PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / FALL 2017

AAID NEWS

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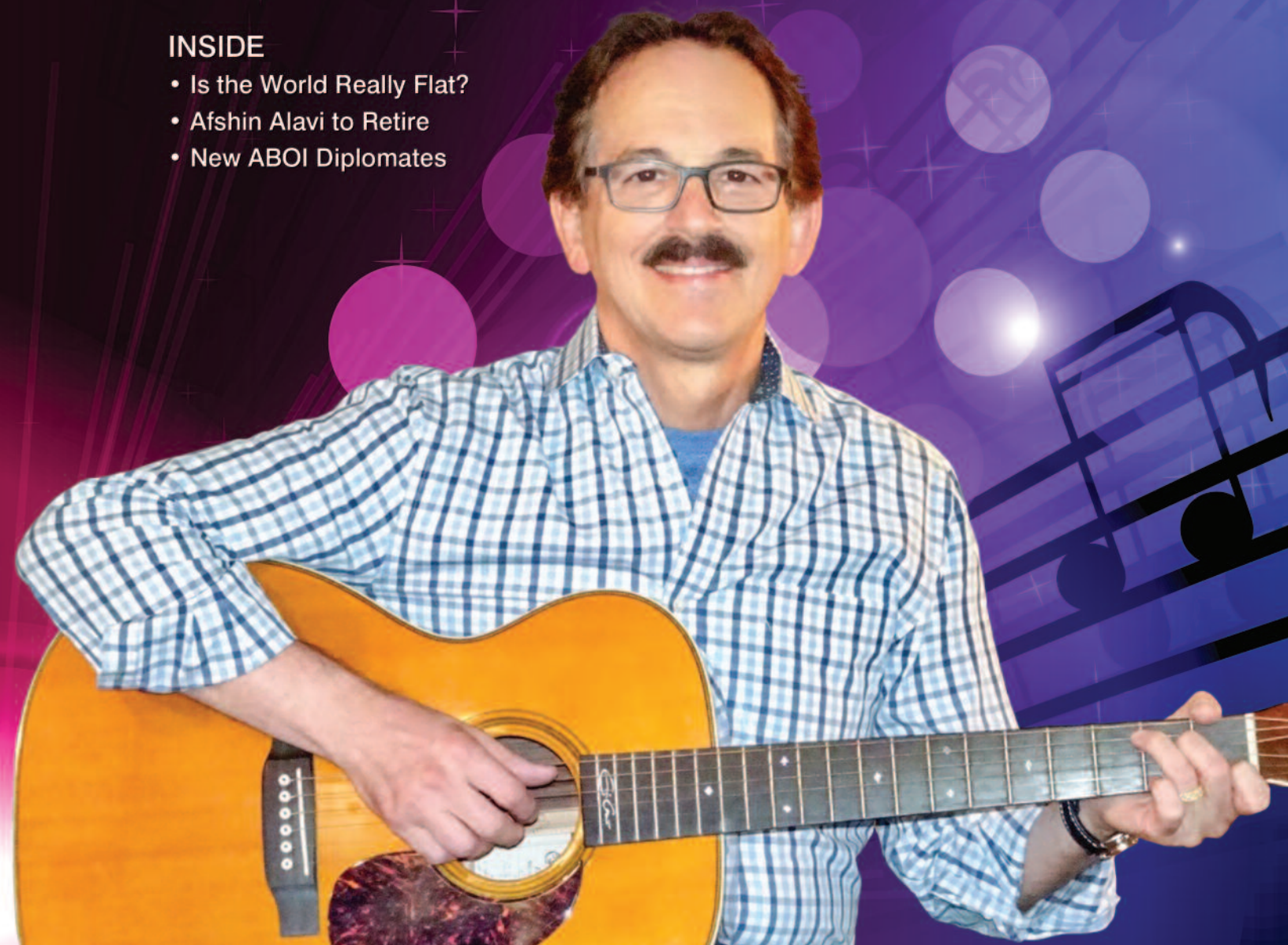
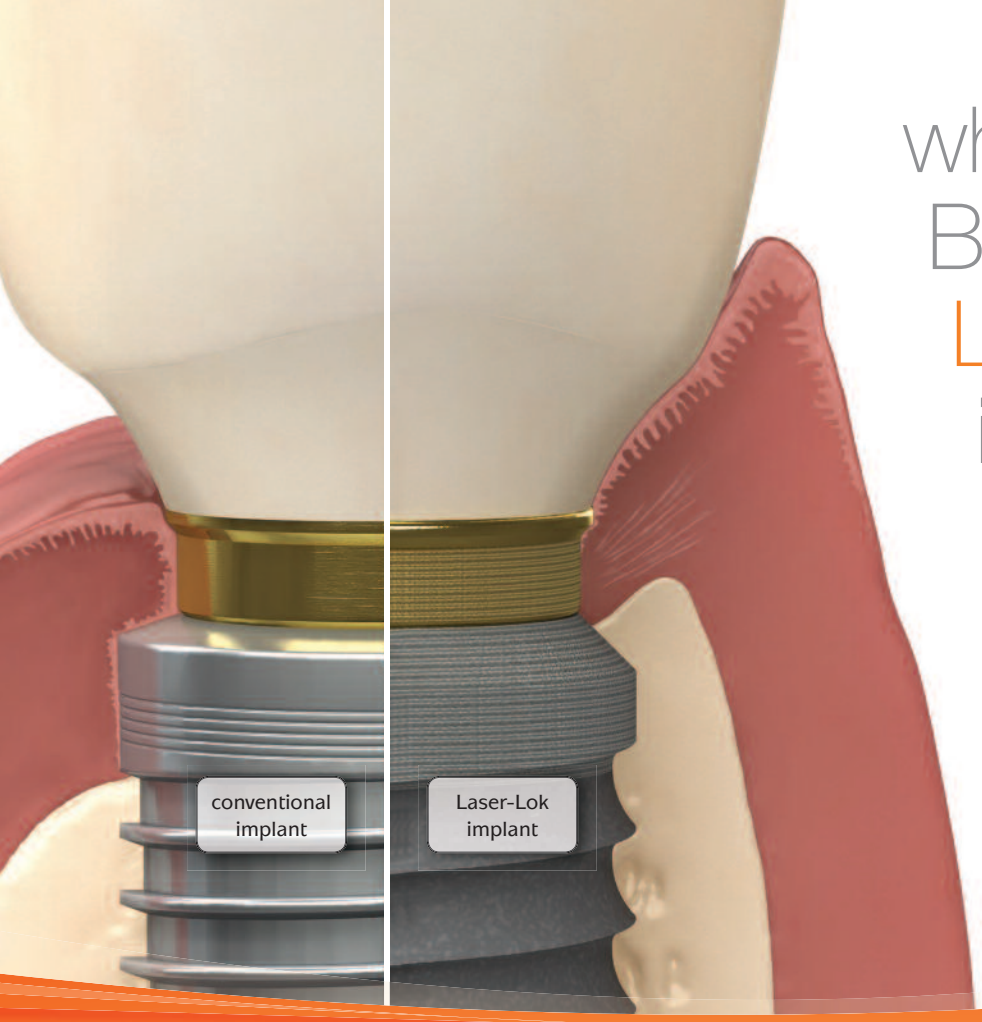
Hochberg's Hits

INSIDE





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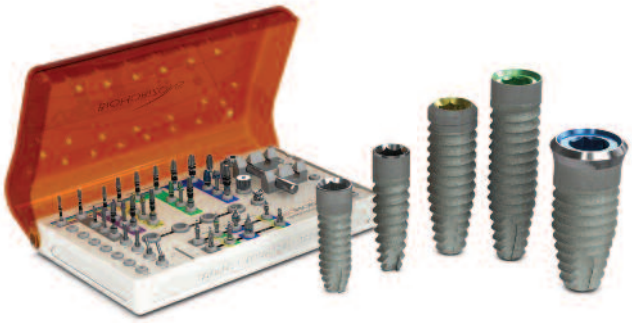

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1. M Nevins et al. *Int J Periodontics Restorative Dent*. Vol. 28, No. 2, 2008.
2. S Botos et al. *Int J Oral Maxillofac Implants*. 2011; 26:492–498.

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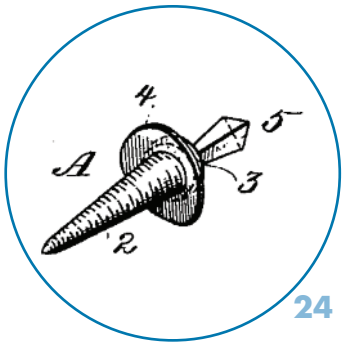

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aaid.com

Lead Stories

AAID News

EDITOR'S NOTEBOOK

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

Are you prepared?

As I write this editorial, Hurricane Irma has swept through Florida leaving millions of people without power. This came on the heels of Hurricane Harvey which devastated Houston 12 years after "Katrina" overwhelmed New Orleans. While these disasters are immense and have tragic consequences, they are nevertheless somewhat regional and affect limited areas. Fortunately, others from adjacent areas can rush in and provide emergency supplies and aid.

As we all know, we have become extremely interdependent in this just-in-time world. That may be efficient but it also spells vulnerability.

In a variety of ways, it is a fact of life that our national electric grid could be disrupted such that electricity would not be available in large regions or possibly nationwide for possibly many months. Experts list sixteen critical infrastructures that we all depend on (see sidebar for list). Interestingly, all sixteen depend on another of the sixteen: electricity. You may be shocked to find out that many major hospitals, for example, have only a few days of fuel to provide back-up power. Even if they have more than the typical three days of diesel fuel for generators, do they have adequate fresh water and food to continue operation? Restocking anything could be nearly impossible if power is not available.

Most of us dental professionals have numerous emergency patients that call each week affected by some type of infection. Appropriate treatments and antibiotics almost always save the day. But without access to those treatments, many of these patients would be literally facing a deadly outcome within a week or two.

We rely on tools. Without a compressor, suction, lighting, and sterile instruments, our ability to provide services would be challenged to say the least. Yet as dental professionals trained in the multidisciplinary field called implantology, we have acquired diagnostic and surgical skills that are on the leading edge of the dental profession. You could, at least in a short to moderate term emergency, provide critical treatments in your community if you have prepared for that scenario. Perhaps by having a larger than usual supply of antibiotics and over the counter analgesics on hand, as well as an ample supply of water, a backup plan for cleaning and

see Editor's Notebook p. 56

Critical Infrastructure Sectors:

- Chemical
- Commercial Facilities
- Communications
- Critical Manufacturing
- Dams
- Defense Industrial Base
- Emergency Services
- Energy
- Financial Services
- Food and Agriculture
- Government Facilities
- Healthcare and Public Health
- Information Technology
- Nuclear Reactors, Materials, and Waste
- Transportation Systems
- Water and Wastewater Systems

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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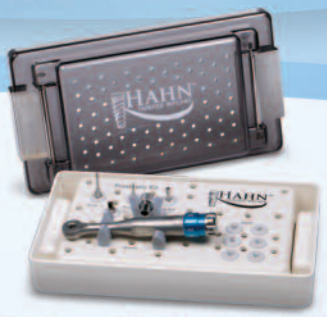

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industry news

ContacEZ Introduces PrepSure, the Crown Prep Guide

After years of development and refinement, Dr. Daniel S. Kim, inventor and founder of ContacEZ, has perfected his newest, breakthrough set of dental instruments: PrepSure. These long-lasting, versatile, and easy-to-use instruments monitor and confirm the creation of adequate buccal, lingual, gingival, and occlusal clearance during crown preparation, eliminating a common problem that has been stressful and time-consuming for clinicians and lab technicians alike.

Historically, insufficient reduction on prepared abutments has been pervasive, with rate of occurance as high as 80%. Dentists have often had to rely on guesswork, gauging the amount of clearance prepared with their naked eyes. This has traditionally led to embarrassing and costly second impressions or thin, structurally weak crowns that were likely to fracture or perforate prematurely.

PrepSure is the ultimate solution to this problem for every dentist and every crown preparation.

The set of three uniquely designed instruments takes out all the guesswork from crown preparation and ensures the successful fabrication of crowns and onlays. By using the precisely measured 1.0mm, 1.5mm, and 2.0mm Mesial and Distal tips, dentists can gauge, monitor, and confirm that sufficient clearance has been achieved, detect where additional reduction is necessary, and avoid unnecessary reduction to preserve healthy tooth structure.

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contacez.com/prepsure

Dental Simulation Specialists, Inc. Announces Upcoming Events

Dental Simulation Specialists, Inc., focused on serving the growing need to increase patient safety awareness and team performance via simulation, announces its upcoming schedule of events.

Featured – Speaker – Presenter Rick Ritt EMT-P, MA

November 12 University of Texas School of Dentistry — Houston TX

January 13 CAL AOMS — Rancho Mirage CA

February 15 ADSA — Las Vegas, NV

April 13-15 College of Diplomates — Atlanta GA

847.975.6554
www.dentalsimulationspecialists.com

QuickSplint® awarded CE mark approval

Orofacial Therapeutics, LP announced that its premier product, QuickSplint®, has received CE mark approval, allowing the company to initiate marketing efforts and commercialization in Europe.

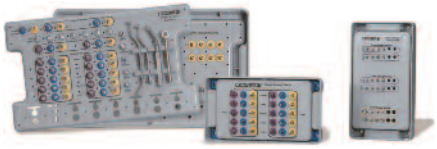
QuickSplint® is an interim oral appliance that can be fabricated quickly and easily in the dental practice. It is the only oral appliance designed specifically for short-term use of up to two to-four weeks.

QuickSplint® gives dentists the ability to offer their patients an immediate temporary solution for pain and protection including:

- Same-day treatment for acute jaw pain, orofacial pain
- Diagnostic aid for bruxism
- Post-op healing aid after periodontal surgery, oral surgery and other long dental procedures
- Post-op temporary protection for anterior provisional veneers, newly placed implants, endodontically treated teeth, and new dental restorations
- Anterior bite-plane/deprogrammer
- Transitional or emergency oral appliance

www.quicksplint.com

Zimmer Biomet Dental Expands Collaboration with Software Provider 3Shape® to Facilitate Guided Surgery



Zimmer Biomet Dental announced it is now offering clinicians the ability to plan Navigator® CT-Guided Surgery through 3Shape's Implant Studio® software. The addition of 3Shape's software will further support the ability of clinicians to choose their preferred planning tools, as well as the market's growing trend toward 3D printing of surgical guides, which may accelerate the time needed to provide the patient with a provisional restoration. Materialise, Sirona (SiCAT) and Anatomage are currently fully operational software collaborators that can plan Navigator cases.

CT technology and planning software applications enhance the ability of the implant team to perform a CT-guided implant treatment protocol, which can result in accelerated treatment. The Navigator System for Guided Surgery with Biomet 3i's Certain® Tapered and Parallel Walled Implants provides the instrumentation clinicians need to perform cases with four levels of guided control: angulation, hex orientation, depth control and position. The system also includes the analogs that laboratories need to create a pre-fabricated provisional that can be delivered at the time of implant placement.

www.zimmerbiometdental.com

Pacira Pharmaceuticals collaborates to reduce opioid prescriptions

PACIRA PHARMACEUTICALS, INC.

Pacira Pharmaceuticals and Aetna, with the support of support of the American Association of Oral and Maxillofacial Surgeons, announced a collaboration that aims to reduce the number of opioids prescribed to patients undergoing impacted third molar (wisdom tooth) extractions by at least 50% through the use of EXPAREL® (bupivacaine liposome injectable suspension). EXPAREL is a long acting non-opioid option injected during surgery that provides long acting postsurgical pain control.

Through the national program, Aetna will reimburse oral surgeons enrolled in the program for their use of EXPAREL in wisdom tooth extraction cases after completing training on the use of the product. Aetna and Pacira will also consider expanding the use of EXPAREL in similar programs across other surgical procedures as appropriate.

According to a recent *Journal of the American Medical Association* Surgery study, more than two-thirds of postsurgical patients report unused prescription opioids—and the majority indicate that these medications are neither safely stored nor disposed of—suggesting a dangerous accumulation of opioids in the home, which are available for potential diversion or misuse.

www.pacira.com

Hochberg's Hits

DR. JAMES FERENCE: It is my pleasure to interview Dr. David Hochberg, the president-elect of the American Academy of Implant Dentistry. We are looking forward to hearing his views and hearing his plans. Dr. Hochberg, what was your first exposure to the world of implantology?

DR. DAVID HOCHBERG: It's a pleasure to speak with you, Dr. Ference. I've always been on the other side of the phone, conducting the interviews over the 12 years that I was Editor of the *AAID News.* Now I'm the interviewee and I must admit it's a little different.

My first exposure to implant dentistry occurred after dental school, but I want to take a couple of minutes to just talk about the AAID. The AAID has always been referred to as the premier implant organization in the world and it's important that the members—new and old—appreciate the 66 years of our existence. That's a year older than I am. We've educated the entire profession on the benefits of bringing implant dentistry to the patient, especially improving the patient's quality of life. Our Academy has trained the profession.

Sixty-six years ago, our members developed several of the techniques and protocols that we use today. In the very beginning, Drs . Norman Goldberg and Aaron Gershkoff placed one of the first subperiosteal implants. They unselfishly shared their knowledge with the Academy and trained dentists in the art and science of subperiosteal placement. Our founders continued to evolve implant techniques for the patient. They wanted to help the patient.

If you look at all of our leaders over the years, all the brilliant minds that helped pave the path, it was always about the patient. There was Dr. Leonard Linkow. He embraced this field of health care and created a global awareness. Everyone knew about dental implants because of him. If you ever heard him speak, it was always about the patient.

Dozens of names jump out and all these people have been members of our Academy; several served as president. Just a couple of examples: Dr. Hilt Tatum developed the sinus lift technique. If you speak with him, he'll give you the details of the procedure. At the end of the day, he too was always about helping the patient. Of course, Dr. Carl Misch coordinated all these efforts, articulated it in a precise way that helped us make all our procedures predictable. Again, it was always about the patient.

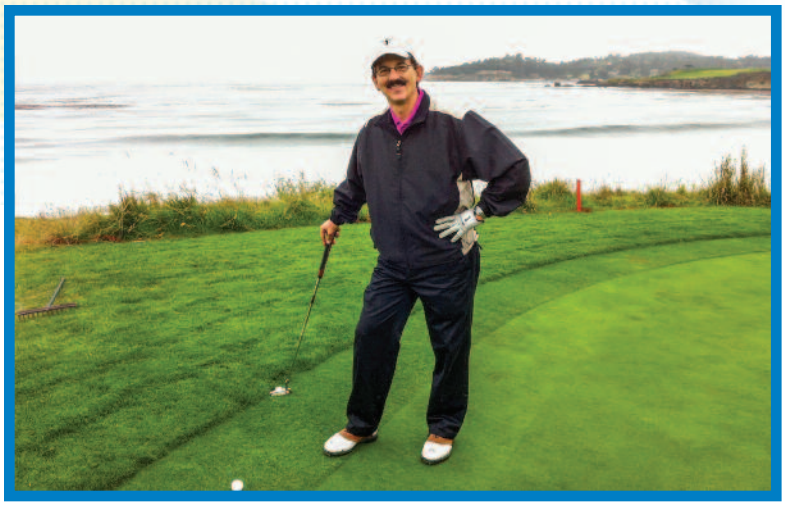
Dr. Hochberg (right) provides implant surgical treatment to one of his patients.

I've always been on the other side of the phone, conducting the interviews over the 12 years that I was Editor of the AAID News.

The AAID was founded with its efforts directed towards the patient and that is why we have been successful.

Now, my first exposure to implant dentistry was after I graduated from Emory University Dental School in Atlanta in 1979. My first position after

It was Dr. Balkin's guidance that helped me understand the importance of a credential and encouraged me to become more involved in the Academy…



Dr. Hochberg enjoys playing golf, especially his birdie at Pebble Beach.

dental school was as one of three general dentists working in a periodontal-focused, family group practice made up of a father and two sons—Drs. Marvin, Edward and Richard Sugarman. It was Dr. Marvin who paved the way for periodontics in the early '50s and late '40s and they had a national presence.

I distinctly remember my first exposure to implants. It was Edward Sugarman who introduced me to implant dentistry. I believe he was one of the first periodontists in the country that really embraced implant dentistry. He began placing implants in that practice. I clearly remember he was in the operatory next to mine. I heard a noise coming from the room next door. It was a "rap, rap" sound. It sounded to me like somebody was gently hammering a nail in the wall.

I walked to that operatory and there he was, malletting in a blade implant. That was my first exposure to implant dentistry. It was the audible sound that changed my career. Yes, for me it was, "The shot heard around the world." I was just three years out of dental school. Edward and I went down to the Breakers Hotel in Palm Beach, Florida to attend a subperiosteal forum. It was presented by Drs. Leonard Linkow, Carl Misch, and Bob James of Loma Linda fame.

This was around 1984. We were treating a lot of edentulous mandibles and the subperiosteal was my first implant. Once I felt secure, I never looked back. My first mentor, Dr. Edward Sugarman, understood the value of a credential and it was he who introduced me to the AAID. I wasn't aware of the organization. He said, "David, you're a general dentist. You better join the AAID." I joined, and the rest is history.

DR. FERENCE: That's quite a story. I was impressed by the level of your gratitude to your mentors. When you came up to the Northeast District Meeting in Pittsburgh, you spoke at the dinner in honor of Dr. Burt Balkin and his role as one of your mentors. Tell us about the role of mentors in the Academy.

DR. DAVID HOCHBERG: Dr. Balkin has a special place in my heart and it's a memorable story.

Everybody in this Academy has a story similar to this, but Dr. Burt Balkin was a past president of the Academy many years ago. In the mid1980s, I had just become a member and was attending an annual conference. I remember standing in the back of the room, leaning on a column, watching, and listening to the speakers at the podium. A man approached me, stuck out his hand to shake mine. I realized, "Oh my goodness, this is Dr. Balkin who had been on the podium. Why is he speaking to me?" He thanked me for being there and within about three minutes he advised me, "You need to go and take the exam." I said, "Okay." It was Dr. Balkin's guidance that helped me to understand the importance of a credential and he also encouraged me to understand to become more involved in the Academy…this was really a significant leap for me.

When he said, "take the exam," I thought, so what do I do? This is 1985. My knowledge of our field is minimal at best. I was learning, as we do every day in our career and I was fortunate. There was a doctor back then who was in Atlanta, which is my hometown, and this was Dr. Terry Reynolds. Right around that time Terry Reynolds decided to initiate the very first AAID MaxiCourse®. That MaxiCourse® was located in Augusta, Georgia at the Medical College of Georgia, only a two-hour

drive from Atlanta. It was my first formalized training in implant dentistry. I signed up in that first class and drove every weekend to Augusta for nine months. That prepared me and got me going to take the Associate Fellow examination.

There were two other gentlemen in my class: Dr. Fran DuCoin, who's a past president, and Dr. Raul Mena who went on to manufacture his own implants. There were a lot of others in that first MaxiCourse® who went on to great success

You can have a mentor on the technique side, whether it's surgical or prosthetic. But, you can also have a mentor who helps you get involved in the Academy, to meet people, and learn from all those that we are fortunate to have as our members. Terry Reynolds was that person for me. He got me going clinically but he also got me involved in the Academy. He was influential in my placement on the Admissions & Credentials (A&C) Board, on which I served for about ten years. While I was on that Board, I was guided by Dr. Emile Martin, another past president. I listened closely to every word he said. He taught me how to be a good examiner.

I then got a phone call from Vincent Shuck, then Executive Director of the Academy. He asked if I would I like to serve as editor of the *AAID News*. "How long a commitment is this?" I asked. The response was "It's only about a year or so." Well, 12 years later I was still the editor of that newsletter and it really helped me to meet every president over that 12 years.

I was able to experience first hand the passion and commitment that members of this organization feel for the Academy. If you want to be involved, all you have to do is say yes and there's something for you to do in our Academy.

I could go on but I could never name all the people who have helped me.

DR. FERENCE: I would be remiss if I didn't mention the fact that I'm well aware, being the current editor of the *AAID News,* that you as a predecessor made huge strides and took it from a relatively small publication to a very impressive magazine.

You mentioned credentials, and that's a huge part of the AAID. Are there going to be any changes that practitioners should be aware of in terms of alterations in the process?

DR. HOCHBERG: The credential in the American Academy of Implant Dentistry has been our heart and soul. Earning that credential sets you apart from others in the eyes of the patient and within the profession. I think the credential as it currently exists will remain in place. The examination is always modified over time to make it better and fairer. We have a Test Construction Committee that works constantly with A&C Board to achieve that task.

But, on the non-clinical side of the AAID Credential, we are enhancing our public awareness campaign that will share the virtues of this credential with patients.

The current campaign has been very successful. We are averaging 3,000 visitors a day to our consumer website — aaid-implant.org. That means we are on pace to exceed one million visitors this year.

Our new goal however is to make sure that visitors to the website become visitors to our credentialed members' practices. We want patients to ask their implant dentist if he or she is an AAID credentialed member.

I can't think of anything better to add value to our credential and help increase membership, than to have our members go to work and hear their front

Dr. Hochberg with his wife Eleanor and their son, Martin.

If you want to be involved, all you have to do is say yes and there's something for you to do in our Academy.

desk staff say, “Doctor, you have a new patient today for an implant consultation and the patient said she was looking for an AAID credentialed member.” The doctor is going to really appreciate the value of their credential because patients want specialists and patients want credentials. The American Academy of Implant Dentistry has both.

It’s nice to know that every officer on the Executive Committee is committed to this campaign going forward. We’re going to see continuity and this ball will be passed from Dr. Iyer, to myself, to Dr. Natalie Wong to Dr. Bernee Dunson and to Dr. Adam Foleck over the next few years. This will not be just a six-month endeavor. This is a campaign that will grow while we brand ourselves to the patients and also the profession.

DR. FERENCE: Earlier you mentioned MaxiCourses®. What changes, if any, in their role within the Academy do you see occurring over the next couple of years?

Dr. Hochberg (right) and his staff cheered on the Atlanta Falcons prior to last year's Super Bowl.

We have an incredible success story when it comes to MaxiCourses® and as I previously mentioned, I attended the first one.

DR. HOCHBERG: We have an incredible success story when it comes to MaxiCourses® and as I previously mentioned, I attended the first one. At last count, there are now 19. They’re also international, thanks to Dr. Shankar Iyer and others who have taken it global. Course directors are eager to help train future members who are interested in offering implant dentistry to their patients. When it comes to our MaxiCourses®, there is only an upside.

They serve to increase membership as well as maintain our awareness to the profession. We have worked on standardizing the curriculum and there has been some talk of introducing some of the curriculum for implant dentistry at the dental school level.

DR. FERENCE: Implantology has grown into a specialty through the American Board of Oral Implantology/Implant Dentistry (ABOI/ID). The AAID has played a huge role in that growth. Where do you believe the ABOI/ID and specialty status will be going in the near future?

DR. HOCHBERG: As with every president before me for as long as I can remember, the quest for specialty status has been at the top of the agenda for the AAID. The ABOI/ID was formed to be the official certifying board for implant dentistry. Recently, the American Board of Dental Specialties was created to help achieve specialty status.

Without the efforts of Dr. Frank Recker who’s been fighting that charge on the Academy’s behalf, we wouldn’t be where we are today. It’s been addressed on the state level and it’s been presented to the ADA as well. I don’t have that crystal ball but I can tell you we’re closer to that end point today than we have been in the past. With the energy and passion of Dr. Recker and the strength of the AAID, I think we’re going to persevere and cross that finish line.

DR. FERENCE: Leading an organization like the AAID, that is the premier implant organization in the world, is quite a load on your shoulders. It’s a given that you will be devoting much of your time to AAID activities in the coming year. Besides that, on the personal side, do you have any hobbies or pastimes that you enjoy?

DR. HOCHBERG: I really keep busy. I think when it comes to hobbies, my guitars are at the top of

the enjoyment list. I used to play much better. I don't have as much time but I enjoy that instrument. I have an electric guitar and acoustic guitar collection. Keith Richards and Eric Clapton I am not, but it is a passion and it gives me lots of pleasure.

The other thing that I enjoy a lot is playing golf. Golf is for me a social moment where I get to engage with my friends and have a day off to just hit the ball. My score is second to the enjoyment that I get and the camaraderie I experience. Five years ago, for my 60th birthday, we played Pebble Beach. I was with a long time AAID member and friend, Dr. Wayne Suway. I birdied the eighth hole and it will always be a great memory for me.

DR. FERENCE: Dr. Hochberg, at this time next year, you'll be looking back at your year in office. What do you hope to have accomplished?

DR. HOCHBERG: Great question. Hopefully I'll be able to look back at accomplishing a great deal. Before I accomplish anything, I will not get to first base without the incredible staff that we have in our central office in Chicago. We recently brought in a new executive director, Cheryl Parker, and she's settling into her position. We have high expectations for her as she moves forward, organizing a group of really committed employees, many who have been there for many of years. I'm always impressed by how eager our headquarters' staff is to take care of any task.

I think that I'll really feel good if our expanded patient outreach campaign gets off the ground in a healthy way. I'll feel even better knowing that there is continuity to the years that follows.

I expect that we will create a new strategic plan that will be in full force to guide the Academy over the next three years.

In the end, I just want to make our Academy a little better for the membership and my successor, Dr. Natalie Wong.

DR. FERENCE: Your plans for continuity in successive presidencies is important. Lack of continuity can be disruptive and can hinder effectiveness. I'm sure that the AAID will benefit because of that strategy. Do you have any closing thoughts?"

DR. HOCHBERG: As I look back at my career, I can honestly say I never imagined I'd be doing this interview as the incoming president of the American Academy of Implant Dentistry. I am honored and humbled to serve all of our membership. The AAID has been my implant home for more than 30 years. I've met friends and developed lifelong relationships.

I am honored and humbled to serve all of our membership. The AAID has been my implant home for more than 30 years.

Dr. Hochberg not only collects guitars but also plays them.

I certainly want to thank my wife, Eleanor, who always gets the big picture and has supported my professional carrer for our 40 years of marriage. Also, thanks goes out to our son, Martin, who always stands by me offering advice and a supportive point of view.

Let's all have a great year and the best to our Academy.

DR. FERENCE: Dr. Hochberg, the members of the organization truly would be impressed if they knew how much enthusiasm and dedication you bring to this. I know that that is in your heart, and let me be one of the first to wish you well as the new president of AAID. Thank you very much for this interview.

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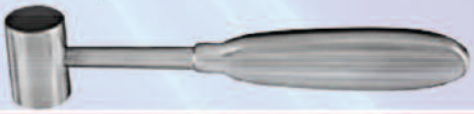

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By Roger P. Levin, DDS

12 Pitfalls of Implant Case Presentation

Becoming better at anything often means learning what NOT to do. If you can minimize mistakes, you can improve performance. This is especially true for implant case presentation. Here are 12 pitfalls to avoid when presenting to prospective implant patients:

1. Too Much Technical Information

Patients aren't dentists, so they don't need to know all the clinical minutiae unless, of course, they ask. You should describe the procedure and what it entails, but more emphasis should be placed on benefits, such as a new beautiful smile, improved functionality, and enhanced quality of life. These are ultimately what sell the treatment, not a ten-minute dissertation on osseointegration.

Patients aren't dentists, so they don't need to know all the clinical minutiae unless, of course, they ask.

2. Not Asking for the Close

You can give a great case presentation, but if you don't ask patients if they want to have the recommended treatment, you will have failed. You can't expect patients to volunteer to say "yes." Rather, you have to ask them point-blank, "Would you like to have a great new smile by having this treatment?"

3. Not Giving Yourself Enough Time

Implants are a big-ticket item for patients. You need to be ready to devote significant time—usually a separate consult—so you can go through the case, answer questions, present the benefits, listen to concerns, and discuss at length why implants are the best solution for the patient's edentulism.

4. Bad Body Language

Your mouth may be saying the right words, but the rest of your body could be sending a different message. You could be making a compelling case for implant treatment, but if you're not looking the patient in the eye, you'll come off as deceptive or untrustworthy. If you're slouching instead of sitting or standing upright, you'll present an unprofessional image, undermining your expertise and authority.

5. Not in Sync with Your Treatment Coordinator (TC)

If you use a TC, you both have to be on the same page. You don't want to be contradicting one another or repeating points that have already been made. A two-person consultation is a dance. You

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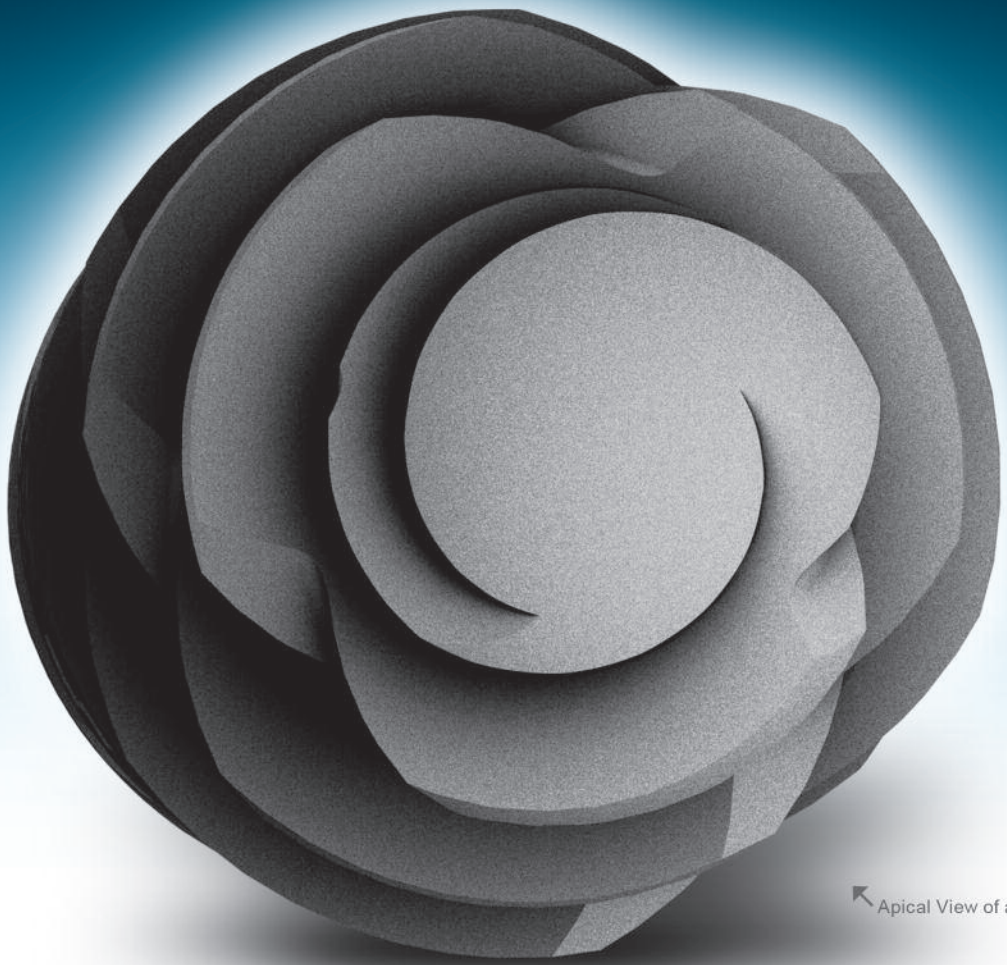

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*The impact of a modified cutting flute implant design on osseointegration - PMID: 24583140 DOI: 10.1016/j.ijom.2014.01.016
*The effect of implant design on insertion torque and immediate micromotion - PMID: 21426405 DOI: 10.1111/j.1600-0501.2010.02142.x
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want to be in step with your partner, not stumbling around like you've never done this before.

6. Lack of Testimonials and Support Materials

Third-party endorsements matter. What are your actual implant patients saying about their treatment? This is compelling stuff for those considering the same treatment. You should have testimonials placed throughout your office and posted on your website. Giving your patients a brochure or fact sheet that they can look over and that features testimonials can be quite powerful.

7. Waiting to the End to Discuss Financial Options

You don't want to surprise patients at the last minute with a mention of the price…because then the consultation ends on a bad note. Rather, you want to mention the projected cost at about the mid-point of your discussion. This gives you plenty of time to talk about payment options, including outside financing. The emphasis should be on affordability, value, and quality of life.

8. Asking for the Close Too Early

You don't want to pressure patients. This is a major decision in terms of health and expense. While you do want to ask if they would like to move forward, you don't want to do it too early. You want to listen to their concerns, answer any questions, and give them enough information, so they understand the full value of this treatment.

9. Overly Scripted

Every implant case presentation is different. Scripts are a good training tool, but they should never be memorized. Think of them more as talking points. You don't want to come across as unfeeling or robotic. You want to have genuine interactions with patients…because that's what people respond to.

10. No Follow-Up

This is a big one. Many patients will probably tell you that they need to think it over. Some might even say "no." You need to have a follow-up plan in place for each patient group. You may want to schedule a second consult with a spouse or significant other for some patients. For other patients, you will want to continue the implant conversation at their next appointment. For patients who say "no," you may also want to revisit the subject the next time you see them. A gentle reminder such as "Have you thought anymore about our conversation about implants?" can be a good way to broach the subject.

11. Team Not on Board

Because implant case presentation can be a multi-step, multi-conversation process, it's important that team members, including administrative personnel, back the dentist's recommendations. You don't want an offhand comment by a staff member to sabotage the momentum you've built up during the consultation.

12. Getting Defensive

Patients will have questions. They will have concerns about the cost and the length of healing time. They will ask you to repeat statements and clarify information. These are all part of a normal doctor–patient conversation about implant treatment, which requires invasive surgery. Don't get upset or overreact if patients ask a lot of questions. They have every right to… they need all the information they can get before making a decision.

Conclusion

Implant case presentation is challenging enough. You don't want to undermine your case presentation by engaging in negative behaviors. Avoid these 12 pitfalls, and watch your implant case acceptance rate start to rise.

Want to learn more about case presentation as well as other systems? Attend an upcoming seminar by Dr. Levin. To see his speaking schedule, go to www.levingroup.com/gpseminars.

Dr. Miguel Vidal

Dr. Yong-Han Koo

AAID Annual Meeting 2017, San Diego, Booth #601

New Trends, Techniques, and Technology Lecture
October 11th

"4D Guided Implantology: A Biological Approach to Functional and Esthetic Implant Outcomes. New Trends, Techniques and Technology "

Hands-on Workshop
October 12th
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"The Value of Safety and Precision in Prosthetically Driven Guided Implantology: Simplicity & Predictability"

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By Frank Recker, DDS, JD

But the Patient Said He Couldn't Afford It!

QUESTION: I routinely provide alternate treatment plans to my patients. However, I don't waste time drafting a plan that I know would be totally impossible for the patient to accept for financial reasons. Is there any problem with this approach?

ANSWER: I must confess that when I practiced clinical dentistry I often made "financial decisions" for the patient. I made assumptions about what the patient could afford based upon past experience with the patient, or the patient requesting the least expensive option.

> ...don't make assumptions about what a patient can afford when presenting treatment options...

For example, I did not propose fixed bridgework to a patient on public assistance or to a father of a family of eight who expressed his inability to even make monthly payments on routine dental care. Therefore, I often omitted presenting treatment plans that were clearly beyond the financial reach of the patient.

However, that is a flawed approach. I have recently dealt with several dental board cases in different jurisdictions in which the issue was not providing the patient with all the treatment options, including ones that were extremely costly, even though the patient had indicated a lack of financial resources. One dental board case solely involved a disgruntled patient who eventually became unhappy with his treatment choice (prosthetic appliance over implants). He had expressed a lack of money and a desire for the least expensive option to his treating dentist, prior to the dentist formulating a treatment plan. But when he later ended up in another dental office and was told about the more expensive and more stable alternatives, he became irate and complained to the dental board. The first dentist was taken to task for not clearly documenting that he had provided the more expensive treatment options to the patient.

In short, don't make assumptions about what a patient can afford when presenting treatment options, but instead provide every patient with every reasonable treatment plan, regardless of the cost.

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By Charles C. Valauskas,
Valauskas Corder LLC

Sale of Reusable Products: The Risk Calculation Changes

If you are part of the growing number of dentists who are either using 3D printing in your practice or are buying 3D printed products from a dental laboratory, you need to be aware of a recent U.S. Supreme Court decision.

The case involved Lexmark International, Inc., a producer of patented laser printing cartridges. Not surprising, the liquid gel cartridges used in 3D printing are functionally similar to those used in laser printing. Just like Lexmark, most likely there are U.S. patents protecting the 3D gel manufacturer.

The threat of being drawn into a patent infringement lawsuit for violating a restriction in a sales contract is now gone.

The Court answered the question whether and to what extent can a manufacturer use U.S. patent law to control a product that is sold. The decision, at the very least, will affect the commercialization strategies that companies already have in place, new commercialization strategies, and what prices companies charge for patented products domestically and abroad. Any business that sells patented products that can be reused must take note. Customers who purchase those products also should take note: they may be paying more.

Traditionally, patent holders placed one or more conditions on the sale of the item. The broad question that the U.S. Supreme Court answered in its recent decision, *Impression Products, Inc. v. Lexmark International, Inc.,* is whether a purchaser that does not honor the condition of the sale will not only breach the contract of sale but also have infringed the patent that may cover the sold item.

The Lexmark case involved a dispute over the refilling of toner cartridges for laser printers. Lexmark structured its sales of the cartridges knowing that "remanufacturers" acquire empty printer cartridges, refill them, and sell them at a price lower than that at the original manufacturer sells them. Lexmark allowed a customer to purchase cartridges at full price with no restrictions on what the purchaser could do with the cartridges (including have them refilled). Lexmark allowed a customer also to buy cartridges at a discount provided the customer signed a contract that required the customer to use the cartridge once and not to transfer the empty cartridge to anyone else. To enforce the single use/no-resale restriction and prevent an empty cartridge

from being reused, Lexmark added a microchip to each cartridge. Remanufacturers, however, discovered a way to defeat the microchip block and began refilling and reselling the once discounted Lexmark cartridges. Lexmark then sued a number of the remanufacturers including Impression Products for patent infringement regarding two sets of cartridges.

One set was the discounted cartridges, sold by Lexmark in the United States but refurbished and resold by the remanufacturers in the U.S. in violation of the contract that each original customer signed. The other set was all cartridges that were sold abroad by the original manufacturers but then refilled, sold, and imported into the U.S. by remanufacturers. Lexmark contended as to this second group that it never gave anyone permission to import these refurbished cartridges into the U.S. Impression Products contended that once Lexmark sold the cartridges it "exhausted" its patent rights and therefore Impression or anyone else was free to refurbish them, resell them, and import them.

The Supreme Court ruled that once Lexmark sold the cartridges under the discount program it exhausted its patent rights. The Court further opined that, while the contract that customers signed with Lexmark was clear and enforceable under contract law, it did not entitle Lexmark to retain patent rights in the sold item. The Court declared that once Lexmark sold the cartridges it could not enforce the contractual restrictions through patent infringement lawsuits. Whatever rights Lexmark retained was a matter of the contracts that customers signed, not patent law.

As to the sale of the cartridges abroad and the import into the U.S. of the refurbished cartridges by the remanufacturers, the Court ruled that an authorized sale outside the U.S. exhausts U.S. patent rights. The Patent Act does not guarantee a particular price but just ensures that the patentee receives one reward that the patentee chooses is appropriate. The Court concluded that what matters for the exhaustion doctrine is not the restrictions placed on the sale or the locations of the sale but the patentee's decision to make a sale.

What is the impact of the Lexmark decision? Restrictive sales contracts are not affected. However, the threat of being drawn into a patent infringement lawsuit for violating a restriction in a sales contract is now gone. A patent holder can bring an action for the violation of the restriction but only for breach of contract, not patent infringement. Will the reduced risk embolden more customers to disregard the limitations placed on them? Also, companies who sell patented products abroad at a discount cannot use patent law to prevent the resale of those products in the U.S. In light of the ruling, is it logical to sell large quantities of such products abroad at a discount only to see them come back into the U.S. at a cheaper price than the U.S. sales price?

…expect prices on laser ink cartridges as well as liquid gel for 3D printing to increase.

How realistic is it for a manufacturer to bring a breach of contract suit for violation of the contract restriction against individual customers? Clearly, patent holders will need to devise new commercialization strategies for their products. Will these strategies amount simply to making sure that the one reward that the Court says patentees should receive is high enough to compensate for the increased risk associated with each sale? If so, then expect prices on laser ink cartridges as well as liquid gel for 3D printing to increase.

Charles C. Valauskas is legal counsel to domestic and foreign companies, new ventures, and universities and research foundations. He is partner in the Chicago-based law firm of Valauskas Corder LLC. (vciplaw.com)

By Max G. Moses, JD, CPA, MBA

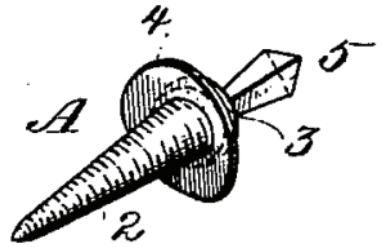
Check the Rear View Mirror

Linkow…Misch…Brånemark… Gershkoff…Goldberg…Roberts...Tatum — all names familiar to anyone practicing implant dentistry as major figures in the research and design of dental implants.

How about Hansen…Nagy… Greenfield…Kresse…Silvis? These names are not quite as familiar are they? Perhaps one reason why these names are less familiar is that they predated the discoveries and products created by Linkow *etal* by several decades in some cases. Others were early adapters and creators of dental implants and prosthetics in the 1940s and early 1950s just as the American Academy of Implant Dentistry was being formed.

"In my opinion, all those early inventions were significant. They were brainstorming each and every challenge." — Dr. E. Richard Hughes

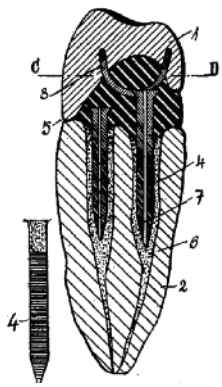
Florian Emilius Hansen of Minneapolis Minnesota obtained a patent on May 14, 1889 for an "artificial tooth plug." (See patent #403,428). According to the patent application the object is to "provide a connecting means for an artificial tooth-crown and



Hansen Fig. 2

the natural root of the tooth." It consisted of a metallic connecting-plug constructed of a piece of non-corrosive metal. It included "cut fine screw-threads" and the "treaded part is preferably of a conical form, its base starting from a collar, formed on the body of the plug." Does this sound vaguely familiar to root-form implants, at least in concept?

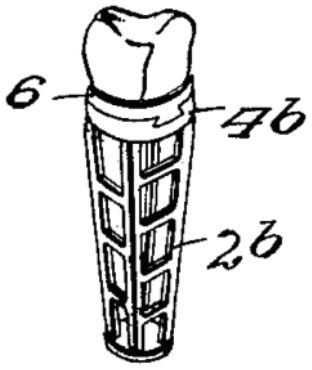
Today, Europe has been touted as being the more advanced source of research on implants. Over 115 years ago, Emil Nagy of Budapest, Austria-Hungary received a patent (#693,884) on February 25, 1902 for an artificial tooth-crown and process of making same. He was trying to solve the then tedious process that often resulted in an



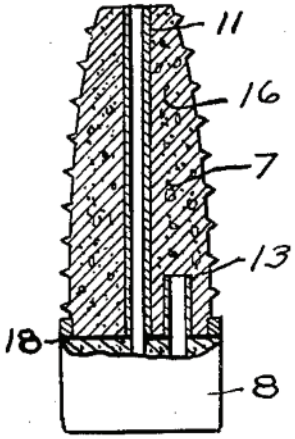
Nagy Fig. 10

inaccurate fit to the crown. He used hollow pins inserted into the root and cramps with one end inserted into a flat-head hollow pin and the "U" or "V" shaped cramps inserted into the base of the crown. He had different cramps for front and back teeth.

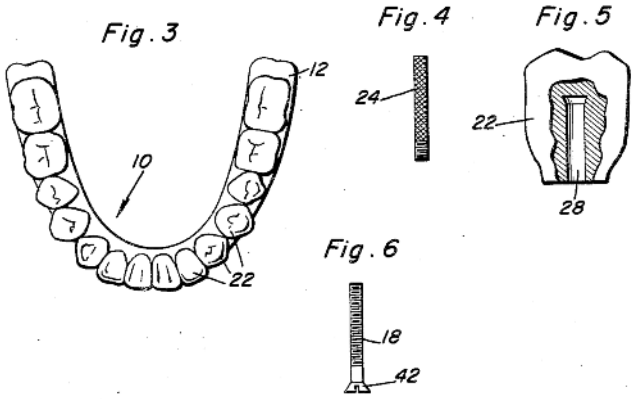
Edwin Greenfield's patent (943,113) issued on December 14, 1909 seems to allude to the Brånemark's concept of osseointegration. Greenfield, from Wichita, Kansas, a place no one would consider to be a hotbed of discovery in dental implants, particularly in the early 20th century, described his improvement on then current practice to include use of a "peculiarly constructed frame which is adapted to serve as a bearing for the teeth, and which is designed to be inserted into a cavity drilled in the jaw bone so as to be held firmly in position when the bone closes in upon the same."



Greenfield Fig. 5



Kresse Fig. 6



Silvis Fig. 3-6

Of course, it is well known that although Greenfield's concept was sound, the material for the implant itself turned out to be the defining factor in achieving osseointegration without such side effects as sepsis and necrosis. Over time, a metallic alloy sold under the name of "Vitallium," composed of 65% cobalt, 30 chromium, and 5% molybdenum was found to be a suitable material. On April 25, 1944, Edward Kresse of Denver, Colorado was granted a patent (#2,347,567) in his approach to create a non-metallic material for implants. His invention also included a drainage opening to allow fluids from the bottom of the alveolus to escape. Finally, he added a means for making an operative connection with a tool for rotating the implant when inserted.

The current trend for implant-supported overdentures isn't as new as one might think. On June 3, 1958, Donald E. Silvis of Glendale, California received patent #2,836,890 for what sounds very similar to what is used today. As described in his patent application, the primary object of the invention is to "eliminate the rocking, rolling, or rattling which usually occurs with conventional type of dentures which are held in place by suction or other means."

There have been dozens of other inventions—making small changes or major enhancements over the years. As Dr. E. Richard Hughes, an Honored Fellow of the AAID said, "In my opinion, all those early inventions were significant. They were brainstorming each and every challenge."

Max G. Moses is the Director of Communications and Marketing for the American Academy of Implant Dentistry.

JOISAMPLER

Editor's Note: *Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the* Journal of Oral Implantology*. In this section of* AAID News*, we selected a few articles that have broad applicability to the daily practice, and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 43, Issue 4 (September 2017).*

CLINICAL

Clips vs Resilient Liners Used With Bilateral Posterior Prefabricated Bars for Retaining Four Implant-Supported Mandibular Overdentures

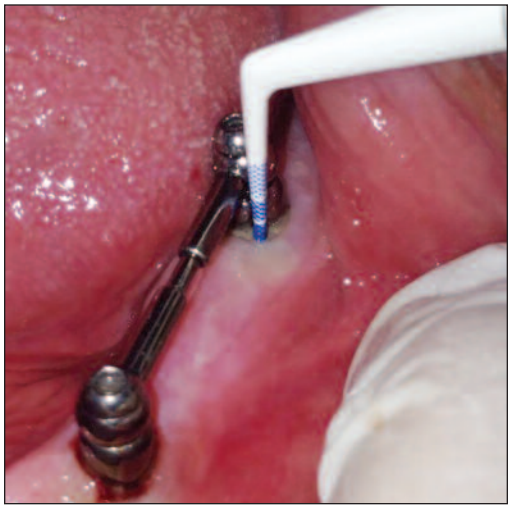
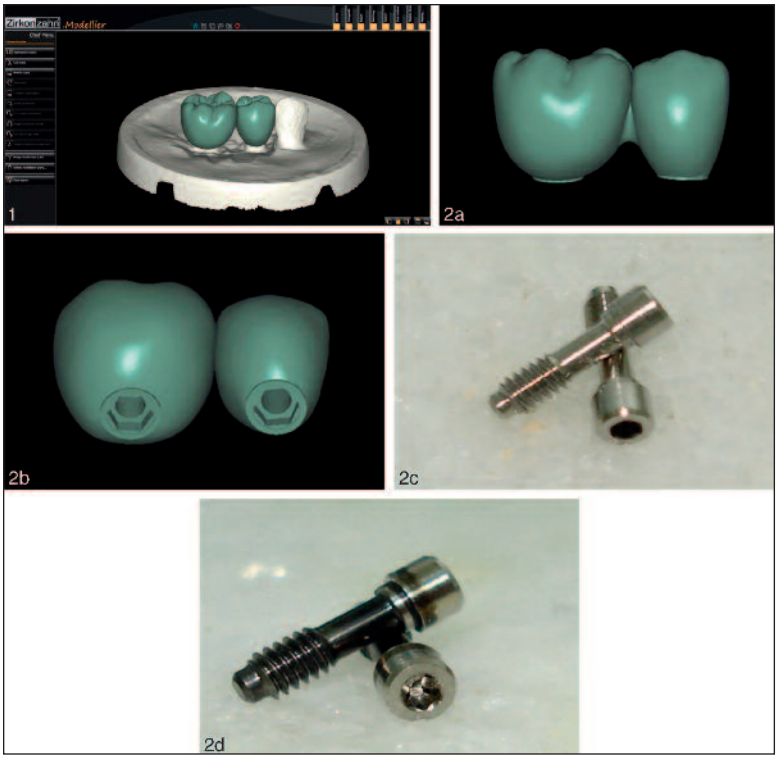


FIGURE 6. Calibrated plastic periodontal probe used to measure probing depth.

Conventional complete dentures are not always an ideal treatment for mandibular edentulous patients, as wearers often complain about functional problems due to insufficient retention and stability. Many treatment options were introduced to increase retention and stability of conventional dentures including implant-retained verdentures for rehabilitation of the edentulous mandible. This study was established to compare the clinical effects of bar-clips vs silicone-resilient soft liners used with bilateral posterior bars on soft tissue around the 4 implants supporting the mandibular overdenture.

Mona Gibreel, Mohammed Fouad, Fatma El-Waseef, Nesma El-Amier, Hamdy Marzook, Clips vs Resilient Liners Used With Bilateral Posterior Prefabricated Bars for Retaining Four Implant-Supported Mandibular Overdentures, *Journal of Oral Implantology.* 2017; 43(4): 273-281



FIGURES 1 AND 2. FIGURE 1. Virtual planning crowns in CAD/CAM, simulating region of the posterior mandible. FIGURE 2. (a) Splinted crowns, (b) nonsplinted crowns, (c) titanium screws, and (d) neotorque screw (diamond-like carbon cover).

CASE REPORTS

Influence of Screw Surface Treatment on Retention of Implant-Supported Fixed Partial Dentures

Complications with single-tooth implant restorations frequently involve the integrity of the implant-abutment screw joint, with screw loosening as a common implication. The objective of this study was to evaluate the effect of diamond like carbon (DLC) coating on the removal torque (RT) of the prefabricated implant screw after mechanical cycling (MC) in splinted and nonsplinted prostheses. The hypothesis tested was that the DLC coating and splinting of the prostheses are factors that influence the screw loosening.

Marcos Boaventura de Moura, Renata Borges Rodrigues, Leandro Moreira Pinto, Cleudmar Amaral de Araújo, Veridiana Resende Novais, Paulo Cézar Simamoto Júnior, Influence of Screw Surface Treatment on Retention of Implant-Supported Fixed Partial Dentures, *Journal of Oral Implantology.* 2017; 43(4): 254-260

RESEARCH

Custom Cast Ball Attachments Used on Outdated Implants to Restore a Maxillary Implant-Supported Overdenture

Biological and technical complications can occur in implant therapy, especially in outdated osseointegrated implants by discontinued manufacturer systems. The aim of the present clinical report was to describe an alternative technique for the fabrication of a maxillary implant supported overdenture in a patient with approximately 20-year-old dental implants using castable spherical patterns and ball attachments.

Andressa Rosa Perin Leite, Danny Omar Mendoza Marin, Gabriela Giro, Ana Carolina Pero, Ligia Antunes Pereira Pinelli, José Maurıcio dos Santos Nunes Reis, Custom Cast Ball Attachments Used on Outdated Implants to Restore a Maxillary Implant-Supported Overdenture, *Journal of Oral Implantology.* 2017; 43(4)L 297-301.

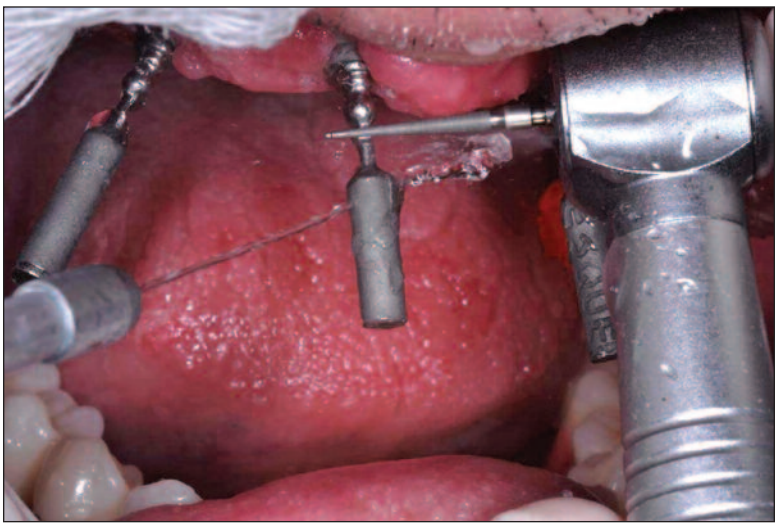


FIGURE 6. Ball attachment extension cut-off after cementation.

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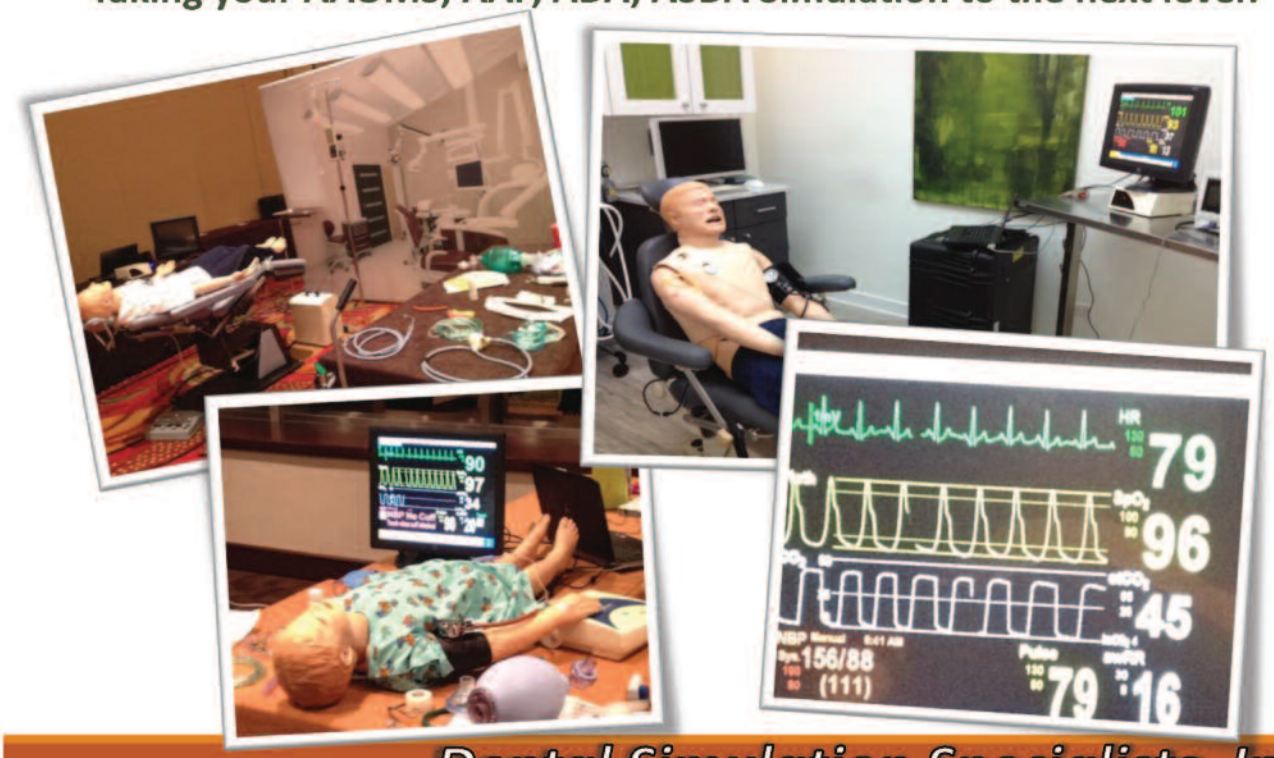

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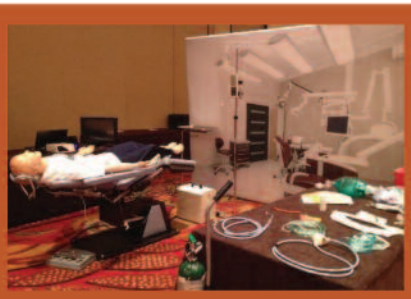

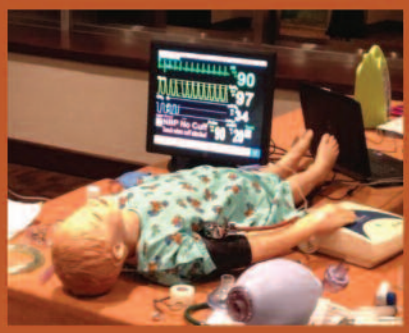

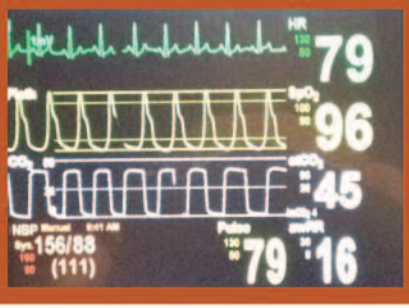

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"Is the World Really Flat?"

Shankar Iyer, DDS, MDS,
FAAID, DABOI/ID
President, American Academy of
Implant Dentistry

Thomas Friedman portrayed the globalization of the world economies in his book The World is Flat. He drew a parallel to his childhood memories of growing up when his mother told him that millions are starving in India and he better clean up his plate. Today, he tells his own children to do their homework well. Otherwise, the children in India will make them starve.

While the latest is always attractive, we believe that a vetting process should be considered prior to calling it the state of the art.

In my travels to over 13 countries this past year to give courses, I find that every country is unique in how it deals with implant training and treatment. Sometimes that made me feel that I may be behind in how innovations have evolved around world. This made me wonder if we are creating a global standard. This has further caused me to explore the principles and the modes by which we educate our emerging implant practitioners.

The American Academy of Implant Dentistry has been pioneering its efforts in the field of education and research over the past six decades. We are now at a point where we should be looking at what's happening around the world with respect to technological and biological advancements. Have we fallen behind in our level of exposure and should we be changing our methods of practice?

Our Academy has always been favoring the cautious approach in how we deal with the rapid advancements. Our Maxicourses® and Annual Conferences promote evidence-based concepts. While the latest is always attractive, we believe that a vetting process should be considered prior to calling it the state of the art. While some procedures have made it most others have failed to stay on.

Geoffrey A. Moore's Crossing the Chasm describes the life cycle of technology adaptation very vividly and explains the reasons behind the failures of some newer products and concepts. Experimentation and trials of new products and techniques should be left to the risk takers and innovators. These should not be considered main-stream. The novices want to perform advanced techniques with limited skills and knowledge and this has created a void in entry-level programs. There is an attempt to circumvent the foundation

and go right to the exotic procedures. We are now seeing the limitations of proper hands on training.

Coaches in Implant Dentistry

We achieve excellence by doing the same procedure multiple times until we attain mastery. Another way to ensure that we are well prepared and perform to the hilt is by having coaches who constantly monitor our progress. Implant dentistry is no different. Surgical techniques require exposure through a personal interaction from mentors and experts. In the absence of residency programs in implant dentistry, there is heavy reliance on sites like youtube and vimeo that have contributed to significant exposure of advanced surgical procedures. Too oftenthey contain doctored clips or morphed transitions that make it appear seemingly simple to successfully replicate. The resulting frustration keeps the novice from moving forward. We are seeing this with the surgical conversion rates in the MaxiCourses®. It is not uncommon for less than 50% proceed to take up implant dentistry as a mainstay in their practices after a course. This can be changed with the help of our mentors. There is no substitute to having a personal coach who can help critique our work and help trouble shoot difficult situations.

Our Academy has a treasure trove of experts to help the novice. We have practitioners who have dedicated their lives to the field of implant dentistry. We are about mentorship and camaraderie. I urge the new members and graduate students to reach out to our Credentialed members and Diplomates of American Board of Oral Implantology/Implant Dentistry who are eager to groom the new generation. This is what sets our Academy apart. We have no boundaries or limitations. We have reached out to almost every continent to help practitioners with quality education and credentialing.

It has been an eventful year for me in the Academy. Looking back over the past year it is almost like a dream that you wish would never end. At the same time you wakeup to exciting times ahead.

Our Headquarters office, after recent transitions, is now being operated on full throttle. My thanks to Cheryl Parker, our Executive Director, who in such a short period has made some significant progress in the management of the administrative team. At the Annual Conference please stop by at the registration desk and meet our most efficient staff. Afshin, Carolina, Maria, Max, Scott, Jenna, Corrie, Karo, Christine, Nicole, and Bill, along with ABOI/ID Executive Director Kathleen Huttner are the pillars who will do anything to make sure our Academy's flag is flying high. They work hard to ensure that your membership experience is at its best.

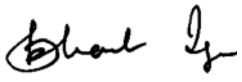
The court victories

It was my dream when I took office that at least ten states recognize our credentials. I am happy to report that under the guidance of our legal counsel, Dr. Frank Recker, we have made inroads into more than 15 states. Eight of them have agreed to take the next step to consider our request to amend their statutes or regulations.

Thanks to **Dr. Jim Ference** who is doing a fine job with the *AAID News*. The format, appearance, and contenthas made it the most valuable newsletter of any professional dental organization.

Working with our Academy leaders has been very exciting. Our entire Executive Committee—**Drs. David Hochberg, Natalie Wong, Bernee Dunson, Adam Foleck,** and **Richard Mercurio**—have helped me in times of need. I will be ever grateful. The Board of Trustees has been working diligently to protect your interests. They continue to amaze me with their insights and dedication.

I wish to thank my beloved partner in my practice, my guide, friend, and advisor, Preeti Iyer who has allowed me to indulge in the activities that I am passionate about. My children, Easha and Varish, were so considerate about dealing with my absence. They will always have my admiration and unconditional love. I am truly blessed to be surrounded by supportive friends, well wishers and an Academy backing all my efforts. While I will look forward to actively serving the Academy for years to come in some capacity, this year especially has made it worth all the years that I have spent in the AAID.



FEATURED maxicourse®

AAID MaxiCourses® Covers the Asian Continent

The American Academy of Implant Dentistry is no stranger to doctors seeking the best implant training in the world. Four AAID MaxiCourses® bring this comprehensive, continuum of education to the Asian continent.

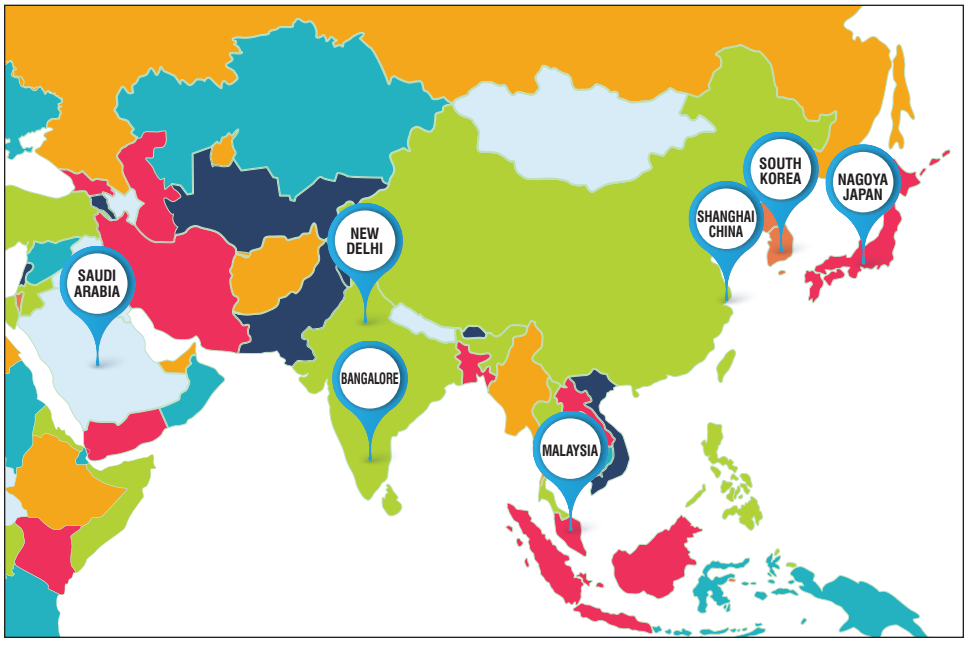
The "granddaddy" of the bunch is the AAID Asia MaxiCourse®, which was one of the first three AAID MaxiCourses® sanctioned by the Academy. Originally known as the India MaxiCourse®, the influence of this course has been expanded by its Director, **Dr. Shankar Iyer.** From a single location in India, Dr. Iyer has been successful in sharing the learning experience that only an AAID MaxiCourse® can provide to such disparate areas of Asia as Malaysia, Saudi Arabia, the United Arab Emirates, and of course India.

South Korea, under the leadership of **Dr. Jaehyun Shim** has thrived for more than ten years, helping to educate dentists who want to learn more about placing and restoring dental implants. In recent years, graduates of the Korea MaxiCourse® have successfully challenged the AAID Associate Fellow examination and are typically the single largest group of new Associate Fellows being inducted each year.

Yasunori Hotta, DDS, PhD, Director of the Japan MaxiCourse®, has been joined by four associate directors: **Hiroshi Murakami, DDS, PhD, Koji Ito, DDS, PhD, Komatsu Shinichi DDS, PhD,** and **Takashi Saito, DDS, PhD.** The Japan MaxiCourse® is headquartered in Nagoya, Japan and regularly draws the best and brightest doctors who are seeking to master the science of dental implants.

The newest MaxiCourse® that serves the Asian continent began educating students this summer. Led by Director **Jaime Lozada, DMD,** who also is Director of the Loma Linda MaxiCourse®, the initial class included over 30 aspiring implant dentists.

More information about all MaxiCourses® can be found online at aaidmaxicourse.org. Specific contact information the four MaxiCourses® mentioned in this article follows:



MaxiCourse® Asia
October – August
One week bi-monthly
Contact: Dr. Shankar Iyer
Email: drsiyer@aol.com
Website: www.aaid-asia.org

Korea MaxiCourse®
Monthly March through December
Contact: Dr. Jaehyun Shim
Email: dental-care@hanmail.net
Website: www.kdi-aaid.com

Japan MaxiCourse®
13, Morimaki-cho, Moriyama-ku
Nagoya, Japen 463-0073
Director: Yasunori Hotta, DDS, PhD
Phone: +81-52-794-8188
Email: hotta-dc@ff.iij4u.or.jp
Website: www.hotta-dc.com

China MaxiCourse®
Room 609,Building 2, Tower D, Yinghua International Place
Lane 2899, Guangfu Road W
Putuo District
Shanghai, China
Director: Jaime Lozada, DMD
Contact: Jolie Meng
Phone: +86 21-61364635 or 909-558-4685

academy news

"DUKE" HELLER NAMED 2017 AARON GERSHKOFF/NORMAN GOLDBERG MEMORIAL AWARD WINNER

Alfred "Duke" Heller, DDS, MS, FAAID, DABOI/ID was named the winner of the Academy's Aaron Gershkoff/Norman Goldberg memorial Award for 2017. Named after the first two presidents of the Academy, the Award recognizes outstanding contributions to the AAID and the field of implant dentistry.

Dr. Heller is the founder of the Midwest Implant Institute (Mii) that has trained thousands of dentists in one-on-one surgical experience since 1980.

A graduate of The Ohio State University College of Dentistry in 1962, Dr. Heller also obtained a Master's Degree in 1974. He helped develop Tricalcium Phosphate (TCP) and ceramic implants in his graduate studies. He is an Honored Fellow of the American Academy of Implant Dentistry (AAID) and served on the Admissions and Credentials Board of AAID for seven years. Heller is board certified in oral implantology by the American Board of Oral Implantology/Implant Dentistry (ABOI/ID) serving as President and is an active member of the American Dental Association, the Ohio Dental Association, and the Columbus Dental Society.

Dr. Heller practiced dentistry for 51 years, of which 23 years were with his son **Dr. Robert Heller,** a prosthodontist, who helped in training the dentists going through the Mii Externship Program.

Dr. Heller has written three books that have been published and translated into four different languages dealing with the Christian faith. He speaks often at men's ministry groups and at church services sharing his faith. Dr. Heller presently works with men over 18 years of age who struggle with addiction of drugs and alcohol, helping them restore their lives. He and his wife Wanda have been married for 59 years and they have three children, nine living grandchildren and two great-grandchildren.

HONORED FELLOW ELECTED FOR 2017

The Honored Fellows Committee has selected the following individuals for the 2017 Honored Fellows:

George Arvanitis, DDS

Kirk Anthony Kalogiannis, DMD

Philip J. Kroll, DDS

D. Timothy Pike, DDS

Dale Edward Spencer, DDS

Dr. Atsushi Takahashi

The selection of new Honored Fellows includes a nomination process with final selection based on scores determined by AAID involvement (e.g., volunteer positions at the National and District levels, speaking at AAID events, study clubs) and contributions to implant dentistry and the nominees home communities (e.g., teaching, publishing, awards, community service).

WITH NON-OPIOID EXPAREL

CHANGE THE FACE OF POSTSURGICAL PAIN MANAGEMENT

Your patients are concerned about opioids. Based on a recent survey, >75% of oral surgery patients and caregivers would opt for non-opioid pain management if given the choice even at additional cost (n=1370).[1]

Choose EXPAREL:
New data vs bupivacaine HCl from a total knee arthroplasty study*[2]

78% FEWER OPIOIDS	13.6% LESS PAIN	10% OF PATIENTS WERE OPIOID FREE WITH EXPAREL VS 0% WITH BUPIVACAINE HCl (*P*<0.01)
overall opioid consumption (*P*<0.005)	cumulative pain scores (*P*<0.04)	

*Results from a Phase 4, double-blind, randomized controlled trial that compared the efficacy and safety of EXPAREL 266 mg (20 mL) (n=70) and bupivacaine HCl (n=69) in a total knee arthroplasty. Primary endpoints: area under the curve of visual analog scale pain intensity scores 12–48 hours postsurgery; total opioid consumption 0–48 hours postsurgery. Rescue opioids for pain were available upon patient request. Rates and types of adverse events were similar between treatment groups. The most common adverse events in the EXPAREL group were nausea, muscle spasms, and vomiting.

The clinical benefit of the decrease in opioid consumption has not been demonstrated.

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

Warnings and Precautions Specific to EXPAREL

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks, or intravascular or intra-articular use. Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesias. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

Please see brief summary of Prescribing Information on adjacent page. Full Prescribing Information is also available at www.EXPAREL.com.

References: 1. McCormick S, Franco P. Patient attitudes toward opioids and nonopioid alternatives following third-molar extraction. Poster presented at: ACOMS 37th Annual Scientific Conference and Exhibition, May 2017; Vancouver, British Columbia. **2.** Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial [published online ahead of print]. *J Arthroplasty.* doi:10.1016/j.arth.2017.07.024.

For more information, please visit www.EXPAREL.com/PILLAR or call 1-855-RX-EXPAREL (793-9727).

PACIRA PHARMACEUTICALS, INC.

EXPAREL® (bupivacaine liposome injectable suspension)

OPIOID FREE

EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary
(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

EXPAREL has not been studied for use in patients younger than 18 years of age.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Using EXPAREL followed by other bupivacaine formulations has not been studied in clinical trials. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The ability of EXPAREL to achieve effective anesthesia has not been studied. Therefore, EXPAREL is not indicated for pre-incisional or pre-procedural loco-regional anesthetic techniques that require deep and complete sensory block in the area of administration.

ADVERSE REACTIONS

Clinical Trial Experience

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

DRUG INTERACTIONS

EXPAREL can be administered in the ready to use suspension or diluted to a concentration of up to 0.89 mg/mL (i.e., 1:14 dilution by volume) with normal (0.9%) saline or lactated Ringer's solution. EXPAREL must not be diluted with water or other hypotonic agents as it will result in disruption of the liposomal particles.

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to toxicity.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [*see Data*]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its' metabolite, pipecolylxylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL surgical site infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, these drugs should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Care should be taken in dose selection of EXPAREL.

OVERDOSAGE

In the clinical study program, maximum plasma concentration (C_{max}) values of approximately 34,000 ng/mL were reported and likely reflected inadvertent intravascular administration of EXPAREL or systemic absorption of EXPAREL at the surgical site. The plasma bupivacaine measurements did not discern between free and liposomal-bound bupivacaine making the clinical relevance of the reported values uncertain; however, no discernible adverse events or clinical sequelae were observed in these patients.

DOSAGE AND ADMINISTRATION

EXPAREL is intended for single-dose administration only.

The recommended dose of EXPAREL is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic
- Maximum dose of 266 mg (20 mL)

As general guidance in selecting the proper dosing for the planned surgical site, two examples of dosing are provided. One example of the recommended dose comes from a study in patients undergoing bunionectomy. A total of 8 mL (106 mg) was administered as 7 mL of EXPAREL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

Another example comes from a study of patients undergoing hemorrhoidectomy. A total of 20 mL (266 mg) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Compatibility Considerations

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

  The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to toxicity.
- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Local infiltration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

CLINICAL STUDIES

The efficacy of EXPAREL was compared to placebo in two multicenter, randomized, double-blinded clinical trials. One trial evaluated the treatments in patients undergoing bunionectomy; the other trial evaluated the treatments in patients undergoing hemorrhoidectomy.

Study 1

A multicenter, randomized, double-blind, placebo-controlled, parallel-group clinical trial evaluated the safety and efficacy of 106 mg (8 mL) EXPAREL in 193 patients undergoing bunionectomy. The mean age was 43 years (range 18 to 72).

Study medication was administered directly into the site at the conclusion of the surgery, prior to closure. There was an infiltration of 7 mL of EXPAREL into the tissues surrounding the osteotomy and 1 mL into the subcutaneous tissue.

Pain intensity was rated by the patients on a 0 to 10 numeric rating scale (NRS) out to 72 hours. Postoperatively, patients were allowed rescue medication (5 mg oxycodone/325 mg acetaminophen orally every 4 to 6 hours as needed) or, if that was insufficient within the first 24 hours, ketorolac (15 to 30 mg IV). The primary outcome measure was the area under the curve (AUC) of the NRS pain intensity scores (cumulative pain scores) collected over the first 24 hour period. There was a significant treatment effect for EXPAREL compared to placebo. EXPAREL demonstrated a significant reduction in pain intensity compared to placebo for up to 24 hours ($p<0.001$).

Study 2

A multicenter, randomized, double-blind, placebo-controlled, parallel-group clinical trial evaluated the safety and efficacy of 266 mg (20 mL) EXPAREL in 189 patients undergoing hemorrhoidectomy. The mean age was 48 years (range 18 to 86).

Study medication was administered directly into the site (greater than or equal to 3 cm) at the conclusion of the surgery. Dilution of 20 mL of EXPAREL with 10 mL of saline, for a total of 30 mL, was divided into six 5 mL aliquots. A field block was performed by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers.

Pain intensity was rated by the patients on a 0 to 10 NRS at multiple time points up to 72 hours. Postoperatively, patients were allowed rescue medication (morphine sulfate 10 mg intramuscular every 4 hours as needed).

The primary outcome measure was the AUC of the NRS pain intensity scores (cumulative pain scores) collected over the first 72 hour period.

There was a significant treatment effect for EXPAREL compared to placebo.

This resulted in a decrease in opioid consumption, the clinical benefit of which was not demonstrated.

Twenty-eight percent of patients treated with EXPAREL required no rescue medication at 72 hours compared to 10% treated with placebo. For those patients who did require rescue medication, the mean amount of morphine sulfate intramuscular injections used over 72 hours was 22 mg for patients treated with EXPAREL and 29 mg for patients treated with placebo.

The median time to rescue analgesic use was for 15 hours for patients treated with EXPAREL and one hour for patients treated with placebo.

Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA

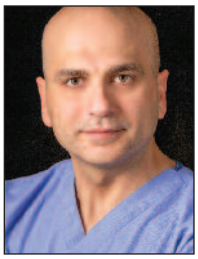
Patent Numbers:
6,132,766 5,891,467
5,766,627 8,182,835

PACIRA
PHARMACEUTICALS, INC.

For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

Rx only **August 2016**

ISAIH LEW AWARD WINNER ANNOUNCED



Salah Huwais, DDS, FAAID, DABOI/ID has been named the recipient of the 2017 Isaih Lew Memorial Research Award from the AAID Foundation. He will be honored in person at the President's Celebration during the Academy's 2017 Annual Conference.

Salah Huwais obtained his DDS from the University of Aleppo, Syria, School of Dentistry in 1990. He earned his Certificate in Periodontics and Implantology in 1997 from the University of Illinois at Chicago. He is a Diplomate of the American Board of Periodontology and a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID).

Dr. Huwais has been published in several peer reviewed publications and has been awarded a U.S. Patent for fluted osteotome and surgical method for use. His research on ossseodensification has had significant impact on the practice of implant dentistry.

He is adjunct clinical Assistant Professor, University of Minnesota School of Dentistry, Post-Graduate Dental Implant Fellowship Program.

Dr. Huwais maintains a private practice in Jackson, Michigan.

AAID FOUNDATION AWARDS EIGHT STUDENT RESEARCH GRANTS

The American Academy of Implant Dentistry announced the recipients of the David Steflik Memorial Student Research Grant competition. This annual competition is open to dental students and those in post-graduate and residency programs. Each of the eight winners receives $2,500 to further their research. Following are the eight winning research projects:

Case Western Reserve University — Dr. Ahmed Alghamdi
Tooth Derived Graft Material for Alveolar Ridge Augmentation

Indiana University — Dr. Apoorv Goel
Macroscopic, Microscopic and Microbial Analysis of Used Dental Implant Healing Abutments Before and After Cleaning and Sterilizing for Potential Reuse In Dental Implant Practice: An *In Vitro* Study

Louisiana State University School of Dentistry — Dr. Phillip P. Crum
The Effect of Implant Surface Bioactivation on Cell Attachment and Differentiation in the Presence of Cigarette Smoke Extract

Tufts University School of Dental Medicine — Dr. Shawn Kim
Crestal Bone Resorption in Vertical Augmentation

Tufts University School of Dental Medicine — Dr. Nari Park
Anatomical Factors of the Posterior Superior Alveolar Artery Associated Schneiderian Membrane Perforation During Maxillary Sinus Augmentation

Tufts University School of Dental Medicine- Dr. Yusuf Sheikh
The Effect of the Use of Antibiotic Prophylaxis for Lateral Window Maxillary Sinus Augmentation

UCLA School of Dentistry — Dr. James Zaiger
Characterizing Differences in Immune Cell Populations and Cytokine Expression between Peri-Implantitis and Periodontitis using a Murine Model

University of Colorado Denver/Anschutz Medical Campus — Dr. Bo Meng
The Long-Term Evaluation of the Labial Bone Augmentation in the Anterior Maxilla with Horizontal Bone Defect by Cone Beam CT

HAMILTON SPORBORG NAMED PAUL JOHNSON SERVICE AWARD WINNER

Hamilton Sporborg, DDS, FAAID, DABOI/ID of Chatham, Massachusetts was chosen from a half-dozen nominees as the Paul Johnson Service Award Winner for 2017. The Award recognizes outstanding service to the AAID as exemplified by the late **Dr. Paul Johnson.** It is intended to acknowledge the work of AAID volunteers who have gone "over and above" and highlight that much of the success of the Academy is due to the hard work of committed volunteers.

An Honored Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID), as well as a Master of the Academy of General Dentistry, Dr. Sporborg does not lack experience or qualifications as an outstanding implant dentist.

As a member of the AAID Foundation Board he contributes greatly—of time and money—to help our Foundation become one of the major sources funds for implant research projects around the world. He consistently and promptly reviews grant applications.

Dr. Sporborg has served effectively on the Admissions and Credentials Board as well as an Examiner for the Oral Case/Part 2 examinations. He has served as a member of the Honored Fellows Committee for several years.

OBITUARIES

Andre U. Buchs, DMD — Orlando, FL – Diplomate, American Board of Oral Implatology/Implant Dentistry

UPCOMING KEY AAID DATES

FEBRUARY 2018

1 APPLICATION DEADLINE FOR ASSOCIATE FELLOW PART 2 AND FELLOW EXAMINATIONS

2-4 ABOI/ID BOARD REVIEW COURSE
Chicago, IL

APRIL 2018

13-15 ABOI/ID EXAMINATION
Chicago, IL

20-21 FOCUS ON THE SINUS 2.0
Newport Beach, CA

28-30 PART 2/ORAL CASE EXAM
Chicago, IL

JUNE 2018

8-9 DECODING DIGITAL DESTISTRY
San Juan, PR

SEPTEMBER 2018

26-29 67TH ANNUAL IMPLANT DENTISTRY EDUCATION CONFERENCE
Hyatt Regency Dallas, Dallas, TX

Check the AAID online calendar using this QR Code for a complete listing of all key AAID dates.

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 June 29, 2017 and September 12, 2017.

Thank you for referring two colleagues to the Academy:

Justin Moody, DDS from Crawford, NE

Thank you for referring a colleague to the Academy:

Alex Long, DMD, from Milwaukee, WI
Babak Najafi, DDS, from San Antonio, TX
Louie Al-Faraje, DDS, from San Diego, CA
Ihab Hanna, DDS, from Redwood City, CA
Dr. Jieun Chiu, from Sugarland, TX
Dr. Neha Roy, from Milpitas, CA
Duane Starr, DMD, from Portland, OR
Elizabeth DiBona, DMD, from Exeter, NH
James Heaton, DMD, from Chandler, AZ
Jeffrey Eaton, DDS, from San Mateo, CA
John Gravitte, DDS, from Mount Airy, NC
Mark Simpson, DDS, from Charleston, WV
Michael Wehrle, DDS, from Hurst, TX
Dr. Nelson Kanning, from Lawson, MO
Roderick Stewart, DDS, from Hamilton, ON, Canada
Xiang Hu, DMD, from Dallas, 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, 2017, and be entered into a drawing for 2018 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.

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AAID ADDS NEW STAFF

The AAID has added two new staff members to its headquarters team. Christine DiGiovanni is the new Director of Education and joins AAID from the Arthroscopy Association of North American (AANA) where she was most recently Senior Manager for Education. Prior to that she was the Manager, Learning Center Courses and the Membership Coordinator. One of the more exciting innovations Christine brought to AANA was to incorporate virtual reality simulation into resident courses.

Christine earned her bachelor's degree in Marketing from DePaul University. She is a member of the Alliance for Continuing Education in the Health Professions, Professional Convention Management Association,

where she served as Co-Chair of the Greater Midwest Chapter Summer Meeting, and the Association Forum where she is nominated for the 40 under 40 Award.

In her free time, she likes to travel, attend Chicago Blackhawk and Chicago Cubs games, spend time with her puppy, crossfit, and running.

William Rohe has been hired as Director of Finance and will take the place of Afshin Alavi, AAID's longtime Chief Financial Officer and Director of the AAID Foundation.

Bill, a graduate of the College of Business at the University of Illinois Urbana-Champaign, earned a Master

of Business Administration from DePaul's Kellstadt Graduate School of Business. Prior to coming to AAID, Mr. Rohe served in finance roles at the Society of Surgical Oncology and the American College of Surgeons.

When not in the office, he enjoys jogging and biking with his wife and two young sons. The family also regularly attends White Sox games in an attempt to indoctrinate the boys with a love for the team, which looks to be a contender sometime before they head off to college. The older son has pledged an allegiance to the Cubs so the Rohes are currently 0 for 1.

AAID MEMBERS IN THE NEWS

Dr. Nick Caplanis was featured in an interview entitled "Keeping Pace with Implant Dentistry" in the most recent issue of *Implant Practice US*

Dr. Shankar Iyer's article on issues impacting implant dentistry was published in the most recent issue of *Compendium*.

RECIPIENT OF THE INTERNATIONAL DENTIST OF THE YEAR AWARD NAMED

Mahesh Verma, MDS, MBA, PhD of India has been chosen to receive the International Dentist of the Year Award. This award has only been given twice before. Previous recipients were **Dr. Manuel Chanavaz** of France and **Dr. Shankar Iyer** of the United States.

It is given to an AAID member who has demonstrated a significant contribution to the AAID by way of growth in membership Internationally and scholarly activities. The criteria include success in engaging AAID international members actively through meetings, conferences, and promoting the mission and goals of AAID Internationally.

Dr. Verma is the Director and Principal of Maulana Azad Institute of Dental Sciences (M.A.I.D.S), named as the best dental college among the 325 dental schools in India by collegedunia.com and careerindia.com. He attended the 2nd Annual MaxiCourse® presented in India and went on to co-sponsor the AAID India MaxiCourse® in New Delhi through his Institution. He is the recipient of several International prestigious awards including the highest civilian award in India (Padma Shree).

Dr. Verma was instrumental in conducting the 2nd and the 4th AAID Global Conference in New Delhi co-sponsoring with WCOI Japan. Both conferences were sold out with over 1000 participants.

Dr. Jeffrey Lee showing a CT scan to a patient. Dr. Lee participates in our custom magazine program.

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Keith Gilleard is co-owner and founder of Gilleard Dental Marketing, a successful dental marketing agency that focuses on helping dentists procure high-production cases. Gilleard Dental Marketing provides Internet, direct mail and video marketing programs.

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— Co-Owner Joe Kerner and Nader Hawa, DMD (featured right)

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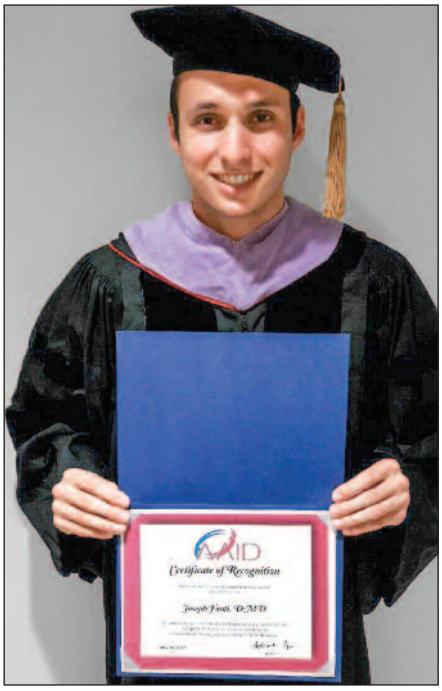
DENTAL STUDENT AWARDS

The 2017 AAID Dental Student Award is available to all accredited dental education programs in the United States and Canada. Sixty-two schools awarded the AAID Dental Student Award for undergraduate or graduate students this year at their graduation ceremonies.

Award recipients received a certificate of recognition and were provided one year free membership in the AAID and a complimentary registration at the Annual Conference. The recipients and schools that participated in order of the name of the school are:

A.T. Still University of Health Sciences
Arizona School of Dentistry and Oral Health
Cathy NguyenVo, DMD
Augusta University, The Dental College of Georgia
Charles Smith
Boston University, Henry M. Goldman School of Dental Medicine
Monica Renate Stiteler, DMD
Case Western Reserve Univ. School of Dental Medicine
Alissa Hokulani Brewer, DMD
Columbia University College of Dental Medicine
Victor Y. Lee, DDS
Creighton University School of Dentistry
Andrew C. Steadman, DDS
Harvard University School of Dental Medicine
Jie J. Sun, DMD
LECOM College of Dental Medicine
Nathan E. Estrin, BA
Loma Linda University School of Dentistry
Kelly N. Kaban
Louisiana State University School of Dentistry
Elizabeth-Lee Cossich, DDS
Marquette University School of Dentistry
Michael Wong, DDS
McGill University
Cleo Beaulieu, DMD
Medical University of South Carolina College of Dental Medicine
Casey Mitchell Bennett, DMD
Midwestern University College of Dental Medicine–Arizona
Derek Green, DMD
Midwestern University College of Dental Medicine–Illinois
Lien K. Ho, DMD
Missouri School of Dentistry and Oral Health
Taryne Kavanagh, DMD
New York University College of Dentistry
Nawras Najor, DDS
Nova Southeastern University College of Dental Medicine
Adam Saltz
Ohio State University College of Dentistry
Victoria Pennington, DDS
Oregon Health and Science University School of Dentistry
Sadaf Assadi, DMD
Roseman University of Health Sciences College of Dental Medicine
Casey Mitchell Egbert, DMD



Joseph Fanti received the AAID Dental Student Award at the University of Pennsylvania School of Dental Medicine.

Brittany Field accepts the AAID Dental Student Award from Dr. J. Unger at Virginia Commonwealth University School of Dentistry.

Rutgers School of Dental Medicine
Vitalii Omeliancic, DMD
State University of New York at Buffalo School of Dental Medicine
Sana Naeem, DDS
Stony Brook University School of Dental Medicine
Danielle Sacks, DDS
Southern Illinois University School of Dental Medicine
Seth T. Barnett, DMD
Temple University The Maurice H. Kornberg School of Dentistry
Robert James Faulkner, DMD
Texas A&M College of Dentistry
Hanin Ameed Abuafeefeh, DDS
Tufts University School of Dental Medicine
Sara Golkari, DMD
Université de Montréal
Vincent Raymond, DMD
Université Laval
Sarah-Maude Belanger, DMD
University of Alabama School of Dentistry
Frank Litchfield, DMD
University of Alberta
Jonathan Chu, DDS

see Dental Student Awards p. 44

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Dental Student Awards

continued from p.42

University of British Columbia
Cyrus Bachus, DMD
University of California at San Francisco School of Dentistry
Ruth Jingru Yan, DDS
University of Colorado at Denver and Health Sciences Center
David M.Belmont, DDS
University of Connecticut School of Dental Medicine
Nicole Becker, DMD
University of Florida College of Dentistry
Asher Adamec
University of Illinois at Chicago College of Dentistry
Yale Cho, DMD
University of Iowa, College of Dentistry
Allyson Supowitz, DDS
University of Kentucky College of Dentistry
Chase Hodge, DMD
University of Louisville School of Dentistry
Joel Joseph, DMD
University of Michigan School of Dentistry
Danielle Marie Dunn, DDS
University of Minnesota School of Dentistry
Benjamin J.Schneider, DDS
University of Mississippi School of Dentistry
Chelsea M. Barr, DMD
University of Missouri-Kansas City School of Dentistry
Madison K. Jones, DDS
University of Nebraska Medical Center College of Dentistry
Olivia S. Rauschenbach, DDS
University of Nevada, Las Vegas School of Dental Medicine
Griffin D. Park, DMD
University of North Carolina School of Dentistry
Preston Lee Ford
University of Oklahoma College of Dentistry
Jonathan Vinson Frost, DDS
University of Pennsylvania School of Dental Medicine
Joseph Fanti, DMD
University of Pittsburgh School of Dental Medicine
Alexander J. Frisbie, DMD
University of Puerto Rico School of Dentistry
Carina Pérez, DMD
University of Saskatchewan
Lauren Tarasoff
University of Texas School of Dentistry in Houston
Mason D. Borth, DDS
University of Texas Health Science Center at San Antonio Dental School of Dentistry
Trevor Alexander Hamilton, DDS
University of the Pacific, Arthur A. Dugoni School of Dentistry
Nathan Simon Bensoussan, DDS
University of Utah, School of Dentistry
Kathryn Cameron, DDS
University of Washington-Health Sciences School of Dentistry
Andrew J. Cole, DDS
Virginia Commonwealth University School of Dentistry
Brittany Leigh Field, DDS
West Virginia University School of Dentistry
Benjamin A. Kordusky, DDS
Western University of Health Sciences College of Dentistry
Seong Lee, DMD

Graduate Programs

Harvard University School of Dental Medicine
Sasah Ghaffari GaraKani, DMSc
Indiana University School of Dentistry
Benjamin Ray Stevens, DDS

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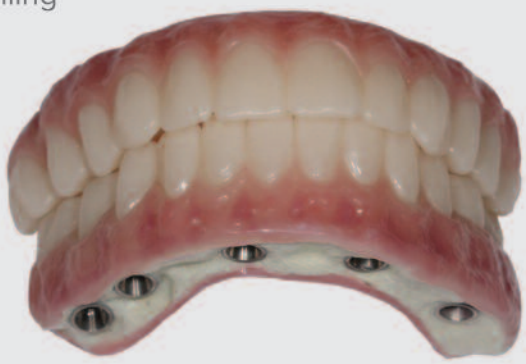

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AAID Members Do Good

AAID members, even while on vacation, shared their gifts with those who are lacking adequate dental care.

Dr. Justin Moody took a motorcycle trip through the Andes Mountains in Ecuador and stopped by a school at an altitude of 14,500 feet where they dropped off dental and school supplies they carried on their motorcycles.

Dr. Danny Domingue traveled to Mexico with a group of other dentists to provide much needed dental treatment.

Dr. Domingue and his colleagues provide free dental services during a mission trip to Mexico.

Dr. Justin Moody distributes dental supplies to students and teachers during his motorcycle trip through the Andes of Ecuador.

Dr. Domingue (far right, back row) and the team of dentist and staff volunteers in Mexico.

A large crowd gathers for dental supplies and treatment.

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Afshin Alavi to Retire

Afshin Alavi, AAID's longtime Chief Financial Officer, driving force behind the success of the AAID Foundation and the AAID retired from full time employment at the Academy on September 30, 2017. He has agreed to continue in a limited role to provide additional guidance to his successor.

One of his first initiatives when he came to the AAID in 1996 from Oral Health America was creating an Endowment Fund for the Foundation. Along with the two Executive Directors under whom he served - J. Vincent Shuck and Sharon Bennett - Afshin has helped guide the Academy to financial success. He is extremely proud of leaving the Academy in excellent financial shape with total assets of over $12 million. The Foundation has become one of the leading sources of implant related research grant funding among dental associations. The Foundation annually gives over $100,000 in grants and has assets exceeding $4 million.

Dr. Shankar Iyer, president of the Academy, praised Afshin's contributions to the Academy and Foundation, "just as the speed of the leader determines the speed of the team, the fiscal status of an organization is reflected through the vision of a strong CFO. Afshin has served 24 presidents, worked with 3 executive directors, and mentored over 20 treasurers of our Academy. This is a feat unmatched by anyone in the Academy. He has set records that will be hard to beat for years to come. We can now boast of an eight figure balance in our reserves solely due to the sound planning strategies, persuasive negotiations, and diligent management of our expenses. Afshin will be dearly missed by all."

Concurrently with his early years with the Academy, Afshin also served as Chief Financial Officer for Oral Health America.

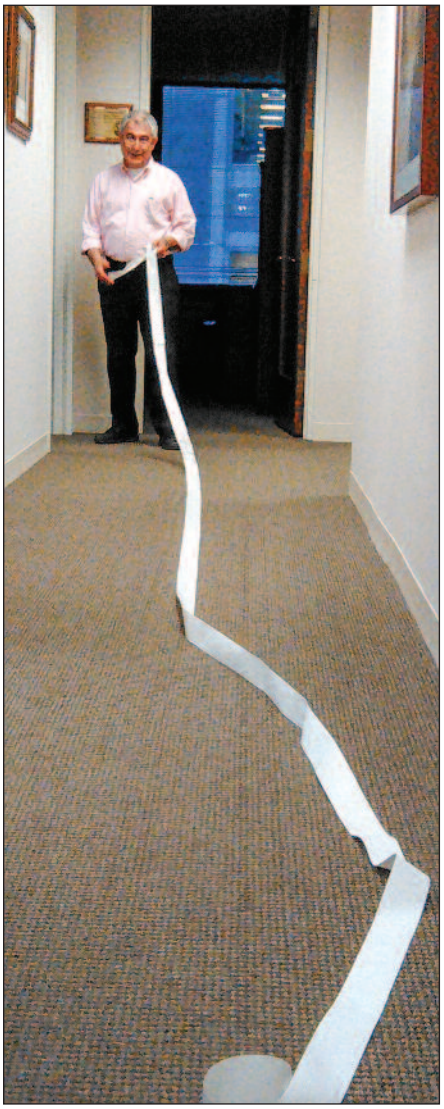
Afshin is an accomplished artist and a passionate protector of cats, dogs, and birds – particularly those who are in distress.

Afshin's firm and steady guidance over the finances of the AAID will be sorely missed.

The Academy wishes him well in his retirement.

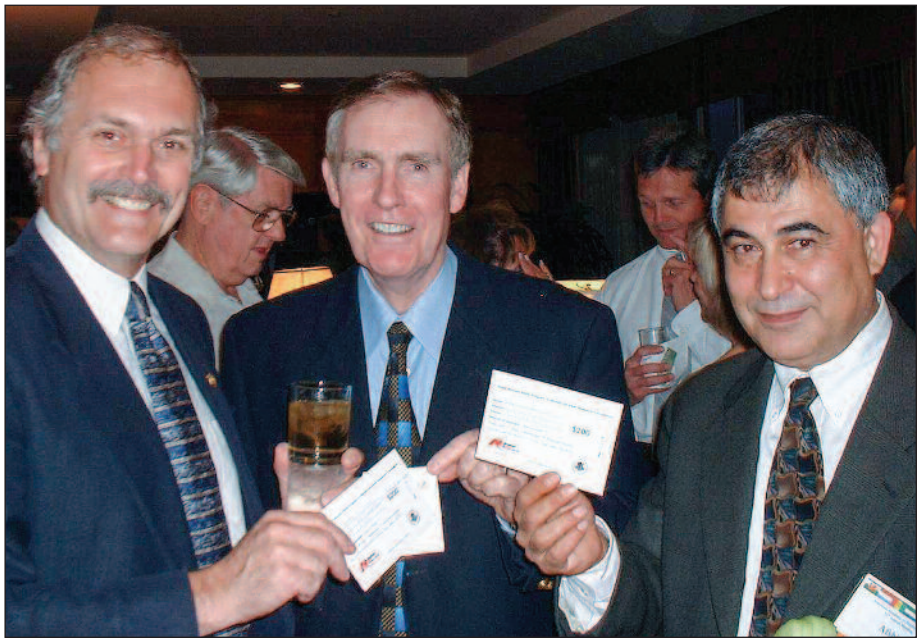
Afshin intently listens to discussions at the Board of Trustee meetings.

Afshin was the driving force behind the multimillion dollar growth of the AAID Foundation.



Afshin and his famous long rolls of adding machine tape filled with numbers.

An accomplished artist, Afshin enjoys painting landscapes around the Midwest.



Dr. Fran DuCoin (l), Dr. Beverly Dunn (c) along with Afshin collect pledge cards for donations to the AAID Foundation.

Dr. Beverly Dunn (l) presented Presidential Citations to now retired Joyce Sigmon and Afshin Alavi.

2017 New ABOI/ID Diplomates

Jonathan M Abenaim, DMD
Hawthorne, NJ

Abdul Rahman Alas, DDS
Bakersfield, CA

Mohammed Al Attas, BDS
Riyadh, Saudi Arabia

Bader S. Albader, BDS
Loma Linda, CA

Craig I. Aronson, DDS
Orangeburg, NY

George Athansios, DMD
Cedar Grove, NJ

David E. Azar, DDS
New York, NY

Benjamin A. Baptist, DDS
Riverside, IL

Andrea J. Botar, DDS
Paradise Valley, AZ

Richard E. Casteen, DDS
Bakersfield, CA

Vincent J. Cavaretta, DDS
Austin, TX

Jehyun Chong, DDS
Fresh Meadows, NY

Joseph C. D'Amore, DDS
Englewood, NJ

Fathi M. Elgaddari, BDS, MDS
Philadelphia, PA

Karim El Nokrashy, DDS, MS
Elk Grove, CA

Rick H. Ferguson, DMD
Weston, FL

Yasunori Hotta, DDS, PhD
Nagoya, Japan

Wally T. Hui, DDS
Rosemead, CA

Paresh R. Kale, MDS
Pune, Maharasharta, India

Kirk A. Kalogiannis, DMD
Lyndhurst, NJ

Eugene Y. Kim, DDS
San Diego, CA

Adam S. Kimowitz, DMD
Danville, NJ

Kevin K. La, DDS
Bothell, WA

James R. LaMar, DMD
Rochester, NY

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1. Fotek PD, Neiva RF, Wang HL. Comparison of dermal matrix and polytetrafluoroethylene membrane for socket bone augmentation: a clinical and histologic study. J Periodontol 2009; 80:776-785. 2. Barboza EP, Stutz B, Ferreira VF, Carvalho W. Guided bone regeneration using nonexpanded polytetrafluoroethylene membranes in preparation for dental implant placements - a report of 420 cases.Implant Dent. 2010;19:2-7. 3. Hoffman O, Bartee BK, Beaumont C, Kasaj A, Deli G, Zafiropoulos GG. Alveolar bone preservation in extraction sockets using non-resorbable dPTFE membranes: A retrospective non-randomized study. J Periodontol 2008;79:1355-1369.

Gregory Lehnes, DMD
Sea Girt, NJ

Herbert M. Mendelson, DDS
Owings Mills, MD

Polly T. Michaels, DMD
Homosassa, FL

John Moushati, DMD
Fort Lauderdale, FL

Lawrence Nalitt, DDS
Brooklyn, NY

Vinh Giap Nguyen, DDS, MSc
Brossard, Quebec, Canada

Christopher Petrush, DDS
Danville, CA

S. Masoud Saidi, DMD
Langley, British Columbia, Canada

Miguel A. Scheel, DMD, MS
Estero, FL

Nicholas John Seddon, DMD
Vancouver, British Columbia, Canada

Bart W. Silverman, DMD
New City, NY

David J. Taler, DDS
Fishers, IN

Jonathan Tsang, DMD
Abbotsford, British Columbia, Canada

Matthew D. Welebir, DDS
Las Vegas, NV

Stuart M. Youmans, DDS
Casper, WY

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Dr. Bernee C. Dunson, Director
Dr. Benson Clark, Co-Clinical Director and Dr. Adam Kimowitz, Co-Clinical Director

newmembers

The AAID is pleased to welcome the following new members to the Academy. The following members joined between June 29, 2017 and September 12, 2017. 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.

ALABAMA
Charles Hoskins, DMD
Homewood

ARIZONA
Thihan Phan
Avondale
Chase Davis
Chandler
James Heaton, DDS
Chandler
Clint Serr
Prescott

CALIFORNIA
Kerri Hill
Beverly Hills
Alejandra Morett, DDS
Chula Vista
Terry Huang, DDS
Claremont
Hemant Patel, DDS
Dana Point
Ayman Fayyad, DMD
Dublin
Jeffery Holland, DDS
Eureka
Jeff Robertson, DDS
Irvine
Hatem Abdelhadi
Los Alamitos
Jekyong Kim, DDS, MS
Milpitas
Neha Roy
Milpitas
Adrian Radu, DDS
Pacifica
Alexander Duran, DDS
Rancho Cucamonga
Samuel Lasry, DDS
Sacramento
Luis Calixto
San Diego
Virginia Mattson, DMD
San Diego
Kelly Kaban, DDS
San Juan Capistrano
Alfonso Delgado, DDS
Stockton
Austin Burnett, DMD
Tustin
Karam Abdou
Walnut Creek
Alice Fukui, DDS
Westminster
Eunsun Lew, DDS
Yreka

COLORADO
Aram Sun, DDS
Aurora
Stephen Brown, DDS
Greeley
David Edlund, DDS
Lakewood

CONNECTICUT
Dennis Ragoza, DMD
Southport

FLORIDA
Vivian Menendez Hera, DMD
Cooper City
Garrett Dennis, DMD
Fort Myers
Jong Yun Park, DDS
Ponte Vedra
Gianni Franceschi, DDS
Trinity
Timothy Luong, DDS
West Melbourne

GEORGIA
Jordan Berry, DMD
Augusta
Ryan Burroughs, DMD
Augusta
Leigh Garrison, DMD
Augusta
Lilian Ha, DMD
Augusta
Jeni Heselbarth, DMD
Augusta
Henry Rabun, DMD
Augusta
Michael Widener, DMD
Bowdon
Robert Lancaster
Brunswick
Robert Shiflett, DMD
Chatsworth
Thomas Suitt
Columbus
Eric Bailey, DMD
Evans
Clell Morris, DMD
Forsyth
John Whitaker, DMD
Perry
Jordon Chandler, DMD
Royston

HAWAII
Daniel Mayeda, DDS
Wailuku

ILLINOIS
Greg Tehle, DDS
Barrington

INDIANA
Timothy Kamp, DMD
Merrillville

IOWA
Nathaniel Feldman, DDS
Ames
Shachindra Bahadur
Cedar Rapids
Adam Erdmann, DDS
Le Mars
Deborah Dietrich
West Des Moines

KANSAS
Grant Laham, DMD
Wichita

KENTUCKY
Sara Golkari, DMD
Newport
Andrew Tritle, DMD
Paducah
Aaron Warmath, DMD
Paducah

MASSACHUSETTS
Monica Stiteler, DMD
Boston

MICHIGAN
Manal Ismail, DDS
Grand Blanc
Ryan Breasbois BDS,DDS
Howell

MISSOURI
Jacob McLauchlin, DDS
Nixa

MONTANA
Casey Egbert, DMD
Billings

NEW HAMPSHIRE
Priya Tonseker, DDS
Bedford
Nicholas Koren, DMD
Exeter

NEW JERSEY
Nilima Ratkalkar, DMD
Edison

see New Members p. 58

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153 Patients

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New Members

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Marc Cozzarin, DMD
Lawrenceville
Sujithra Rajagopalan, DDS
Milltown
Lydia David, DMD
Perth Amboy
Madhavi Kadiyala
Plainsboro
Dane Avondoglio, DMD
West Caldwell

NEW MEXICO
Gregory Sanchez, DDS
Albuquerque

NEW YORK
Amber Rosenberg, DDS
Cheektowaga
Brittany Kraft, DDS
Fairport
Amit Sood, DDS
Garden City South
Christine Skordeles, DDS
New York
Brendon Harrison
Palmyra
Nirmala Tasgaonkar MDS
Rochester
Douglas Smail, DDS
Troy

NORTH CAROLINA
Barry Duncan, DMD
Asheville
Ishita Seth, DMD
Concord
Nathen Ellis, DDS
Denver
Cassandre Joseph, DMD
Greensboro
Michael Costa, DDS
Hampstead
Jacob Rider, DDS
Hampstead
Kevin Haiar, DDS
Havelock
Pierre Ghobrial BDS
Hendersonville
Marc Rasmussen, DDS
Mount Airy

OHIO
Daniel Makuh, DDS
Wapakoneta

OKLAHOMA
Priscila Jelsing, DDS
Tulsa
Gene McCormick, DDS
Tulsa

OREGON
Nicole Chirouze, DMD
Portland

PENNSYLVANIA
Dipak Chaudhari, DDS
Lancaster
Francis Matarazzo
Philadelphia
Anita Milicii, DMD
Philadelphia
Biju Cyriac
York

SOUTH CAROLINA
Teresa Mercado, DDS
Fort Mill
Anjali Seth, DDS
Indian Land
Darcie Lee, DMD
North Augusta
Brantley Cope
West Columbia

SOUTH DAKOTA
Randy Houska
Vermillion

TENNESSEE
Luis Mariusso, DMD
Cookeville
Justin Slager, DDS
Cookeville
Susan Wynne, DDS
Copperhill
Jesse Welsh, DDS
Eagleville

TEXAS
Bryan Nguyen, DMD
Forest Hill
Jason Hullett
Houston
Bin Wang, DMD
Irving
Ace Jovanovski, DMD
Round Rock
Parisa Kheirieh, DDS
San Antonio
Jieun Chiu
Sugar Land
Ruth Yan, DDS
Sugar Lane
Matthew Pitts, DDS
Wichita Falls

UTAH
Thomas O'Loughlin, DMD
South Jordan

VERMONT
Tapan Pujara, DDS
Brattleboro

WASHINGTON
Andrew Cole, DDS
Chehalis

WEST VIRGINIA
Christen Simpson, DDS
Charleston

AUSTRALIA
Senthil Nathan Subramanian, BDS, MDS
Perth

CANADA

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Coquitlam
Hyaebum Lee, DDS
Coquitlam
Maria Dauri, DMD
Langley

ONTARIO
Anna Victoria Ares Luick
Oakville
Sheema Al-Samarrae, DDS
Ottawa

QUEBEC
Cleo Beaulieu, DMD
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Sarang Toosi, DMD
Surrey

CHINA
Diane Feng
Beijing

GERMANY
Frank Liebaug
Steinbach-Hallenberg

INDIA
Sharada P. Gowda, BDS, MDS
Bangalore
Namita Ravindran, BDS, MDS
Bangalore
Priyanka Rana
Bharuch
Aarthi Jayaraman, BDS
Chennai
Nivedita U.V., BDS
Chennai
Sharvika Ahuja
Fazilka
Ahmed Syed Mubashir, BDS
Hyderabad
S. Viswanath, BDS
Kallakurichi
Aniruddha Kundu, BDS
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Madurai
Amit Kumar Chauhan, BDS
Mirzapur
Ritika Raj Parikh, BDS
Mumbai
Sunaina Shetty. Y MDS
Mysore
Sameer Ahmed MDS
Raichur
Shailesh Parikh
Surat
Denis Jacob Kurian, BDS
Thiruvalla
Siddharth Gautam, BDS, MDS
Vikarabad

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Saint-Petersburg

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Incheon
Byung Kyu Rhee, DDS
Seoul
Kim Dong Hee
Suwon, Kyeong-gi
Gyu Hyung Lim MSD
Yangju-si, Gyeonggi-do

SWEDEN
Claes Oestberg, DDS
Sandviken

TURKEY
Volkan Arisan, DDS, PhD
Istanbul, Capa

UNITED ARAB EMIRATES
Syed Omer, BDS
Dubai

Editor's Notebook

continued from page 4

sterilizing instruments, and some emergency lighting, even if battery operated, you could play a vital role. Lives could be saved and suffering reduced in such a dire situation by prepared and willing practitioners.

One of the sixteen critical infrastructures is the health care sector. We are part of that one. But are we prepared to play the role in a large scale national emergency.

Before we go back to our tendency to extrapolate good times lasting forever, we might want to ponder a different time when disorder could prevail. We should remember the Boy Scout motto and "Be Prepared."

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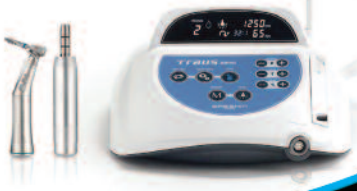

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newmembers

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 June 29, 2017 and September 12, 2017.

CASE WESTERN RESERVE UNIVERSITY
Seungyeon Bae
Julie Chang
Jason Fuah
George Kontorens
Yoojin Lee
Euijoon Park
Andrew Schafer
Allan Siu
Britni Skoda
Cleo Yi

LOMA LINDA UNIVERSITY
Christoper Chan
Kimia Eftcharghoraishi
Benjamin Garver
Benjamin Garver
Samuel Karavan
Sanaz Khaleghi
Elliot Kim
Sang Hun Kim
Lokesh Kumar Damodaran
Joseph Memmott
Darlene Teddy
Anthony Traboulsi
Aaron Tvar

RUTGERS UNIVERSITY
Maelip Aguila
Adriana Albite
Halie Aronson
Hannah Benn
Ameer Eghbarieh
Carina Fairfield
Ericka Forbes
Marize Ghobryal
Soe Min Htet
Yronne Kiernan
Mary Kiledjian
Batya Lazarus
Adity Malhotra
Sebastian Mendoza
Vitalii Omeliancle
James Park
Herman Saini
Mojdeh Salehi
Kimberly Sorren
Kendra Thomas
Zakary Yermolenko

TEMPLE UNIVERSITY
Areej Almas
Emily Andrade
Thomas Aoel
Syina Bau
John Bruce
Amanda Clemente
Fran Dolan
Anh Duong
Kelly Holst
Josh Holt
Aisha Javed
Lelia Maki
Jamie Mojica
Nathalia Rodriguez
Cameron Saunders
Vidhi Shah
Dilnota Sobirora
Alyssa Southard
Tedi Vatnika

UNIVERSITY OF IOWA
Stephen Adeoti
Caitlin Bussard
Ryan Coon
Gian Garduque
Dan Malloy
Donte Nesbitt
Emily Steil
Amy Tarr
Brandon Throckmorton
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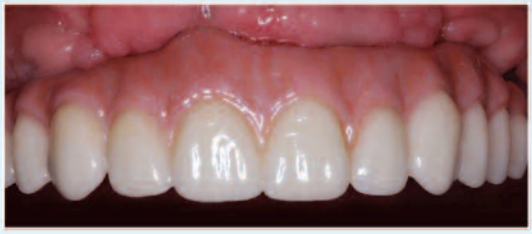
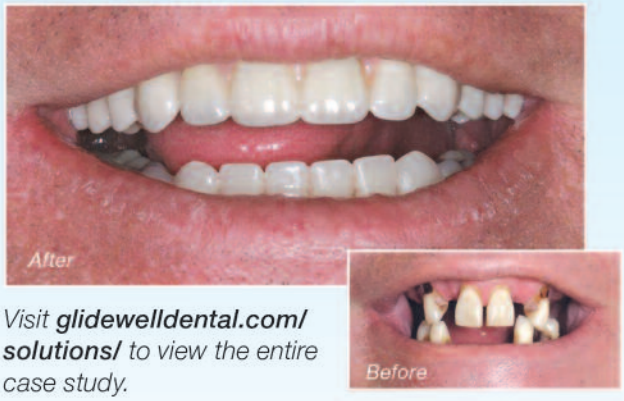


*The final **BruxZir Full-Arch Implant Prosthesis** completed a dramatic oral reconstruction for a patient who presented with terminal dentition, restoring form, function and quality of life.*

Clinical case and photography courtesy of Paresh B. Patel, DDS.



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Website: www.oraaaidmaxicourse.com

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Administrative Contact: Dr. Mahmoud Kohail
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January 25 – 26, 2018
March 29 – 30, 2018
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Phone: 352-686-4223
Email: jwgibney@atlantic.net
Website: jameswgibneydmd.com

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- Advanced Implant Dentistry

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Phone: (860) 649-2272
Email: Michelle@jawfixers.com
Website: www.JawFixers.com

Fixed Removable Implant Treatment
Carol Phillips, DDS
Contact: Melissa Martin
Phone: 800-549-5000

Foundations in Implant Dentistry
Dr. Michael Gillis
Session 1: September 21 – 23, 2017
Session 2: January 25 – 27, 2017
Session 3: April 5 – 7, 2018
Halifax, Nova Scotia
Contact: Denise Robicheau
Phone: 902-405-0077
Email: admin@gillisdentalimplants.com

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Hands On Implant Training – Prosthetics, Surgery and Bone Grafting
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Phone: 605-371-3443
Website: www.drkusek.com/courses.html

Live Surgical Prettau Zirconia Implant Bridge Course
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Tischler Dental Laboratory
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Website: www.prettaucourse.com

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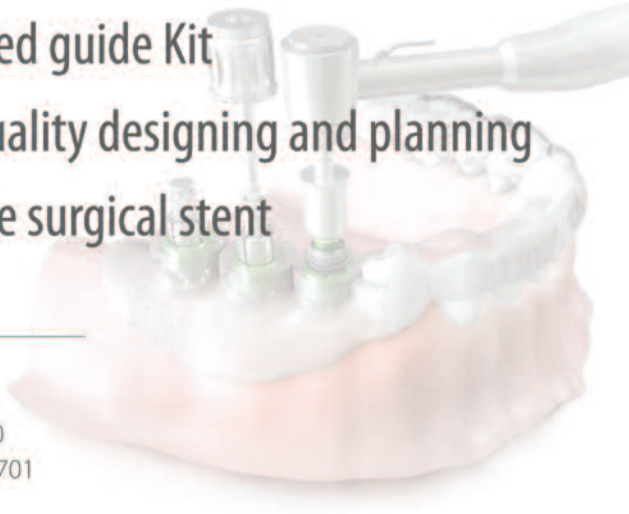

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Website: www.cditc.ca

Pacific Implant Institute
Dr. Ron Zokol
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September through June
Location: Vancouver, B.C., Canada
Contact: Kim
Phone: 1-800-668-2280
Email: kimber@piidentistry.com
Website: www.piidentistry.com

Toronto Implant Institute
Toronto Implant Institute
Natalie Y. Wong, DDS, FAAID, DABOI/ID
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Digital Implant Dentistry Internship
Guided Surgery and Guided Prosthetics™ for Immediate Full-Arch Implant Restorations
Contact: Linda Shouldice
Phone: 416.566.9855
Email: linda@ti2inc.com
Website: www.ti2inc.com

Vancouver Implant Continuum
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One-year program that incorporates live patient surgery on your own patients with a review of everything within the AAID Vancouver MaxiCourse®
Contact: Andrew Gillies, Education Coordinator
Phone: 604-330-9933
Email: andrew@implantconnection.ca
Website: 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
Email: beirutidc@hotmail.com

AAID Affiliated Study Clubs*

ALABAMA

Alabama Implant Study Group
Timothy Hacker, DDS, FAAID, DABOI/ID
Phone: 901-377-3988
Email: timtamhacker@aol.com

CALIFORNIA

Bay Area Implant Synergy Study Group
San Francisco
Matthew Young, DDS, FAAID, DABOI/ID
Contact: Kimberly
Phone: 415-392-8611
Email: info@dentalimplantssc.com
Website: www.drmatthewyoung.com/BayAreaImplantSynergyPage.htm

Northern California Dental Implant Continuum
Craig A. Schlie, DDS, AFAAID
Phone: 530-244-6054
Email: Dr.Schlie@gmail.com

FLORIDA

Central Florida Dental Implant Study Group
Altamonte Springs, FL
Don Preble, DMD
Contact: Sharon Bruneau
Phone: 407-831-4008
Fax: 407-831-8604

Mid-Florida Implant Study Group
Palm Harbor, FL
Rajiv Patel, BDS, MDS
Phone: 386-738-2006
Email: info@delandimplants.com

NEW JERSEY

Bergen County Implant Study Club
John C. Minichetti, DMD
Contact: Esther Yang
Phone: 201-871-3555
Email: info@englewooddental.com
Website: www.dentalimplantlearningcenter.com

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

NEW YORK

CNY Implant Study Group
Brian Jackson, DDS
Contact: Melanie – Course Coordinator
Phone: 315-724-5141
Email: bjjddsimplant@aol.com

New York Study Club
Edgard El Chaar, DDS
John Minichetti, DMD
Phone: 212-685-5133
Email: info@edgardelchaar.com

NORTH CAROLINA

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

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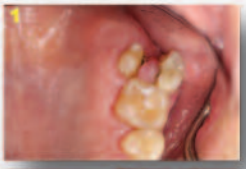
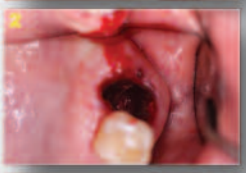
Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

Tooth #15, set to be extracted

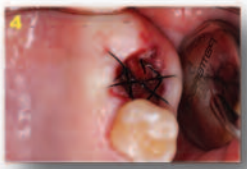


The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon

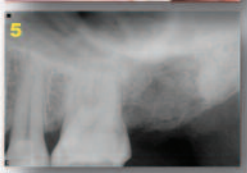


Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb

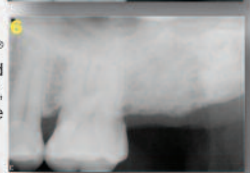
Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain. No membrane is required



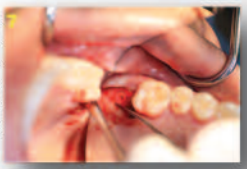
OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement



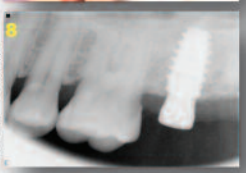
As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque

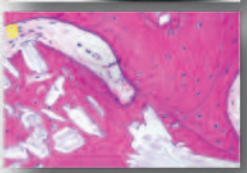


The collagen promotes keratinized soft tissue coverage while the OsteoGen® resorbs to form solid bone. In this image, a core sample was retrieved



Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation





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