PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / SPRING 2016

SURVEY SAYS

Paying too much for implants?

Getting the ROI on marketing?

Earning what you deserve?

Charging too much...or too little?

INSIDE

Efficiency creates profitability

100

- The ADA, the Courts, the FTC, and the ABDS
- Questions to ask BEFORE buying a CBCT
- The emergency 30-minute full-arch interim restoration under \$10

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Clinical image courtesy of Dr. Neal Gittleman

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EDITOR'SNOTEBOOK



By James E. Ference, DMD, MBA, AFAAID, DABOI/ID Editor, *AAID News*

Do you know England?

Une of my favorite sayings is, "he who knows England only, knows England not at all." Being somewhat of a "cottage industry," we tend to practice in isolated office environments and may drift into disadvantageous patterns without fully realizing it.

While you may fully know the "numbers" within your practice, if you don't have a grasp on the rest of the profession overall, you really don't have quite as much knowledge about your practice as you might think.

Over the past 18 months, the American Academy of Implant Dentistry conducted the first, comprehensive, in-depth study of how implant dentists actually conduct their implant practices. The Academy retained McKinley Advisors, one of the leading

...if you don't have a grasp on profession overall, you really don't have quite as much knowledge about your practice as you might think. independent research firms in the country, to conduct the study.

Some of the findings may surprise you. For example, owner-dentists in one region of the U.S. reported income levels over 60% greater than those owner-dentists in the other regions...that the majority of respondents indicated they are not currently using

CAD/CAM, 3D scanning or optical scanners. However, almost one third reported that they plan to use these technologies in the future. We are only publishing the Executive Summary of the 2016 Dental Implant

Practice Benchmarking Study in this issue of the AAID News.

However, the complete Study, which contains over 50 pages of facts, figures, charts, and insights, is available for purchase. Use it to compare your own practice to what over 500 colleagues do in their practices. If you are thinking of expanding your general practice by adding more implant services, this is an excellent guide to help you plan more effectively. It is available for purchase through the shopping cart at aaid.com. See page 14 for an order form for the complete report.

It's political season in America reminding us of the tremendous good fortune we have inherited in the form of freedoms to live life largely as we choose. Those rights, of course, come with responsibilities.

Do YOU have ideas, strategies, comments, or observations that you want to share with your colleagues? Send them to me at editor@aaid.com.

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Introducing the Simplus[™] Denture System

U.S. demand for Complete Dentures is rising exponentially! More than 35 million Americans are edentulous – and almost 15 percent have dentures made each year! Applying the Simplus[™] Denture System gives clinicians the systems, and confidence, to market to and treat a nearly unlimited, and growing, number of edentulous patients.



Utilizing in-operatory materials, systems and products already found in the practice, this concise technique is a repeatable, faster and easier way to provide all applicable patients with new complete dentures.

The Simplus[™] Denture System is the perfect practice-building solution, even for practitioners that haven't been doing dentures because they found them too time-consuming, too much of a headache or just unprofitable. Designed to provide dental practices with a precise and efficient way to re-create new complete dentures in far fewer visits, the Simplus[™] Denture System is based on using the existing denture that most edentulous patients already have. Then it creates a lighter, stronger, more esthetic, patient-pleasing replacement, far more easily and reliably than ever before.

Simplus[™] is even more help with implant-based cases! Well-fabricated dentures are crucial in the long term success of many implant restorations. Simplus[™] makes creating precisely fitting implant-supported dentures a snap! 800-661-1169

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Gregory B. Harris Joins Core3dcentres® NA as General Manager, North America

Gregory B. Harris has joined Core3dcentres[®] NA as General Manager, North America. Mr. Harris began his business career with Nabisco Foods in the consumer package goods marketing. He then moved into the dental industry, joining the Nobel Biocare Branemark[®] team in the late 80's working with both labs and dentists. In 1997, Mr. Harris started Procera[®] in Canada and shortly thereafter joined the U.S. Procera[®] team, developing and lecturing to both laboratories and dentists.



Mr. Harris then joined Dental Services Group (DSG) as the Director of Sales and Marketing. Most recently, as Founder and Principal of The Harris Group (a dental consulting firm working with manufacturers and laboratories focusing on CAD/CAM workflow for dental labs and digital dentistry), Mr. Harris has had extensive experience in dealing with many aspects of the key issues facing dental laboratory owners of all sizes and types today. He has been heavily involved in the newest developments in CAD/CAM dentistry and how they impact workflows and communications between the dental office and the laboratory.

core3dcentres-na.com

Digital Dental Lab and Dental Laboratory Milling Supplies Merge

Digital Dental Lab, based in Laguna Hills, CA, and Dental Laboratory Milling Supplies, based in Scottsdale, AZ, announced they have merged in order to offer a comprehensive suite of CAD/CAM solutions for digital dentistry. The merger brings together the leading brands of Crystal® zirconia, Dental Mill machines, and SinterMax ovens. The new combined company will be known as Digital Dental and will be headquartered in Scottsdale.

The companies develop advanced technologies and materials, which enable dental labs to use computer-aided design to create stronger and higher quality dental restorations (crowns, bridges, and dentures). The newly combined company is the only American-made provider of materials and milling



machines in the dental lab industry.

The combined company also includes a "Center for Excellence" advanced dental milling research and training laboratory in Scottsdale. 480-948-0456 www.digitaldental.com

OCO Biomedical and the Perio Institute Announce 2016 Advanced Cadaver Grafting and Dental Implant Placement Seminars

OCO Biomedical, Inc., in conjunction with the Perio Institute, will partner to present intensive, two-day, hands-on seminars in numerous nationwide locations during 2016. Seminars will be offered:

- May 13-14 Salt Lake City, Utah
- July 14-15 Dallas, Texas
- August 26-27 Indianapolis, Indiana
- December 9-10 Denver, Colorado

With the overall objective of improving patient care and building practice performance, these comprehensive, value-priced, AGD-Pace accredited workshops (14 CEU's) will be presented by industry-recognized, award-winning implantologist, Dr. Charles Schlesinger, OCO Biomedical Chief Operating Officer and Director of Clinical Affairs.

By the end of this implant placement seminar, each participant should be able to:

- · determine when grafting is necessary for implant placement
- · graft a socket
- · raise the sinus floor
- · place implants in an extraction site
- · place implants in a grafted site
- properly design and suture flaps for implant placement or grafting
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www.Perio.com



ZEST Anchors Introduces Next Generation LOCATOR R-Tx™

Today marks an evolution for implant-retained, tissue-supported overdenture solutions with ZEST Anchors' introduction of the next generation LOCATOR R-Tx Removable Attachment System. Building on 15 years of



clinical experience with the awardwinning LOCATOR®, it is a better, simpler, stronger system that relies on the same restorative techniques as its predecessor.

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- Dual retentive features on the Abutment and Nylon Retention Insert that work in harmony with the redesigned Denture Attachment Housing to allow for a 50% increase in pivoting capability (60° between implants) and provide easier alignment and overdenture seating during insertion/removal for the patient
- The redesigned Denture Attachment Housing also incorporates flats and grooves that resist movement and is anodized pink for aesthetics
- Convenient All-in-One Packaging: double-ended vial separately holds Abutment and Processing Components providing all the necessary components for the case with one part number

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Core3daCADemy[™] Unveils New Hands-on Courses for Spring 2016!



Core3daCADemy[™], the educational arm of Core3dcentres[®], unveiled a slate of exciting new Hands-on courses for Spring 2016!

Held in Las Vegas, Calgary and Toronto, all Core3daCADemy[™] twoday courses are designed by dental technicians for dental technicians, feature a smaller class size ensuring a dedicated hands-on experience along with lecture-style instruction, and are packed with tips and tricks that will increase participants' design efficiency, thus increasing their profitability.

"Accuracy and Efficiencies in 3Shape"

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September 23-24 (Las Vegas, NV)

"Advanced Cosmetics and Customization in 3Shape"

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You've just spent a great deal of time and effort on a wonderful new smile for your patient. The final result is superb. The patient is ecstatic. There's only one challenge left. Think about what 600 pounds of grinding force per square inch (ten times the force registered during normal mastication) from a bruxing patient could do to your cosmetic dentistry. That's enough force to crack a walnut – and to easily damage the smile you have taken such care in creating.

Consider some safe, comfortable "smile insurance" — with Nightguards and Mouthguards from Space Maintainers — Pacific Northwest[™]! Choose from the following options, depending on the clinical situation:

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- Indicated for patients with mild bruxing/clenching.
- Entirely constructed of soft material.
- Often used for "clenchers" where the occlusal surface must give under stress.



Dual-Flex® Splint

- Indicated for patients with moderate to severe bruxing/clenching.
- Combines the fit and comfort of a soft splint with the wear resistance, accuracy and adjustability of a hard acrylic occlusal surface.
- Can be utilized for all splint designs (e.g., Gelb, MORA, May, Sears, Jankelson, Tanner, etc.)

Intact "Multi-Purpose" Mouthguard

- Offer greater protection for athletically active patients.
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- Constructed from bonded sheets of injection-molded, cross-woven vinyl (provides extra strength and resistance to distortion).
 800-423-6509

300-423-6509

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Product Profile – BruxZir[®] Full-Arch Implant Prosthesis

Constructed from 100 percent solid zirconia, the BruxZir[®] Full-Arch Implant Prosthesis is an esthetic, more durable alternative to the screw-retained acrylic hybrid denture. By permanently attaching to four or more dental



implants, this full-arch restoration provides the same superior stability and function as the fixed hybrid denture, but with a monolithic construction that avoids the chipping, stains and fractures that can compromise acrylic appliances.

With superior fracture toughness and flexural strength of up to 1,465 MPa, BruxZir Solid Zirconia is the ideal material for withstanding the functional stresses that full-arch restorations must endure. And yet, the material is hypoallergenic and wear-friendly to opposing dentition.

The restorative protocol is straightforward and similar to that of the screwretained hybrid denture. A PMMA provisional full-arch implant prosthesis is included that ensures that the patient and doctor are satisfied with the definitive design before the final restoration is milled from monolithic zirconia. The result is a highly accurate, exceptionally strong, life-like restoration that shares the same excellent long-term prognosis as the dental implants holding it in place. 800-839-9755

www.glidewelldental.com

Greater confidence for you and your patients



BruxZir Solid Zirconia has maximum durability with no porcelain overlay, denture teeth or acrylics to fracture. The material is hypoallergenic and has been shown in clinical studies to be wear-compatible with enamel.¹ Our **7-year warranty** provides free replacement from the stored digital data if material damage occurs.**



The final **BruxZir Full-Arch Implant Prosthesis** completed a dramatic oral reconstruction for a patient who presented with terminal dentition, restoring form, function and quality of life. Clinical case and photography courtesy of Paresh B. Patel, DDS.

Visit **www.glidewelldental.com/solutions** to view the entire case study.



Use this patient presentation sample to show your patients how natural the **BruxZir Solid Zirconia Implant Prosthesis** looks. Call us to order an actual BruxZir Solid Zirconia 12-unit sample for \$619* or an 8-unit sample for \$439*

*Price does not include multi-unit abutments, shipping or applicable taxes. **Warranty is provided to the prescribing dentist and is nontransferable. For complete warranty details go to www.glidewelldental.com. 1. Clinicians Report, TRAC Research, July 2014





SURVEY SAYS

INTRODUCTION

The American Academy of Implant Dentistry retained McKinley Advisors to develop the first comprehensive study of implant dentistry practice in the United States: a resource that provides implant dentistry professionals with critical information and statistics about the field. The AAID Field Study helps you better understand trends related to:

- Staffing models, compensation and benefits
- Overall practice performance in terms of revenue and expenses
- Procedures and fees

order form on page 14.

- Effective marketing techniques used to drive business
- The various technologies leveraged in implant practice

The AAID Field Study is an essential tool for all implant dentistry professionals. For practicing implant dental professionals, benchmark your practice performance against peer practices of similar size and focus, and against the broader field as a whole. If you are new to or considering entering the practice of implant dentistry, the study provides critical data

points that you need to make important practice decisions. The study is based on data from calendar year 2014 collected in a statistically valid survey

from nearly 600 implant dentists from around the country, including members and nonmembers of the AAID. The following represents a handful of key highlights from the full benchmarking study. The full study can be purchased online at aaid.com or complete the

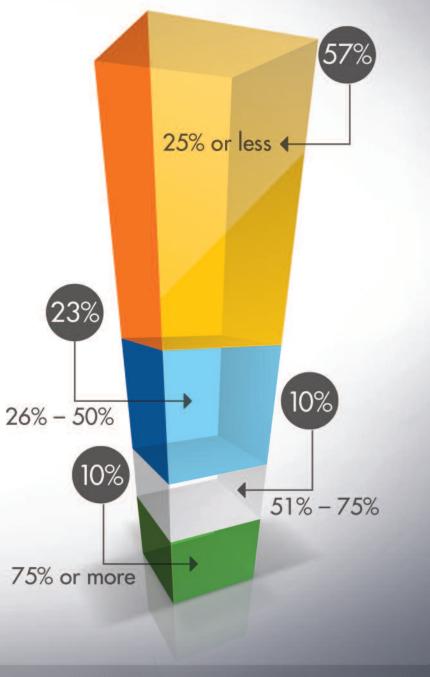


10 AAIDNEWS SPRING 2016

KEY FINDINGS

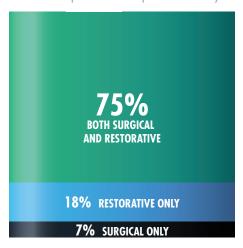
THE LOOK OF IMPLANT DENTISTRY

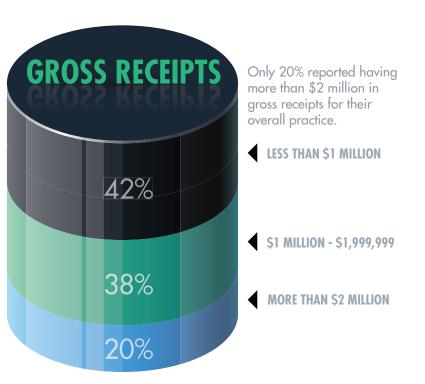
The majority of implant dentists reported that implant dentistry represents less than 25% of the gross receipts of their practice, while almost another quarter of the respondents said it represented between 26% and 50% of their practice's revenue.



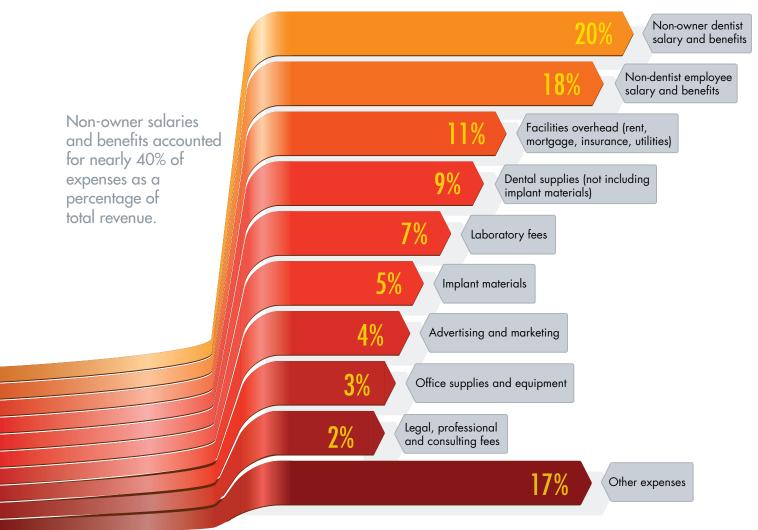
PHASES OF IMPLANT DENTISTRY PRACTICED

Three quarters of dentists reported that their practices provide both surgical and restorative phases of implant dentistry.





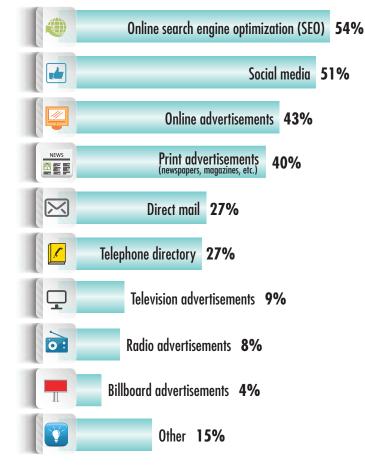
OTHER EXPENSES FOR YOUR PRACTICE



12 AAIDNEWS SPRING 2016

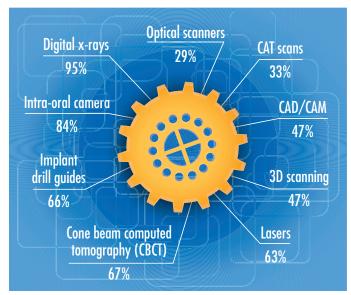
HOW YOU LOOK FOR PATIENTS

Online marketing channels dominate the marketing and advertising landscape of implant dentistry. Print advertising is a close fourth.



TECHNOLOGY USED IN THE PRACTICE

Digital x-rays and intra-oral cameras are the most prevalent technologies but CBCT, implant guides, and lasers are used by nearly two-thirds of the respondents.



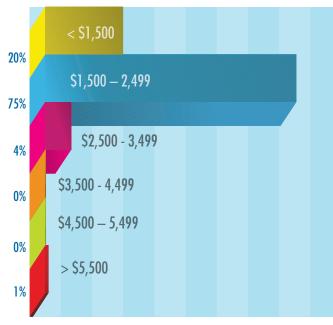
SALARIES FOR YOU AND YOUR STAFF

The majority of implant dentistry practices had one owner dentist and between two and five other staff including dental hygienists, front office staff, and chairside assistants. Typically, only those firms with overall practice revenues of between \$1 million and \$2 million or who were implant-focused (defined as having between \$600,000 and \$699,000 in implant-specific revenue), tended to have an implant coordinator on staff. Detailed breakdowns based on experience level, geography, and practice size can be found in the full report.

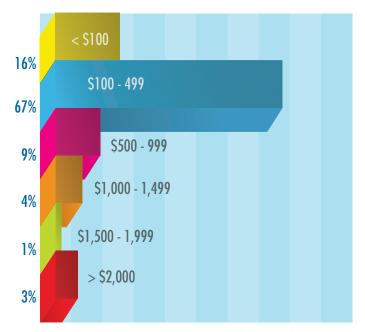


WHAT PATIENTS ARE CHARGED

The study focused primarily on surgical procedures and collected data based on "D-Codes." A more detailed list of the D-Codes covered and the responses and ranges of what is charged to patients is found in the full study. Two fairly typical procedures are shown here:



D6010 Surgical placement of implant body, endosteal implant.



D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, and reinsert of prosthesis.



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Dr. Natalie Wong Implant Prosthetic Program: Traditional to Digital

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Dr. Istvan Urban Predictable Vertical Bone Augmentation

*** Hands-On Pig Jaw Course *** Sept. 9-10, 2016

Dr. Daniele Cardaropoli

"Advanced Treatment Options in Periodontal Therapy & Mucogingival Surgery" – Ortho, Perio, Prostho Considerations

*** Hands-On Pig Jaw Course *** Nov.18-20, 2016

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BUSINESSBITE



By Drs. Bill and Christina Blatchford

ime is your friend and your enemy in productive implant dentistry. For more profits, you and your team want to become more aware of making time your friend by being prepared for any contingency.

In the AAID 2015 Implant Practice Benchmarking Study, several items stood out, shouting for a need of efficiency. Under expenses, non-owner dentist and staff salaries including benefits account for nearly 40% of spending. Staff costs can be up to 20%. Marketing shows a low 4% being spent when it should be close to 10%. The study also shows lab fees are 7% and should be over 10%, which means sales conversations are not effective.

Doctors worry about their overhead work where they can reduce. They work on office supplies or find the cheapest lab when indeed, they could reduce their team costs by half, to 20%. In a \$1M practice, staff at 20% would be saving \$200,000 annually. This is worthy of some serious action.

Here are some reasons you are spending 40% on team:

Systems: It is imperative strong written systems are in place for every aspect of your implant practice. When your systems are written, there is more structure and less time wasted with last minute changes. Systems cover financial arrangements, team culture, employee manual, lab communication, scheduling and more. Systems are the way we do business. They are proven, documented and followed. Without systems, you cannot train great people. Without systems, you are hiring people to supervise people which creates staff overhead at 40%. There is duplication. We need efficiency.

Checklists: It is imperative for efficiency to use checklists and more checklists. Your assistant needs checklists to deliver every possible item on the tray for any treatment possibility. Have opening and closing checklists to avoid wasting time, duplicity as well as dumpster diving. Every aspect of an efficient business has checklists. Create them now.

Diagnosis: Are you doing single tooth implants when you could use some help offering more and giving the patient a choice? Doing several when possible is a great system of efficiency.

Block Scheduling: Another strong system of efficiency is block booking. We absolutely have two morning blocks of two hours each where 80% of Doctor production is complete. Everything is ready to go, starting on time and completing on time. Blocks must be paid in advance or at least there should be a large down payment.

Cross-training: An accountable team must be completely cross-trained to

Efficiency creates profitability

have resulting efficient appointments. Schedule repeated training for everyone (including receptionists and Doctor). This includes handling money, scheduling, phone conversations, certification for taking x-rays, cleaning rooms, and anything aimed at efficiency.

Supplies: Have enough tray setups and supplies for any contingency. These are less expensive than hiring another person to be on "stand by."

Marketing: AAID's study indicates marketing costs in implant practices average 4%. In competitive areas, marketing costs should be close to 10%. If you want to attract edentulous patients, let your surrounding dentists know you love dentures. An effective system for marketing is an Excel spreadsheet on all your different media and social networking. Train your staff to ask every new patient and even those who call for information how they heard of your practice. What marketing is working for you? Quit guessing and know the answer by asking and keeping track. Drop what isn't working now and emphasize what is working. Sales Skills and Conversations: Create efficiency by having a conversation with existing patients and all new patients where you discover what they want, not what you think they NEED. When you ask the right questions in a comfortable environment, you discover what is important to your guest, closing on what is the most important path for them. The efficiency is created because of a clear path of what they want and your ability to fulfill their dreams. With financing and block booking, efficiency is ever at hand.

You, too, can have an implant practice with a greater net return. It is available and the joy of dentistry returns when you have more balance in your life for your family and hobbies as well as more funds for the time and skill you have invested.

Dr. Bill Blatchford and daughter, Dr. Christina Blatchford, at Blatchford Solutions, are leading the way for dentists to enjoy more profitability, more time off, and the freedoms of private practice. Their book, **No Nonsense Transitions**, is available at (888) 977-4600 and www.blatchford.com.

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LEGALBITE



By Frank Recker, DDS, JD

The ADA, the Courts, the FTC, and the ABDS

hen a dentist thinks of the term "dental specialties," it is inherently understood to mean those areas of dentistry that the ADA (House of Delegates) has deemed to meet the criteria of the ADA to become a dental "specialty." We know that simply because it is "common knowledge" in the dental profession. However, neither the public nor even many dentists understand the process behind the ADA's creation of dental specialties or how changing laws governing professional advertising over the past 30 years may have influenced that process.

It was exposed as an arbitrary and capricious process that, in the end, boiled down to turf wars and competition.

> In the 1940s, the ADA approved the first group of certifying boards for specialties. Over the subsequent years ending in 1964, the certifying boards of oral and maxillofacial surgery, orthodontics, dental public health, oral and maxillofacial pathology were approved.

Endodontics was added in 1964, after which the most recent specialty board certified by the ADA was oral and maxillofacial radiology in 2000.

Advertising to the public by professionals such as dentists was unlawful in every state by any dentist, specialist or otherwise, before the 1980s. Thus, the specialty system was a referral tool for general dentists to know who was a specialist in a specific area for purposes of patient referral.

When the Supreme Court of the United States began to grant protection to "commercial free speech," (i.e., professional advertising) the restrictions on advertising began to fall. Looking back to most of the last century, seeing a television advertisement for a physician surgically altering facial appearance for cosmetic purposes, cataract removal, or weight loss, was unheard of. Pharmaceutical companies marketing heart or psychotropic medications directly to the public would have caused heart palpitations!

As professional advertising became more acceptable, some dentists chose to walk cautiously, while others dove in headfirst. The bolder practitioners were frankly viewed as mavericks and called unethical, notwithstanding the legality of their advertising. The truth is that even today there are some states or areas of the country where dental professionals have an unspoken understanding that they will not advertise and view others that advertise as unethical, self-aggrandizing, or just greedy.

As advertising began to emerge and evolve, applications for specialty recognition to the ADA became more than recognition of those who had attained further education and training in a particular area of dentistry. A cloak of advertising and competition began to emerge in such considerations as dentists/members of the House of Delegates openly discussed and considered the competitive/advertising ramifications of anointing a new specialty area of practice. Various groups applied for specialty recognition throughout the 1980s and 1990s, but virtually all applications were denied. During those years, professional advertising became widespread, and dentists found themselves publicly competing with their once referral colleagues.

Of course this author cannot factually link the denial of

specialty applications during the 80s and 90s to anticompetitive considerations, but no one can deny the discussions that occurred on the floor of the House of Delegates when such applications were considered. In 1999, I represented four groups seeking specialty recognition by the ADA. In the end, only oral and maxillofacial radiology was

ABDS AMERICAN BOARD OF DENTAL SPECIALTIES

approved. The discussion centered on approving a new specialty that would pose the least threat of competition to the rest of the dental profession. Oral and maxillofacial radiology was the least threatening. It had relatively few radiologist members; most of whom were affiliated with an academic institution, posing no threat to any dentists.

Although specialty applications continued to be considered by the ADA, no area of dentistry has, or will in my view, be granted specialty status in the future. This conclusion was derived from the actions and words of the ADA House of Delegates in October 2012 when anesthesia was considered for a specialty vote. Although every council, commission, committee and the Board of Trustees had approved the application as having met every criterion for specialty recognition, it was rejected on the floor of the House where patently anticompetitive considerations were publicly discussed, argued and debated. In the end, the House chose to essentially ignore its own process and denied the application for specialty recognition submitted by the American Society of Dentist Anesthesiologists. This vote essentially assured the de facto demise of the ADA specialty process. It was exposed as an arbitrary and capricious process that, in the end, boiled down to turf wars and competition.

When the evolution of the ADA specialty process is viewed and considered along with the evolution of the laws relating to professional advertising and antitrust issues, it is clear that a group of competitors/members of a professional trade association will no longer decide with whom it chooses to compete, and what dentists in any state are permitted to call themselves "specialist."

Thus, it was inevitable that the American Board of

Dental Specialties was created in 2014 as an independent group that recognizes certifying boards that can meet its criteria in any area of dentistry, including special needs dentistry, forensic dentistry, cosmetic dentistry, sleep dentistry, and others. To date, the ABDS has recognized the certifying boards for Oral

Medicine, Orofacial Pain, Dental Anesthesia and Implant Dentistry. More applications are being received from certifying boards in other areas of dentistry.

Acknowledging today's realities, it would seem to make perfect sense for the ADA to affiliate with the ABDS in some fashion in order to contribute its own views, perspectives and opinions, and doing so without drawing more scrutiny from the courts or the FTC. The ABDS has already reached out to the ADA on this topic. But ultimately, as experience tells us, dental professionals will flourish and grow based on their own skills, education, and experience, potentially enhanced by the earned term "specialist." In the end, both the public and the profession benefit when additional training, education, experience, and psychometric testing are fundamental elements to the "specialist" moniker.

CLINICALBITE



By Dr. Louis Kaufman

Questions to ask BEFORE buying a CBCT

Are you considering purchasing a Cone Beam Computed Tomography (CBCT) for your implant practice? I'm sure you realize that it's a huge investment that requires painstaking research. But, I can tell you that it is an investment that will pay you back for years to come, so any research you do is well worth the effort. I purchased my



CBCT in February 2012, and looking back on that search, I'm glad I invested the time in due diligence.

So, before you return that salesperson's call or visit the tradeshow booth, here are some questions I recommend you consider:

- How much physical space do you have for a CBCT machine?
- Is there handicap access to get in and out of the machine?
- Does the CBCT have the ability to take a panoramic image?
- · Can it take extra-oral bitewings?
- What type of training is available for you and your team?
- How accessible is the technical support?
- Who will be doing the maintenance of the machine?
- · Is the machine upgradable?
- What fees does the company charge for any upgrades or service after the purchase?

What I found during my research of CBCT machines is that some were easier than others to position a patient who is in a wheelchair or who uses a walker. If you have an elderly or aging patient population, or any patients with special needs or disabilities, this is something to consider.

Back in 2012, research and anecdotes from colleagues were emerging that suggested CBCT units could also perform extra-oral bitewings. I thought long and hard about that and ultimately used my new unit to replace my old x-ray technology. I knew my patients didn't love having a sensor jammed in their mouth, and I found the image quality was actually better!

Another issue to consider is calibration. CBCT machines need calibration to work with your office software. This may not be easy to accomplish. Do you have the time in your schedule to do this? Do you have time to upgrade software/firmware? This is important. I wanted a company that has "feet on the ground" where I practice to take care of these upgrades.

Before you pull the trigger on your purchase, it pays to think about this scenario: Imagine your CBCT is installed, and everybody responsible for installation has disappeared. Will you be able to reach a technician to help you with a problem or to debug something? Find out what technical support is offered. Is it in the state or country where you practice? Or are you calling the other side of the globe? Don't wait until after you buy your CBCT unit to think about service! Is the unit you are considering upgradeable? Let's say a couple years after purchase the manufacturer has upgraded the machine. Can your existing machine be retrofitted or do you have to buy a completely new machine?

Before you buy, all of these questions should be posed to the sales rep and other doctors who have purchased the same machine If you aren't satisfied with the answers, seek out other manufacturers.

Dr. Louis Kaufman is a nationally recognized educator, author, and practices dentistry in Chicago. He serves on the advisory board of numerous dental manufacturers, consults on product development and educates clinicians around the globe. Dr. Kaufman holds professional memberships in The American Dental Association, The Academy of General Dentistry, The American Academy of Cosmetic Dentistry, and The Chicago Dental Society, The American Academy of Dental Sleep Medicine, The Academy of Laser Dentistry and Illinois State Dental Society. He is a proud owner of a Planmeca ProMax 3D CBCT unit.

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CLINICALPEARL



Submitted by: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

The emergency 30-minute full-arch interim restoration under \$10

Introduction:

Interim implant restorations have become the mainstay for developing soft tissue profiles, improving esthetics, comfort, and moderate function. At times, interim restorations can fail unexpectedly and at the worst possible moment — right before a long holiday weekend.

Solution:

The technique described here is costeffective and easy to fabricate for any sort of interim restoration that is needed for single-tooth to full-arch restorations.

Materials and Methods:

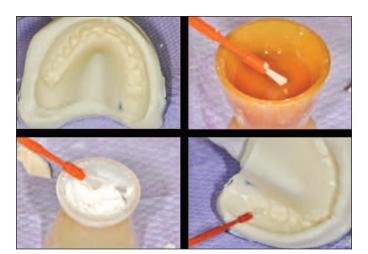
- Alginate impression of the wax up or existing denture
- Auto polymerizing resin powder and liquid (tooth colored shades)
- Two Dappen Dishes
- Sable or nylon brush
- College pliers
- Hot water

Steps:

- Take an impression of the denture/fixed failing prosthesis partial or full — the impression does not have to cover the soft tissues use colored alginate for better results
- 2. Paint the intaglio surface of the alginate by dipping the brush in the liquid and then the powder using the Nealon technique (let the acrylic flow

evenly) — paint the buccal or lingual surface first, and repeat this on the opposite side. Do not let the thickness exceed 1 – 1.5 mm. (Fig 1)

- Wait until the gloss of the acrylic disappears to proceed to the next surface.
- 4. Lastly, complete the occlusal surface — now you would have covered all the three surfaces of the teeth portion within the alginate. Caution do not overfill the teeth mold space with the acrylic. It should be the thickness of an egg shell. (Fig 2)
- 5. You can accelerate the set of the acrylic by immersing it in hot water.
- 6. Use a college plier to remove the set acrylic shell from the alginate.
- Try the acrylic shell over the abutments, making certain that the abutments don't interfere with the fit of the shell. Reline the shell over the abutments, trim the excess acrylic, and refine the marginal adaptation. (Fig 3)
- In case of a screw-retained provisional, make access holes in the shell and fit the shell over the temporary abutments. Lute the shell to the abutments using the Nealon technique and reline the shell extra-orally to fill the voids. (Fig 4)
- 9. Trim and polish the interim restorations.
- 10. Refine the occlusion.



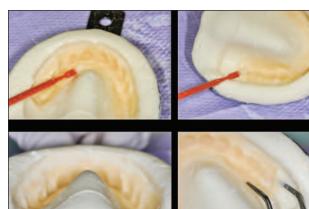


Figure 2.





Figure 3.

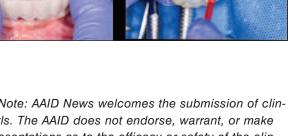
Conclusion:

A technique to effectively fabricate a predictable, interim, implant restoration is described. The shell is better than a vacuum-formed template that does not lend itself to occlusal verifications and adaptations. It is also superior to Bis GMA based interim restorations that are rigid and cannot be relined.

These provisionals can further be reinforced with a 22 gage orthodontic wire or using "e-fiber" (Preat Corporation, CA). They can also be relined and repaired in the event they need to be adjusted.

Figure 4.

Editor's Note: AAID News welcomes the submission of clinical pearls. The AAID does not endorse, warrant, or make any representations as to the efficacy or safety of the clinical pearl presented above, but only offers these submissions for potential consideration by our readers.



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

			METHOD OF PAYMENT Amount enclosed or to be charged \$			
Meeting Registration	By 9/20/16	After 9/20/16	Check Enclosed 🗅 Visa 🗅 MasterCard 🗅 American Express 🗅 Discover 🗅			
 AAID Associate Fellow/Fellow/Diplomate* AAID General Member* AGD or AACD Member* AGD or AACD Member # required NonMember PLUS! Dentist * [2016 AAID Membership PLUS Registration] Nonmember* 	9/20/16 \$ 1145 \$ 1195 \$ 1195 \$ 1345 \$ 1545	9/20/16 \$1245 \$1295 \$1295 N/A \$1645	Card No Card Exp. Date: Security Code: 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 you may fax your form to 312.335.9090.			
 Technician Life & Retired Member Office Staff Doctor's Name Student Spouse Name Guest Name <i>* Includes one (1) President's Celebration ticket</i> 	\$ 395 \$ 295 \$ 395 	\$ 445 \$ 295 \$ 445 \$ 150 \$ 295 \$ 295	American Academy of Implant Dentistry 211 East Chicago, Ave., Suite 750 Chicago, IL 60611 P: 312.335.1550 or 877.335.AAID All refunds are subject to a \$50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by September 26, 2016 for a full refund (less the \$50 administrative fee). Between September 26, 2016 and October 3, 2016, a 50% refund (less the \$50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after October 3, 2016.			



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PRESIDENT'SMESSAGE



Richard Mercurio, DDS, FAAID, DABOI/ID

The path to recognition

It's hard to imagine a more exciting time to serve as President of the Academy. We are well on our way to achieving many of the objectives outlined in our strategic plan adopted in 2014.

The membership overwhelmingly approved streamlined Bylaws at the 2015 Annual Conference. Consistent with our objectives relating to Governance, Mary Byers, co-author of **Race for Relevance**, met with the

We are well on our way to achieving many of the objectives outlined in our strategic plan adopted in 2014.

Board of Trustees at our meeting in February in Charleston, SC. Her informative and interactive presentation concerning governing structure, specifically for professional membership organizations, such as ours, was well-received as witnessed by extraordinary participation of the Board. I suggested that our Executive Director, Sharon Bennett, head a task force comprised of staff to examine our current structure and make appropriate suggestions for change.

Another objective of the Strategic Plan is to enhance the quantity and quality of education offered by the Academy. The Annual Conference Education Committee met in January to finish planning the 2016 New Orleans Conference and began planning the 2017 San Diego educational programs.

The Educational Oversight Committee met in Charleston as well on the day prior to the Board of Trustee meeting. At the request of the Committee, the Board of Trustees approved an ambitious plan to create an online educational curriculum through Dental Campus that will help standardize didactic learning for AAID MaxiCourses[®]. Students will be able to engage in online learning modules, challenge their treatment planning skills through Dental Campus case studies, and communicate with faculty and fellow students on prepared clinical cases. Each participating MaxiCourse® program has also agreed to donate a spot in that MaxiCourse® to the AAID Foundation's silent auction.

The highlight of my presidential term so far has been our victory in the Texas court. This moves the Academy closer to another strategic objective — specialty recognition for implant dentistry. The plaintiff group, consisting of the American Academy Implant Dentistry, American Academy of Oral Medicine,

see President's Message p. 28

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DENTAL LABORATORY MILLING SUPPLIES

President's Message

continued from page 26

American Dental Society of Anesthesiology, and American Academy of Orofacial Pain, won the litigation in Texas that legally ends the ADA's control of defining specialties for the Texas State Board of Dentistry. The decision rules unconstitutional a law in the State of Texas that allowed the Board of Dentistry to rely solely on the American Dental Association, a trade organization, for their dental specialty recognition process.

The highlight of my presidential term so far has been our victory in Texas.

I was invited to attend the American Board of Dental Specialties (ABDS) Board meeting held in February in Chicago. As someone who had been critical of what I saw as an unacceptable lack of progress, I must say I was impressed with the commitment from the board members and with what was accomplished at the meeting. The ABDS is working to be self-funded and has established annual dues and an application fee for future applicants. They plan to have a full-time executive director, develop a marketing and public relations effort, and work closely with state dental boards to establish credibility. The ABDS has made significant progress towards their goal of creating an independent, reputable process for recognizing both specialty and subspecialty Boards in dentistry.

The ABDS also met with the ADA's Council on Dental Education and Licensure (CDEL). CDEL expressed interest in further discussions to define a process for approving certifying boards for specialties in the dental profession. The Academy and ABDS, through AAID's legal counsel, Dr. Frank Recker, has proposed the creation of a joint liaison committee comprised of members of the ADA and ABDS.

Dr. Recker has been invited to make a presentation in April to a group of attorneys who serve as legal counsel for the various state dental boards at the annual meeting of the American Association of Dental Boards.

> The ABDS is drafting a letter introducing themselves to state dental boards. The letter will describe the high level of criteria for approval of new specialties and the applicant process.

There was some concern expressed about how the creation of an implant dentistry specialty might affect the Academy's Associate Fellow and

Fellow credentialed members. The AAID/ABOI Liaison Committee will meet to discuss possible considerations for enhancement of the status of AAID credentialed members in the ABOI/ID Diplomate process.

As the Academy draws closer to achieving many of the objectives outlined in our most recent Strategic Plan, it becomes time to consider the next version of the plan and in which direction the AAID should proceed in the future.

If you have any thoughts on this or other issues facing the Academy or the field of implant dentistry, please contact me.

Welcome to AAID's Clinical Classroom

As Chair of the AAID Education Oversight Committee, I am delighted for members of the Academy to have now free access to AAID's Clinical Classroom on Dental Campus. I encourage all of you to take advantage of this new educational benefit: www.aaid.com/ClinicalClassroom.

The Academy's Clinical Classroom offers multiple avenues for you to increase your knowledge in implant dentistry. This is yet another outstanding offering in education from the AAID — the leader in implant dentistry education. I would like to thank our President, **Dr. Richard Mercurio**, our Immediate Past President, **Dr. John Da Silva**, who initiated this project, and all the members of education committees for their work and effort to bring AAID's Clinical Classroom to a reality.

Sincerely,

Dominque Rousson, DMD, FAAID, DABOI/ID Chair, AAID Education Oversight Committee

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EATURED

Then and now, six years in Vancouver





MaxiCourse® students operate in the brand-new Graduate Specialty Clinic at the University of British Columbia Dentistry Department.

he AAID MaxiCourses® are among the most respected and comprehensive training programs in implant dentistry. The Vancouver program began in 2010 under the direction of **Dr. William Liang**, an ABOI diplomate with over 25 years of experience in oral implantology. In addition to his passion for teaching, Dr. Liang runs a referralbased implant dentistry practice in Surrey, British Columbia.

In September 2010, the AAID Vancouver MaxiCourse® commenced its first year with a class of more than 20 eager dentists. The first class was filled with a large number of experienced implantologists. These were committed implant dentists looking to take their careers to the next level; eager to learn more of the science to better understand the complex cases and complications that arise in implant practices. They were enthusiastic about earning top credentials in the field, not only for the recognition, but also for the confidence that comes with a strong education.

The beginnings of the MaxiCourse[®] were humble. Lecture venues tended to vary, from hotel conference centers to small, private spaces. The staff worked hard to make this new program work, implementing new systems and taking generous support from other MaxiCourse[®] directors. **Drs. Shane Samy, Rod Stewart,** and **Shankar lyer** were instrumental in providing a frame-



Didactic learning provides the foundation for MaxiCourse® students' implant training.

work for the fledgling Vancouver MaxiCourse[®]. A strong clinical component was always a priority, and Vancouver is still proud to host one of the most rigorous and all-inclusive surgical experiences of any MaxiCourse[®]. For that reason, the Vancouver MaxiCourse[®] secured the use of a private hygiene college in 2010 with an impressive open clinic that suited the needs of the students well.

In 2012, Andrew Gillies joined the staff as Education Coordinator for the program. This was a young man with absolutely zero background in dentistry. What Andrew lacked in a dental background, he more than made up for with his strong education background. A former gradeschool teacher, Andrew could bring one important element into the program that had been missing – experience in and understanding of how people learn. He knows how to integrate educational theory, practical classroom experience, and student learning styles into the curriculum. The program has flourished in large part due to his recommendations and initiatives.

That same year, the program achieved a new level by forming a partnership with the University of British Columbia. Dean of Dentistry, Dr. Charles Shuler, long-time friend and colleague of Dr. Liang's, has been one of the lead speakers since the program's inception. He was eager to bring the Vancouver MaxiCourse[®] into a partnership with the UBC Continuing Dental Education department. The UBC has phenomenal facilities and a strong reputation for dental education. The Vancouver MaxiCourse[®] program would provide additional prestige to UBC as well as solidify the MaxiCourse[®]s' position as leaders of continuing education in Vancouver.

The Vancouver MaxiCourse® moved out of its eclectic

collection of lecture venues as well as the hygiene college. UBC boasts a brand-new student union building, nicknamed "The Nest," steps away from the dental clinic, as well as a beautiful, private lecture venue on campus. It is a serene space bordered on all sides by forest and the occasional coyote and deer. Even more exciting is the brand-new Graduate Specialty Clinic in the Dentistry Department, the ideal venue for surgeries as well as treatment planning and case discussion. Slated to open this summer, it will be an exciting new space for use by incoming classes.

Today, the program draws dentists from a wide range of

experience, and the focus is to meet the individual needs of each new participant. Unlike at the beginning, a lot of students are brand new to implant dentistry or just starting out. This is a phenomenal program for that, as the program provides a strong foundation. Even the more experienced clinicians always discover, much to their surprise, that there is so much to learn; knowledge and wisdom they didn't discover during smaller courses and surgical study clubs. You will often hear Dr. Liang say, "You don't know what you don't know." Participants humbly embrace this credo.

The AAID MaxiCourses® have an exciting future ahead. MaxiCourse® directors and coordinators around the world come together to share and support each other and grow and streamline oral implantology continuing education. The Vancouver MaxiCourse® is proud to have both international speakers as well as six ABOI board-certified faculty mentors who provide one-on-one support for each surgery performed by participants. The program has a strong clinical component to build on the foundations of didactic instruction, providing over 12 days of surgical experience. This gives an opportunity for all participants to perform surgery on their own patients at the university dental school clinic.

For more information:

Vancouver MaxiCourse® 1959 152nd St., #225 Surrey, BC V4A 9E3 Director: William Liang, DMD, FAAID, DABOI/ID Coordinator: Andrew Gillies Telephone: (604) 541-8108 E-mail: andrew@implant.ca vancouvermaxicourse.com

91% of student

respondents reported that they plan to practice implant dentistry after completing dental school he future of dentistry is in the hands of today's dental students. In 2010, AAID formed the "Electronic Member" program, through which students who attend AAID-sponsored events are able

to sign up for AAID's online-based benefits free of charge. With over 1,000 student members today, we took a poll of student members to see what plans they have to practice implant dentistry,



Marcin Bednarski Midwestern University, Glendale, AZ Class of 2016



Victoria Chiu Arizona School of Dentistry & Oral Health, Mesa, AZ Class of 2017

Do you feel dental school prepares you to treat basic-level implant cases?

Dental school alone would not have prepared me to treat basic implant patients. I feel that I will have the fundamental thought processes for a very simple case.

What would make you feel more comfortable to treat basic-level implant cases?

Extra coursework and personallyfunded courses in addition to surgical exposure on many cases at school.

More confidence to place one myself.

What makes AAID membership useful in achieving your current goals?

The JOI has been a tremendous resource. The courses, mentorship, and conventions are invaluable.

I really enjoy the Clinical Bite and videos that AAID has to offer. We had a speaker come from AAID and I thoroughly enjoyed it.

What could AAID do to make membership more useful to dental students?

Provide a mentorship program to those interested and serious about pursuing implant dentistry immediately after graduation. I personally would love to shadow or attend more in depth discussions during the weekend. and what impact AAID has had on their goals. With responses from students at 40 different dental schools, 91% of student respondents reported that they plan to practice implant dentistry after completing dental school, and 76% had taken an implant-focused course as part of their undergraduate dental program. Almost one third of respondent students reported having taken a hands-on implant course. We thought you would find deeper insight from six students valuable.

Ana Martinez Universidad de Valencia, Valencia, Spain Class of 2016	Daniel Pagel University of Illinois at Chicago Class of 2018	Christopher Schiller New York University Class of 2017	Neal Singh University of Florida College of Dentistry, Gainesville, FL Class of 2017
Yes, but I have to attend more courses. The degree alone is not enough.	Not really, because we only treat a limited number of patients with implants in our clinics.	At this time, I am not com- petent although NYU offers many hands-on experi- ences that I hope to take advantage before gradu- ating.	No, because we don't get experience surgically placing implants. We only get experience restoring implants in the DMD stu- dent clinic.
Attend more courses to have a good knowledge to treat implant cases.	Hands-on experience.	Basic skills and simple implant placement don't go very far. Augment these skills through additional training after graduation.	More first-hand exposure with implant placement and restoration techniques.
It helps me to be up-to-date with news in implantology, new treatments and puts me in contact with the field. It also motivates me to pursue my goal to work with implants after my degree.	Being up-to-date with the current news and research about implants.	AAID provides valuable lit- erature on implants that really aids in allowing dental undergrads to understand the basics of implants.	The research articles refer- enced in the emails pro- vide a unique perspective on the efficacy of different dental treatments.
Make courses more afford- able for students. (Editor's note: AAID district meetings and Annual Conference offer discounted rates for students! Learn more at aaid.com.)	Specialized dental student publications, free CE courses focused on hands- on implant dentistry skills.	More videos. As a student our time is limited and I have found short videos to be key in learning addi- tional topics. (<i>Editor's Note:</i> <i>AAID just launched its new</i> <i>Clinical Classroom – a free</i> website with online education.)	AAID should host events with food at dental schools and provide unique CE courses/experiences.

AAID ATTENDS AMERICAN STUDENT DENTAL ASSOCIATION ANNUAL

SESSION The Academy hosted a booth at the ASDA annual session in Dallas, Texas, on March 3, 2016. Lisa Villani-Gale, AAID's Manager of Member Communications, was accompanied at the booth by Dr. Alan Paradis, an AAID fellow who practices just outside of Dallas. The pair talked to dozens of dental students about the prospect of practicing implant dentistry and the role AAID plays in any



Dr. Alan Paradis chats with a student interested in AAID and implant dentistry.

implant practice. As a result, AAID gained over 120 new electronic student members. In addition, AAID donated a subscription to Dental Campus as a prize in ASDA's "Passport Game," which was awarded to a student attendee.

WE HAVE A WINNER!

Dr. Richard Champagne has won a free registration to the 65th Annual Conference on October 26-29 in New Orleans, LA. Dr. Champagne was

entered into the raffle for renewing his AAID membership before December 31, 2015. He was selected from among 2,221 members who paid their 2016 dues by the end of last year.

RESEARCH GRANT MONEY AVAILABLE

The AAID Foundation announces that applications for Student Grants are due by May 1, 2016. The grants are up to \$2,500 each. Non-Student Research Grants, with stipends of as much as \$25,000, are due by August 1, 2016. Applications and more information is available on the AAID Website — aaid.com — under the Foundation tab. Contact Afshin Alavi, CFO, by email at afshin@aaid.com or by phone at 312-335-1550.

AAID MEMBERS IN THE NEWS



Dr. Edward Kusek and his Kusek Implant and Family Dentistry Practice was voted one of the Best of Sioux Falls, South Dakota.

This award was chosen by a vote of local residents of Sioux Falls. Also, Dentistry Today published Dr. Kusek's article entitled "Removable Prosthetics: Bad Attachments or Bad Design?" in its February 2016 edition.

Inside Dentistry published Dr. Jason Kim's article "Maximizing Esthetics and Function with Immediate Implant Placement" in the February 2016 issue.



Dr. Richard Hughes

was featured in the "Practice Profile" section of Volume 8, Number 6 issue of Implant Practice.



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.

We would like to thank the Membership Ambassadors who have referred colleagues as new members between November 21, 2015, and February 29, 2016.

Thank you for referring a colleague to the Academy: Omar Hilal Al-Bayati, BDS, MDS, from San Antonio, TX Louie Al-Faraje, DDS, from San Diego, CA Mohamed Al-Janabi, DMD, from Truro, NS, Canada Craig Aronson, DMD, from Orangeburg, NY Norman Barbone, DDS, from Mansfield, OH J. Thomas Carroll, DDS, from Galveston, TX Todd Engel, DDS, from Cornelius, NC Kory R. Grahl, from Las Vegas, NV Jorge Martinez, DDS, from Mexicali, Mexico Jane Martone, DDS, from Westfield, MA Cheryl Pearson, DMD, from Lexington, KY David Resnick, DDS, from Ada, MN Dr. Rafal Sciegienny, from Gdynia, Poland

Thank you for referring three electronic student members: Jay Elliott, DDS, from Houston, TX

Encourage your colleagues to join the AAID and offer them a \$50 discount on their first year's membership dues by letting us know you referred them. Do so by November 1, 2016, and be entered into a drawing for 2017 AAID membership dues — up to a \$600 value.

If you would like to request membership applications to share with colleagues, contact the Headquarters Office at info@aaid.com or by phone at 312-335-1550.

MANAGING BONE DEFICIENCY

Just like the proverb "for want of a nail the kingdom was lost," so it is with bone. Lack of bone can make implant treatment fail.



The Southern and Northeast Districts of the American Academy of Implant Dentistry present "Managing Bone Deficiencies," a two-day conference to be held on Friday and Saturday, June 10 – 11, 2016, in St. Petersburg, Florida.

In addition to the opportunity to earn 14.5 hours of implant-specific CE, attendees can honor **Dr. O. Hilt Tatum,** one of the pioneers in the field of bone expansion, at a dinner in his honor.

The specific programs and presenters include:

Implant Solutions for Problem Areas Ralph A. Roberts, DDS, FAAID Blade Implants: You Don't Know What You Don't Know

Richard Hughes, DDS, FAAID, DABOI/ID

Occlusion in Full-Mouth Implant Reconstruction

C. Benson Clark, DDS, FAAID, DABOI/ID

Onlay Bone Grafting through Remote Incisions

Bernee Dunson, DDS, FAAID, DABOI/ID

Maxillary Bone Expansion James W. Gibney, DMD, JD

Vascularized Ridge Split Procedure Rajiv Patel, BDS, MDS, FAAID, DABOI/ID

Sinus Grafting

Balwant Vekaria, BChD, AFAAID Up Close and Personal: An Interview with Dr. O. Hilt Tatum Emerging Trends in the Diagnosis and Management of Orofacial Pain

Theresa S. Gonzales, DMD Biologic Strategies to Enhance Bone Grafting Success in Oral Implantology

Robert J. Miller, DDS, MA, FAAID, DABOI/ID

Dueling between Perspective & Point of View: Science and Practice of Implant Dentistry

Touradj Ameli, MSc, DMD, FAAID, DABOI/ID

Restoring Atrophic Bone – Advanced Grafting Techniques and Short Implants

Raul R. Mena, DMD, FAAID, DABOI/ID

When Titanium Becomes Toxic William Locante, DDS, FAAID, DABOI/ID

The two-day conference will conclude with the popular "Case Studies: You Decide" program. Various clinicians present a case history and attendees are split into small groups to discuss the treatment options. Each group reports their approach and concerns about potential complications to the full audience. The clinician discusses the actual treatment plan and results.

The conference will be held at the classic Vinoy Hotel in St. Peterburg, Florida. Registration for the conference and more information is available at www.aaid.com.

FOUNDATION NEWS

The UCLA School of Dentistry has added the AAID Foundation as a



Supporter on its Donor Wall displayed in the School's Academic Building as a result of the Foundation's generous support of implant research.

ACADEMYNEWS

Present a Table Clinic or Poster at AAID's 2016 Annual Educational Conference

The American Academy of Implant Dentistry (AAID) Annual Educational Conference will be held at Hyatt Regency New Orleans, October 26-29, 2016. This dynamic conference will feature more than 50 noted authorities in implant dentistry. Posters and Table Clinics are an important part of this event and an ideal opportunity for dental professionals and graduate students to participate and potentially win cash prizes.

AAID is now accepting applications for Posters and Table Clinics until September 12, 2016, or until we reach capacity. Applicants will receive an email within one month of submission to verify acceptance, provided the application is complete. **Only accepted applications received by August 1, 2016, will be published in the Annual Conference Onsite Program Book.**

Visit the Annual Conference tab on AAID's website — www.aaid.com for the online submission tool.

Complimentary conference registration is given to up to two full-time dental students or residents per accepted Poster or Table Clinic.



Students are responsible for their own housing and all other expenses connected with attending the conference.

Non-student authors of accepted Posters and Table Clinics (i.e., not fulltime dental students or residents) must register to attend the meeting at full dentist rates and are responsible for their own housing and all other expenses connected with attending the meeting.

Description of Submission

A Table Clinic or Poster description (abstract) consists of the following

UPCOMING KEY AAID DATES

JUNE 2016

10-11 MANAGING BONE DEFICIENCIES Southern and Northeast Districts Meeting Hotel Vinoy, St. Petersburg, FL

OCTOBER 2016

26-29 65TH ANNUAL EDUCATIONAL CONFERENCE Hyatt Regency New Orleans, New Orleans, LA

JUNE 2017

9-10 SOLVING DENTAL IMPLANT DILEMMAS Chicago Marriott Downtown Magnificent Mile, Chicago, IL



Check the AAID Online Calendar using this QR Code for a complete listing of all key AAID dates. components and is limited to 300 words, excluding citations:

- Descriptive Title
- · Purpose of the Study
- Methods (The instruments utilized to develop the study)
- Results
- Conclusion (Please include any clinical relevance)
- Bibliography: Cite the references in the following format:

Articles: English CE.

Biomechanical concerns with fixed partial dentures involving implants. Implant Dent 1993; 2:221-242.

Books: Roberts WE, Hohlt WF, Arbuckle GR. The supporting structures and dental adaptation. In: McNeill C, editor. Science and Practice of Occlusion. Chicago IL: Quintessence Publishing Co, Inc; 1997.p 79-94.

If you have any questions about the scientific content, the application process, the status of your application, the time of your presentation or other logistics, please contact Julia Mikula at 312-335-1550 or julia@aaid.com. IN-OFFICE HIGH FIDELITY HUMAN SIMULATION Dental Office Airway – Emergency Management of the Sedated Patient Taking your AAOMS, AAP, ADA, ASDA Simulation to the next level!









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For further information, contact: **Rick Ritt, EMT-P, MA** President – Consultant @ <u>dentalsimulationspecialists@gmail.com</u>

847-975-6554

Over 100 candidates seek AAID credentials

The Admissions and Credentials (A&C) Board will hold its 2016 annual meeting and oral/case examination in Chicago on May 12 – 15. At this year's examinations, 97 Associate Fellow candidates and 13 Fellow candidates will be considered for credentailed membership. As per AAID policy, the A&C Board publishes the list of candidates and invites comments from the voting members concerning the candidates as would bear upon their certification by the Board.

The 2016 candidates are:

FOR ASSOCIATE FELLOW MEMBERSHIP

Faten Tawfiq Abdelhaq, DDS Abu Dhabi, United Arab Emirates

Sam Akhrass, DDS Lenoir City, TN

Zahraa Tarik Al Jubori Abu Dhabi, United Arab Emirates

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Abdulkareem Alhumaidan Redlands, CA

Mouhmad Bashar Abdullah Alkabbani, DDS Madinah, Saudi Arabia

Mohammed Burhan AlKhatib, DDS Al Madinah La Munawarah, Saudi Arabia

Jeffrey Glen Allred, DDS San Marcos, CA

Hamad Saleh Alrumaih Loma Linda, CA

Sharif Alsabbagh, DDS London, ON, Canada

Mazin Sabah Mohammed Al-Sahrawardee Abu Dhabi, United Arab Emirates

Syed Khalid Altaf, BDS, MDS Bangalore, Karnataka, India

German Arzate, DDS,MS Cancun, Mexico

Mohammed Baig, DMD Tallahassee, FL

Nicholas Edward Baker, DMD Bloomington, IL

Prithvi Subbanna Balepur, BDS, MDS Bangalore, Karnataka, India Raghed Michel Bashour, DDS Dubai, United Arab Emirates

Jose Luis Beltran, DMD, MD Temple Terrace, FL

Mark Berger, DDS Milwaukee, WI

Aditya Bhawsar Loma Linda, CA

Darrel L. Bischoff, DDS Peoria, AZ

Mohamed Wagdy Bissar, BDS, MSC Cairo, Egypt

Charles Ashley Clayton, DDS Nashville, TN

Gregory Allen Cyra, DDS Minocqua, WI

Meghna Dang, BDS Mumbai, Maharashtra, India

Shraddha Date, BDS Pune, Maharashtra, India

Amrita Suresh Deshpande, BDS, MDS Dubai, United Arab Emirates

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Michael Hrankowski, DDS Mountlake Terrace, WA

Terrence Hunt, DDS Rocky River, OH

Ihyon Jo, DDS Seongnam, Gyeonggi-do, South Korea

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Jaehan Kim, DDS Jin Ju, Kyung sang nam-do, South Korea

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Frank Kuzmin, DMD Torrington, CT

Anh Le, DMD Elmira, ON, Canada Byungjin Lee, DDS Sejonsi, South Korea

Helen Lester, DDS Eugene, OR

Jaeyu Lim, DDS Uiwang-si, Gyeonggi-do, South Korea

Satyanarayana Raju Mantena, BDS, MDS Bhimavaram, AP, India

Travis A. Markle, DDS Tyler, TX

Moemen Metwally, DDS Laredo, TX

Naren Kumar Mikkilineni, DMD Richardson, TX

Mohammad Mohammadi, DDS Kerman, Iran

Iraj Movahhedi, DDS Oxnard, CA

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Kalpesh Patel, BDS, DDS Sacramento, CA

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Moody Wasif, DMD Cedar Lake, IN

Mark Whitefield, DDS Hermitage, TN

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Yoshihiro Yamada, DDS Tokyo, Japan

Wonyong Yi, DDS Jeonju, Cheonbuk, South Korea

Yamazaki Yoshikazu, DDS, PhD Yokohama-shi, Kanagawa, Japan

Taeyoung You, DDS Gwangmyeong-si, Gyeonggi-do, South Korea

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Abdul R. Majzoub, DDS Chicago, IL

Ki Deog Park, DDS, MS, PhD Gwangju, South Korea

Lyle Scott Pidzarko, DDS Burnaby, BC, Canada

Richard Rapoport, DDS Westmount, QC, Canada

Keerthi Senthil, DDS Rancho Mirage, CA

Lawrence D. Singer, DMD Alexandria, VA

Rudy Wassenaar, DMD Williams Lake, BC, Canada

Nominations for Academy and Foundation Awards Sought

Honored Fellows:

The Honored Fellows Committee is seeking nominations of members to be denoted as AAID Honored Fellows in 2016. Members may self-nominate, nominate another member, or be nominated by their peers. To be eligible, members must have been voting members (Associate Fellow, Academic Associate Fellow, or Fellow) in good standing for at least eight years.

Nominees should have distinguished themselves through support of AAID, including committee, district leadership, and other activities. In addition, they should have distinguished themselves and colleagues through professional, clinical, research or academic endeavors. They should have achieved noteworthy accomplishments within the field of implant dentistry.

A list of eligible members and a nomination form is available at aaid.com. Nominations are due July 1, 2016.

Isaih Lew Memorial Research Award

The Isaih Lew Memorial Research Award is presented by the AAID Foundation to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isaih Lew's spirit and enthusiasm for implant dentistry. Send your nominations and the CV for the nominee to Afshin Alavi at afshin@aaid.com by July 31, 2016.

Gershkoff/Goldberg Memorial

If you know a member of the Academy who exemplifies qualities of co-founders and past presidents Aaron Gershkoff and Norman Goldberg, please contact an AAID past president by May 31, 2016, to suggest his or her consideration as a nominee for the award. Winners of the award have demonstrated one or more of the following attributes:

- Documented, outstanding service to AAID
- An outstanding and recognized contribution to the field of implant dentistry
- National and/or international recognition as an outstanding implantologist
- Distinction in the field or allied sciences
- High degree of professionalism

Mississauga, ON, Cana Fouad Yadani, DMD

Thank you to the 2015 Donors



The AAID Foundation extends its profound appreciation to the following 2015 calendar year donors for their generous contributions. With the support from these dedicated donors, the Foundation has established itself as one of the largest grant making organizations in implant dentistry. The AAID Foundation apologizes in advance to anyone whose name was inadvertently overlooked. **Corporate donors are in bold**.

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The AAID is pleased to welcome the following new members to the Academy. The Following members joined between December 1, 2015, and March 16, 2016. If you joined the Academy recently and your name does not appear, it will be listed in the next issue. The list is organized by state and then alphabetically by city.



International member list is organized by country, province (if available), and city. Contact your new colleagues and welcome them to the Academy.

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Larry Leslie DMD Delta

see New Members p. 46

AAID welcomes new student members

It's never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. AAID's electronic membership, open only to dental students, has been in place for several years, and we currently have over 1,000 dental student members who are entitled to online access to Academy information and resources. The following is the list of new electronic dental student members who joined between November 21, 2015, and March 28, 2016.

Baylor College of

Dentistry Christina Barry Byanka Gonzalez Olutosin Seriki

Boston University Vaibhav Jagad

Case Western Reserve University Noriel Garcia Raquel Rios Eli William

Columbia University

David Beard Katelyn Cass James Pizzo Thomas Ulicny

Creighton University Jorey Heit Maria Nord

East Carolina University T.J. Wilson

Georgia College of Medicine at Augusta University

Abby Halpern Michael Ridlehoover Brant Sandifer Sheena Sharifzadeh Phuong Spicer Dana Thomas David Urbanawiz Rachell Velasco

Indiana University Caitlin Barts

Todd Butwin Jeff Cartwright Emily Hambel Lauren Hippenmeyer Kurtis Langdon Reinhard Lugalia Frankly Pino Matt Vogt Logan Wheeler

LECOM School of Dental Medicine Kinnary Desai Brittney Gallaher Sable Muntean Claire Papp Sandra Wolf

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Louisiana State

University

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Marquette University

Payton Canchola Kaitlin Dougherty Melanie Hoffman

Meharry Medical College Audrey Fields

Midwestern University, Arizona Cody Kramer

Midwestern University, Illinois Michelle Aumann Whitney Behm Emma Smith

Nova Southeastern University Shaileen Ejtemai Preston Hansen

Oregon Health Sciences

University Sadaf Assadi Michelle Crabtree Travis Davis Thomas Grass Melany Mallett William Rysenga Alayna Schoblaske

Roseman University of Health Sciences Keith Paskett

Southern Illinois University Margaree Lachowiez

State University of New York at Buffalo Emma Guzman Gabrielle Leo Sana Naeem

State University of New York at Stony Brook Igor Lantsberg

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University of Barcelona Ana Martínez

University of Colorado Denver Danny Adler Kyle Lantz Natalie Lesinski

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> see New Student Members p. 46



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NEWMEMBERS

New Members

continued from page 43

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New Student Members

continued from page 44

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University of Louisville Sean Aiken Clayton Jackson Brooke Shelton

University of Michigan Keri Eberhardt Carly Warden

University of Mississippi Coury Zachary

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GRU/AAID MaxiCourse® "Comprehensive Training Program in Implant Dentistry" Monthly March through December Contact: Lynn Thigpen Phone: 800-221-6437 or 706-721-3967 E-mail: LBThigpen@gru.edu Web site: www.georgiamaxicourse.com

Las Vegas MaxiCourse®

370 Grand Ave, Englewood, NJ 07631 Director: John Minichetti, DMD Contact: Lisa McCabe Phone: 201-871-3555 E-mail: drminichetti@englewooddental.com Web site: aaid-vegasmaxicourse.org

Loma Linda University/AAID MaxiCourse®

Loma Linda, California Monthly March through December Continuing Dental Education 11245 Anderson St.; Suite 120 Loma Linda, CA 92354 www.llu.edu/assets/dentistry/documents/cde/ maxicourse2010.pdf

Oregon/AAID MaxiCourse®

Medoline, Inc. September – June 1 weekend per month Contact: Dr. Shane Samy Phone: 800-603-7617 E-mail: oralaidmaxicourse@gmail.com Web site: www.oraaaidmaxicourse.com

Puerto Rico MaxiCourse®

Ten sessions from September through June Contact: Miriam Montes, Program Coordinator Phone: 787-642-2708 E-mail: prmaxicourse@gmail.com Web site: www.theadii.com

Rutgers University of Dental Medicine MaxiCourse®

September - June 110 Bergen Street, Room B701 PO. Box 1709 Newark, NJ 07101-1709 Director: Jack Piermatti, DMD Coordinator: Janice Gibbs-Reed, MA, CMP Phone: 973-972-6561 E-mail: gibbs@sdm.rutgers.edu Web site: sdm.rutgers.edu/CDE/MaxiCourse

Ti-MAXImplant Maxicourse®

September – June Ten 3-day weekends Oakville, Ontario, Canada and Waterloo, Ontario, Canada Phone: 905-235-1006 Contact: Chantel Furlong E-mail: info@ti-maxicourse.ca Web site: www.ti-maxicourse.ca

Vancouver, British Columbia MaxiCourse®

September – June Contact: Andrew Gillies Phone: 604-330-9933 Email: andrew@implantconnection.ca Web site: www.vancouvermaxicourse.com

Japan MaxiCourse®

13, Morimaki-cho, Moriyama-ku Nagoya, Japen 463-0073 Director: Yasunori Hotta, DDS, PhD Phone: +81-52-794-8188 E-mail: hotta-dc@ff.iij4u.or.jp Web site: www.hotta-dc.com

MaxiCourse® Asia

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15 ezz eldeen Mohamed Hozha Heliopolis, Cairo, Egypt Co- Directors: Kim Gowey, DDS; Shankar Iyer, DDS, MDS Administrative Contact: Dr. Mahmoud Kohail E-mail: mahmoudkohail@ascde.com Telephone: (002)01141403350

Courses presented by AAID credentialed members*

U.S. LOCATIONS

AAID Study Club/Mini Residency in Implant Dentistry September – June, Bi-weekly 100 hours CE credit Approved by NJ State Board of Dentistry Contact: Dr. Shankar Iyer Email: drsiyer@aol.com Web site: www.maxicourseasia.com

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

Surgery Weekend Zimmer Dental Training Course John C. Minichetti, DMD Contact: Lisa McCabe Phone: 201-871-3555 Web site: www.englewooddental.com

California Implant Institute

1 Year Comprehensive Program in Implant Dentistry San Diego, CA 4 sessions; 5 days each 300 CE credits Dr. Louie Al-Faraje, Academic Chairman LIVE patient courses also offered by the Institute Phone: 858-496-0574 E-mail: info@implanteducation.net Web site: www.implanteducation.net

Certified Training Course for the Er,

Cr;YSGG Laser Edward Kusek, DDS Contact: Kristi Meyer Phone: 605-371-3443 Web site: www.drkusek.com/courses.html

Connecticut Dental Implant Institute

Joel L. Rosenlicht, DMD, Director * Advanced Bone Grafting * Basic Implant Dentistry * Advanced Implant Dentistry All courses feature live surgeries and hands-on model workshops Venue: Rosenlicht Oral & Facial Surgery Center, Manchester, CT Contact: Michelle Marcil Phone: (860) 649-2272 E-mail: Michelle@jawfixers.com Web site: www.JawFixers.com

Fixed Removable Implant Treatment

Carol Phillips, DDS Contact: Melissa Martin Phone: 800-549-5000

Hands-on Training Institute

Dr. Ken Hebel Hands On Implant Training – Prosthetics, Surgery and Bone Grafting Contact: Kerri Jackson Phone: 888-806-4442 or 519-439-5999 E-mail: info@handsontraining.com Web site: www.handsontraining.com Programs held throughout the year in Canada, New Jersey, California and Texas

Laser Pocket Reduction & Diode Training for the Dental Professional

Edward Kusek, DDS Contact: Kristi Meyer Phone: 605-371-3443 Web site: www.drkusek.com/courses.html

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Pathway Learning Series Swiss Implants, Inc.

Carol L. Phillips, DDS. Director 84 CE Units – Six 2-Day Workshops Contact: Julie Hansen Phone: 805-781-8700

Pikos Implant Institute

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

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University of Nevada, Las Vegas (UNLV) Division of Continuing Education Courses in Implant Dentistry

Live Implant Surgery Course (3 months)

- Surgical Bone Grafting Human Cadaver Course (3-day course)
- Hands-on Maxillary Sinus Augmentation Course (2-day course)
- Pig Jaw Surgical Bone Grafting Course (2-day course)

Francis Jones, DDS, PhD (Ca) Contact: Roxane Santiago Phone: 702-774-2822

CANADA

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

- Dr. D.M. Vassos
- Mentor Program Hands-on Program over six Saturdays Location: Edmonton, Alberta, Canada Contact: Rosanna Frey Phone: 780-488-1240 E-mail: rosanna@dmvassos.com Web site: www.dmvassos.com

The BITE Club

For those not ready for the AAID Vancouver MaxiCourse[®]. Didactic study club to introduce you to the world of oral implantology. Contact: Andrew Gillies, Education Coordinator Phone: 604-330-9933 E-mail: andrew@implantconnection.ca

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Web site: www.cditc.ca

OUTSIDE NORTH AMERICA LOCATIONS

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

AAID Affiliated Study Clubs* CALIFORNIA

Bay Area Implant Synergy Study Group San Francisco Matthew Young, DDS, FAAID, DABOI/ID Contact: Kimberly Phone: 415-392-8611 E-mail: info@dentalimplantssc.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

FLORIDA

Central Florida Dental Implant Study Group Altamonte Springs, FL Don Preble, DMD Contact: Sharon Bruneau Phone: 407-831-4008

Mid-Florida Implant Study Group

Palm Harbor, FL Rajiv Patel, BDS, MDS Phone: 386-738-2006 E-mail: info@delandimplants.com

NEW JERSEY

Fax: 407-831-8604

Bergen County Implant Study Club John C. Minichetti, DMD Contact: Lisa McCabe Phone: 201-871-3555 Web site: www.dentalimplantlearningcenter.com

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: bjjddsimplant@aol.com

New York Study Club

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NORTH CAROLINA

Clemmons North Carolina Study Club Andrew Kelly, DDS Clemmons, NC Phone: 336-766-7966 E-mail: dctr2th@msn.com

* 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 Ellen Paul, Director of Professional Development at ellen@aaid.com.

Biohorizons2
Conscious Sedation
Consulting17
Consult Pro47
Dental Laboratory Milling
Supplies27
Dental Simulation Specialists36
Glidewell9
Lending Club45
Tatum51
Toronto Implant Institute15
Treloar and Heisel5
UCLA School of Dentistry21
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Zest52

IMPLANT SPECIALTY WINS DEBATE

Every year, A.T. Still University's Missouri School of Dentistry & Oral Health (ATSU-MOSDOH) holds a classwide debate among second-year students as part of the school's curriculum in evidence-based dentistry. This year, the prompt for the debate was a current controversy: "Implant dentistry should be a recognized dental specialty." The 42 second-year students were divided into three groups of 14 students each: one group affirmed the prompt; one group rejected the prompt; and the third group acted as judges.

After several weeks of research and preparation, the teams debated to an audience of ATSU-MOSDOH faculty, staff, and first-year students.

In a split vote, the judges voted that the team arguing that implant dentistry should be a recognized dental specialty won the debate. Many of the judges admitted that they entered the debate

Editor's Notebook

continued from page 4

Our profession also give us the right to operate in an arena that is a great privilege but that carries with it the ethical and legal responsibilities of which we are all aware.

As implant dentists, we have a huge effect on people's lives. Patients' comfort, appearance, self-confidence and

Obituaries

Ronald Barbanell, Downey, CA General Member John Fendley, Vestavia, AL Life Member William Longe, Plymouth, MI Life Member James Mills, Daphne, AL General Member Larry Pampel, DeMotte, IN General Member Joe Warriner, Oklahoma City, OK Fellow



Bill Frei (center), was one of the leaders of the team that won the debate. He contacted the AAID for information to help in his team's arguments.

with a slight bias against implant dentistry being a recognized dental specialty, but that the arguments and evidence presented in the debate changed their mind.

A.T. Still University's Missouri School of Dentistry & Oral Health is America's newest dental school. The student-centered curriculum integrates evidencebased dentistry into all aspects of the students' education.

even their ability to function in their daily lives can be impacted.

Because of this we are fortunate to experience the kind of gratitude and trust that few others encounter in their working lives.

I am frequently humbled when I pause to ponder the trust our patients have in us. How many people would YOU let approach you with scalpels, rongeurs, and handpieces with sharp burs spinning at 300,000 rpms not to mention a plethora of other fearsome devices? We are paid well, but a large part of our daily compensation is the trust and confidence we enjoy from those we are privileged to treat.

We must hone our skills, keep up with changes in our profession, and prudently resist changes by outside forces that seek to interfere with our professional obligation to do our best.

The AAID, a group primarily devoted to education, plays a significant role in helping us to deserve that trust.

Luce ames E





Tatum Bone Block EZ-Fixation Screw Kit

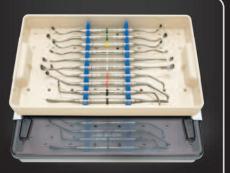
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