in 2002. He

also completed the Korea MaxiCourse® in 2009.



Hyun Joo Yoo, DDS, Gyeongnam-Do, South Korea, graduated from Dental College of Chunnam University in 1998. She also completed the Korea MaxiCourse® in 2009.



Chang Seup Yoon, DDS, PhD, Seoul, South Korea, received his dental degree from Southwestern University in the Phillipines in 1995. He received his Master's degree and Doctorate from Chosun University in 2006 and 2008 respectively, and completed the Korea MaxiCourse® in 2009. ▀

Clinical Bite

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Also by using the motorized bone expanders the bone can be expanded a traumatically and with substantially more control when compared to traditional methods of bone expansion.

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AAID names new Honored Fellows

The American Academy of Implant Dentistry (AAID) named eight dentists from around the world to the coveted status of Honored Fellow at its recently concluded 59th Annual Meeting. The Honored Fellow designation is

awarded to those members of the AAID who, through their professional, clinical, research or academic endeavors, have distinguished themselves within implant dentistry.

Below are the named Honored Fellows:



Berneer Dunson,
DDS, Atlanta,
Georgia



David Gimer, DDS,
Iowa Falls, Iowa



Shedrick D. Jones,
DDS, Los Angeles,
California



Takaharu Shimizu,
DDS, PhD, Kobe
City, Japan



Marshall Feuer,
DDS, Utica, Michigan



Steven C. Hewett,
DDS, Winter Haven,
Florida



Pankaj Narkhede,
DDS, MDS, Lake
Forest, California



John W. Stowell,
BDS, Knutsford,
England

-
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- Biography**
Dr. Andrew Kelly is a graduate of California State University Long Beach and received his Doctor of Dental Surgery degree from Howard University. He received his advanced implant training from the Core-Vent Institute in Encino, California, and the Medical College of Georgia in Augusta, Ga. He is a Diplomate of the American Board of Oral Implantology/Implant Dentistry, Fellow of the American Academy of Implant Dentistry, Fellow of the American Academy of General Dentistry, a member of International Congress of Oral Implantology, the American Academy of Cosmetic Dentistry and the Academy of Osseointegration. He is in private practice in Clemmons, NC. ▀

Maxicourse® Asia Graduation Ceremonies

By Shankar Iyer, DDS, MDS

The year-long Maxicourse® Asia graduated 75 dentists from over 15 countries in three venues - Abu Dhabi, India and Malaysia.

Everyone in this program performed surgeries and all were required to submit a library dissertation that would be considered for publication in *International Journal of Clinical Implant Dentistry*, the official Journal of Maxicourse® Asia. A star-studded faculty toured from across the globe to enlighten the participants. The Maxicourse® Asia is indebted to the following faculty that was willing to share their time and their knowledge: **Drs. John Minichetti, Aladin Alardah, James Rutkowski, Natalie Wong, Stuart Orton Jones, Mohamed Sharawy, Gary Wadhwa, Hilt Tatum, Mathew Kattadiyil, Jihad Abdallah and Shane Samy.**

Abu Dhabi:

The Abu Dhabi venue is co-sponsored by the the

Ambulatory Health Services/Health Authorities of Abu Dhabi under the leadership of Dr. Ninette Banday who serves as the co-director and Coordinator of the program. Dr. Banday completed her Masters and Doctoral program at Harvard University and went on to serve at the Aga Khan Hospital in her home country Pakistan. She was called by the Health Authorities in Abu Dhabi to head the Dental Division of the Health Services and was asked to oversee the credentialing process for dentists to be licensed in Abu Dhabi. She personally oversaw all of the logistics in this program. There were 35 participants, and almost everyone took the computer based written portion of the Associate Fellow exam. The graduates received their certificates from the head of the Medical Division of the Ambulatory Health Services, Dr. John Evangelista, Director Seha-AHS, Abu Dhabi. The health authorities have recognized



Center L - R Drs. John Evangelista, Shankar Iyer, Ninette Banday (sitting), Extreme Right, Drs. Frank LaMar and John Minichetti with Abu Dhabi graduating class.

the course with 258 CE hours. The Maxicourse® has achieved the status of being the benchmark educational program in implant dentistry in the Middle East.

New Delhi:

This venue celebrated the conclusion of the sixth annual program in India. The credit for its success is due to **Dr. Mahesh Verma**, Academic Associate Fellow of AAID, who in addition to being the dean of the most

prestigious dental school in India, is also the clinical director of the Maxicourse®. Dr. Verma is the one of the few dentists to receive the BC Roy Award given to most noteworthy medical professionals in India. Dr. Verma helped overcome the stiff competition from corporate entities that were aiming to eliminate the MaxiCourse® in India. He is assisted by the most dynamic Dr. Brij Sabherwal,

see MaxiCourse p. 37



L-R: Dr Brij Sabherwal, Dr. Philip Palmer, Dr. Mahesh Verma (Center), Dr. Agarwal (Dean, Maulana Azad Medical College), Dr. M. Sernik, Dr. Shankar Iyer with New Delhi graduates.



Sitting L-R: Dr. Sabarinathan, Dr. Shankar Iyer, Dr. Sharavanan, Dr. Pushparajan, Dr. Vadivel Kumaar with graduates from Malaysia venue.

American Academy of Implant Dentistry recognizes outstanding dentists

The American Academy of Implant Dentistry recognized two dentists with the highest awards given by the Academy during the 59th Annual Meeting.

Named the recipient of the Aaron Gershkoff Memorial Award was **Terry J. Reynolds, DDS**, of Atlanta, GA. An Honored Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology/Implant Dentistry, Dr. Reynolds has also earned Fellow status in the Academy of General Dentistry, the American College of Dentists, and the



American Academy of Implant Prosthodontics.

Dr. Reynolds served as President of the American Academy of Implant Dentistry from 1997 – 1998 and was Co-Director of the Howard University Implant Center. He is commonly regarded as the father of the AAID MaxiCourse® program and served as the initial Director of the Implant MaxiCourse® at the Medical College of Georgia from 1988 through 1994.

The 2010 recipient of the Isaih Lew Memorial Research Award was **Jaime L. Lozada, DDS**, of Loma Linda, CA. He currently



serves as Director for Advanced Education in Implant Dentistry, Department of Restorative Dentistry at the School of Dentistry at Loma Linda University, where he also holds the rank of Professor. He is an Adjunct Professor at the Universidad Autonoma de Puebla in Puebla, Mexico.

Dr. Lozada serves on the Editorial Board of *Journal of Oral Implantology* and the *Revista Actualidad*

Implantologica (Spain). He is a Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Implant Dentistry. He has delivered or published hundreds of presentations and articles for a variety of dental organizations and journals around the world. Dr. Lozada served as President of the American Academy of Implant Dentistry in 2008. ▀

MaxiCourse®
continued from page 36

who leads as the coordinator. Together they have teamed up to host the 8th World Congress and the 1st AAID International Conference in New Delhi.

Malaysia:

The Malaysia Maxicourse® is being held in Penang, co-sponsored by the Penang International Dental College (PIDC) in Penang. The Program is coordinated by Dr. Vadivel Kumaar, Associate Fellow of the Academy who was also the coordinator of the Chennai venue in India. The clinical director of the course is Dr.

Sabarinathan who officiates as the academic coordinator for PIDC. The college provided all of the patients for the course, and every participant placed and restored their cases. The graduation ceremony was held in the famed E&O Hotel in Penang where the Deputy Chief Minister Dr. Ramaswamy was the program presider. The Managing Director of PIDC, Dr. Sharavanan, graced the occasion and declared the AAID Maxicourse as their “pet” project that is required for university recognition. Dr. Pushparajan, the Dean of PIDC, complimented the AAID by highlighting its strengths and its history. ▀

Winners of 2010 Annual Meeting Posters, Table Clinics and Graduate Abstract presentations announced

New at the 2010 Annual Meeting were 20-minute oral Graduate Abstract presentations. In addition, attendees were able to view table clinics and poster presentations. The following students and presentations topics were declared the top presentations in each category:

GRADUATE ABSTRACTS

First place:

Dilemma of a Single Tooth Replacement in the Esthetic Zone
Juan Mesquida, DDS
Loma Linda University

Second Place:

An Extreme Case of Full Mouth Immediate Implantation and Immediate Function
Balvant Vekaria, DDS, MSc
Department of Oral and Maxillofacial Implant Surgery

Lille University Medical School, France

Third Place:

An Alternative to Onlay

Grafting for the Severely Atrophic Posterior Mandible - “The Ramus Blade”
Dominic Belcastro, DDS, MSc
Department of Oral and Maxillofacial Implant Surgery
Lille University Medical School, France

TABLE CLINICS

First Place:

A Novel Approach to Ridge Splitting, Immediate Placement and Piezosurgery in Severely Compromised Implant Sites

see Winners p. 43

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. The list is organized by state and then alphabetically by last name of the new member. We have also included the city where the member has his or her office. Contact your new colleagues and welcome them to the Academy.

ALABAMA

John D. Barnes, DMD
Huntsville
Jason Wayne Selman, DMD
Madison

ALASKA

Mindy Shaw, DDS
Juneau

ARIZONA

Dr. Stacey Layman
Peoria
Mathew W. Ricks, DMD
Winslow

CALIFORNIA

Dr. Aliev Farrukh
Anahiem
Dr. Gitae Kim
Azusa
Luciane Queiroz, DDS
Bakersfield
Kamini Kapoor, DDS
Beverly Hills
Jeffrey Kimura, DDS
Carlsbad
Ryan Waring, DDS
Colton
Dr. Wan Peng
El Cajon
Dr. Charles Basso
Escondido
Gwi-Young Yoon, DDS
Fairfield
Manuel A. Chavez, DDS
Fresno
Harjind Singh Sidhu, DDS
Fresno
Bruce Hartley, DDS
Los Altos
Omid R. Kashani, DDS
Monrovia
Daniel Capponi, DDS
Napa
Lei Luo, DDS
San Bruno
Lisa Nguyen, DDS
San Francisco
Amtiesh Patel, DDS
San Francisco

Danielle Wehle, DDS
San Jose
Dr. Peter Zahedi
San Rafael
Joseph Azizi, DMD
Sherman Oaks
William Thomas Conklin,
DDS
Windsor

COLORADO

Brian Ley, DDS
Burlington
Peter A. McIntyre, DDS
Colorado Springs
Eric Frank, MS
Denver
Donald Roy Brown, DDS
Grand Junction
Rabi Altatari, DDS
Greeley

CONNECTICUT

Efrain Augusto Socarras,
DDS
Northford

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Russell W. Phillips, DMD
Washington

FLORIDA

King Kim, DMD
Melbourne
Matthew Holtan, DDS
Naples
German Gaitan, CDT
Orlando
Zachary F. Kesling, DDS
Osprey
Mitchell Allen Josephs,
DDS
Palm Beach
Elizabeth Perez Diaz, DMD
Sarasota
Mitchell M. Strumpf, DDS
Sarasota

GEORGIA

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Atlanta

Joseph Lau, DDS
Atlanta
Jonathan L. Bullard, DMD
Augusta
Dr. Andreina J. Sananez
Augusta
Dr. Orsolya Timea Dorka
Sugar Hill
Jonathan Jung Soo Hwang,
DMD
Suwanee

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Honolulu
Dr. Hidehito Matsui
Honolulu
Rohinton J. Patel, DMD
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Hazel Crest
Alyssa C. Brown, DDS
Hinsdale
R. Tony Aleman, DDS
Oak Brook
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Orland Park
William T. Schlosser, DMD
Springfield

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Dyer
Gregory Crawford, DDS
Fort Wayne
Daniel Gerard Klauer, DDS
South Bend

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Maple Grove
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Prague

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Galleadar, Fars
Mojtaba Kermani
Alghoreishi, DDS
Isfahan
Mahdi Abbasi, DDS
Kangan, Boushehr
Mahmoudreza Namadchi, DDS
Karaj
Vahid Seif, DDS
Karaj
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Kazerooni, DDS
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Hamed Hafezi Bafti, DDS
Kerman, Kerman
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Kerman, Kerman
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Ayoubbahador Ghobadi, DDS
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Ebrahim Moghaddasi, DDS
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Tehran, Tehran
Mehdi Javan, DDS
Tehran, Tehran
Ali Mirfazaelian, DDS,MS
Tehran, Tehran
Majid Rahmani, DDS
Tehran, Tehran
Afshin Riazi, DDS
Tehran, Tehran

see Membership p. 40

Membership

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Young Ho Sim, DDS
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KyungSangBuk-Do
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Ansan-si, Gyeonggi-do
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Ansan-Si, KyungGi-Do
Dr. Choonwon Oh
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province
Dr. Hanrim Ryu
Ansung, Gyeonggi
province
Dr. Jihyun Moon
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Bucheon-si, Gyeonggi-do
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Busan
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Busan
Dr. Young Soo Kim
Busan
Dr. Changhun Kim
Busan
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Busan
Hyun Wook Lee, DDS
Busan

Dr. Young Sik Moon
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Changwon-si,
Gyeongsangnam
Dong Ho Bae, DDS
Changwon-si,
Gyeongsangnam-do
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Changwon-Si,
Kyoungnam
Chul-Hyung Kim, DDS
Cheonan, Choongnam
Nam chul Choi, DDS
Chunan-si, Chung chun
nam do
Dr. Won mi Bok
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Daegu
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Daegu
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Daegu
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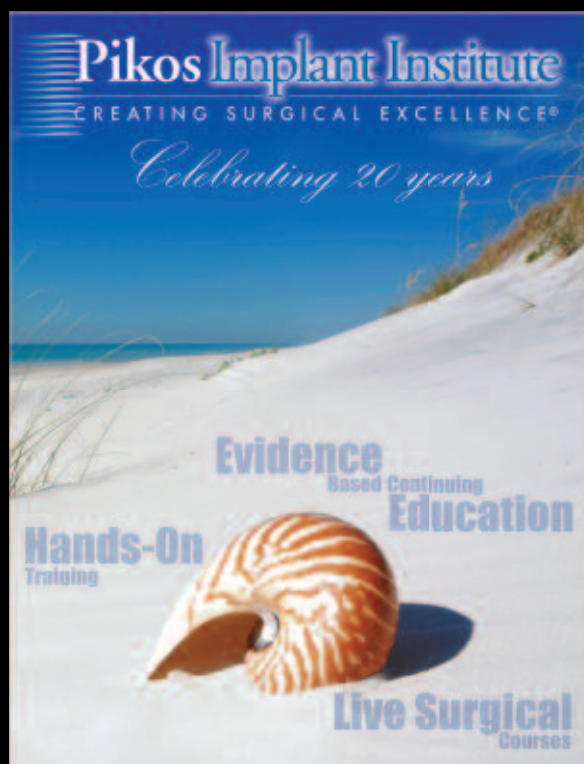
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Phone: 415-392-8611
E-mail: young.matt@yahoo.com
Web site: www.drmatthewyoung.com/
BayAreaImplantSynergyPage.htm

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

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Brian Jackson, DDS
Contact: Melanie – Course Coordinator
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Winners

continued from page 37

Andrew W. Kelly, DDS
Clemmons, NC

Second Place:

Complete Mouth Immediate Loading with Computer-Guided Implantation Using Both Conical and Adjustable Abutments

Sang J. Lee, DMD,
MMSc, Campard GJ,
DDS, MMSc,

Dona M, DDS, MSD,
DMSc, Han RK DDS,
MMSc and
Schnitman PA, DDS,
MSD (Faculty)
Advanced Graduate in
Implantology
Harvard School of Dental
Medicine
Boston, MA

Third Place:

Simple, Predictable and Effective Socket Grafting
Robert Bagoff, DMD
Livingston NJ

POSTER PRESENTATIONS

First Place:

An Assessment of the Anterior Loop of Mental Nerve Using Cone Beam CT-Scan

Chun-I Lu, DDS, Juan Mesquida, DDS, Jaime Lozada, DDS
Loma Linda University

Second Place:

Autoguided Safety Trephine Drill to Create the Perfect Osteotomy

While Simultaneously Collecting Large Volumes of Autogenous Bone for GBR

Pankaj P. Singh, DDS
Brookville, NY

Third Place:

Vertical Dimensions of the Bone in the Mandibular 1st Molar Region Using Conebeam Computed Tomography
Yusuke Suzuki, DDS
Loma Linda University ▶



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