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AAIDNews

SUMMER 2012

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY



Editor's Notebook

David G. Hochberg, DDS
 Editor, AAIDNews



Where was the football huddle first used?

Where is the only Leonardo Da Vinci painting located in the Western Hemisphere?

What was voted the most walkable city in the United States?

Where will you find 40 restaurants with a Zagat score of at least 25 out of 30?

Where will you find me October 3 – 6, 2012?

That's right — Washington, DC — one of the most intriguing and recognizable cities in the world. With a national election taking place, it couldn't be any more exciting!

Join me and hundreds of your colleagues at AAID's 61st Annual Meeting. See pages 22 through 27 for more information. ▶

“Your Vote Counts”

By: Shankar Iyer, Program Chair and John Minichetti, General Chair

Participate in one of the most Significant Debates of the Year — Yes, it's happening in Washington D.C. — one of the world's most fascinating cities.

This year's annual meeting promises to be one of the most unique formats for scientific inquiry. Instead of the routine main podium presentations where every speaker just presents one side of the story, our 61st Annual Meeting will feature two world-class experts who will debate their preferred option in implant dentistry.

Imagine being able to witness **Carl Misch** and his biomechanic approach challenging **Palo Malo** with his “all-on-four” concept. Hear **Michael Pikos** advocate for longer implants, while **Marco Esposito** offers his evidence-based rationale for short implants. Have you wondered if BMPs will become mainstream? **Edgard El Chaar** and



Shankar Iyer



John Minichetti

Alfred “Duke” Heller will present the debate “Grafting – Plain and Simple vs. Bells and Whistles.”

Each speaker will have 30 minutes to present his or her argument, followed by a moderated interchange of responses. You will be able vote your preferences electronically following each session and decide for yourself what will work in your hands and what you will want to change in your practice.

The ten debate topics are:

- **Implant Dimensions** – Long vs. Short
- **Esthetics** – Ceramics vs. Gingiva

- **Treatment Planning** – Bioengineering vs. Design Engineering
- **Treatment Options** – Comprehensive vs. Conformative
- **Grafting** – Plain and Simple vs. Bells and Whistles
- **Placement** – Guided Surgery vs. Free-hand Skilled Surgeries
- **Implant Soft Tissues Esthetics** – Biometrics vs. Biomimetics
- **Block Grafts** – Autogenous vs. Allogenic
- **Vertical Augmentation** – Osteotomies vs. Guided Bone Regeneration
- **Prosthetics** – Glass Ceramics vs. Metal Ceramics

In addition to the Main Podium Sessions, there will be three live surgeries, over one dozen hands-on workshops, a symposium presenting new research in implant dentistry, a global
 see Your Vote p. 19

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* Artzi Z, Nosenovsky CE, Dayan D. Nonceramic hydroxyapatite bone derivative in sinus augmentation procedure: Clinical and histomorphometric observations in 10 consecutive cases. Int J Periodontics Restorative Dent 2005; 25:381-389. Pogorelec PA, Vranich J. Int J Oral Maxillofacial Implants 1998; 13(1):52-58



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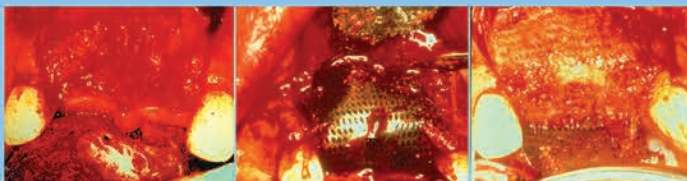
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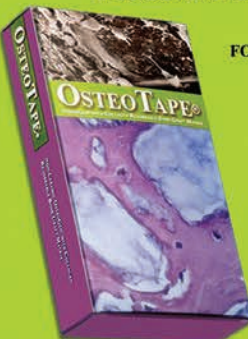
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President's Message

Larry Bush, DDS
President, American Academy of Implant Dentistry

meeting — either a District or Annual meeting. Another 20 doctors who attended were non-members of AAID who, we hope, soon will become members of the Academy.

Congratulations to the officers of the Western and Central Districts for an excellent meeting.

As promised, we are bringing quality education to you through the Academy's new webinar series. We are presenting at least four webinars during the second half of this year. By the time you receive this issue of *AAID News*, **Nick Caplanis** and **Jaime Lozada** will have delivered webinars on timely and practical topics. Over the next couple of months, **John Minichetti** and **Shankar Iyer** will each present a topic of importance to your practice. Watch for the time and dates. And of course if you miss one, don't fret. The programs are archived so that you can view the webinar anytime at your convenience. Visit AAID's web site for more information.

The crowning event in implant dentistry remains the AAID Annual Meeting. This year's Annual Meeting should be one of the liveliest and most provocative AAID meetings ever as the leading experts in different areas will be debating alternative

treatment options through their presentations. It is only through the tireless work and creative leadership of Scientific Chair **Shankar Iyer** and General Chair **John Minichetti** that this program went from conception to developing the wings to fly. In addition, the meeting program will include three live surgeries, a Research Symposium and a Global Symposium. **Matt Young** has put together a staff program that you do not want your staff to miss. I want to thank Dr. Iyer, Dr. Minichetti, and Dr. Young for the time and effort they have devoted to this year's Annual Meeting.

I am pleased to report

that the conversion of the membership database has been completed ahead of schedule at Headquarters. Some of the highlights include real-time access by members to registrations, remote access by staff, and a state-of-the-art system that can accommodate our growth.

The new consumer website undertaking has shifted into high gear and is moving forward nicely. The Website Ad Hoc Committee is meeting weekly by teleconference with the AAID staff and the outside experts to discuss and approve designs and content in a timely manner. Our goal is to debut

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

It is amazing that every AAID Past President I've talked to has told me the same thing ... the year is going to be over before you know it. As I pen this report for the Summer Newsletter I realize how correct they were. Time has been flying by, but much is being accomplished.

Education continues to be the cornerstone of the AAID. Our first ever Bone Regeneration Symposium was held April 21 and 22 in New York City. Seventy-three dentists attended, and evaluations for the program were very positive. We are considering making this an annual offering. Our annual hands-on "Regeneration and Augmentation Techniques Course" (formerly the Bone Grafting Course) was held March 9 and 10 in Orlando and remains a hit for hands-on training.

Our second District Meeting of the year was hosted by the Western and Central Districts in Vancouver, Canada, in early June.

Over half of the doctors who attended had not previously attended an AAID

AAID NEWS

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AAID News

President's Message

continued from page 3

this to the membership at this year's Annual Meeting.

Your Board of Trustees met in conjunction with the Western/Central District meeting in Vancouver and took action on several items that will have significance to the membership. A complete summary of those action items can be found on page 8. However, I wanted to bring your attention to a couple in particular. The Board endorsed a concept brought to it by the A & C

Board to implement oral case testing over the web. A complete plan, including budgets, will be considered by the Board of Trustees at its next meeting.

A new category of membership has been embraced by the Board and the various committees that have studied it. This new category – called Associate Member – will recognize the accomplishment of those who have successfully passed the written Associate Fellow examination. A Bylaws amendment will be voted upon by the membership on

October 6 at the Annual Business Meeting. More details about this and other amendments can be found on page 10 of this issue.

Our legal counsel, Dr. Frank Recker, is working directly with the Texas Board of Dentistry's attorney for a solution to the Texas suit. I am very optimistic with this effort as the AAID remains vigilant in our defense of our members' right to announce their court recognized bona fide credentials.

I attended the Annual Meeting of the Academy of General Dentistry in

Philadelphia and visited with their leadership and many of their members. Developing affiliations with this group and others will be mutually beneficial as the health care delivery system navigates uncharted waters during the next few years.

Few venues for our Annual Meeting have offered more for your spouse and family than Washington, DC. Plan now to bring your family so they can enjoy all the sites of the most recognized city in the world. I look forward to seeing you in Washington, October 3-6, 2012. ▀

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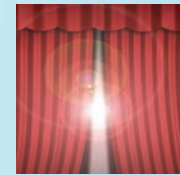
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Business Bite

The Changing Role of the Implant Treatment Coordinator

By Roger P. Levin, DDS

Introduction

Before the recession of 2008-2010, Implant Treatment Coordinators (ITCs) had an easier job. Patients were more likely to agree to treatment. That is no longer the case.

The slow economy and uncertain future have led many potential implant patients to adopt a wait-and-see attitude regarding large expenditures — including implants. Though cost has always been a major hurdle for implant case acceptance, it has now become a much more significant barrier.

How the ITC Closes Implant Cases

Implants are like a separate division — with its own highly-trained sales people — inside of a small company. Too many surgical practices attempt to handle their implant practice the same way they handle other specialty services. However, there are vast differences between them, especially in a post-recession economy.

The **New** ITC understands that:

1. Implants are seldom perceived as necessary.

Many other specialty services address health- and disease-oriented problems that necessitate treatment. Viewed as a more cosmetic option by potential patients, implant treatment is more likely to be postponed or rejected in today's environment of financial uncertainty.

To increase implant production, greater value for treatment must be created.

2. Implants are a highly emotional decision.

Other specialty services decisions are driven by the fact that the patient *needs* the service. The implant patient must want an implant.

Surgical practices should work with their restorative partners to promote the value of implants to every potential candidate.

3. Marketing matters.

Implant doctors must build strong relationships with restorative doctors and reach out to referrers through a strong referral marketing program. The ITC is vital for:

- Maintaining established referral relationships
- Communicating with new restorative practices

- Establishing dynamic interaction with GP team members

4. Dental implant consultations are quite different.

The ITC plays a crucial role in handling consults. The Levin Group Data Center™ indicates that 65% of patients will need two consults and 15% will need three.

The well-trained ITC has the time to concentrate on the consult process and the skills to move patients toward the close by:

- Developing relationships with patients
- Building value for treatment
- Providing all the information needed to create understanding and confidence
- Motivating patients to accept recommended treatment

Training the **New** ITC

Consumer psychology, including the spending habits of potential implant patients, has changed dramatically in the post-recession economy. As a result, the **new** ITC must be a highly trained professional with excellent relationship-building and sales skills. Simply having a team member who explains implant dentistry and then hands over the

patient to the front desk staff for scheduling will no longer suffice.

For years, high close rates have misled many implant practices into thinking they're doing an excellent job of case presentation. But they have usually been closing a high percentage of a very small number of patients. Closing 95% of 100 patients does not necessarily mean implant success. In fact, it may well be better to close 75% of 300 patients than 95% of 100 patients. Too many practices believe that they are doing an excellent job of case presentation without realizing that they are well below their true potential.

The **new** ITC contributes significantly to the success of the practice when properly trained in key post-recession treatment presentation skills. More potential patients will accept treatment when the ITC focuses on:

1. Creating value for implants.

From the very first phone call, the ITC must build value... for the practice, for the doctor and for implants. This process continues during the case presentation and treatment as well.

2. Offer a variety of financial options.

The cost of implants is always

see **Business Bite** p. 8



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Dr. Larry Seward DDS - Navarre, OH



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Actions Taken by Board of Trustees

June 9, 2012 Vancouver, British Columbia, Canada

- **Co-sponsor WCOI 2013** meeting in Seoul, South Korea
- **Established a reserve fund policy** requiring funding equal to one year of expenses
- **Approved the 2011 Audit and Management Letter**
- **Retained Ruzicka & Associates** to conduct the 2012 Audit
- **Re-appointed JP Morgan** as Investment Advisors
- **Elected Fellows and Associate Fellows to membership** as recommended by A & C Board
- **Endorsed web conferencing concept** for testing by A & C Board
- **Required confidentiality statement** to be signed by any member associated with development or implementation of AAID credentialing examination process
- **Approved Life Membership** status for Enrique M. Rivera, DMD
- **Set Associate Member dues** at same level as General Member dues if Associate Member bylaw provision passes
- **Approved new policies and procedures** for Gershkoff Award
- **Established “Paul Johnson Service Award”**
- **Recommend to Honored Fellow Committee** that award be presented to no more than two individuals per year

Business Bite

continued from page 6

a sticking point. To help make implants more affordable, practices should offer patients a variety of financial options. Levin Group recommends these options:

- **5% discount for payment in full**
- **Half up front and the balance before treatment is completed**
- **Credit cards**
- **Outside financing**

This last option allows the patient to accept implants without the implant practice serving as the banker. The practice receives payment for its services upfront and has no responsibility for collection. A variety of patient options should

be offered to all patients regardless of their perceived financial status. This strategy will significantly increase the level of case acceptance and practice production.

3. **Using an effective follow-up system when a patient doesn't accept treatment.** Many potential implant patients will accept treatment eventually—if ITCs follow up. By initiating an effective, documented follow-up process when a patient says “No” or “Not yet,” rather than just giving up, the ITC can often be rewarded with an eventual “Yes.”

Conclusion

The post-recession ITC is very different from the pre-recession one. The **new** ITC

works to achieve targets and follows clear methods that motivate 90% of referred patients to accept treatment. ITCs who are still operating as they did in the past will find their close rates declining steadily. They need well-honed sales capabilities so they can close the deal when patients visit the office. By retraining your ITC, you can put your practice on the path to post-recession growth.

To learn how to run a more profitable, efficient and satisfying practice, visit the Levin Group Resource Center at www.levingroup.com — a free online resource with tips, videos and other valuable information. You can also connect with Levin Group on Facebook and Twitter (@Levin_Group).

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Contact Joyce Sigmon at joyce@aaid.com or Latasha Bryant at latasha@aaid.com or by phone at 312.335.1550 if you have questions.



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New Membership Category Part of Annual Meeting Vote

By Nicholas Caplanis, DMD, MS, President-elect, AAID

Each Annual Business meeting includes the consideration of Bylaws amendments. This year we'll be considering three amendments at the Meeting on Saturday, October 6. I've described them below. But...one of these amendments — a new membership category — is a significant proposal that perfectly illustrates how AAID's committees work together to improve our Academy.

The idea for a new member category began in 2008 with the Global Committee when they proposed the concept of a membership category to recognize those individuals who pass the written credentialing exam (Part I) for Associate Fellow but do not go on to complete the case review/presentation exam (Part II). The category is intended to recognize their achievement and encourage them to move on to the next level of membership. It has been estimated that there have been approximately 1000 doctors over the past 10 years that would have qualified as members within this category, if this membership class were already in place. The Board of Trustees approved the concept back in 2008, and subsequent Boards in 2010 and in 2011 were also in agreement with the proposal.

This new member idea was then endorsed by both the Membership Committee and the A&C Board. Early on there was agreement among the committees that a new, non-credentialed, non-voting category would be of benefit to our Academy...but there was much discussion about what it should be called. Between 2008 and 2012 a number of names for the new membership category were considered including (but likely not limited to): Associate, Affiliate, Eligible, Affiliate Fellow, Associate Fellow Eligible, Pre-Associate, Sustaining, Candidate, Accomplished, and a number of other suggestions that never made it to debate. Finally, the Membership Committee endorsed the term "Associate Member," which was also approved by the Board of Trustees.

"Associate Member" is seen as a natural progression of our current membership categories: Associate, Associate Fellow, Fellow. The Membership Committee's recommendation was shared with the Bylaws Committee for the final review. The Bylaws Committee also considered the recommendation from the A&C Board that the new category be called "Affiliate Member." But the

Bylaws Committee as well as the board of trustees felt that the term "Affiliate" implies a somewhat looser, less aligned relationship. Upon researching the term "Affiliate" with other organizations we found that it's often used to describe memberships by corporations, suppliers, exhibitors, etc., who have an association with the organization in some form but not necessarily a true membership.

So with this long history behind it, the Bylaws Committee is recommending a new, non-credentialed, non-voting membership called "Associate Member." Here's the proposed new section of the Bylaws:

Article III – Membership. 2. Associate Membership.

A) Eligibility. Any licensed dental practitioner shall be eligible for election to the Academy as an Associate Member who successfully completes the written examination (Part I) of the Associate Fellow Membership examination as established by the Admissions & Credentials Board and as approved by the Board of Trustees.

B) Application. An applicant seeking Associate Membership shall file an application for Associate Membership as approved by the Board of Trustees.

C) Rights of Associate Members. An Associate Member shall be exempt from all assessments. An Associate Member shall be entitled to attend all scientific sessions and to receive the Academy's scientific publications, but shall be ineligible to vote or hold office, although they may serve on committees unless otherwise limited by these Bylaws

The dues for this new membership would be the same as General Members. The purpose of this membership is to recognize doctors that have passed the Associate Fellow written exam, promote our credentialing process to these individuals and, we hope, increase our membership in the process.

Other Bylaw Amendment Recommendations

While our other Bylaw Amendments don't have

quite the same history of development, they are still important for consideration by the voting members.

Retired Member

The current Bylaws state that Retired Member is available to any member who has retired from active practice or employment. However, the Membership Committee has discovered that many AAID members are retiring — but not totally. Members have reduced their hours of practice and have also reduced their income. That's the basis for the Membership Committee's proposal to expand the eligibility for Retired Member to include:

- Article III –
Membership.
Section 9. Retired
Member.**
- A) Eligibility**
2) Or is 65 years of age

or older, has continuous voting membership for a minimum of 15 years, and practices 5 or fewer days per month.

This expanded eligibility would reduce dues for these individuals and keep the history and experience that they have brought — and will continue to bring — within the Academy.

Housekeeping, Editorial Amendments

The Bylaws Committee consulted with a registered parliamentarian to help address some long-standing redundancies and inconsistencies in the Bylaws. Other editorial changes are being suggested to bring the Bylaws into better alignment with Sturgis "The Standard Code of Parliamentary Procedure," which is the parliamentary guide utilized by AAID. A

detailed description of these housekeeping changes with explanations from our parliamentarian can be found online. Please see "Note" below.

All three proposed amendments will be discussed at the Annual Business Meeting when they'll be voted on by the membership. Plan to join us there for that discussion and vote. But...if you have questions now about any of these proposed amendments, just contact AAID's Executive Director, Sharon Bennett, sbennett@aaid.com or 312-335-1550 with your questions. She'll be glad to help you or she'll direct you to one of the members of our Bylaws Committee.

We hope you'll agree that these proposed amendments will help to move AAID forward by expanding our membership opportunities and clarifying our governing document.

Nick Caplanis, Chairman
Bylaws Committee

AAID Bylaws Committee

Tom Chess
David Gimer
Jaime Lozada
Brian Jackson

NOTE: The current Bylaws with all housekeeping or editorial amendments noted and footnoted, and the complete wording for the two other amendments being proposed, are available for review at www.aaid.com/news_and_publications/72 or by scanning this QR Code. ▶



AAID Logo for Member Use

Want to place the AAID logo with automatic link in your website? Any member in good standing can also provide a link between his or her website and the AAID website, provided the member's website accurately states his or her membership status in the AAID. Simply click on the QR Code, copy the text and embed the code into your web page.



Upcoming Key AAID Dates

AUGUST 2012

- 21 DASK Technique for Sinus Grafting - Webinar

SEPTEMBER 2012

- 11 Utilizing Pre-shaped Collagen Membranes to Treat Ridge Deficiencies - Webinar

OCTOBER 2012

- 3 – 6 61st Annual Meeting of the American Academy of Implant Dentistry Washington, DC

Check the AAID Online Calendar using this QR Code for a complete listing of all Key AAID Dates. ▶





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Debating the Options for Practical Solutions



61st AAID Annual Meeting

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Washington DC October 3-6, 2012

Practical Education for the Practicing Implant Dentist

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AMERICAN ACADEMY OF IMPLANT DENTISTRY



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THE WASHINGTON HILTON, WASHINGTON DC, OCTOBER 3-6, 2012

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

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

Please print clearly or type. Any corrections, modifications or additions must be submitted in writing.

YOUR CONTACT INFORMATION (Please write legibly.)

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

Name for Badge: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

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

A. Meeting Registration**By 9/10/12****After 9/10/12**

_____ AAID Fellow*	\$1095	\$1195
_____ AAID Associate Fellow*	\$1095	\$1195
_____ ABOI/ID Diplomate *	\$1095	\$1195
_____ AAID General Member*	\$1145	\$1245
_____ AGD Member* (AGD Member # required)	\$1145	\$1245
_____ NonMember PLUS! Dentist*	\$1295	Not Available
[Includes Membership in AAID through November 30, 2012]		
_____ Nonmember*	\$1495	\$1595
_____ Life Member or Retired Member	\$245	\$245
_____ Technician	\$345	\$395
_____ Office Staff	\$345	\$395

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

Doctor's Name _____

_____ Student \$150 \$150

_____ Spouse Name \$245 \$245

_____ Guest Name \$245 \$245

* Includes one (1) President's Celebration ticket

A. Meeting Registration subtotal _____**B. Workshops**

Each Workshop is \$99 if registration received by 9/10/12 (\$119 after 9/10/12)

- _____ W1 Louis Malcmacher, DDS – Botox and Dermal Fillers (Thurs. am)
- _____ W2 Stuart Orton-Jones, BDS – Ridge Expansion and Compaction (Thurs. am)
- _____ W3 Michael Pikos, DDS - Extraction Site Management (Thurs. am)
- _____ W4 Miguel Stanley, DDS - Bone Augmentation Techniques (Thurs. am)
- _____ W5 Jack Krauser, DMD – Implant Placement at Time of Extraction (Thurs. pm)
- _____ W6 Stuart Orton-Jones, BDS – Treatment of Inadequate Ridge Height (Thurs. pm)
- _____ W7 Edward Kusek, DDS – Laser Implant Dentistry (Thurs. pm)
- _____ W8 John Carollo, DMD – Dental Photography (Fri. am)
- _____ W9 Fouad Khoury, DMD, PHD, Prof. – Autogenous Bone Graft (Fri. am)
- _____ W10 Edgard El Chaar, DDS – Plastic Periodontal Therapy (Fri. pm)
- _____ W11 Jason Lipscomb, DDS – Social Media (Fri. pm)
- _____ W12 John Minichetti, DMD, Lawrence Nalitt, DDS, Matthew Young, DDS – Bone Allografting (Fri. pm)
- _____ W13 Michael Sonick, DMD – Hard Tissue Regeneration (Sat. am)
- _____ W14 Tom Mucciolo – Electrifying Presentations (Sat. am)
- _____ W15 To Be Announced (Sat. am)

B. Workshops subtotal _____**C. Allied Hands-on**

Space is limited at the Allied Hands-on program on Friday morning. Please reserve your spot as soon as possible:

_____ Hands-on Prosthetic Training (Fri, 8 am – 9:30 am) – No Charge

_____ Hands-on Prosthetic Training (Fri, 10:30 am – Noon) – No Charge

C. Allied Hands-on subtotal _____**D. Special Events**

- _____ A & C Roundtable (Thurs. 9:30 am - 10:30 am) No Cost but reservation required
- _____ A & C Roundtable (Fri. 9:30 am - 10:30 am) No Cost but reservation required
- _____ Women Dentists' Wine & Cheese (Thurs. 6 – 7:30 pm) No Cost but reservation required
- _____ ABOI Lunch (Fri. Noon – 1:30 pm) \$ 75
- _____ President's Celebration (Sat. 6:00 pm) \$195

D. Special Events subtotal _____**GRAND TOTAL (A+B+C+D)** _____**METHOD OF PAYMENT**

- Check Enclosed Visa MasterCard American Express Discover

Card No. _____

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

Signature: _____

Send check, payable in US\$, and this form to the AAID:
American Academy of Implant Dentistry, c/o Delaware Place Bank, Dept. 350
190 Delaware Place, Chicago, IL 60611

Or register online at www.aaid.com or www.aaid.com.

Or you may fax your form to 312.335.9090.

American Academy of Implant Dentistry • 211 East Chicago, Ave., Suite 750
Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

Registrations received by September 27, 2012 will be processed prior to the meeting.
Anyone wishing to register after September 27, 2012, must do so onsite.

Requests for refunds must be made in writing and received by September 20, 2012, for a 100% refund; between September 21 and September 27, 2012, for a 50% refund. Due to advance commitments to the hotel, no refunds will be made after September 27, 2012. A \$50 administrative fee will be retained on all refunds regardless of when requested.

Call The Washington Hilton at 800.Hiltons (800.445.8667).

Use the group code: AAID to get special rates. You may make reservations online at:

http://www.hilton.com/en/hi/groups/personalized/D/DCAWHHH-AAID-20120930/index.jhtml?WT.mc_id=POGFor more information, visit www.aaid.com

2012 New ABOI/ID Diplomate Listing



Billy J. Anderson, DDS
General Practitioner
Findlay, OH USA



Patrick Chu, DDS
General Practitioner
Toronto, Ontario, Canada



Zakar L. Elloway, DDS
General Practitioner
Flagstaff, AZ USA



Dimitrios Kilimitzoglou,
DDS
General Practitioner
Smithtown, NY USA



Yuval Arazi, DDS
General Practitioner
Fishers, IN USA



Hasan M. Dbouk, BDS,
MSD
General Practitioner
Bellevue, WA USA



George B. Hall, DMD
Prosthodontist
Augusta, GA USA



Keith R. Lawson, BSC, DDS
General Practitioner
Calgary, Alberta Canada



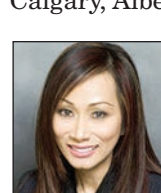
Joseph H. Blum, DMD
General Practitioner
Forest Hills, NY USA



Kian Djawdan, DMD
General Practitioner
Annapolis, MD USA



Christopher H. Hughes,
DMD
General Practitioner
Herrin, IL USA



Suzanna N. Lee, DDS
General Practitioner
Mountain View, CA USA



Jeffrey A. Cauley, DDS
General Practitioner
Waycross, GA USA



Daniel J. Domingue, DDS
General Practitioner
Lake Charles, LA USA



Ash Kaushesh, DDS
General Practitioner
Lake Havasu City, AZ USA



Trinh N. Lee, DDS
General Practitioner
Mountain View, CA USA

see Diplomate Listing p. 17



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with Dr. R. Mitchmore, Houston**

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Dr. Angela Cameron, Johnson City, TN

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Academy News



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Nicholas Caplanis, DMD, MS



President-Elect
John C. Minichetti, DMD



Vice President
John Da Silva, DMD, MPH, ScM



Treasurer
Richard Mercurio, DDS

Slate of Officers

The AAID Nominating Committee presents the following slate of officers for consideration at the Academy's 2012 Annual Business Meeting on Saturday, October 6 in Washington, DC during the 61st Annual Meeting.

President — **Nicholas Caplanis, DMD, MS**
(Automatic succession from President- Elect)
President-Elect — **John C. Minichetti, DMD**
Vice President — **John Da Silva, DMD, MPH, ScM**
Treasurer — **Richard Mercurio, DDS**

Secretary — **Shankar Iyer, DDS, MDS**

In accordance with Article IX, Section 12 of AAID's Bylaws, members not nominated by the Nominating Committee may be nominated by petition as follows:

Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the Chairman of the Nominating Committee or that person's designee for posting at least 24 hours in advance of the election.

A nominee not announced by the Nominating Committee must include the names of at least twenty voting



Secretary
Shankar Iyer, DDS, MDS

members on the petition.

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

Meet Dr. Shankar Iyer

A 1987 graduate from Annamalai University, India and 1994 from New York University, Dr. Iyer obtained his MDS in Prosthodontics in 1990 in Bombay (Mumbai), India and a Cert. in Prosthodontics at NYU in 2002. He has lectured extensively on Oral Implantology internationally. He formerly served as a member of the Board of Trustees of the American Academy of Implant Dentistry and maintains a full time dental practice in Elizabeth, New Jersey.

He is an Honored Fellow of the American Academy of Implant Dentistry and a Diplomate, American Board of Oral Implantology / Implant Dentistry. He is the Director, AAID/India MaxiCourse® and a Clinical Assistant Professor, Advanced Education Program in Prosthodontics, New York University.

Don't forget to visit www.aid.com for the latest news and updates.

Diplomate Listing

continued from page 14



William Gilbert Lesh, BSN,
DMD
General Practitioner
Olympia, WA USA



David D. McFadden, DMD
Prosthodontist
Dallas, TX USA



Sydney Reyes, DDS
General Practitioner
Toronto, Ontario, Canada



Ryan T. Voelkert, DMD, MHS
Periodontist
Greenville, SC USA



Kevin J. Owoc, DMD, MSD
Prosthodontist
Tafford, PA USA



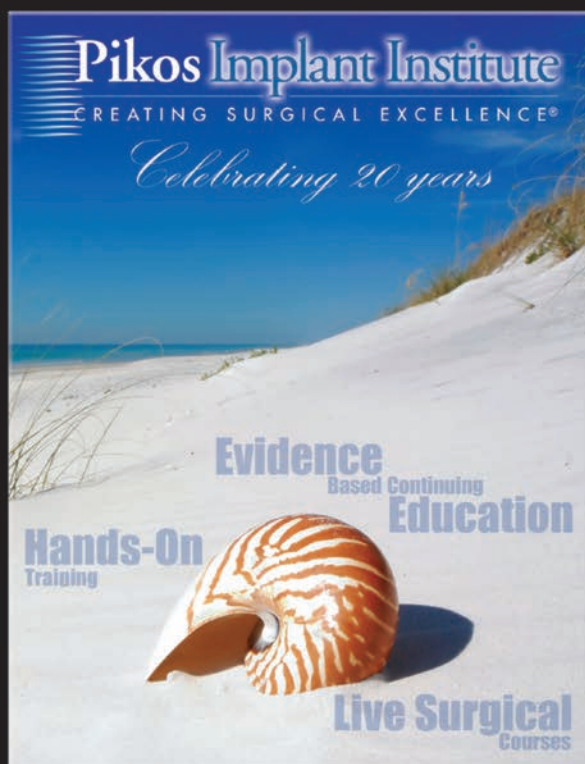
M. Drew Shabo, DDS
General Practitioner
Ooltewah, TN USA

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November 5-7, 2012
- Advanced Bone Grafting I
June 21-23, 2012
November 8-10, 2012
- Advanced Bone Grafting II
November 12-14, 2012

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Dr. Neil Sullivan, OMS, Annapolis, MD

Industry News

Immediate Smile® bridge gives patients and dentists something to smile about

Immediate Smile® bridge – the name speaks for itself. Materialise Dental's latest technology is helping implantologists bring the most advanced dental procedures to their practices that promise to put smiles on patients' faces the moment they walk out the door.

Today, Materialise Dental's 3D Digital Dentistry is allowing dentists to remove teeth, place implants and fit bridges during same-day surgeries. This technology translates to high patient comfort and fewer visits. Dental professionals are also smiling because the immediate loading procedure is quicker and easier.

Exclusive to Materialise Dental, by combining SimPlant® and SurgiGuide® with CAD/CAM technology ("computer-aided design" and "computer-aided manufacturing"), this workflow is fully digitized.

Simplified and time saving workflow with a fully digital process

Traditionally when patients required a temporary bridge for immediate loading, dentists needed to make an impression or plaster model and bite registration. After that they sent it to the dental laboratory and waited for one to be made.

But now a full digital workflow allows for quick and easy fabrication of a bridge. All information is already available in the SimPlant® planning so no extra preparations are needed. All dentists need to do is order the bridge with SimPlant® and they will receive it together with the SurgiGuide® before the actual surgery takes place.

Temporary restorations before implant surgery without special components

Since the bridge and SurgiGuide® are delivered together before surgery, this allows dentists to perform



Puros® Cortico-Cancellous Particulate Allograft

the surgery and placement of the bridge in a single visit. The unique part of this procedure comes from the fact that the temporary screw-retained restoration is secured using an intuitive and fast procedure without requiring extra expensive or special components. Dentists can stick to their favorite implant brand.

Predictable esthetics even for cases with tooth extractions

Innovative and versatile, this technology can also be used for predictable esthetics even for cases with tooth extractions. If patients still have their natural teeth but they are lost, tooth extractions are simulated with SimPlant®. The bridge is then made based on implant planning

and patients' natural teeth.

The Immediate Smile® bridge gives patients the opportunity to switch from "natural teeth" to "teeth on implants" in a single visit.

Cumbersome and time-consuming immediate loading procedures before, during and after surgery are now a thing of the past with Materialise Dental's Immediate Smile® bridge!

For more information visit www.materialisedental.com.

Zimmer Dental Offers Best of Both Worlds with Cortical-Cancellous Mix

Zimmer Dental Inc., a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., announces the availability of Puros® Cortico-Cancellous Particulate Allograft, an anatomic-based mixture of



Materialise Immediate Smile Bridge

cortical and cancellous bone, designed to provide clinicians with the best of both worlds in an effort to simplify the grafting process.

Composed of 70 percent cortical and 30 percent cancellous bone, Puros Cortico-Cancellous does not require on-site mixing, and retains its osteoconductive properties due to the preservation of the natural bone matrix collagen and mineral composition, trabecular pattern, and original porosity. The particulate mixture's quick hydration,

5-year shelf life, and room-temperature storage requirement also add to its ease of use, while two available size options are intended to conveniently accommodate various defect dimensions.

Clinicians can feel confident in the safety and performance of *Puros Cortico-Cancellous* due to fact that it carries the highly regarded Puros name. Each single donor vial of the bone grafting material has been sterilized and preserved with the proprietary *Tutoplast®* Process, which assures the highest

standard of tissue safety and quality with minimal risk of disease transmission. This process, used for over 40 years and in more than three million procedures, preserves the valuable collagen matrix and tissue integrity while inactivating pathogens, and gently removing unwanted materials such as cells, antigens, and viruses. For more information regarding this regenerative option, contact a Zimmer Dental Sales Consultant or Customer Service at (800) 854-7019, or visit www.zimmerdental.com. ▶

Your Vote

continued from page 1

symposium, and two-and-one-half days of programming specifically designed for allied staff. The scientific program is truly outstanding. We promise that there will never be a dull moment.

Hear it all at this meeting. This will be one meeting that you will not want to miss. It should be one of the liveliest and most provocative AAID scientific programs ever.

Register by September 10, 2012 and save \$100. ▶

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Successful Implantology – Successful Western and Central Districts Meeting

The Western and Central Districts of the American Academy of Implant Dentistry brought together an outstanding faculty from throughout the United States and Canada to help you achieve success in implant dentistry by preventing, identifying, and handling complications.

They hosted two days of scientific programming that were rated among the best attendees had experienced. Because camaraderie is a cornerstone of AAID, they planned a number of networking opportunities for those in attendance to meet and interact with peers as well as with the exhibitors and sponsors of this meeting.

Nearly half of those doctors in attendance were AAID members who had not previously attended an AAID meeting — either a District or Annual meeting. Another 20 percent were non-members of AAID who we hope will soon become members of the Academy.

Those who were in Vancouver agreed that it is one of the most beautiful cities in the world.

Mark your calendar for the 2013 meeting to be hosted by AAID's Central and Western Districts. It will be held in Chicago, June 7 – 8, 2013, at the world-famous Palmer House Hotel. The theme will be “Treating Failing Implants at the Speed of Light.”



Networking with peers is one of the hallmarks of AAID meetings.



A packed house learned about successful implantology at the Western-Central Districts meeting in Vancouver.

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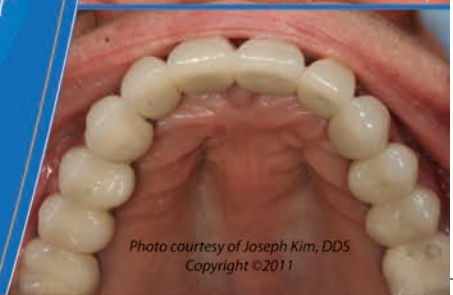


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2012 Annual Meeting Scientific Programs

Wednesday, October 3, 2012 New Trends, Techniques and Technology

MORNING 8:00 am – 12:20 pm

How to Create the Ultimate Internet Marketing Program for Your Practice – From the Top of Google to Dominating Social Media!

Bryan Edelstein

*TopDentists.com (An Everyday Health
Property), Gold Sponsor*

Optimizing Implant Esthetics with Implant Design

Natalie Wong, DDS

BioHorizons, Inc., Diamond Sponsor

Successful Use of Allogeneic Bone Blocks of Human Vertebra in Augmentation of Atrophied Jaw Bone

Mohamed Sharawy, BDS, PhD

*Rocky Mountain Tissue Bank, Gold
Sponsor*

Implant Associated Bone Loss and the Black Triangle Disease: Treatment Planning and the Team Approach to Prevention

Hessam Nowzari, DDS, PhD

Dentium, Gold Sponsor

Immediate/Selective Loading and Failure Avoidance through Osseous Fixation: A New Era in Oral Implantology

David D. Dalise, DDS

OCO Biomedical, Gold Sponsor

“Simply Smarter” Implantology

Gerald A. Niznick, DMD, MSD

*Implant Direct Sybron International,
Platinum Sponsor*

The Use of Short Implants in Minimal Available Bone

Hisham F. Nasr, DDS, PScD, PhD (ca)

MegaGen, Gold Sponsor

Treatment Options for the Terminally Dentate Patient

Steven M. Bongard, DDS

Nobel Biocare, Platinum Sponsor

Patient-specific Abutments: Providing Customization through Simplicity

Mark Montana, DDS

Dentsply Implants, Platinum

Sponsor

Full Arch One-Piece Metal Free Restorations Over Short Implants

Drauseo Speratti, DDS

Bicon, Gold Sponsor

The Shift from Classic Bone Regeneration to Bi-Phasic Calcium Sulfate

Miguel Stanley, DDS

MIS Implant Technologies,

Presidential Sponsor

New Advances in Implant Design Challenge Conventional Wisdom

Robert Miller, MA, DDS

Intra-Lock International, Presidential

Sponsor

Main Podium Presentations

New Earlier Start

AFTERNOON 1:30 pm – 5:30 pm

Wisdom from Periodontics to Implant Esthetics: Realities of Esthetic Outcomes and Limitations in Implant Dentistry

Arnold S. Weisgold, DDS

Wisdom from Implant Treatment Planning through the Last Five Decades

Leonard Linkow, DDS

25 Years Of Immediate Loading — Where Do We Go from Here?

Paul Schnitman, DDS

DEBATE #1

Implant Dimensions — Long vs. Short

Michael A. Pikos, DDS

Marco Esposito, DDS

Concurrent Sessions Allied Staff Programs

AFTERNOON: 1:30 pm - 5:30 pm

Minimum Wage, Minimum Effort: Creating the Ultimate Staff Driven Practice

Mike Massotto

Lifetime Patient Retention

Mike Massotto

Thursday, October 4, 2012

Main Podium Presentations

All Day

DEBATE #2

Esthetics — Ceramics vs. Gingiva

Brahm Miller, DDS

Sonia Leziy, DDS

DEBATE #3

Treatment Planning — Bioengineering vs. Design Engineering

Carl Misch, DDS, MDS, PhD (h.c.)

Paulo Malo, DDS, PhD

DEBATE #4

**Treatment Options —
Comprehensive vs. Conformative**
Maurice Salama, DMD
David Garber, DMD

Facial Esthetics and Implants
Louis J. Malcmacher, DDS

**Facial Plastic Surgery, When Botox
and Dermal Fillers Aren't Enough**
Leo Keegan, MD

**Concurrent Sessions
Hands-On Workshops**
MORNING: 8:00 am - Noon

**W1: Botox and Dermal Fillers for
Every Dental Practice**
Louis J. Malcmacher, DDS

**W2: A Practical Session on Ridge
Expansion and Compaction**
Stuart Orton-Jones, BDS

**W3: Extraction Site Management
for Implant Reconstruction:
Hands-on Workshop**
Michael Pikos, DDS

**W4: Classic Bone Augmentation
Techniques and Beyond: The Use
of Calcium Sulfate in Bone
Grafting**
*MIS Implant Technologies,
Presidential Sponsor*
Miguel Stanley, DDS

AFTERNOON: 1:30 pm - 5:30 pm
**W5: Implant Placement at Time of
Extraction: Strategies and
Principles for Success**
*Intra-Lock International, Presidential
Sponsor*
Jack T. Krauser, DMD

**W6: The Treatment of Inadequate
Ridge Height Using the Tatum
Ridge Repositioning (Vertical**

Sectional Osteotomy Procedure)
Stuart Orton-Jones, BDS

W7: Laser Implant Dentistry
Edward R. Kusek, DDS

Live Surgery
MORNING: 10:30 am - Noon

**Inter-positional Bone Grafting
Surgery**
Joel L. Rosenlicht, DMD

AFTERNOON: 4:00 pm - 5:30 pm
**Reconstruction of an Atrophic
Ridge After rhBMP2
Augmentation**
Alan Herford, DDS, MD

Research
MORNING: 8:00 am - 9:30 am

**Development and Validation of a
New Maxillary Sinus
Classification System for
Minimally Invasive Surgical
Approach**
Samuel Lee, DDS

**Management of Implants for
Success Using Stability
Measurements at Insertion**
Rita K. Han, DDS, MMSc
Paul Schnitman, DDS

**Comparative Insertion Protocols
for Mini Dental Implants (MDIs)
and Small-Diameter Implants
(SDIs) as Critical Implant
Survival Elements**
Victor I. Sendax, DDS

AFTERNOON: 1:30 pm - 3:00 pm
**Atypical Implant Failures and
Long-Term Oral Bisphosphonates
- More than Osteonecrosis?**
*Gayathri Subramanian BDS, PhD,
DMD*

**Is Periodontal Disease the
Common Denominator in the
Spectrum of Chronic
Inflammatory Diseases?**
William Nordquist, DMD, MS

**Interproximal Papillae Adjacent
to Single Implant Crowns in the
Esthetic Zone: Clinical and
Radiographic Findings from a
Multi-Private Practice-Based
Research Network (PBRN) and
Post-Graduate Prosthodontic
Residency Programs**
Mark H.E. Lin, DDS

Allied Staff Programs
MORNING: 8:00 am - Noon

**Four Fundamental Keys –
Achieving Successes in Your
Implant Practice**
Brian Jackson, DDS

**Changing Our Patient's Lives
with Beautiful Implant
Restorations**
Natalie Wong, DDS

AFTERNOON: 1:30 pm - 5:30 pm
**Attend Debate #4 at the Main
Podium Program**

**It Takes a Team to Place an
Implant: Discussion of Roles for
the Allied Front, Clinical, and
Hygiene**
Matthew Young, DDS

Attend Live Surgery

see Scientific Programs p. 24



AAID News

Scientific Programs

continued from page 23

Friday, October 5, 2012 Main Podium

All Day

DEBATE #5

Grafting - Plain and Simple vs. Bells and Whistles

*Alfred "Duke" Heller, DDS
Edgard El Chaar, DDS*

DEBATE #6

Placement - Guided Surgery vs. Free-hand Skilled Surgeries

*David M. Vassos, DDS
Scott Ganz, DMD*

DEBATE #7

Implant Soft Tissue Esthetics - Biometrics vs. Biomimetics

*Michael Sonick, DMD
Marius Steigmann, DMD*

DEBATE #8

Block Grafts - Autogenous vs. Allogenic

*Fouad Khoury, DMD, PhD, Prof.
John Russo, DDS*

Concurrent Sessions Hands-On Workshops

MORNING: 8:00 am - Noon

W8: Dental Photography, How to Take Great Dental Images: Essentials in Preparing for Board Examinations

John Carollo, DMD

W9: Autogenous Bone Graft: Secure Harvesting and Augmentation Procedures

Fouad Khoury, DMD, PhD, Prof.

AFTERNOON: 1:30 pm - 5:30 pm

W10: Plastic Periodontal Therapy: Soft Tissue

Manipulation Around Natural Teeth, Dental Implants and the Art of Suturing

Edgard El Chaar, DDS

W11: Boost Your Practice with Social Media

Jason Lipscomb, DDS

W12: Bone Allografting for Implant Dentistry

*John Minichetti, DMD
Lawrence Nalitt, DDS
Matthew Young, DDS*

Global Symposium

MORNING: 8:00 am - Noon

It's All About Space

Nitish Surathu, BDS

Advanced Tissue Reconstruction. Is BMP-2 the New Gold Standard?

Nicholas Caplanis, DMD, MS

Influence of Implant Macro-design on the Peri-implant Tissues

Jihad Abdallah, BDS, MSCD

Make an Impression: Go Digital!

Natalie Wong, DDS

Face to Face Surgery and Prosthetics

Sergio H. Cacciaccane, DDS

A Unique Perspective on Implants "Screwless & Cementless"

John Stowell, FDSRCS

AFTERNOON: 1:30 pm - 5:30 pm
Repair of Sinus Membrane Perforation

Jaehyun Shim, DDS

Predictable Bone Regeneration with Allografts

Berneer Dunson, DDS

Short Implants - Does Length Matter?

Paresh Kale, MDS

Approaching Thirty Years with Implants: Long-term Cases and Recent Techniques

Yasunori Hotta, DDS, PhD

Live Surgery from Russia

Vertical and Horizontal 3-Dimensional Bone Reconstruction

*Maxim Kopylov, DDS
Sergey Zorin, DDS*

Saturday, October 6, 2012

Main Podium

MORNING: 8:00 am - Noon

DEBATE #9

Vertical Augmentation - Vascularized Osteotomies vs. Guided Bone Regeneration

*Itsvan Urban, DMD, MD
O. Hilt Tatum, Jr., DDS*

DEBATE #10

Prosthetics - Glass Ceramics vs. Metal Ceramics

*Christian Stappert, DDS, PhD
Christian Coachman, DDS*

Concurrent Sessions Hands-On Workshops

MORNING: 8:00 am - Noon

W13: Implant Site Development — Hard Tissue Regeneration

Michael Sonick, DMD

W14: Electrifying Presentations

Tom Mucciolo

W15: To Be Announced

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Debating the Options

Ten debates about implant treatment options, with you having the ability to vote electronically to determine the winner of each one, is one of the items that makes this year's scientific program even more exceptional and outstanding than normal.

Here are summaries of each of the ten debate topics:

DEBATE #1 Implant Dimensions – Long vs. Short Do We Need Bone Augmentation? Does Length Matter?

Implant treatment planning has always relied upon length as a predictor of long term success. Literature is replete with statistics that favored longer implants till 2000. With the advent of short implants and improved surfaces, there is an increasing interest in the use of short implants that can often avoid additional grafting procedures and increased treatment time. What should be the minimal length of an implant to ensure long term success? This debate will explore the controversy of length from an evidence-based model and clinical practice.

- The Versatile Short Implants, *Marco Esposito, DDS*
- The Rationale for Longer Implants, *Michael A. Pikos, DDS*

DEBATE #2 Esthetics – Ceramics vs. Gingiva

Achieving perfection with implant esthetics can be challenging and generally involves multiple surgical interventions. Alternatives such as pink ceramics have also been used successfully to treat esthetic blemishes around implants. If one can prognosticate which approach would be predictable - This would be important to consider in complex treatment planning. The patient can then make the important decision on whether to go through multiple corrective surgeries or simply consider pink ceramics to compensate for the deficiencies. This debate will discuss important surgical vs restorative choices.

- Soft Tissue Based Esthetics Idealizing Implant Treatment Outcomes: What We Can or Can't Do with the Surgical Phase of Treatment, *Sonia Leziy, DDS*
- Ceramic Based Esthetics Idealizing Implant Treatment Outcomes. What We Can or Can't Do with the Restorative Approach, *Brahm Miller, DDS*

DEBATE #3 Treatment Planning – Bioengineering vs. Design Engineering

Full Arch Treatment plans with implants have several options ranging from a few implants to an implant for every tooth being replaced. Philosophies of implant biomechanics, force distribution, cantilevers have all been explored. But there remains the issue — how many implants do we need for a full arch reconstruction? The number of implants has economical, functional and time considerations that impact on case acceptance and morbidity. This debate will attempt to establish some

guidelines for considering options for full arch reconstruction.

- Tilted Implant and Biomechanics — What Makes it Work? *Paulo Malo, DDS, PhD*
- Key Implant Positions or Biomechanics - What Are the Ideal Parameters, *Carl Misch, DDS, MDS, PhD (h.c.)*

DEBATE #4 Treatment Options – Comprehensive vs. Conformative

Comprehensive care and ideal treatment plans are considered as the first option in treatment planning, but there are several extenuating factors wherein one could consider an optimal plan with an alternate approach. These ideal plans sometimes require a multi-disciplinary approach with protracted treatment time. Optimal plans are innovative, time saving and though sometimes considered experimental or old fashioned provide for some outstanding outcomes. This debate will discuss strategies to implement comprehensive plans and offer alternate solutions with minimally invasive techniques.

- Do We Really need to Stretch the Limits? *David Garber, DMD*
- The Comprehensive Approach to Multi-Disciplinary Treatment Planning, *Maurice Salama, DMD*

DEBATE #5 Grafting – Plain and Simple vs. Bells and Whistles

Management of bone atrophy and prevention of alveolar bone loss have created an entire discipline of bone grafting techniques. This debate explores the treatment options available for grafting procedures from simple inexpensive allografts to the more costly recombinant materials and other additives for bone enhancements. Some of the traditional materials have been tested over several decades while others have been in use for only a couple of years. How does one determine what type of graft material would be applicable for managing bone deficiencies? Do we need a combination of materials? If so what is the recommended mix, percentages, use of membranes, types of closures and other variables? The recipe can be so confusing that we fail to understand the mechanism or the rationale behind the pathophysiology of grafting procedures. The debate will address the range of materials in use today and will attempt to create a logical approach in the management of bone preservation and atrophy.

see Debate p. 26

Debate

continued from page 25

- Ridge Augmentation Using rh-BMP-2, Myth or Reality? *Edgard El Chaar, DDS*
- Bone Enhancements - Realities of Additives. Do Materials Make a Difference? *Alfred Duke Heller, DDS*

DEBATE #6 Placements – Guided Surgery vs. Free-hand Skilled Surgeries

Surgical principles in implant dentistry always relied upon bone sounding and visualization of the anatomical structures to facilitate implant surgery and osteotomy procedures. With the increasing application of Cone Beam radiography and CT Scans, the diagnosis of implant treatment planning has simplified volumetric evaluation of available bone. Sophisticated softwares are now available by many manufacturers to help facilitate implant surgery. Studies have shown that the accuracy level of implant placement has increased with the use of computer guided surgery. Many of the traditional surgeons still feel that guided surgery is applicable only in the presence of an abundance of available bone and that bone manipulation is not feasible with the guides. This debate will clarify the indications, limitations and the reliability of guided surgeries vs. free hand surgeries with intra-oral geometric devices.

- "It's Not the Scan, It's the Plan:" The Definition of Guided Surgery, *Scott Ganz, DMD*
- Skilled Surgery and the Golden Standard, *David M. Vassos, DDS*

DEBATE #7 Implant Soft Tissue Esthetics – Biometrics vs Biomimetics

Soft Tissue management has been the nemesis of the esthetic zone. There are several guidelines established by researchers to categorize the risk factors associated with implant esthetics. Implant design, platform switching, microchannels are some of the concepts that have populated the newer implant configurations. There are diametrically opposite considerations when it comes to choice of implant design in the esthetic zone. This debate will analyze the biologic and biomechanical parameters that influence the soft tissue esthetics around implants.

- The Realities of Implant Abutment Junction: Soft Tissue Classical Guidelines, *Michael Sonick, DMD*
- The Realities of Implant Abutment Junction: Revised Biological Guidelines, *Marius Steigmann, DMD*

DEBATE #8 Block Grafts - Autogenous vs. Allogenic

Autogenous grafts have been considered the gold standards, nevertheless there is an increasing shift in the utilization of allogenic grafts when it comes to volumetric increase in width

and height of atrophic bone. Patients need to know the benefits and risks associated with grafting procedures. Although invasive, many of the long term results have shown favorable outcomes with autogenous sources. Are we now ready to adopt an alternative method to avoid donor site morbidity? Or is the predictability so high that we still need to consider the autogenous option since it is second to none? This debate will compare and contrast the various autogenous methods of harvesting bone and its long term results, with some of the newer allogenic source of particulate and block grafts.

- Autogenous the Gold Standard, *Fouad Khoury, DMD, PhD, Prof.*
- Allogenic Grafts - The New Gold Standard? *John Russo, DDS*

DEBATE #9 Vertical Augmentation – Vascularized Osteotomies vs. Guided Bone Regeneration

Vertical alveolar bone augmentation has been the most challenging procedure in implant dentistry. Various techniques from onlay grafting to GBR methods have produced inconsistent results. The debaters on this topic have had many years of success with procedures they have perfected. This session will discuss the merits of particulate grafts materials along with GBR procedures and the advantages of having native bone through vascularized osteotomy techniques for vertical augmentation. The audience will have an opportunity to witness the sequential methods employed in both procedures and evaluate the predictability if they were to replicate it.

- Predictable Vertical Bone Augmentation Technique with Vascularized Osteotomies, *O. Hilt Tatum, Jr., DDS*
- Vertical Augmentation with Particulate, *Itsvan Urban, DMD, MD*

DEBATE #10 Prosthetics - Glass Ceramics vs. Metal Ceramics

Prosthetic materials have undergone revolutionary changes from all metallic restorations to all ceramic complete arch reconstructions. The debate will clarify the indications of complex milled zirconia and titanium frameworks and the related material interfaces for long-term integrity and biologic compatibility. Emphasis will be made on the choice of esthetic materials that will be used for fixed implant restorations. The limitations and advantages of newer zirconia framework and crowns will be explored. Will this mean traditional crown and bridge with metal is still the gold standard?

- The Pink Hybrid Restoration. The Prosthetic Solution for Anterior Ridge Defects, *Christian Coachman, DDS*
- Zirconia Meets Lithium Disilicate - How Reliable Are Esthetic Ceramic Implant Solutions? *Christian Stappert, DDS, PhD* ▶



Camaraderie and Networking Opportunities

Continental Breakfasts

Start each day of the meeting on the right foot with a continental breakfast. This is an excellent opportunity to share information with your peers before attending a scientific program. Continental breakfasts are open only to registered attendees. Badges will be required.

Networking/Refreshment Opportunities

Take a break from formal learning to continue discussions with colleagues during the twice-daily refreshment breaks. Examine what is available to the implant dentist at the Implant World Expo in the Exhibit Hall. Enjoy refreshments while sharing information with colleagues and suppliers. Badges will be required.

Welcome Reception Wednesday, October 3

All registrants and registered guests are invited to attend the Welcome Reception on Wednesday, October 3 from 5:30 pm – 7:00 pm. This is a wonderful opportunity to reconnect with old friends and make new ones from the implant profession in a relaxed atmosphere while enjoying light appetizers and beverages of your choice. Badges will be required.

Implant World Expo Lunches – New This Year – 2 Lunches Thursday, October 4 and Friday, October 5

No need to look for a restaurant, worrying if you will be finished in time for the start of the afternoon education session. Join your colleagues on Thursday, October 4 and Friday, October 5 from Noon until 1:30 pm in the Exhibit Hall for a FREE lunch and visit with the suppliers who help make your practice successful. Every registrant will receive a ticket for lunch.

District Caucuses Lunch Thursday, October 4

Meet your fellow members who practice in the same geographic area and enjoy a box lunch while discussing AAID

business. This event is open to all AAID members – credentialed or general – although, only credentialed members may cast votes. This is an excellent way to become involved in the workings of the Academy and develop new contacts in the profession. Each District will meet in a different room for lunch and conversation on Thursday, October 4 from Noon until 1:30 pm. There is no cost for this event. Pick up your box lunch in the Exhibit Hall.

Women Dentists' Wine and Cheese Gathering Thursday, October 4

Join your colleagues at AAID's Women Dentists' Wine and Cheese Gathering on Thursday, October 4 from 6:00 pm until 7:30 pm. This is a wonderful place to talk with members who share similar challenges and opportunities.

Implant World Expo Reception Friday, October 5

Join colleagues and suppliers to the implant profession in the exhibit hall for the Implant World Expo. Over 100 suppliers to the implant dentistry profession will be there. Chat with fellow professionals while enjoying hors d'oeuvres and cocktails. This outstanding event is open to all registered guests (badge required) and will be held from 5:30 pm until 7:00 pm on Friday, October 5. Badges will be required.

President's Celebration Saturday, October 6

Join AAID President, **Larry Bush** and Mrs. Bush on Saturday evening, October 6, to enjoy an outstanding meal, say a fond farewell to your friends, dance to some great music, and celebrate AAID and everything you have helped it accomplish. The recipients of the Isaih Lew Memorial Research Award and the Aaron Gershkoff Memorial Award will be introduced and honored. One ticket is included with each dentist's registration (except for student and life or retired member registrations) and additional tickets can be purchased for \$195. **D**





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 city. Contact your new colleagues and welcome them to the Academy.

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Bay Area Implant Synergy

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Contact: Andy Holt

Phone: 415-392-8611

E-mail: info@drmyoung.com

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Contact: Michelle Marcil

Phone: (860) 649-2272

E-mail: Michelle@jawfixers.com

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Carol Phillips, DDS

Contact: Melissa Martin

Phone: 800-549-5000

Hands-on Training Institute

Dr. Ken Hebel

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Course Director: Dr. Michael Shulman

Phone: 201-840-7777

Contact: Amelia

Phone: 551-655-1909

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Drs. Jihad Abdallah & Andre Assaf
Contact: Mahia Cheblac
Phone: +961 1 747650 or +961 1 747651
Fax: +961 1 747652
E-mail: beirutidc@hotmail.com

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AAID Affiliated Study Clubs***California****Bay Area Implant Synergy Study Group**

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

Northern California Dental Implant Continuum

Craig A. Schlie, DDS, AFAAID
Phone: 530-244-6054
E-mail: Dr.Schlie@gmail.com

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

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

New York**CNY Implant Study Group**

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

New York Study Club

Edgard El Chaar, DDS
John Minichetti, DMD
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Web site: www.implantconnection.ca

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



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