

# AAID NEWS



## 7 SIMPLE STEPS To Avoid Legal Woes



Memorial  
Tribute to  
Dr. Carl Misch  
See page 14



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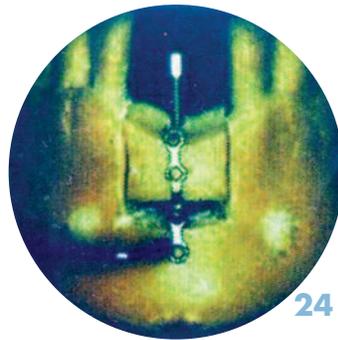




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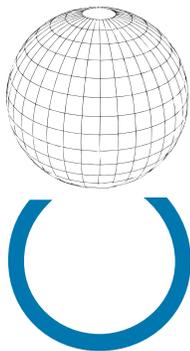


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By James E. Ference,  
DMD, MBA, AFAAID, DABOI/ID  
Editor, AAID News

# The Power of Human Emotion

A lot has happened since we published our Fall 2016 issue. In the aftermath of the 2016 presidential election, the transition to the new administration is ongoing. I listened to the Senate hearing on the confirmation of General James Mattis to be Secretary of Defense. He commented on the military summation of the causes of war as “fear, honor, and interests.” That comment made me think that something similar could be said as to the causes for malpractice suits against implant dentists: “anger, perception of disrespect, and opportunity for financial gain.” We should be aware that human emotions motivate actions. Read the feature article in this issue to gain insight on avoiding legal woes.

Sadly, since we last published, we lost one of our most eminent colleagues — Dr. Carl Misch. We have known of his illness for some time, so it was not a surprise.

John Donne famously wrote “Do not ask for whom the bell tolls, for it tolls for thee.” Some interpret that line to mean that when one man dies, it diminishes all of mankind. That thought applies aptly to the passing of Dr. Misch.

He had an uncommon set of superior qualities that he utilized to advance our scientific field to the immense benefit of not only his fellow practitioners, but, through them, many millions of patients worldwide.

Through his Misch Institute, his leadership of the Academy as president, his books, and as an early leader of the movement towards specialty status, his impact has been uniquely profound.

Our memories of Carl will relate to his willingness to be accessible, his encyclopedic mind, and his abundant real life practical professional guidance. He taught us well and was confident enough to use his own failures and challenges as tools to make important points.

Lastly, his courage in the face of an aggressive medical problem can only reinforce our appreciation of this giant of implant dentistry. Few in our profession will ever change the world as he has done. ●

A handwritten signature in cursive script that reads "James E. Ference".

“Do not ask for whom the bell tolls, for it tolls for thee.”

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

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## Glidewell Laboratories Launches Newport Biologics™ Line of Regenerative Materials

Glidewell Laboratories, an industry-leading provider of dental laboratory services and intraoral medical devices, announces the availability of a new line of bone grafting products, to be sold under the Newport Biologics™ brand name. Featuring allograft and alloplast bone graft options, as well as resorbable barrier membranes and a collagen-based wound dressing, this product line is aimed at increasing clinician access to top-quality regenerative materials for use in cases marked by bone or soft tissue deficiencies.



Newport Biologics products are carefully selected for the dental practice and processed in accordance with rigorous U.S. FDA regulations. The allograft materials are sourced from the venerable University of Miami Tissue Bank, the oldest in the nation, and resorbable membranes are engineered to optimize handling characteristics to support the clinician's preferred bone grafting techniques.

888.303.3975

[newportbiologics.com](http://newportbiologics.com)

[glidewelldental.com](http://glidewelldental.com)

## Core3dcentres® NA announces two new relationships

Core3dcentres NA and Keystone Dental Inc. announce that the two companies have entered into a unique partnership in which Core3dcentres NA will manufacture and distribute custom milled components for Keystone Dental's TiLobe Connection of Prima, Genesis, and MAX-TL Implant Systems. This will create a streamlined operation, linked together by an internet portal, which integrates the digitized patient data and facilitates flow of information from clinician—to lab—to the Core3dcentres milling center. The end goal: enhanced efficiency between the clinician and lab, and satisfied patients with individualized esthetic custom abutments on their implants.

Core3dcentres® NA and the SKYN™ Corporation announce that, as of September 2016, Core3dcentres and SKYN Corporation have come together to form an exclusive Global Partnership and to offer the First Global Network of SKYN Production Centres.

Together, Core3dcentres and SKYN Concept offer a fusion of digital dentistry with natural anatomy, in a simple comprehensive workflow.

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## Pacira Pharmaceuticals Announces Official Launch of EXPAREL to Treat Pain Following Oral and Maxillofacial Procedures

Pacira Pharmaceuticals, Inc. (NASDAQ: PCRX) announced new data regarding the benefit of EXPAREL® (bupivacaine liposome injectable suspension) for patients undergoing third molar (wisdom teeth) extraction. EXPAREL is a local analgesic that provides prolonged non-opioid postsurgical pain control.



EXPAREL is indicated for single-dose infiltration into the surgical site to produce postsurgical analgesia in patients 18 years of age and older.

[www.pacira.com](http://www.pacira.com)

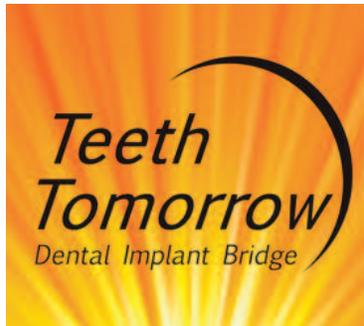
## Trust Us: Introducing The Geistlich Guarantee

Geistlich Pharma North America, Inc. announces a new comprehensive program to ensure satisfaction of our world-leading regenerative dental biomaterials. The Geistlich Guarantee is our confident declaration that you can trust us as your regenerative partner. Our biomaterials have been extensively researched with proven long-lasting predictable clinical results. We want clinicians to share in our confidence and have the same comfort using Geistlich biomaterials with their patients. [Guarantee.Geistlich-na.com](http://Guarantee.Geistlich-na.com)



## Top Dental Lab Protocols Support Teeth Tomorrow® Practices with Next Day Provisionals

A key component driving the success of the Teeth Tomorrow® Network of Advanced Implant Dentists is the delivery of fully polished, lab-produced, full-arch provisionals to member practices. Tischler Dental Laboratory utilizes state-of-the-art protocols and technology to meet the needs of this rapidly growing network. Teeth Tomorrow™ dental prosthetics are constructed using 3D dental imaging, customized for each patient's unique smile. Each lab-processed provisional provides patients with a level of comfort and durability not available from chair-side devices. The final Prettau Zirconia Bridge™ is a one-piece, non-porous, chip and stain resistant device, hand-painted to create an individualized, natural look.



The Teeth Tomorrow® Network is the only national US dental franchise dedicated to full-arch zirconia as the final product. Network membership is only granted to carefully selected practices committed to providing advanced dental implant reconstruction services, and is limited to 250 exclusive market territories.

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## Introducing Hybridge XD—Express Digital: The Revolutionary Approach to Digital Full-Arch

Hybridge Dental Implants introduces Hybridge XD, the most efficient and simple digital protocol available to dental practitioners for full-arch restorations. Hybridge's patent-pending breakthrough requires only one appointment after surgery, shortening the entire treatment process to just two weeks from implant placement to definitive prosthesis. Hybridge XD significantly reduces chair time and thereby increases case profitability and patient satisfaction.

585.319.5400  
[www.hybridgenetwork.com/XD](http://www.hybridgenetwork.com/XD)



## BruxZir® Milling Blanks Receive Price Reduction



Glidewell Dental, provider of high-quality clinical and dental laboratory products, announces a price decrease for BruxZir® Milling Blanks, the material used to fabricate authentic BruxZir Solid Zirconia crowns and bridges.

The entire line of BruxZir Milling Blanks, including BruxZir Anterior, BruxZir Shaded, BruxZir Shaded 16, and BruxZir HT, will receive a significant price decrease across all milling blank thicknesses (12 mm, 15 mm, 20 mm and 25 mm) to enable dental laboratories of any size to provide the most trusted and prescribed zirconia material the industry has to offer.

In addition to the price reduction, a 10-mm-thick milling blank will join the BruxZir Shaded 16 line. This new blank size aims to empower dental labs with even more versatility and access to the monolithic revolution by creating less material waste during the fabrication of copings and frameworks.

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## Zest Dental Solutions introduces the LOCATOR F-Tx® Attachment System

LOCATOR F-Tx is a simplified, time-saving solution for fixed, full-arch restorations with no compromise to prosthesis strength or esthetics. Optimized for efficiency and chair time savings compared to conventional screw-retained systems, it features a novel, patent-pending "snap-in" attachment that eliminates the need for sub-gingival cement or screw access channels.



[www.zestanchors.com/products-locator-f-tx/](http://www.zestanchors.com/products-locator-f-tx/)  
800.262.2310





# 7 SIMPLE STEPS To Avoid Legal Woes

By Chuck Weber

The U.S. Justice Department estimates five percent of all malpractice cases involve dentists. Today, the average award in a dental malpractice lawsuit is estimated at \$68,000, not including legal fees. Even a dropped or dismissed case can cost \$5,000 or more.

Are bad dentists the only practitioners who get sued? Hardly. In our litigious society, frivolous claims are common. A defendant does not have to make a clinical error or violate a standard of care to earn a front-row courtroom seat fighting a malpractice charge.

According to a survey published by *Dentistry IQ* in 2015 conducted by J. Crystal Baxter, DMD, a Phoenix-based dentist and expert witness, implant dentistry ranked third among ten dental disciplines for malpractice claims. General dentists were defendants in almost all of 242 dental malpractice claims she surveyed.

Procedures with the highest incidence of legal claims were extractions, endodontics, and implants. The most common charges in implant actions were postoperative infections, unrestorable implants, implants placed in nerves, implant loss, and fractured jaws.

Implant dentistry ranked third among 10 dental disciplines for malpractice claims

While no iron-clad protections exist for implant dentists against possible lawsuits, there are precautions and safeguards to help minimize risk for negligence and malpractice actions. According to dental litigation experts interviewed for this article, general dentists who perform implant procedures should follow seven key precautions to lower their liability risk. They are: obtain expert training, make optimal use of technology, provide comprehensive treatment planning, thoroughly review and update patient medical histories, avoid red-flag patients, don't overuse mini-implants, and beware of hidden infection risks.

### Implant Training Essential for Favorable Outcomes

Ohio-based attorney and dentist Frank Recker, JD, DDS, is general counsel for the American Academy of Implant Dentistry (AAID). His law practice specializes in defending dentists in malpractice cases and against state dental board actions. He strongly believes proper training offers the best liability protection.

“Know what you're doing and understand that completing a weekend course in implant dentistry isn't sufficient training to qualify a general dentist to

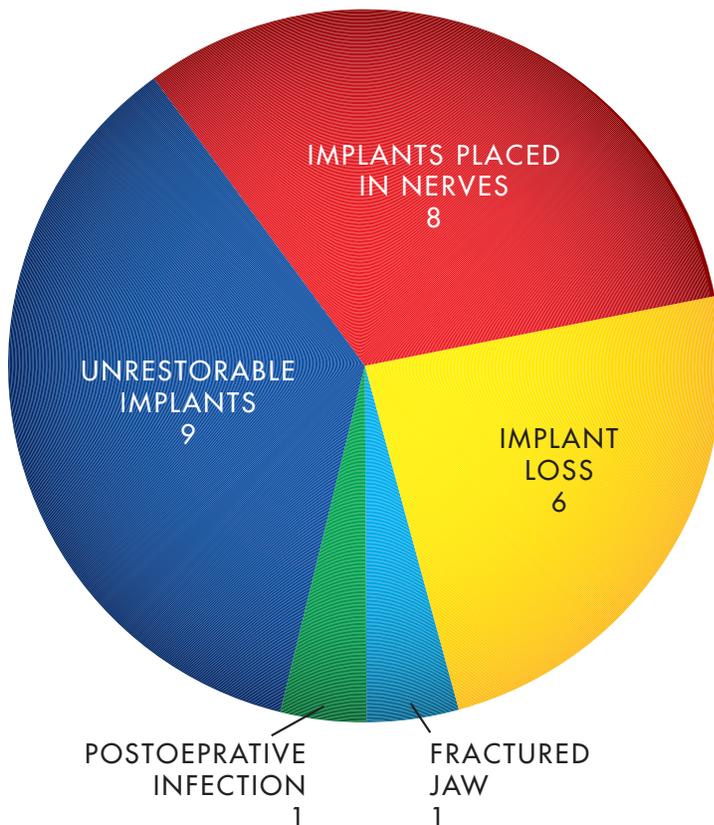
perform implant procedures,” said Recker. “Be honest about your limits and measure yourself against the standard surgical skills required to perform a specific implant procedure. If your skills don't match up, make a referral.”

In a podcast published by the Academy of General Dentistry in February 2016, the late **Dr. Carl Misch** stated, “the worst level of knowledge is when you don't know that you don't know. And if you don't know that you don't know, you're dangerous.”

Dr. Recker noted that AAID's MaxiCourse® implant training offers a rigorous curriculum enabling eligible dentists to pass AAID's psychometrically-based credentialing exams and present and defend implant treatment cases before being granted their credential. AAID MaxiCourses® are available year-round in several locations in North America, Europe and Asia. They offer 300 hours of comprehensive training to help dentists become competent in all areas of implant training. Participants place and restore implants on patients. One grad noted on the AAID website that the MaxiCourse® gave him “knowledge to choose the implant we place based on the patient's requirement and not based on what implant companies want to sell.”

## IMPLANT PROCEDURES MALPRACTICE

Breakdown by type of issue in the 25 cases involving implant dentistry procedures



### Make CT Scans Routine for Implant Patients

Dentists performing implants should rely on advanced imaging technology to minimize liability risks. While it's acceptable in the profession to develop implant treatment plans on the basis of radiographs and mouth and jaw structure assessments, these measures often do not provide the best information regarding bone density in the upper and lower jaw and precise locations of sinuses and nerves to guide placement of one or more implants.

**Olivia Palmer, DMD, JD** practiced dentistry for 34 years in Charleston, South Carolina, and is an Honored Fellow of AAID and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. She recently began a new career as a plaintiff's attorney specializing in personal injury and dental malpractice litigation. Dr. Palmer counsels that cone beam CT scans offer the best protection for implant dentists to assure the most precise implant placement locations and ultimately the best outcomes.

“Even though CT scans are not widely considered to be the standard of care for dental implant surgery, if you have the capability to improve the patient's outcome and fail to use it, that's negligent,” said Palmer.

# MALPRACTICE ANALYSIS

Number of malpractice cases against general dentists and dental specialists.

■ General Dentists  
■ Dental Specialists

EXTRACTIONS — 63



ENDODONTICS — 41



IMPLANTS — 25



CROWN/BRIDGE — 24



PERIODONTAL — 19



ORTHODONTICS — 18



DENTAL ANESTHESIA — 12



DENTAL INFECTIONS — 11



DENTAL INJECTIONS — 10



ADVERSE DRUG REACTIONS — 5



TMJ/ORTHOGNATHIC SURGERIES — 4



ORAL CANCER — 4



MISCELLANEOUS — 6



patients to other practices to perform a scan or contract with a mobile CT scan service that will come to the office to scan their patients.

“Use scanners whenever possible,” added Recker. “You will be second guessed if you don’t.”

## Protect the Practice with Informed Consent and Comprehensive Treatment Planning

Informed consent and comprehensive treatment planning are proven strategies for liability protection. Dentists never should begin treating unless the patient is properly informed about a procedure and understands exactly what will be done and possible risks. Explain it thoroughly and clearly. Requiring patients to sign consent forms stating they understand the implant surgery procedure and its risks adds an extra measure of protection.

Sometimes dentists assume what their patients can and can’t afford and tailor treatment plans accordingly. Dr. Recker advises that failure to inform patients about all potential treatment options could be risky.

“Always assume a critical ‘expert’ eventually will be looking over your shoulder,” Recker said. “So when developing a treatment plan, offer multiple options — from the bicycle to the Cadillac. Don’t assume patients who show up in overalls can’t afford the best and perhaps most costly treatment.”

Dr. Recker adds that dentists should never allow patients to cherry pick elements of a comprehensive treatment plan. For example, a mother might be eager to get an implant to replace a missing tooth in time for her daughter’s wedding, but the mother has advanced periodontal disease. Implant surgery should not be performed until the gum disorder has been resolved, despite the patient’s urging. “Stick to the plan and don’t let patients force a compromised decision. Never put good dentistry over oral disease,” advises Recker.

In these situations, patients not satisfied with the outcome might see a periodontist or oral surgeon who probably will question why the general dentist did not offer a state-of-the-art treatment option.

Dr. Misch was asked for his opinion on standard of care in implant dentistry on the AGD Podcast in February 2016. “Is a CAT Scan the standard of care? No. We’ve had implants for 50 years before we had CAT Scans. But if I’m doing a sinus graft then I always use a CAT Scan. Is it within the standard of care to do a sinus graft without a CAT Scan? Well, it can be. But it’s stupid. But you can do stupid things as a doctor. And it’s within the standard of care because lots of people do sinus lifts and sinus grafts without a CAT scan. You can say they are reasonable doctors and it’s taught at many dental schools. Standard of care is a legal question and it depends on who you are asking. We don’t have a firm standard of care in implant dentistry,” he stated.

Dental office CT scanners cost about \$100,000, but Dr. Palmer advises that dentists who don’t want to invest in their own machines can refer

# Be honest about your limits

“Some specialists are quick to criticize the work of general dentists, and might interrogate the patient about why the dentist didn’t recommend a different treatment,” Recker observed.

## Be Sure Medical Histories Are Current

A significant percentage of dental implant patients are 55 years and older, and many have diabetes, cancer, and other diseases associated with aging. “Dentists are playing with fire if they fail to thoroughly review and update patient medical histories before treatments,” said Palmer. “Negligence in evaluating medical histories and in taking vital signs in the office may eventually lead to a malpractice action. In all patients, be sure to check latest test results for blood sugar, A1C, medication use, and possible need for pre-treatment antibiotics. If necessary, consult with their physicians.”

She related a case of a general dentist who was sued for complications resulting from an extraction on an older patient with diabetes. “The dentist relied on a four-year-old medical history that did not indicate how far the disease had progressed,” recalled Palmer. “People with diabetes do not have the same healing ability as those without the disease, and this patient had uncontrolled diabetes and became septic and hyperglycemic. He was hospitalized for 10 days.”

Above all, Dr. Palmer urges dentists never to alter a patient chart. “If a complication occurs, document it,

tell the patient, and follow up. Altering a chart can lead to punitive damages,” she said.

## Watch for Red Flags Waved by New Patients

According to Dr. Recker, careful patient selection is the most important factor in dental practice risk management. “In my lectures to dentists and office staff, I devote considerable time to the do’s and don’ts of patient selection,” he said. “I usually ask, ‘How many of you had weekends ruined because on Friday afternoon you noticed that Mrs. Jones has an appointment on Monday?’”

There are red flags to heed before accepting a new patient into a dental practice. “Say ‘no thanks’ to overly aggressive patients who think they know what they need before talking to you,” said Recker. “It’s also prudent to pay close attention to patient histories, especially if someone has seen an unusually high number of dentists.”

He recommends that dentists should not feel awkward about asking probing questions covering a patient’s experiences with other dentists, and physicians as well. Beware if they don’t give names of previous providers or balk at your request to contact them.

## Know Limits for Mini-Implants

Growing popularity and overuse of mini-implants has become a leading cause of implant failures and subsequent legal action. Dr. Palmer believes most mini-implant failures result from poor treatment planning and inexperienced practitioners.

# What to do when a dissatisfied patient complains

By Kenneth C. Thomalla, CPA, CLU, CFP®  
Chief Operating Officer, Treloar and Heisel, Inc.

As a health care provider, your goal is to provide high quality patient care. Whether warranted or not, occasionally a patient may feel that they have not received the highest level of care. What should you do if you get a call from a dissatisfied patient?

To begin with, stay calm, and be responsive to the patient. Make sure to speak with the patient directly. Give him or her an opportunity to voice concerns, and then explain your commitment to quality care.

What if the disgruntled patient asks for a refund or says they will not pay for your services? As a dental practitioner, you have several options. You may either: **deny** the

request, offer a **partial refund**, or offer a **full refund**. Should you choose to deny the request, make sure to do so with a brief but clearly written letter, delivered via mail with return receipt requested, so that you have proof of delivery.

If a patient feels that they should receive some sort of compensation, it is up to you to decide whether to offer a partial or full refund. It’s important to obtain documentation in writing from the client, when a refund is accepted. Many practitioners worry that asking patients to sign a release sends a red flag for further liability. Though these concerns are expected, a release is a good practice and may help mitigate future liability.

“When mini-implants soared in popularity, far too many practitioners jumped in without realizing that they require as much planning, surgical expertise, and precision as traditional implants,” said Palmer. “Poor outcomes associated with mini-implants are usually the result of inadequate practitioner knowledge and know-how regarding load distribution, bite pattern, and lateral forces. I believe there will be a lot more litigation in the future involving mini-implants.”

### **Beware of Infection Risks**

According to CNA Insurance, the largest professional liability insurance carrier for dentists, 3 in 10 malpractice claims against dentists allege injury from infection. The company reports the most frequent allegations in infection cases are failures to diagnose and treat, make referrals, and thoroughly review medical histories.

Comprehensive patient assessments, communication, and education are effective steps for infection management and liability prevention. CNA, on its website, recommends updating patient medical histories and informing patients during informed consent conferences about procedures in which infection could occur. Asking a simple question like “have you had any changes in your health since your last visit to our office?” could reveal a condition that might pose serious infection risk. It’s also advantageous to counsel patients with written instructions on how to recognize infections and other complications, as well as on the importance of seeking immediate treatment.

“I believe there will be a lot more litigation in the future involving mini-implants.”

Dr. Palmer said most general dentists do not use sterile gloves and must be vigilant in checking water lines. “Bacteria in water lines is a hidden risk for infection, so sterile water always should be used for procedures in which bone is removed.”

Dr. Recker stated that general practice dentists pay about \$5,000 a year for dental malpractice insurance, and the most common coverage limits for new dentists are \$1 million per claim and \$3 million per policy year. He advises dentists to make sure defense against state dental board actions is covered by their policies.

“The best defense against malpractice is never compromise on patient care and quality and know your limits,” said Recker. “Always assume adversarial eyes are watching you.”

### **About the author**

*Chuck Weber is a writer and communications consultant. He has been a public relations contractor for AAID and can be reached through his website, [www.weberpr.com](http://www.weberpr.com).*

Keep in mind, the letter needs to be carefully worded, so that it does not inadvertently admit professional liability, or lead to exacerbation of an already delicate situation. It needs to point out that you believe that appropriate treatment was provided, but that you also understand the patient’s dissatisfaction with the service. The letter also needs to explain that you are offering the refund as a matter of patient courtesy, and reference the treatment provided, as well as the treatment date.

Always make sure to inform your professional liability insurance provider about any instances of patient dissatisfaction, so that you can adhere to carrier guidelines. Prompt contact with your carrier can help you navigate a complaint from the beginning, often lessening the severity of the incident. Further, if coverage is being replaced with another company, it is always necessary to alert the previous carrier of any potential claims.

If it is determined a lawsuit may be filed, the insurance company will assign the case to a claim manager. Local

defense will be secured soon thereafter. At this point, you can expect a request for patient files and other documentation pertaining to the incident. Please note, most policies do require that you actively participate in the claim process. Actively participating in your defense will help ensure the most favorable outcome to a claim.

Though most claims are dismissed or settled in favor of the dentist, if a claim settlement is proposed, make sure your policy allows you to have input in the settlement. Not all policies will ask permission to settle a claim on your behalf. Claim settlements can have long-range impact including notification to state and national databases along with affecting your ability to obtain future professional liability coverage.

Finally, a patient complaint offers an opportunity for the practitioner to review the patient experience — and redesign it, if necessary. Use the complaint as a learning experience to further enhance the services you offer.

For more information regarding your professional liability policy, contact Treloar & Heisel at 800.345.6040.

# Dr. Carl Misch: Thanks for the memories

**Editor's Note:** *Dr. Carl Misch, a legend in implant dentistry, a past president and Honored Fellow of the AAID, and Diplomate of the American Board of Oral Implantology/Implant Dentistry, passed away on January 4, 2017. We asked several colleagues of his from his early days in implant dentistry to share some of their personal memories of their time with Dr. Misch. Here are a few that we received.*



## From: Jack Lemons, UAB University Professor Emeritus, Schools of Dentistry, Medicine and Engineering

It is with great sadness that I provide these comments about someone I enjoyed so much. Three special memories of Carl, amongst hundreds:

1. In the 1970s, asking Carl to lecture on impression materials for replicating micro-anatomy and how he made this topic very interesting to clinicians while including basic science (we often laughed together about what one needs to say to prevent loss of attention during a presentation of this type)
2. Waiting for Carl as he transitioned from a lecture in Korea when we were scheduled to present co-keynotes at a major meeting in New Orleans (the story in the 15 minute interval before we started was a thriller of intrigue)
3. Co-participating in some aspects of our fami-



lies, professional planning and the many different parts of academic, industrial and private practice opportunities with an emphasis on balance and publications (thus, in part, the books).

Two more recent events affected me deeply:

1. Attending the ICOI session in Chicago which included an achievement award from the American Dental Association
2. Introducing Carl at the AAID annual meeting in Las Vegas. In both situations, Carl found time for independent discussions, reconfirming that he had accepted his medical condition, the treatments provided and his future, while planning additional publications.

My respect, friendship and collaborations started shortly after completion of dental school, when Carl decided to include surgical implants as an active part of treatments for dental patients. He rapidly transitioned from attendee, to speaker, to leadership roles within several professional organizations.

My initial contact with Carl was a part of the Alabama Implant Study Group activities, with mul-

### From: Dr. O. Hilt Tatum, Saint Etienne du Vouvray, France

Over 40 years ago, I met Carl Misch at a meeting related to dental implants. He was a young dentist and I was about 12 years older than Carl. We bonded and I immediately recognized the brightness of his mind. This led to a personal and professional friendship that has lasted without interruption until the sad news of his passing. We spoke frequently, were able to see each other occasionally and our last contact was a 90+ minute Face Time conversation before Christmas.

Our contacts through the years were so many and in so many places. We loved each other as brothers or even as a possible father/son relationship. We never had an argument or hard words. I was so proud of his books and massive accomplishments.

His landmark contributions to the decisions made



at the 1988 NIH Consensus Conference on Dental Implants were so monumental that, later that year, when I was nominated by acclamation for an office in the AAID, I refused to accept it and then nominated him instead. I then followed him by one year through the chairs to the presidency of the AAID and we served together during the struggles of the founding of the ABOI/ID. During those years of working so closely, I have never seen Carl make a selfish decision or support a proposal that was not positive. We both loved our profession and shared a desire to see our field of Implantology mature with comprehensive education becoming established.

During our last conversation, a major part of it was spent on the immediate, critical need for the expansion of education to support our friends as they are able to participate in the developing specialty of Implant Dentistry. Also, as always, we took time to discuss techniques and ways that a particular surgical procedure might be improved. However, in that conversation, as I could see his recent changes, I knew that his time was short. Our last words to each other were "I Love You."

multiple local, national and international meetings including thousands of dentists. Collaborations and academic appointments at the University of Alabama at Birmingham (UAB) included Martha Bidez, PhD (deceased on December 21, 2016), where Dentistry, Medicine and Engineering merged for contributions to biomaterial and biomechanical science, technology and applications of multimodal dental implant systems.

BioHorizons evolved under leadership from Martha, Carl and others which added to the depth and breadth of interactions. Some aspects of these interactions continued through 2016. As a former academic advisor to Martha and friend/collaborator with Carl and Martha for more than three decades, one regret is that we will not have the benefit of interactions from two that offered so much to all.

As I now interact with **Craig Misch** and his daughter Maggie Ann, who is a dental student at UAB, Steve Boggan and Todd Strong, who are senior executives at BioHorizons, and others, I appreciate that the Carl Misch Legacy will be ongoing. Carl will be greatly missed, however, his many contributions to the discipline will continue.

### From: Dr. Shankar Iyer, President, American Academy of Implant Dentistry

Carl was the rising star of our Academy when I met him in 1991. He blew me away with his command of literature and he could recite chapter and verses from textbooks and bibliographies. I got to know him more through Jack Lemons who was closely



working with Martha Bidez on biomechanical theories and it was Carl who brought all of this valuable information to implant dentistry. He can be singly credited to investing these wonders of translational research to make it a clinical reality. When I was the scientific chair for our annual meeting he was humble enough to personally call me and took time to understand the purpose of the debate and never made you feel inadequate. His skill, leadership, and vision are unparalleled and our profession has lost a pioneer, giant and an authority figure.

**From: Dr. Jack Hahn**

I am very much saddened by the passing of a dear friend and colleague. I feel very fortunate to have had Carl in my life as a valued friend as well as a fantastic teacher. I was privileged to be with Carl in August, September and October of 2016 doing what he loved most in the last months of his life — teaching with conviction and passion the principals of implant dentistry that must be followed to insure success.



I first met Carl in 1977, when he came to Cincinnati to watch me do live surgical demonstrations in placing aluminum oxide root-form implants. He demonstrated at that time his tremendous thirst for knowledge regarding implant surgery and prosthetics that he carried the remainder of his professional life.

When Carl wanted to do something, whether it was professional or personal, he did it. I first witnessed this in about 1987 at a course that we did together in Iowa. The course was at a hotel in late summer or early fall of 1987. Carl decided that he wanted to go swimming at the end of the day after we finished the course. The swimming pool was closed and was surrounded by a tall chain link fence. That didn't deter Carl. He climbed that tall fence and jumped into the pool. At that moment, I thought that this guy is strong, smart, determined and nothing is going to stop him from accomplishing his goals.

May Dr. Misch rest in peace. I will miss him, but he will continue to live in my good memories. I am thankful that in our last course that we did together this past October, I got the chance to tell him "I love you."

**From: Dan Root, Root Laboratory, Inc**

We have had the honor of working with Dr. Carl Misch for over 25 years. He was a true innovator in the field of implant dentistry and we had the pleasure of collaborating with Carl on many, many occasions. We will remember him as a true pioneer, a skilled implantologist, and, most importantly, a gentleman and true friend.



**From: Dr. David Hochberg, President-elect, American Academy of Implant Dentistry**

As then Editor of the *AAID News*, I was privileged to be able to interview Dr. Misch at his Miami condo in July 2015. Within moments, it was easy to see that his passion for implant dentistry was limitless.



When the interview was concluded, it became very silent. I know it was only a moment, but there was an emotion in the air, as if limited opportunities were being checked off a shortened to-do list. I was briefly choked up realizing that this man, of grand proportions welcomed me into his home, granting what could be one of the last times he shared his visions and thoughts with all who wish to listen. It was easily the most memorable moment of my professional career.

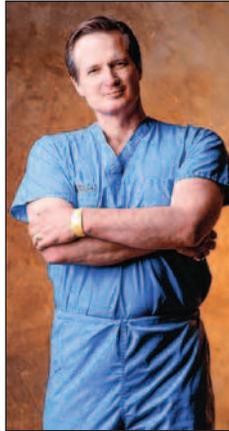


**From: Dr. Randolph Resnik, Clinical professor of Oral Implantology at Temple University in Philadelphia**

Carl Misch was a true pioneer that stimulated a renaissance in implantology that will continue to touch everyone he met. Along with his gifts as a highly skilled clinician, he had an uncanny ability to engage and teach fellow dentists



what he had learned along the way. He unselfishly gave others the gift of his knowledge, as his true belief was to always “share what you have learned.” He lived and taught what he believed, teaching right up to the end of his life. Not only did he continue teaching us about implantology, but he was imparting further wisdom upon everyone he met. After his diagnosis, Dr. Misch gave us three more years of his brilliance, imparting his knowledge to one audience after another, even when he could no longer stand. His fire for sharing his love of our profession pushed him on and gave him the energy continue, even under the most complicated of circumstances. Carl Misch was, in the truest sense of the words, a pioneer, teacher, clinician, friend, and colleague who will be missed by all. ●





By Roger P. Levin, DDS

# Amplifying Your Implant Story Online

The market for implants poses challenges not commonly encountered with other dental procedures. These are:

- **The number of implant candidates is relatively small.** Although there are certainly many edentulous people—as well as others who will soon lose teeth—they still constitute a fraction of the total patient population.

- **The perceived cost of implant treatment can be off-putting.**

Mention implants to almost anyone and you'll usually hear something like, "Oh, but they're so expensive!" New technologies and techniques have reduced the fee, payment plans increase affordability and, as a long-term investment, an implant's cost-per-year can be very attractive... but the perception remains a barrier.

- **There are alternatives to implants.**

Bridges, partial plates, dentures and even living with edentulism—all represent reasonable alternatives to some patients. Professionally, we can find fault with those options, but the choice is not ours to make.

Given these conditions, increasing the number of implants you place requires an innovative marketing strategy.

### Taking Advantage of Online Opportunities

Promoting your implant services would probably be a costly proposition—and not necessarily effective even if you

spent a great deal of money on it—if you had to rely on traditional media.

Print ads, direct mail, local TV and radio spots, and outdoor billboards would inevitably involve a high level of waste simply because you wouldn't be able to target it precisely. To reach the true prospects for implant treatment, you'd have to put your messages in front of a large number of *non*-prospects.

Not only that, with the possible exception of direct mail, you wouldn't have the space (or, in the case of TV or radio, the time) to educate your audience about the affordability and other benefits of implants... or about why they should come to your practice for implants.

All these problems disappear when you shift your focus to the online environment.

### Putting Your Implant Story Online Extends Your Marketing Reach Dramatically

When the percentage of prospects is limited, you need to reach a larger number of people in order to hit your target. Although simply placing your story online won't automatically generate interest and responses, it's a prerequisite for building an effective marketing communications program. Anyone with online access—which today means virtually everyone—will be able to find and take in your practice's information about

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implant treatment. You'll be able to reach not only those in your immediate area but also others within a reasonable distance (bear in mind that people are generally willing to travel farther for specialized professional services).

### Implant Candidates Will "Self-Select" Online

Understanding the demographics and psychographics of implant candidates will shape your marketing message, but you won't be dependent on those profiles when it comes to media targeting. Basically, many of the people interested in implants will search the web for information. If you've prepared your online presence well, they will find *you*... which is much easier and less expensive than you trying to find *them*. There's another important advantage relating to geography. If you were to send out a printed mailer to households in your area, you wouldn't reach prospects who work, shop, or spend time near your practice for other reasons... and might therefore find your office convenient. Online marketing can reach this hidden source of implant production.

### Your Website: Where Candidates Can Learn Everything They Need to Know

If you're serious about building your implant business, create a special section devoted to implants on your website. Rather than merely including it in a list of services you offer, highlight it and allow ample room (including multiple web pages) to tell your story. One of the greatest advantages of web-based marketing is that it enables the visitor to take in as little or as much information as they want. Structure your content so that your key selling points can be seen quickly and easily... and more details about each are just a click away. The visitor gets to choose where to delve deeper.

The person who understands implants but worries about the cost can click through under your heading, "*We make implants more affordable.*" Someone who's considering a bridge but wonders if an implant would be preferable could explore your "*Implants are better than other solutions*" section. And the candidate who's already decided to get an implant but hasn't decided where will want to know "*Why so many people choose us for implants*" and read testimonials.

A dental implant is what marketers call a "considered purchase." With such products or services, prospects tend to take longer and want more information before making a decision. Your website facilitates this buying process.

### Help People Find You Online

You've probably heard of "search engine optimization," or

SEO. Don't underestimate its importance. No matter how well your website tells your implant story and persuades visitors to contact your practice, you're wasting your efforts if candidates can't find your site in the first place. If they search for implants with Google, Bing or some other search engine, you want your site to appear high on the results list. That's what SEO does. As a highly technical methodology for attracting the attention of search engines, this job merits hiring an outside expert.

Similarly, you should make sure your practice appears (and ranks well) in local directories and review sites. This, too, is best handled by a specialist.

### Encouraging Word-of-Mouth Through Social Media

Starting with Facebook, establish a lively social media presence for your practice online. As awareness of implants grows, people are showing greater interest in this cosmetic yet practical treatment option. If they see stories about implants in their Facebook feed and also become more aware of your practice, you'll gain potentially productive share of mind. Through social media, you can promote your community involvement, share cases studies and testimonials, send out "news" about new technologies or achievements at your practice, and use other activities to subtly market implants.

You can also sponsor an implant message on Facebook and target it to reach potential patients in your area, based on age, interests and other demographic information. Facebook lets you set limits on how much to spend exposing your ad, and for how long, with no minimums as in other media.

### Using Email and Building an Email List

Promotional emails represent another excellent way to promote your implant services online. If you don't have a good email list, purchase one for sending out messages that lead prospects either to your website or directly to your practice. Over time, you can build your own list and (with permission) use it for promotional purposes.

### Conclusion

To overcome the primary barriers to placing more implants, upgrade your online marketing. It's the best way to reach a wider audience, overcome the cost barrier and demonstrate that implants offer tremendous advantages over alternatives. ●

*To see where Dr. Levin is speaking in 2017, go to [www.levingroup.com](http://www.levingroup.com) and click on the Seminars tab.*



By Michael Mashni, DDS

## We Are Specialists: The Long Journey for Dentist Anesthesiologists

As I finished my residency in anesthesiology in June of 1994, the American Society of Dentist Anesthesiologists (ASDA) was preparing for the vote on our first application for recognition of anesthesiology as a specialty by the American Dental Association's (ADA) House of Delegates. I didn't realize how little I knew about the dental politics involved in such a request. The defeat in 1994 of the ASDA's application was a surprise as, after all, we had passed Committee

ASDA decided to reapply and we submitted another application in 1997, and again in 1999, and again in 2012. But each time we experienced the same outcome. The definition of insanity is doing the same thing over and over and expecting a different result. Well I'm happy to say that after the 2012 denial, we learned our lesson. The American Academy of Implant Dentistry (AAID) learned this lesson much earlier.

So after the loss in 2012, our **specialty** started looking at options. Wait a minute, if we lost how can I refer to anesthesia as a specialty? It is simple, because the application to the ADA was never to "make" anesthesia (or any other discipline) a specialty, but for the ADA to "recognize" anesthesia as a specialty. Anesthesia IS a specialty. So this begs the question, what authority does the ADA have to determine that one discipline is a specialty and another is not? The answer is none, they just do it and the State Dental Boards defer to them.

Then the question became, how does medicine determine specialty? So we looked at the American Board of Medical Specialties (ABMS) and saw that, unlike the ADA, the American Medical Association (AMA) does not determine specialty. Also unlike the ADA, the ABMS evaluated Diplomate Boards to determine specialty recognition in medicine rather than the sponsoring organization.

The *TDA Journal* has now agreed to print the advertisement designating ASDA members as specialists.

G, the Council on Dental Education and Licensure, the Board of Trustees, the Reference Committee, but then lost the vote by the House of Delegates.

This didn't make any sense, in that how could every state require advanced training to provide general anesthesia, yet not consider anesthesia a specialty? Surely the ADA made a mistake. So the

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We realized that we could form a board to recognize specialties in dentistry without the political influence and bias of the current system. That board could also evaluate Diplomate Boards to validate their testing and recognize specialties in dentistry.

By 2012, AAID, under the guidance of their general counsel Frank Recker, DDS, JD, had successfully litigated cases in Florida and California and were then starting a case against Texas to advertise board certification. Was advertising board certification any different than advertising as a specialty? If the AAID was spending significant monies to litigate, why were they settling for advertising credentials instead of advertising as a specialist? This is the question that **Dr. Nick Caplanis** posed to the AAID Board of Directors and Dr. Recker. The alliance between the ASDA and AAID was formed due to common interests and the close communication we have. We contacted the American Academy of Orofacial Pain (AAOP) and the American Academy of Oral Medicine (AAOM) to see if they had the same interest in working together. Subsequently, the American Board of Dental Specialties (ABDS) was formed and incorporated in the State of Illinois in early 2013.

The respective boards of the ASDA, AAID, AAOP, and AAOM became members of the ABDS. These four entities also filed a lawsuit against the Texas State Board of Dental Examiners regarding their restrictions on advertising as a specialty. Once again, Dr. Recker worked his magic and the lawsuit was successful, winning without even going to trial! Summary judgment was awarded in January 2016, and the decision is currently under appeal.

Our collective efforts have already made significant changes in dentistry.

ASDA members in Texas have submitted an advertisement to the *Texas Dental Association (TDA) Journal* advertising as specialists. The TDA accepted the advertisement conditioned on removing the word "specialist." ASDA members refused to remove the word. After the summary

judgment, they resubmitted the ad and were given the same restriction. At the ADA annual meeting in October, the ADA amended Section 5 H of the ADA Code of Ethics. This amendment removed the limitation on advertising as a specialist only to the ADA Specialties. The *TDA Journal* has now agreed to print the advertisement designating ASDA members as specialists. This ad should appear in early 2017. California has recently removed all references to limiting advertising as a specialist from their regulations. Many other states are currently looking at their laws and regulations to comply with the relevant case law.

Currently, the ADA is evaluating what they should do in the future to continue to control specialty designation. The ADA Council on Dental Education and Licensure (CDEL) called for a Specialty Recognition Summit that was scheduled for late February 2017. CDEL recently canceled this Summit and voted to reaffirm the current ADA *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. The Council also supported a Task Force's concept for a new process for the recognition of specialties and specialty certifying boards by a proposed ADA Commission.

These changes in dentistry are direct effects of the efforts led by a group started by the AAID and ASDA's collaboration. We are beginning to see the fruits of our labors but we have a long way to go. There is one thing for sure: there is no turning back now. I am proud to have been an active participant in this process. On behalf of the ASDA, and myself I would like to thank the AAID for their support. Special thanks go out to **Drs. Nick Caplanis, Jaime Lozada, Kevin O'Grady, Natalie Wong, John Da Silva, John Minichetti, Rich Mercurio**, Sharon Bennett, and certainly last but not least, Frank Recker, for making this all possible.

Cheers to a bright future. 🍷

Michael Mashni, DDS  
Dentist Anesthesiologist Specialist



By Frank Recker, DDS

## ADA Resolution 65H and the Future of Dentistry

At the 2016 ADA House of Delegates meeting, Resolution 65H was adopted. According to the *ADANEWS* Resolution 65H “permits dentists to announce as specialists recognized in their jurisdictions even if it’s not one of the nine dental specialties recognized by the Association.”

Previously, Section 5.H of the ADA Principles of Ethics and Code of Professional Conduct specified that there were only nine dental specialties recognized by the ADA that could announce their specialties.

### What does this mean for AAID members?

Without doubt, this is the direct result of the efforts over the past 20 years by the AAID to create a climate shift in the law related to dental advertising. In 1997, the AAID began to challenge state law prohibitions on the advertising of AAID credentials. Since that time, several state laws have changed in response to the judicial decisions declaring such prohibitions unconstitutional under the First Amendment.

In 2014, the AAID, along with three other dental organizations, challenged

a Texas law that prohibited the advertising of “specialty” status unless the American Dental Association deemed the area of dentistry a specialty. This was significant in that it challenged not just the right to advertise credentials BUT the constitutionality of a state law recognizing the ADA as the primary grantor of specialty status.

In its January 2016 decision, the Federal District Court in Austin, Texas ruled that such a restriction was also in violation of the First Amendment and declared the regulation unconstitutional. As a result, dentists who hold “board certification” in the areas of implant dentistry (ABOI/ID), oral medicine, oral facial pain, and anesthesia are now permitted to advertise as “specialists” in the State of Texas.

That decision is under appeal by the State of Texas and oral arguments were held on November 1, 2016, in the 5th Circuit Court of Appeals in New Orleans. This Court’s decisions are binding on the dental boards of Texas, Louisiana, and Mississippi.

The just enacted ADA Resolution 65H was of interest to the Court of Appeals. On November 2, 2016, the day after oral arguments, the Court ordered the Parties to submit a brief on ADA Resolution 65H.

In the pending appeal, the Texas Board argued that the word “specialist” was inherently misleading if used to refer to any non-ADA recognized

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specialty area of practice. But Resolution 65H implicitly conceded that such is not the case. Interestingly, Resolution 65H is not part of the official record in the judicial appeal nor was it mentioned during oral arguments. Why the Court sought input on this Resolution, or how it even knew about it, is unknown. A decision is expected within the next two months.

What does this mean for AAID members? AAID credentialed dentists can advertise their credentials as Associate Fellows and/or Fellows, and ABOI/ID diplomates can additionally advertise as “specialists in implant dentistry” in the state of Texas under the current Texas decision.

The American Board of Dental Specialties (ABDS), of which the ABOI/ID is recognized as a certifying board for implant dentistry, is aggressively seeking changes to state laws that are similar to the one in Texas; that is, those that ban specialty advertisements in any non-ADA recognized specialty area. The ABDS is seeking recognition by the states as another specialty recognizing entity, but one devoid of control by a professional trade association.

The ABDS, regardless of the final 5th Circuit decision, is expected to challenge states which refuse to recognize ABDS specialties. But future challenges will not only focus on the relevant First Amendment legal issues, but also bring the antitrust perspective into focus.

This is significant for the state boards especially from a personal liability standpoint. Antitrust scrutiny will focus on the individual state board members for prohibiting the advertisement of non-ADA recognized specialties. As articulated in the *NC Board v FTC* decision in 2015, individual state board members are at risk of personal liability for actions that constitute antitrust activity.

Boards are comprised of dentists — much like the ADA House of Delegates — who have a vested market place interest in the recognition of additional specialties. Dental board members who are general dentists may be reluctant to carve out another specialty from the current general dentistry arena. Specialists — particularly in oral surgery,

periodontics and prosthodontics — are already on record opposing additional competition in areas that they claim are already encompassed within their respective specialties.

As a result, dental boards which continue to deny the recognition of ABDS specialties and prohibit specialty advertising by non-ADA specialists will risk more legal challenges. But now individual state board members will face additional claims of personal antitrust liability and initiate the concurrent scrutiny of the FTC.

When the ABDS becomes the beacon of specialty recognition, more specialists will exist in other states, and third party compensation for those new specialists are expected to be similar to that for ADA-recognized specialties.

As they say on the late-night infomercials, “But wait, there’s more.” Resolution 65H made an additional amendment to Rule 5H of the Code. Because of the focus on the ADA seemingly ceding specialty status determination to the states, this other change has received little attention but may be the sleeper.

Before the resolution passed, dentists could not ethically practice any aspect of dentistry except for their announced specialty. The amendment now specifies that a dentist holding specialty degrees should be permitted to practice to the full scope of the dental licenses that they hold so long as they maintain adequate expertise in the specialty.

Will general dentists face additional competition as specialists start providing treatment options outside their traditional specialty areas? Will this change, coupled with the shift of specialty recognition to the states, result in a raft of new specialties being recognized? Will the competitive value of being a specialist diminish? Will “Maintenance of Certification” requirements by non-ADA specialties become a potential distinguishing factor that dental boards will consider?

Only time, the legal system, and the politics of state dental boards will tell us the outcome. ●



Vladimir V. Soyfer, DMD, PhD  
Fairfax, Virginia

## It's All about the Blood

Although this case was done nearly 20 years ago, it illustrates two principles of implant dentistry that I have always believed:

First, do no harm.

Second, without adequate blood supply, the treatment is more likely to fail.

This case, which began in 1998, involves a young woman who experienced a sharp trauma to the face. She was injured in the upper and lower mandible with subsequent tooth and bone loss.

Approximately one year later, I started reconstruction of her mouth. (See Figure 1). At the time, the only bone available was human bone. I could have used a piece of the hip

bone, but I was concerned about the sufficiency of the blood supply. Based on the literature, we could lose 50% of block if harvested from the hip.

I decided to treat through a distraction-osteogenesis approach. I moved the autogenous bone transport segment up 10 mm with the lingual soft tissue intact, which would provide maximum blood supply. (See Figure 2) I moved the segment 1 mm each day for 10 days. After another 30 days, I removed the post and placed a 10mm x 3.75 mm implant, which was a standard size at the time. (See Figure 3) After a four-month healing period, I restored implants. (See figure 4)

I deflected the facial aspect of the soft tissue at crest of ridge. Everything from the crest of the ridge to the lingual aspect was still attached.

I was aware of the challenges with a distraction-osteogenesis approach including the time involved, the possibility of infection, the discomfort for the patient, and the complexity of the procedure. However, I decided that given the potential inadequacy of blood supply using other available treatment options at the time, this was the one that gave the best possible outcome for the patient.

The only deficiency that might have been done differently is try to move the transport segment more facially — about 5 mm. It would have been nice to have more facial bone, but I determined

see [Clinical Bite p. 66](#)



Figure 1.



Figure 2.



Figure 3.

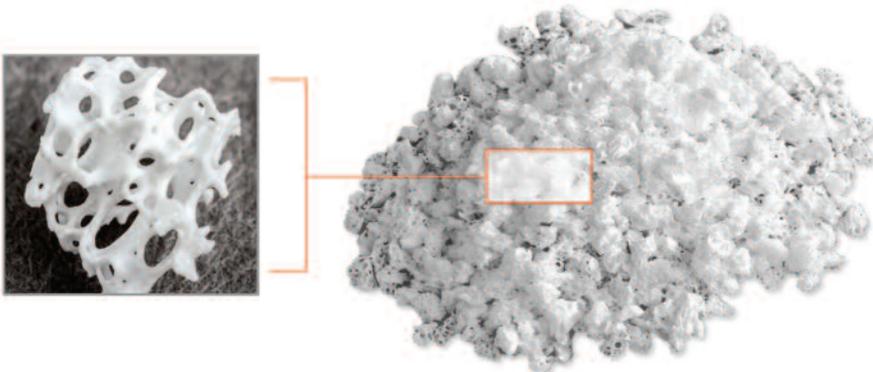


Figure 4.



# MORE SPACE FOR VITAL BONE

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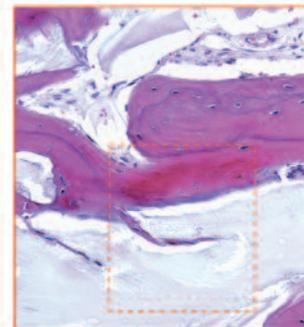
\*0.25 mm - 1.0 mm particle size = 88% void space, 1.0 mm - 2.0 mm = 95% void space 1. Li ST, Chen HC, Yuen D. Isolation and Characterization of a Porous Carbonate Apatite From Porcine Cancellous Bone. Science, Technology, Innovation, Aug. 2014: 1-13.



**Histology of bone core harvested after 5 months of healing following ridge preservation using Zcore™ 0.25-1.0 mm particle size**

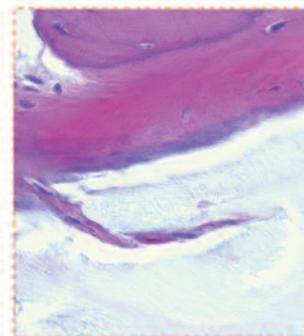
H&E staining

Magnification x4



**Vital bone ingrowth into the inter-particle space of Zcore™**

Magnification x20



Magnification x40

Case and histology courtesy of Gustavo Avila-Ortiz, DDS, MS, PhD University of Iowa College of Dentistry, Department of Periodontics



**ZCORE™**  
porcine xenograft particulate



Berne Dunson, DDS, FAID,  
DABOI/ID  
President, AAID Foundation



## Over \$80,000 in research grants awarded by AAID Foundation

The AAID Foundation awarded over \$80,000 to five research teams to help them continue their work in dental implant-specific research. The Foundation has now contributed over \$900,000 since the inception of the Foundation's Endowment Fund.

**TITLE:** A Retrospective Comparison of Survival and Success Rates of Endodontically Treated and Retreated Teeth with Single Implants

**PRINCIPAL INVESTIGATOR:**

Dr. Chun-Teh Lee  
The University of Health Science  
Center at Houston

**AMOUNT OF AWARD:** \$20,000

**PROJECT SUMMARY:** The study will compare the survival/success rate of single implant therapy with endodontic

treatment or retreatment in a university-based cohort with a large number of patients. The results would provide evidence to support retention of teeth by performing endodontic treatments, or provide further support to extract the teeth and restore oral function with implant-supported restorations. The results of cost-effectiveness analysis will be able to assist clinicians in provided information for patients to make treatment decisions.

**TITLE:** The Effect of Parathyroid Hormone Analogues when Added to Mineralized Bone Xenografts

**PRINCIPAL INVESTIGATOR:**

Dr. Hany A. Emam BDS, MS  
The Ohio State University – College  
of Dentistry



**AMOUNT OF AWARD:** \$20,000

**PROJECT SUMMARY:** This is an animal study that will test the effect of adding parathyroid hormone analogue (PTH) (teriparatide) to one of the most commonly used mineralized xenograft in regeneration of alveolar bone defects. PTH hormone is considered a bone anabolic hormone and using it with an osteoconductive material might give the material an osteoinductive behavior as well with superior properties. Not only the quantity of the regenerate will be evaluated, but also the quality and the viscoelastic property will be tested. This will provide valuable information on the graft mechanical properties which have a significant impact on the long-term success in reconstruction of bone defects especially if dental implant placement is planned.

**TITLE:** Investigate the Effect of E-Cigarette Smoke on Osteoblast and Fibroblast Interaction with Dental Implants

**PRINCIPAL INVESTIGATOR:**

Dr. Mahmoud Rouabhia, MSc., PhD  
Université Laval

**AMOUNT OF AWARD:** \$15,000

**PROJECT SUMMARY:** Chemical products present in the burning cigarette were reported having significant adverse effects on the oral cavity including dental implant rejection. Because e-cigarette contains different products of the burning cigarette, such as nicotine, the use of e-cigarettes may contribute dental implant failure. The objective of the study is to generate new knowledge about e-cigarettes and translate this into improved health for Americans and Canadians.

**TITLE:** Strontium and Mucosal Attachment to Healing Abutment Surfaces

**PRINCIPAL INVESTIGATOR:**

Dr. Rosemary Dziak  
University at Buffalo, State University of New York

**AMOUNT OF AWARD:** \$7,500

**PROJECT SUMMARY:** The research on the effects of strontium on gingival cell activity is innovative. The findings from this project will significantly contribute to the existing literature in the field of soft tissue assessment in healing abutments. The results obtained will serve as the basis for pre-clinical animal studies that might be directly relevant to clinical studies and eventually therapeutic approaches.

**TITLE:** Investigation of Bacterial Adhesion to Dental Implant Crowns with Various Dental Restoration Material in Human Subjects

**PRINCIPAL INVESTIGATOR:**

Dr. Sang J. Lee, DMD, MMSc  
Harvard School of Dental Medicine

**AMOUNT OF AWARD:** \$20,000

**PROJECT SUMMARY:** The project will investigate bacterial adhesion on four widely-used conventional dental crown materials — acrylic, porcelain fused to metal (PFM), monolithic zirconia, and monolithic lithium disilicate. The evaluation of bacterial adhesion will contribute to clinical decision making for selection of all restorative material in conjunction with biomechanical properties.

## 2016 Post Display and Table Clinic Award Winners

Research support is one of the cornerstones of how the American Academy of Implant Dentistry (AAID) advances the science and practice of implant dentistry. At the Academy's 65th Annual Implant Dentistry Educational Conference recently held in New Orleans, Louisiana, 16 poster displays and 11 table clinics were available for attendees to view. These also were judged by a panel of experienced implant dentists and researchers.

### POSTERS

#### 1st Place:

"CAD-CAM Implant-Supported Fixed Complete Dental Prosthesis with Titanium Milled Molars: A Clinical Report"

*Abdulaziz AlHelal, BDS, MS, et al*

#### 2nd Place:

"A 3D Printed Solution to Lateral Approach Sinus Augmentation"

*Brian Goodacre, DDS, et al*

#### 3rd Place:

"Use of Modified Wax Rims for Planning Fixed-Fixed Implant Treatment in Edentulous Arches"

*Eric Chen, DDS, et al*

### TABLE CLINICS

#### 1st Place:

"Reducing Complications Related to the Screw-in Implant Prosthesis Installation"

*Emil L.A Svoboda, PhD, DDS*

#### 2nd Place:

"Use of Autologous Cultured Osteoblast Cells to Graft Deficient Implant Sites"

*Savio Lourenco, BDS, et al*

#### 3rd Place:

"Surface Characterization of titanium healing abutments: Investigation of Surface Properties Before and After Implantation"

*Sutton E. Wheelis, BS, et al*

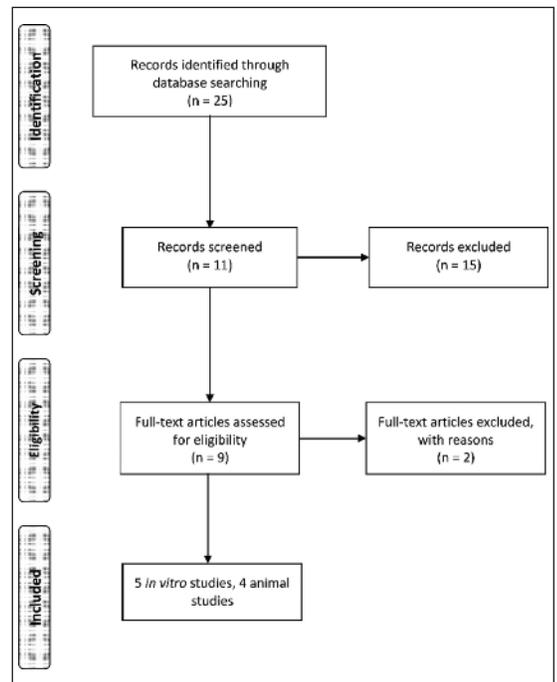


*Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the Journal of Oral Implantology. In this section of AAID News, we selected a few articles that have broad applicability to the daily practice, and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 42, Issue 6 (December 2016).*

**LITERATURE REVIEW**

**Bioactivity and Osseointegration of PEEK Are Inferior to Those of Titanium: A Systematic Review**

Polyetheretherketone (PEEK) has been suggested as an alternative to replace titanium as a dental implant material. However, PEEK's bioactivity and osseointegration are debatable. This review has systematically analyzed studies that have compared PEEK (or PEEK-based) implants with titanium implants so that its feasibility as a possible replacement for titanium can be determined. The focused question was: "Are the bioactivity and osseointegration of PEEK implants comparable to or better than titanium implants?" Using the key words "dental implant," "implant," "polyetheretherketone," "PEEK," and "titanium" in various combina-



tions, the following databases were searched electronically: PubMed/MEDLINE, Embase, Google Scholar, ISI Web of Knowledge, and Cochrane Database. 5 in vitro and 4 animal studies were included in the review. In 4 out of 5 in vitro studies, titanium exhibited more cellular proliferation, angiogenesis, osteoblast maturation, and osteogenesis compared to PEEK; one in vitro study observed comparable outcomes regardless of the implant material. In all animal studies, uncoated and coated titanium exhibited a more osteogenic behavior than did uncoated PEEK, while comparable bone-implant contact was observed in HA-coated PEEK and coated titanium implants. Unmodified PEEK is less osseointegrative and bioactive than titanium. Furthermore, the majority of studies had multiple sources of bias; hence, in its unmodified form, PEEK is unsuitable to be used as dental implant. Significantly more research and long-term trials must focus on improving the bioactivity of PEEK before it can be used as dental implant. More comparative animal and clinical studies are warranted to ascertain the potential of PEEK as a viable alternative to titanium.

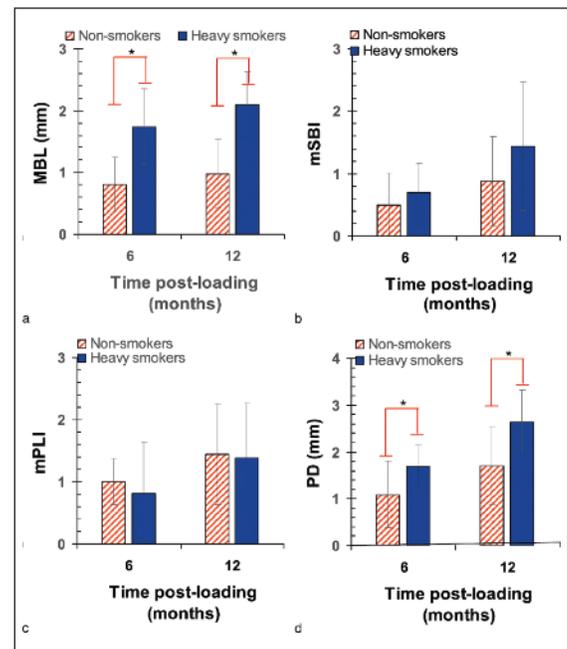
Shariq Najeeb, Zohaib Khurshid BDS, Sana Zohaib BDS, Muhammad Sohail Zafar BDS, Bioactivity and Osseointegration of PEEK Are Inferior to Those of Titanium: A Systematic Review, *Journal of Oral Implantology*. 2016;42(6):512-516.

## CLINICAL

### Effect of Heavy Smoking on Dental Implants Placed in Male Patients Posterior Mandibles: A Prospective Clinical Study

Forty-five ITI Straumann dental implants were placed into the partially edentulous posterior mandibles of 16 heavy smokers and 16 nonsmokers. All implants achieved osseointegration without complications at least by the end of the 12th week postsurgery. At 6 or 12 months postloading, the MBL and PD were significantly higher in heavy smokers than in nonsmokers, whereas the mSBI and mPLI did not differ significantly between the 2 groups. The one-year cumulative success rate of implants was 100% for both groups. Within the limitations of the present clinical study (such as small sample size and short study duration), which applied the loading at three months postoperation, heavy smoking did not affect the cumulative survival rate of dental implants placed at the posterior mandible in male patients, but heavy smoking did negatively affect bone healing around dental implants by decreasing the healing speed.

Cong Sun, Jinxiu Zhao, Chen Jianghao, Tao Hong, Effect of Heavy Smoking on Dental Implants Placed in Male Patients Posterior Mandibles: A Prospective Clinical Study, *Journal of Oral Implantology*. 2016;42(6):477-483.

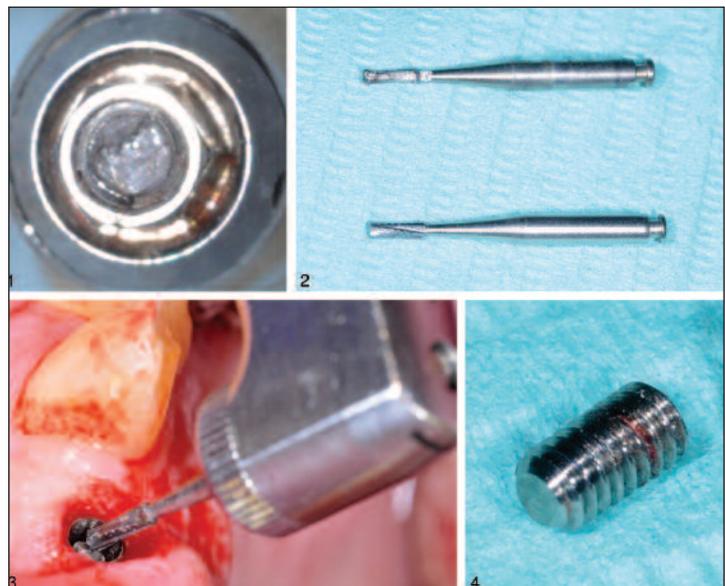


## CASE LETTERS

### Management of a Fractured Implant Abutment Screw

Abutment screw fracture is a rare event, occurring less than 0.5%. Nonetheless, when a fracture occurs, it is very disturbing for the clinician. A fractured abutment screw may occur when the prosthesis is under functional cyclic loading. The abutment screw may be overloaded and fracture, leaving the abutment and coronal screw fragment inside the abutment/crown and the apical fragment in the fixture itself. The author presents cases and detailed information on his approach to retrieving and replacing a fractured abutment screw, which is summarized as follows:

The fragment retained in the fixture can be retrieved with a festooned #557 latch slow-speed burr set in reverse torque. Once the fragment is loosened and advanced coronally, a clockwise-turning #33 1/3 burr is touched to the fragment side to completely remove it. Care is taken not to scar the fixture walls. The cemented abutment and crown can be salvaged by heating the crown/coronal screw fragment to 1000°C for 20 minutes. Upon cooling, the crown and abutment can then be separated. A new abutment screw can be used to secure the repolished abutment. The patient's diet, occlusal scheme, and maximal bite force should be assessed for overload. The new abutment/screw is torqued into the fixture and the crown occlusally adjusted and recemented for normal functioning. Fractured abutments of overdenture retainers can be treated in the same fashion. Assessment and correction of the occlusal scheme is important.



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Dennis Flanagan, Management of a Fractured Implant Abutment Screw, *Journal of Oral Implantology*. 2016;42(6):508-511.

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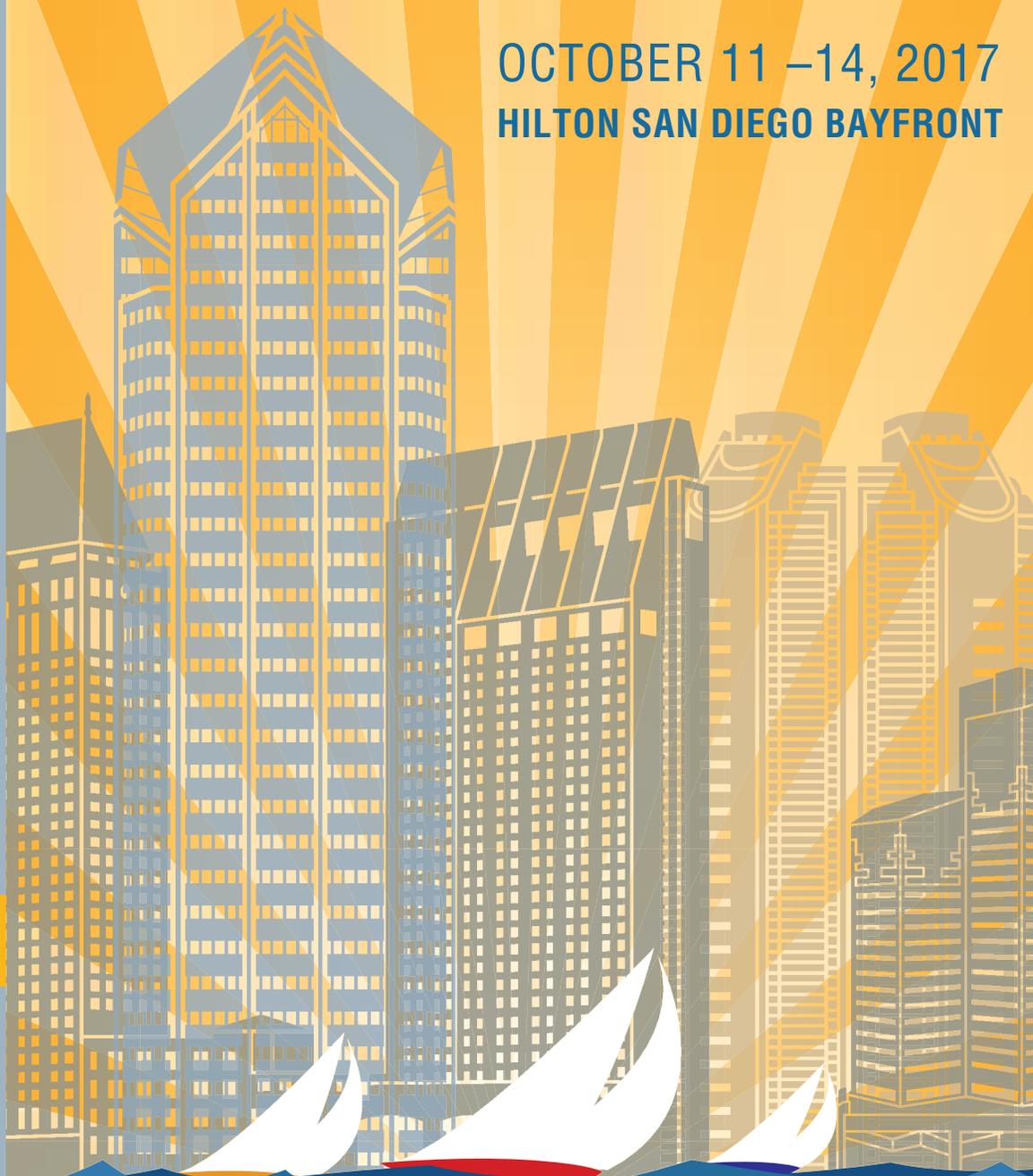


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# IMPLANT DENTISTRY

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# IMPLANT DENTISTRY

## A Sunny Outlook



### SPECIAL RATES AVAILABLE UNTIL "MARCH MANIA 2017" - March 31, 2017

A separate registration form must be completed for each attendee, including office staff, spouse, family members and guests. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing.

**CONTACT INFORMATION (Please write legibly.)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

NPI#: \_\_\_\_\_ Badge Name: \_\_\_\_\_

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

Dietary Restrictions \_\_\_\_\_

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

**Meeting Registration**

	By 3/31/17	By 9/12/17	After 9/12/17
<input type="checkbox"/> AAID Associate Fellow/Fellow/Diplomate*	\$1045	\$ 1145	\$1245
<input type="checkbox"/> AAID General Member*	\$1095	\$ 1195	\$1295
<input type="checkbox"/> AGD or AACD Member*	\$1095	\$ 1195	\$1295
AGD or AACD Member # required			
<input type="checkbox"/> NonMember PLUS! Dentist *	\$1245	\$1345	N/A
[2017 AAID Membership PLUS Registration]			
<input type="checkbox"/> Nonmember*	\$1445	\$1545	\$1645
<input type="checkbox"/> Recent Dental School Graduate (2016)	\$ 595	\$ 595	\$ 595
<input type="checkbox"/> Technician	\$ 395	\$ 395	\$ 445
<input type="checkbox"/> Life & Retired Member	\$ 295	\$ 295	\$ 295
<input type="checkbox"/> Office Staff	\$ 395	\$ 395	\$ 445
Doctor's Name _____			
<input type="checkbox"/> Student	\$ 150	\$ 150	\$ 150
<input type="checkbox"/> Spouse Name _____	\$ 295	\$ 295	\$ 295
<input type="checkbox"/> Guest Name _____	\$ 295	\$ 295	\$ 295

\* Includes one (1) President's Celebration ticket

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Amount enclosed or to be charged \$ \_\_\_\_\_

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

Or register online at [www.aid.com](http://www.aid.com). Or you may fax your form to 312.335.9090.  
American Academy of Implant Dentistry  
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P: 312.335.1550 or 877.335.AAID

**All refunds are subject to a \$50 administrative fee regardless of when requested or the reason.** Requests for refunds must be made in writing and received by September 19, 2017 for a full refund (less the \$50 administrative fee). Between September 20, 2017 and September 26, 2017, a 50% refund (less the \$50 administrative fee) will be given. **Due to advance commitments to the hotel, no refunds will be made after September 26, 2017.**



American Academy of Implant Dentistry is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of Dentistry. American Academy of Implant Dentistry designates this activity for 20 continuing education credits.



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## PRESIDENT'S MESSAGE



Shankar Iyer, DDS, MDS,  
FAAID, DBAOI/ID

# Inaugural Address presented October 29, 2016, at 65th Annual Business Meeting

It is an exhilarating feeling—25 years ago, almost to the day, I attended my first AAID Annual Conference. It was held in Chicago. At the time, I wasn't even a member of the Academy. Rather I was the In-office Resident/Research Fellow for the late **Dr. Charles Weiss** in New York City. Hailing from a conservative south Indian city of Chennai, it was a big culture shock for me coming to New York.

maximum amount allowed by India law at that time. I worked two jobs during the day and went to the night school at NYU. With a miserly stipend of \$200 per week and sharing a room with two roommates, skipping lunch and walking the streets of NYC instead of the subways so that I could save some money to send gifts to my parents was indeed an epiphany. While in school, I still continued to attend our Annual Conferences because I knew that's where my destination was going to be. I couldn't afford to pay for the registration fee, so I volunteered to staff the exhibit booth for an implant manufacturing company.

I was feeling sorry for myself and others. Take Bob Salvin, for instance. His own modest beginnings were two glass display cases. Look where he is now. This is what success means when you get involved in the Academy. The convictions and belief systems in the Academy were much more animated than the current presidential debates. I have been privy to "locker room banters" when it came to whose technique was superior.

I recall when I was inducted into the Academy as an Associate Fellow, the late **Dr. Carl Misch** was at the podium. I could never have imagined that I too would stand at the podium as president of AAID. The thought gives me pause. How can I follow in the footsteps of such greatness and lead this outstanding organization?

...implant dentistry will become a specialty and eventually each state will recognize our credentials.

The Academy has always been about mentoring. I was privileged to have been mentored during the first year by some of the best in our profession. **Drs. Leonard Linkow, Norman Cranin, Duke Heller, Bob Buhite**, and of course Dr. Weiss. These men gave me the hope that I could make it in America. The camaraderie and passion that prevailed within the Academy, and my love for implant dentistry made me want to push myself to become associated with AAID at any cost.

I came to this country with \$500—the

I have been privileged to have many in the Academy who have graciously shared their knowledge of implant dentistry with me. They have also shared their understanding of leadership and the inner workings of the AAID. I learned a lot from them. I continue to turn to **Dr. Tom Chess**—the very first president of our Academy that I encountered. Even today he makes the floor shudder. He may be fondly referred to as the leader of the old guard, but his convictions and principles are evergreen. Just a few others: the elegantly persuasive **Emile Martin**, the public spirited **Kim Gowey**, the dauntless **Fran Ducoin**, the altruistic **Lenny Machi**, the fiery **Frank Recker**, the brother from another mother **Bill Loconte**, the canny **Nick Caplanis**, the erudite **Jaime Lozada** and **John Da Silva**, the bold **Berne Dunson**, the dynamite **Natalie Wong**, the prolific **David Hochberg**, **Dennis Flanagan**, **Shane Samy**, **Rod Stewart**, my confidant and friend **Frank Lamar**, the genuine **Larry Bush**, and my newest hero **Richard Mercurio**.

To be a leader, one has to be assertive. I am indebted to **John Minichetti** who taught me to make some noise. It has been a pleasure to work with him on the Board of Trustees. We shared some great times on the Board. I am fortunate to call him my dear friend. I am grateful for the collective input of the Board of Trustees. These wonderful people have made my path to this leadership easier to navigate and I shall be ever grateful for their wisdom.

I worked with many while serving on the Board of Trustees over the previous five years. We collectively crafted the most recent strategic plan for the Academy. They are working hard to represent your interest and bring to the Academy various talents. Many of the objectives we set as priorities are well on their way to being accomplished.

On so many levels, the Academy is the leading organization in implant dentistry in the United States. As we look to the future, I foresee the Academy leveraging our position to become a stronger player in organized dentistry.

As the leader in implant dentistry, the AAID is the proper organization to write the standards for implant dentistry residency programs here and around the world. We have plans to take on that task with the near term goal to have CODA adopt those standards for recognition.

In my opinion, there is little doubt that implant dentistry will become a specialty and eventually each state will recognize our credentials. The recent hallmark vote by the ADA House of Delegates passed Resolution 65 that has now changed the entire equation. When I was preparing this speech, I thought we would have about ten states recognize our credentials by this time next year. Now I am confident that more than half of the United States' boards will begin rewriting the board regulations to recognize us as the leaders in implant dentistry. The process has begun

and we will soon report to you about the progress in *AAID News*. My bigger hope is to have the world recognize our credentials as the standard for the specialty of implant dentistry.

One of the crown jewels of the Academy is our MaxiCourse®, created by **Terry Reynolds**, who passed away just a couple of months ago. When I started the MaxiCourse® in India, we just had two in the United States. Now we have grown to 17 MaxiCourses® worldwide. My vision is that by next year, we will be able to say that there is a MaxiCourse® on every populated continent. We are well on our way. With the addition of our two newest MaxiCourses® in Malta and Egypt, we are left with only South America and Australia to achieve our goal. Thereafter, I would like to see us continue to expand in Europe much like we did in Asia.

MaxiCourses® are one of the best ways for dentists to learn what it means to be an implant dentist. It goes well beyond learning the skills. Meeting other dentists who are seeking knowledge about implants, creating relationships that often last a lifetime are so valuable, both professionally and personally.

To me, earning an AAID credential is a badge of prestige and pride. The credentials are evidence that we have the knowledge, training, and experience to provide our patients with the best possible dental implant treatment. It also earns the confidence of our patients. Being a part of the Academy provides support and mutual respect from colleagues. Be proud of your credentials. When I became a Fellow of the Academy, I was in the graduate program in prosthodontics and my program director prohibited me from announcing this to any of our faculty since surgery was anathema in prosthodontics. I ended up writing the surgical protocol for NYU prosthodontics program in 2008. Surreptitiously I went on to perform surgery in my own practice while I was in the program. The whole scenario has changed now. I am now teaching in the department of perio at Rutgers to teach residents to fabricate provisionals and the prosthodontics residents to place implants.

Congratulations to all our new credentialed members on accomplishing this momentous achievement.

As I look out at our newly inducted credentialed members, I see many who I know from our MaxiCourses®. I have found over the years that often we learn more from you than we think we are teaching to you. Each day, you make me a better educator. I encourage you to continue learning and sharing. Maintain those relationships that you made at a MaxiCourse® and through your Academy. Become involved in your Academy. I can say with a degree of certainty to paraphrase what JFK said—you can always ask what the Academy can do for you!! We will never ask what you can

[see President's Message p. 66](#)

## Las Vegas AAID MaxiCourse®



At the 2007 AAID Annual Conference in Las Vegas, Nevada, **John Minichetti, DMD, FAAID, DABOI/ID**, Past President of the AAID, and **Shankar Iyer, DMD, MDS, FAAID, DABOI/ID**, current President of the AAID, made a site visit to the newly constructed University of Nevada Las Vegas, School of Dental Medicine. They envisioned conducting a quality, comprehensive, implant education at this state-of-the-art facility. The Las Vegas AAID MaxiCourse® in implant dentistry was launched.

Dr. Minichetti, the Director, who has been teaching implant dentistry for over 30 years and conducting a year-long continuum implant mini-residency for over 12 years at his Dental Implant Learning Center, recalls, "When thinking about the possibility of starting a MaxiCourse® in Las Vegas, I couldn't have been more excited — the facility and location were ideal. We could offer hands-on surgical training, the latest technology in state-of-the-art facilities, and a destination that would attract the top experts in the field as instructors.

Although it was a big commitment, I knew this would be a great opportunity to build a world class program for the AAID and provide interested dentists a chance to assimilate implantology into their practices. My students have told me for years, it is one thing to listen to a lecture — it's an entirely different thing to learn by doing."

With just 18 doctors in its first class, the satisfaction and success of the graduates has spread, and after only five years, the program has grown to a record 83 participants! Dr. Minichetti says "We believe that the value of this course is due to the arrangement of the modules, excellence of the speakers, and the practical topics that we cover. The hands-on experience the students gain is exceptional. They leave with the skills and confidence they need to incorporate implantology into their practices."

Participants practice implant placement on desk top models, bone graft on models, and perform surgical simulation on mannequins, suture on pig



Personal instruction is a hallmark of MaxiCourses®.



MaxiCourse® participants await instructions at a hands-on session.

jaws, and bone graft with implants on cadavers.

Besides the minimum 300 hours of MaxiCourse® participation, students have the opportunity to perform live surgery on patients. The Las Vegas AAID MaxiCourse® currently conducts three-day live surgical programs where participants perform implant surgery, bone grafting, bone manipulation, sinus grafting, and immediate implant placement under the supervision of Dr. Minichetti, Dr. Iyer and other faculty. These programs are currently offered in Cancun, Mexico and Englewood, New Jersey.

Students are academically well prepared to challenge the AAID Associate Fellow examination. Las Vegas AAID MaxiCourse® is proud to tout that its graduates had a 100% pass rate on the Part I AAID Associate Fellow written examination over the past four years. Completion of this program and passing the AAID written exam prepares our participants to become an Affiliate Associate Fellow of the AAID. Many of the participants have gone on to achieve credentialing status as Associate Fellows and a few will be challenging the American Board of Oral Implantology/Implant Dentistry this year. Eight module sessions, webinar learning, and reading assignments are all part of the program.

Besides the didactic and hands-on clinical training, a great camaraderie is formed within each class. Students from previous years have come to audit subsequent session, and to present cases and topics. The Las Vegas AAID MaxiCourse® is unique with its pro-rated tuition system for students and recent graduates. This allows



Dr. Minichetti shows MaxiCourse® participants how to perform a procedure.

young clinicians to get a step ahead of their colleagues in understanding the diagnosis, treatment planning, and techniques for simple and comprehensive implant/reconstructive dentistry. This year, approximately 20 dental students and 25 recently graduated dentists make up the 2016-2017 class of 83.

According to Dr. Minichetti, “The AAID MaxiCourse® has been such a great learning experience for so many and what better place to work hard while having lots of fun than Las Vegas.”

To find out more information about upcoming Las Vegas AAID MaxiCourse®, call The Dental Implant Learning Center at 866.586.0521 or visit their website at [www.aid-vegasmxcourse.org](http://www.aid-vegasmxcourse.org).

## 2016 AUCTION PARTICIPANTS

The AAID Foundation raised over \$85,000 at its auction held during AAID's 2016 Annual Educational Conference in New Orleans in October.

The Foundation thanks the following individuals and organizations that donated items for the auction.

### Donated Educational Courses & Study Club

ABOI/ID

Georgia MaxiCourse:

**Douglas Clepper, DMD** & Michael Pruett, DMD

Las Vegas MaxiCourse & Dental Implant

Learning Center: **John Minichetti, DMD**

Loma Linda University

MaxiCourse: **Jaime Lozada, DMD**

Oregon MaxiCourse:

**S. Shane Samy, DMD**

Pikos Institute: **Michael**

**Pikos, DDS**

Asia MaxiCourse:

**Shankar Iyer, DDS, MDS**

TexMax Implant

MaxiCourse: **Jay**

**Elliott, DDS**

Ti-Max Institute: **George**

**Arvanitis, DDS &**

**Roderick Stewart, DDS**

Vancouver MaxiCourse:

**William Liang, DMD**

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Salvin Dental Specialties

Straumann

Tatum Surgical

Unicare Biomedical

### Donated Photography, Luxurious Vacations

Hilton San Diego Bayfront

Sea Glass Fine Art

Photography

Winspire

## SUMMARY OF ACTIONS TAKEN BY BOARD OF TRUSTEES

October 25, 2016, New Orleans, Louisiana

- **EXTENDED CONTRACT** with **Dr. James Rutkowski** to remain the Editor-in-Chief of Journal of Oral Implantology for the next five years
- **ACCEPTED** the 2016-2017 Committee rosters as presented
- **APPROVED CO-SPONSORSHIP** of the CAPP Asia CAD/CAM conference August 19-20, 2017 and the 2018 WCOI conference in November 2018
- **AUTHORIZED CORRESPONDENCE** to each of the state dental boards outlining our progress and offering assistance in the development of a revised regulation
- **ELECTED Dr. Ki Deog Park** as a Fellow of AAID
- **ADOPTED** the 2017 budget as presented with a revised budget to be presented in February, 2017
- **AUTHORIZED** expenses for the transition to a new executive director
- **APPOINTED Dr. Richard Mercurio** as the official liaison between AAID and American Board of Dental Specialties
- **SUPPORTED** Canadian Academy of Implant Dentistry in their suit in British Columbia

## OBITUARIES



**Donald Masters, DDS,** San Antonio, TX — Past President and Fellow (Life Member)



**Carl Misch, DDS, MDS, PhD (hc),** Beverly Hills, MI — Past President and Fellow (Life Member)

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## 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 August 10, 2016 and January 6, 2017.

Thank you Jerry Stahl, DMD, from Fair Lawn, NJ, for referring nine colleagues to the Academy.

Thank you for Rizwan Ameer from Jeddah, Saudi Arabia for referring four colleagues to the Academy.

Thank you Michael Wehrle, DDS, from Hurst, TX, for referring three colleagues to the Academy.

Thank you for referring a colleague to the Academy:

**Bill Anderson, DDS**, from Findlay, OH

**John Collier, DDS**, from Oxford, MS

**Jay Elliott, DDS**, from Houston, TX

Ben Grieve, Dental Implant Institute of Las Vegas, from Las Vegas, NV

Kyle Hale, DDS, from Houston, TX

**John Hargreaves, DDS**, from Denver, CO

**Olinga Hargreaves, DDS**, from Denver, CO

Luke Jordan, DDS, from New Iberia, CA

**Joseph Leonetti, DMD**, from Paoli, PA

**Charles Mandell, DDS**, from Hollywood, FL

**Dr. Robert Miller, DDS**, from Delray Beach, FL

**M. Ali Mostafavi, BDS, DDS**, from Rochester, NY

Paresh Patel, DDS, from Lenoir, NC

Mohamad Qoseibati, from Riyadh, Saudi Arabia

**James Rutkowski, DMD, PhD**, from Clarion, PA

Robert Stanley, DDS, from Cary, NC

**Vincent Vella, DDS**, from Rochester, NY

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 2017 AAID membership dues- up to a \$600 value.

If you would like to request membership applications to share with colleagues, contact the Headquarters office at [info@aaid.com](mailto:info@aaid.com) or by phone at 312-335-1550.

## Congratulations to Michael Wehrle, DDS

Dr. Michael Wehrle of Hurst, Texas won a drawing for the free 2017 AAID membership dues. He was selected in the drawing of those who referred a new member to the Academy between November 1, 2015 and October 31, 2016. Any member who refers a new member is entered into the annual drawing. The more referrals you make, the more entries you receive.



## UPCOMING KEY AAID DATES

APRIL 2017

**7-8 MINIMALLY-INVASIVE IMPLANT DENTISTRY: LESS IS MORE**  
*Omni William Penn, Pittsburgh, PA*

JUNE 2017

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

## AAID MEMBERS IN THE NEWS

**Les Kalman, DDS, AFAAID**, was



awarded the Alumni of Distinction Award at Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada because of the help he has given to less fortunate patients through the Dental Outreach Community Services program.



**David Hochberg, DDS, FAAID, DABOI/ID**, was the subject of an interview in Glidewell's Chairsides Magazine on

the subject of "My First Dental Implant."

**Shankar Iyer, DDS, MDS, FAAID, DABOI/ID**, and **Edward Kusek, DDS, FAAID, DABOI/ID**,



will be featured speakers at the Academy of Laser Dentistry's Peri-Implantitis Tract "Let's Find a



Common Protocol to Treat Consistently," at ALD's 2017 Annual Conference. It will be held April 6 - 8, 2017, in

Tucson, Arizona. More information can be found at [www.laserdentistry.org](http://www.laserdentistry.org).



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

OCTOBER 2017

**11-14 66<sup>TH</sup> ANNUAL IMPLANT DENTISTRY EDUCATION CONFERENCE**  
*Hilton San Diego Bayfront, San Diego, CA*

APRIL 2018

**20-21 WESTERN DISTRICT MEETING**  
*Newport Beach, CA*

# American Academy of Implant Dentistry Seeks New Executive Director

**Editor's Note:** Effective January 1, 2017, AAID's new Executive Director is J. Vincent Shuck. He is no stranger to the Academy, having served as Executive Director for over 15 years. He retired at the end of 2007 and has spent the last nine years in Yelm, Washington with his wife, **Dr. Lee Anne Campbell**, an Associate Fellow of the Academy. Vincent expects to be on the job at the Chicago Headquarters for approximately six months. During that time, he will help conduct the search for a permanent executive director, while also working with Headquarters' staff to continue the high level of service that members have come to expect. If any reader of AAID News knows of someone who is qualified and interested in the Executive Director position, following is the job announcement and instructions for applying.



## Overview

The American Academy of Implant Dentistry, representing dental health care professionals, seeks a new Executive Director. The Academy is a world-wide professional association based in Chicago and during its 66 year history is recognized as the premier organization for dental implant professionals, has benefited from exceptional financial stewardship and has influenced the dental health care marketplace.

The Executive Director reports to the President and the Board of Trustees and has the overall responsibility for the administration and management of the 6,000 member professional organization. The Executive Director supervises a staff of 10 and manages an annual budget of \$3.8M.

## Qualifications

Candidates should have a proven record of leadership in the membership association community or related field and have knowledge of all aspects of organizational management. The next Executive Director will possess a strong business and financial acumen; have an enlightened outlook on membership recruitment, experience in developing collaborative relationships and an entrepreneurial focus on expanding dental health care marketing. A Bachelor's degree is required and a relevant Master's degree is preferred. Recognized credentials in the association management field desired.

## Personal Characteristics

The ideal candidate will have proven experience with and be able to demonstrate her/his ability in the following areas:

- Authenticity — realistic, genuine and reliable virtues that earn respect.
- Conviction — believes in working on and for the Academy's mission.
- Leadership — strong work ethic, able to make decisive choices and support recommendations/positions with logic and facts; leads the Board with exceptional background information and guidance.
- Loyalty — understands and can express directions to support or alter plans to accomplish goals.
- Communicator — strong writer and public speaker as well as a good listener.
- Ambassador — energetically represents the Academy and enjoys serving as the face of the Academy.



AMERICAN ACADEMY  
OF IMPLANT DENTISTRY

## Duties and Responsibilities

- Overall management of the Headquarters Office.
- Oversees the annual budget, financial records and the expenditure of funds.
- Directs the strategies for addressing the Academy's mission and oversees the planning, implementation and evaluation of programs, activities and services.
- Explores and examines changing philosophies in the dental profession.
- Represents the Academy with other organizations.
- Recruits, hires, mentors and evaluates executive staff.
- Oversees membership recruitment, membership services and recommends changes or adaptations.
- Administers the planning, implementation, execution and evaluation of all publications, marketing and public relations activities.
- Plans and coordinates the annual educational meeting.
- Assists in the administration of the continuing education courses and the Academy's credentialing/testing programs.
- Stimulates effective and functional communications with AAID leaders.

## Supplemental Information and Application Process

The Academy offers a competitive salary and an excellent benefits package. To warrant consideration, please electronically submit a cover letter with salary requirements and resumé to: AAID Search Committee, c/o jvshuck@aaid.com.

# Education and Beignets highlights of AAID Annual Conference

More than 1,500 attendees enjoyed beignets and learned the latest about implant dentistry at AAID's 65th Annual Educational Conference in New Orleans, Louisiana last October.

Dr. Leonard Bailey's keynote addresses inspired attendees as he related his life-long experiences with infant heart transplants. Dr. Ed Zuckerberg closed the conference with

tips on how to leverage social media for the benefit of patients and the practice. In between, attendees heard from more than 60 different world-class experts in implant dentistry.

Hands-on workshops, including a full-day course using cadaver heads, allowed attendees to learn hard and soft tissue grafting techniques. A post-conference course on microsurgical

principles provided even more learning by doing.

Beignets, bread pudding, jambalaya, étouffée and more were enjoyed over the three and one-half days of the Conference.

Next year's Annual Conference will be held in San Diego, October 11 – 14, 2017. More information and registration links are available on AAID's website.



Attendees were interested in visiting the 130 different exhibitors.



Hands-on courses were favorites at the Annual Conference.



Fun abounded at the President's Celebration.



Doctors learned by doing at AAID's full day cadaver course.



Dr. Jason Kim celebrated his new Honored Fellow status.



Dr. Art Molzan thanked the Academy for his Aaron Gerchhoff/Norman Goldberg Award.



Hands-on courses took many forms.



A full house of doctors listened intently to Main Podium programs.



Personalized instruction was one of the benefits of hands-on programs.



Attendees wanted to know what the exhibitors had to offer.



Attendees put on their finest attire for the President's Celebration.



Table clinics presented an excellent way to learn.



AAID staff let their hair down at the end of the President's Celebration.

# #1 Implant Learning + #1 Food City = Pittsburgh

Your appetite for outstanding implant dentistry education and tasty dining can be satisfied in one place — AAID's Northeast and Southern District Meeting in Pittsburgh, Pennsylvania, April 8 – 9, 2017.

Named the nation's #1 Food City by *Zagat*, Pittsburgh was also named one of the "Best Places to Travel in 2016" by *Travel + Leisure*. You are able to enjoy yourself while earning 11 hours of implant-specific continuing education credits and learn about "Minimally-Invasive Implant Dentistry: Less is More."

**Programs and presenters include:**

**Biologics and Protein Growth Factors: Behind the Bioscience**

James R. Rutkowski, DMD, PhD,  
FAAID, DABOI/ID

**The Use of Biologic Growth Factors (PRF, CGF, AFG) to Enhance Clinical Predictability with Minimally Invasive Surgery**

Jason Kim, DDS, FAAID, DABOI/ID

**Crestal Sinus Approach: A Hammerless Solution to the Indirect Sinus Lift**

Isaac Tawil, DDS

**Time as the 4th Dimension in Implant Dentistry**

Gilbert Tremblay, DDS, FAAID,  
DABOI/ID

**Full-Arch Implant Restorations**

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Laboratories  
Randolph Resnik, DMD, MDS,  
DABOI/ID

**Reducing Chairtime in Implant Dentistry: Tips and Tricks from Over Two Decades of Profitability**

George Arvanitis, DDS, FAAID,  
DABOI/ID



Omni William Penn Hotel in Pittsburgh, PA.

**Best Practices for Working with Soft Tissues in Implant Therapy**

James E. Ference, DMD, MBA,  
AFAAID, DABOI/ID

**Improving Implant Patient Care with Optimal Imaging Modality: Has 3D Imaging Replaced 2D Radiographs?**

Joanne Éthier, DMD, MBA, Cert.  
OMFR, MS

**Soft Tissue Considerations for Implant Dentistry**

John Minichetti, DMD, FAAID,  
DABOI/ID

**Guided Surgery & Guided Prosthetics: An Alternative to Advanced Grafting Procedures**

Natalie Wong, DDS, FAAID,  
DABOI/ID

**Edentulous Guides and the Dual Scan Protocol for Efficiency and Accuracy**

Justin Moody, DDS, FAAID,  
DABOI/ID

In addition, attendees can choose to attend optional hands-on workshops: (Additional fee required)

**Tie One On: A Suturing Workshop**

Richard Grubb, DDS, FAAID,  
DABOI/ID

**Full-Arch Implant Solutions from Overdentures to Fixed Ceramics**

Sponsored by Glidewell  
Laboratories  
Jack Hahn, DDS, FAAID, DABOI/ID  
Paresh B. Patel, DDS

The Northeast and Southern Districts will also honor **Dr. Burton E. Balkin** of Philadelphia,

Pennsylvania with a Lifetime Achievement Award and a dinner in his honor on Friday, April 7, 2017.





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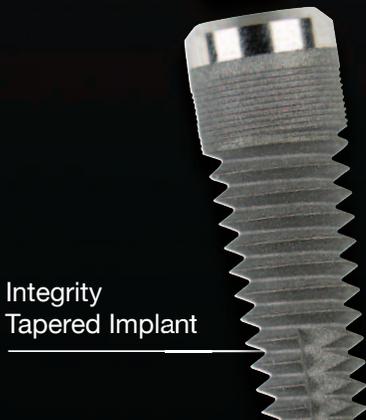
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# 2016 Associate Fellows



**Sam Akhrass, DDS**, Lenoir City, TN received his dental degree from the University of Tennessee in 2003 and completed the 2014 AAID/Georgia MaxiCourse®.



**Dr. Abdulkareem Abdullah Alhumaidan**, Loma Linda, CA received his dental degree in 2009 from King Faisal University in Saudi Arabia and is a 2016 graduate of the advanced Education in Implant Dentistry program at Loma Linda University.



**Jeffrey Glen Allred, DDS**, San Marcos, CA received his dental degree from the Virginia Commonwealth University in 2008 and completed the 2014 AAID/Loma Linda MaxiCourse®.



**Syed Khalid Altaf, BDS, MDS**, Bangalore, Karnataka, India received his dental degree from M.S. Ramaiah Dental College in 2000 and completed the 2013 AAID/Asia MaxiCourse®.



**Dr. Zahraa Tariq Al Jubori**, Abu Dhabi, United Arab Emirates received her dental degree from Baghdad University in 1999 and completed the 2011 AAID/Asia MaxiCourse®.



**Mouhmad Bashar Abdullah Alkabbani, DDS**, Madinah, Saudi Arabia received his dental degree from Damascus University in 1994 and completed the 2014 AAID/Asia MaxiCourse®.



**Dr. Hamad Saleh Alrumaih**, Loma Linda, CA received his dental degree in 2010 from the University of Damman, Saudi Arabia and completed the Implant Fellowship program at Loma Linda in 2016.



**Mohamed Akmal Ariff, BDS**, Bangalore, Karnataka, India received his dental degree from Bangalore College in 1994 and completed the 2012 AAID/Asia MaxiCourse®.



**Bader Sulaiman Albader, DDS**, Loma Linda, CA received his dental degree from King Faisal University in Saudi Arabia. He is a 2016 graduate of the advanced Education in Implant Dentistry program at Loma Linda University.



**Mohammed Burhan Aref AlKhatib, DDS**, Al Madinah, Saudi Arabia received his dental degree from Damascus University in 1979 and completed the 2014 AAID/Asia MaxiCourse®.



**Sharif Alsabbagh, DDS**, London, ON, Canada received his dental degree from Western Ontario University in 2013 and completed the 2014 AAID/Toronto MaxiCourse®.



**Mohammed Zafrullah Baig, DMD**, Tallahassee, FL received his dental degree from NOVA Southeastern University and completed the 2013 AAID/Georgia MaxiCourse®.

# Be Prepared!

The American Dental Association (ADA) has recently passed guidelines recommending the use of capnography for monitoring patients under mild to moderate sedation.<sup>1</sup> Evidence shows that capnography with standard monitoring improved the sensitivity of detecting adverse respiratory events and reduces the risk of hypoxemia during moderate sedation compared with standard monitoring alone.<sup>2</sup>



**Capnography can be an essential monitor for patient safety during mild, moderate and deep sedation.**



A capnograph monitors a patient's respiration rate and EtCO<sub>2</sub> levels to provide the earliest indicator of an adverse breathing event. Many dentists already recognize the importance of using capnography to monitor their sedated patients who, in some cases, may experience depressed breathing.

Multiple studies have shown that the EtCO<sub>2</sub> measurement from a capnograph provides information regarding patient ventilation issues earlier than other monitoring modalities such as pulse oximetry and visual monitoring.<sup>3,4</sup>

Nonin Medical's RespSense® and LifeSense® Capnography Monitors provide continuous and reliable monitoring to help identify potentially life-threatening respiration rate and ventilation status changes during dental and oral surgery on sedated patients.

## Learn More

- Review the white papers, articles and case studies
- Read the Guidelines
- Learn about Nonin capnography for sedation dentistry and oral surgery
- Purchase a Nonin RespSense or LifeSense Capnography Monitor

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Contact Your Nonin Medical Representative:



1. American Dental Association®, Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. Adopted by the ADA House of Delegates, October 2016.  
2. Risks and Benefits of Using Capnography In Dental Patients Undergoing Moderate Sedation. Council on Dental Education and Licensure. [www.ada.org](http://www.ada.org).  
3. Anderson JA, Clark PJ, Kafer ER. Use of capnography and transcutaneous oxygen monitoring during outpatient general anesthesia for oral surgery. *J Oral Maxillofac Surg.* 1987;45:3-10.  
4. Lightdale JR, Goldmann DA, Feldman HA, Newburg AR, DiNardo JA, Fox VL. Microstream capnography improves patient monitoring during moderate sedation: a randomized, controlled trial. *Pediatrics.* 2006;117(6):e1170-1178.



**Nicholas Edward Baker, DMD,** Bloomington, IL received his dental degree from Southern Illinois University in 2008 and completed the 2012 AAID/Georgia MaxiCourse®.



**Raghad Michel Bashour, DDS,** Dubai, United Arab Emirates received his dental degree from Ajman University in 2010 and completed the 2013 AAID/Asia MaxiCourse®.



**Jose Luis Beltran, DMD, MD,** Temple Terrace, FL received his dental degree from Harvard University in 2003 and his doctorate degree from the University of Texas in 2008. He completed the 2014 AAID/New Jersey MaxiCourse®.



**Dr. Aditya Sanjay Bhawsar,** Loma Linda, CA received his dental degree in 2010 from M.G.V. Dental College and Hospital in Nashik, India. Dr. Bhawsar also received his Masters in Dental Sciences in 2014 from Rutgers University and completed the Implant Fellowship Program at Loma Linda University in 2016.



**Darrel Lee Bischoff, DDS,** Peoria, AZ received his dental degree from the University of Loma Linda in 1983 and completed the 2015 AAID/Las Vegas MaxiCourse®.



**Mohamed Wagdy Bissar, BDS, MSC,** Cairo, Egypt received his dental degree from Ain Shams University, Faculty of Dentistry in 2014.



**Charles Ashley Clayton, DDS,** Nashville, TN received his dental degree in 2004 from the University of Tennessee.



**Gregory Allen Cyra, DDS,** Minocqua, WI received his dental degree from Marquette University in 1978 and completed the 2010 AAID/Puerto Rico MaxiCourse®.



**Shraddha Anand Date, BDS,** Pune, Maharashtra, India received her dental degree from Bharati Vidyapeeth in 1996 and completed the 2012 AAID/Asia MaxiCourse®.



**Paul Roper Downing, DMD,** Columbia, SC received his dental degree from the Medical University of South Carolina in 1986 and completed the 2011 AAID/Georgia MaxiCourse®.



**Nathan Stephen Doyel, DMD,** Sherwood, OR received his dental degree from Oregon Health Sciences University in 1997 and completed the 2014 AAID/Oregon MaxiCourse®.



**Ahmed Kazim Hamid Elsinnary, MDS,** Jeddah, Saudi Arabia received his dental degree from Khatoum University in 1995 and his doctorate degree from New York University in 2009. He completed the 2014 AAID/Asia MaxiCourse®.



**Andrew Gerald Ericksen, DDS,** Holladay, UT received his dental degree from Creighton University in 2011.



**James A. Flerchinger, DDS,** Sandy, OR received his dental degree from Creighton University and completed the 2011 AAID/Oregon MaxiCourse®.

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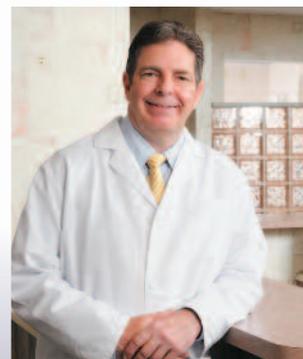
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**Sangse Kim, DDS,** Seoul, South Korea received his dental degree from Wonkwang University in 2012 and completed the 2014 AAID/Korea MaxiCourse®.

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<sup>1</sup> Ormianer Z, Palti A. The use of tapered implants in the maxillae of periodontally susceptible patients: 10- Year Outcomes. Int J Oral Maxillofac Implants 2012; 27: 442-448.

<sup>2</sup> El Chaar E, Bettach R. Immediate placement and provisionalization of implant-supported, single-tooth restorations: a retrospective study. Int J Periodontics Restorative Dent 2011; 31(4).

<sup>3</sup> Todisco M, Trisi P. Histomorphometric evaluation of six dental implant surfaces after early loading in augmented human sinuses. J. Oral Implantol 2006; 32 (4): 153-166

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**Kanako Kondo, DDS,** Nagoya-shi, Japan received her dental degree from Nihon University School of Dentistry in Matsudo in 1985 and completed the 2015 AAID/Japan MaxiCourse®.



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**Masashi Otani, DDS,** Osaka City, Osaka, Japan received his dental degree from Osaka University in 1993 and completed the 2013 AAID/Korea MaxiCourse®.

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**Juhyun Park, DMD**, Seoul, South Korea received his dental degree from Kyungbook National University in 2011 and completed the 2012 AAID/Korea MaxiCourse®.



**Weidong Pei, DDS, PhD**, North York, ON, Canada received his dental degree from the University of Toronto in 2004 and completed the 2011 AAID/Toronto Maxicourse®.



**Jean Marie Provo, DDS**, Abbotsford, BC, Canada is a 2001 graduate of Dalhousie University Dental School and completed the 2011 AAID/Vancouver MaxiCourse®.



**Damanjeet Singh, DDS**, West Palm Beach, FL received her dental degree from University of California – Los Angeles and completed the 2012 AAID/Georgia MaxiCourse®.



**Manoj K. Patel, DDS**, Orlando, FL received his dental degree from the University of Florida-Gainesville in 2010 and completed the 2015 AAID/Georgia MaxiCourse®.



**Curtis Lamar Pickard, DMD**, Thomson, GA received his dental degree from the Medical College of Georgia in 2006 and completed the 2012 AAID/Georgia MaxiCourse®.



**Peter Lawrence Ricciardi, DDS**, Sparks, NV received his dental degree in 2005 from Creighton University and completed the 2014 AAID/Las Vegas MaxiCourse®.



**Maungmaung Ryan Thaw, DDS**, Milpitas, CA received his dental degree from the Institute of Dental Medicine, Myanmar in 1987 and completed the 2014 AAID/Loma Linda MaxiCourse®.



**Shivam S. Patel, DDS**, Atlanta, GA received his dental degree from the University of Illinois-Chicago in 2012 and completed the 2012 AAID/Georgia MaxiCourse®.



**Usha Polavarapu, DDS**, Irvington, NJ received her dental degree from New York University in 1994.



**Michael Macy Rice, DDS**, Santa Rosa, CA received his dental degree from the University of the Pacific in 2012 and completed the 2015 AAID/Loma Linda MaxiCourse®.



**Neil Ecker Torgerson, DMD**, Tallahassee, FL received his dental degree in 1987 from Washington University-St. Louis and completed the 2012 AAID/Georgia MaxiCourse®.



**Jyoti Deepak Pawar, MDS**, Satara, Maharashtra, India received her dental degree from MARDC India and completed the 2012 AAID/Asia MaxiCourse®.



**Dr. Kiddee Poomprakobsri, DMD**, Loma Linda, CA received his dental degree in 2012 from Loma Linda University and is a 2016 of the Advanced Education in Implant Dentistry Program.



**S. Masoud Saidi, DMD**, Langley, BC, Canada received his education from the University of British Columbia in 1995 and completed the 2015 AAID/Vancouver MaxiCourse®.



**Mark Herndon Whitefield, DDS**, Hermitage, TN received his dental degree from the University of Tennessee in 1995.

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**Douglas Lee Wirth, DMD,** Oak Harbor, WA received his dental degree from Tufts University in 1979 and completed the 2014 AAID/Georgia MaxiCourse®.



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**Fouad Yadani, DMD,** Manchester, NH received his dental degree from Laval University in 2006 and completed the 2014 AAID/New Jersey MaxiCourse®.



**Wonyong Yi, DDS,** Jeonju, Cheonbuk, South Korea received his dental degree from Chonbuk National University in 2004 and completed the 2009 AAID/Korea MaxiCourse®.



**Yoshikazu Yamazaki, DDS, PhD,** Yokohama-shi, Kanagawa, Japan received his dental degree from Kanagana Dental University in 1991 and doctorate degree in 2013.



**Takashi Yokoyama, PhD,** Anjo, Japan received his dental degree from Aichi-Gakuin University in 1994 and doctorate degree in 1998. He also completed the 2010 AAID/Korea MaxiCourse®.

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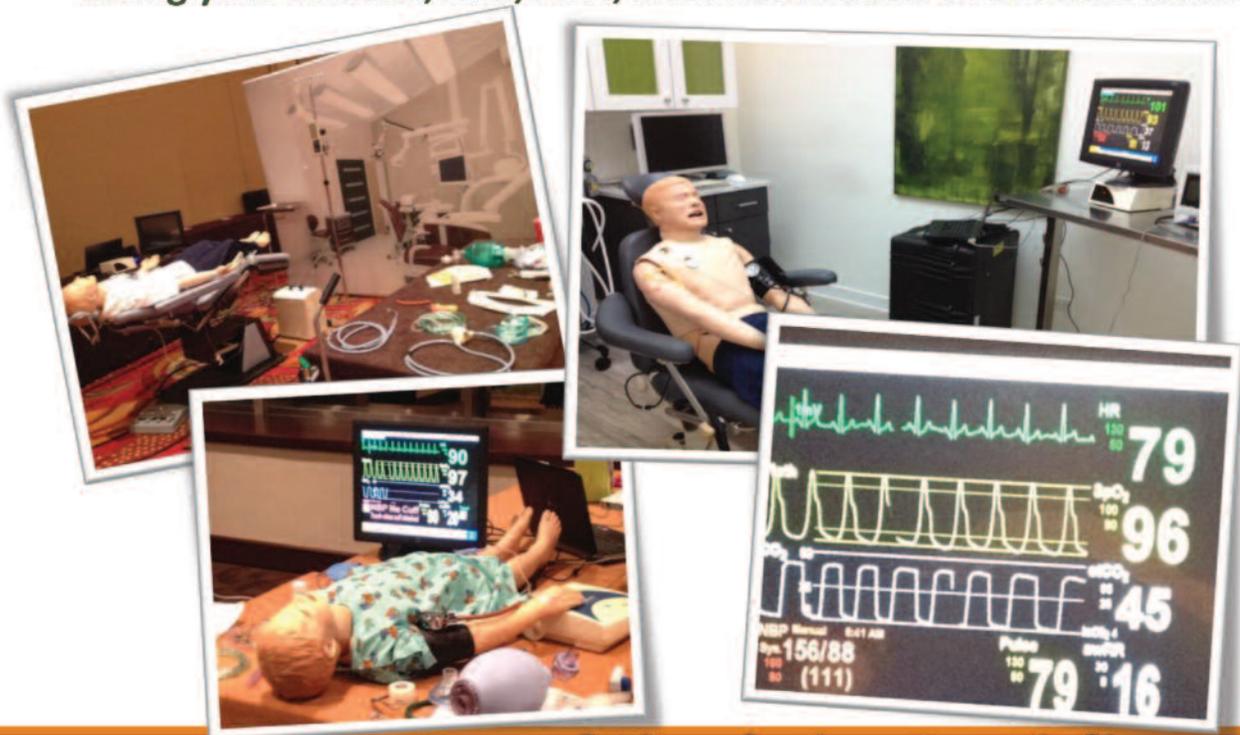


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# 2016 Fellows



**Benjamin A. Baptist, DDS,** Chicago, IL received his dental degree from the University of Chicago in 2009. In 2012 Dr. Baptist completed the AAID/Georgia MaxiCourse®.



**Olinga Hargreaves, DDS,** Denver, CO received her dental degree in 1999 from the University of Texas, San Antonio. In 2003 Dr. Hargreaves completed the Georgia MaxiCourse®. She became an ABOI/ID Diplomate in 2015.



**Ki Deog Park, DDS, PhD,** Gwangju, South Korea received his dental degree from the Dental College of Chonnam National University in 1990. In 2012 Dr. Park completed the AAID/South Korea MaxiCourse®.



**Alex Gun-Woo Rhee, DDS,** Peterborough, ON, Canada received his dental degree from the University of Toronto in 2002, and earned his ABOI/ID Diplomate in 2015.



**John D. Beckwith, DMD,** Hillsborough, NJ received his dental degree from the University of Pennsylvania in 1987, and became an ABOI/ID Diplomate in 2015.



**Scott Lamming, DDS,** San Juan Capistrano, CA received his dental degree from Georgetown University in 1985, and is a 2015 ABOI/ID Diplomate.



**Lyle Scott Pidzarko, DDS,** Burnaby, BC, Canada received his dental degree from the University of Alberta in 1990 and completed the 2011 Vancouver MaxiCourse®. He is also an ABOI/ID Diplomate, class of 2015.



**Keerthi Senthil, DDS, MS,** Rancho Mirage, CA received her dental degree from the University of Loma Linda in 1998 and completed the Advanced Education in Implant Dentistry in 2014. She is also a 2015 ABOI/ID Diplomate.



**John Robert Hargreaves III, DDS,** Denver, CO received his dental degree from the University of Colorado Denver in 1998. In 2003 Dr. Hargreaves III completed the AAID/Georgia MaxiCourse® in 2003 and is a 2015 ABOI/ID Diplomate.



**Abdul R. Majzoub, DDS,** Chicago, IL received his dental degree from Northwestern University in 1992 and graduated from an advanced postgraduate program in 2010 from Southern Illinois University. Dr. Majzoub is a 2015 ABOI/ID Diplomate.



**Richard Rapoport, DDS,** Westmount, QC, Canada received his dental degree from McGill University in 1980, and became an ABOI/ID Diplomate in 2015.



**Rudy Wassenaar, DMD,** Williams Lake, BC received his dental degree in 1981 from the University of Amsterdam and became an ABOI/ID Diplomate in 2014. ●



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# newmembers

The AAID is pleased to welcome the following new members to the Academy. The following members joined between August 22, 2016 and January 2, 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**

Derrick Mendez, DMD  
Brierfield  
J. Roger Smith, DMD  
Mountain Brook

## **ALASKA**

David Paape, DDS  
Anchorage  
Blair Tudor, DMD  
Anchorage

## **ARIZONA**

Jaime Tobon, DDS  
Cave Creek  
Denise Choo  
Glendale  
Victor Pacheco  
Glendale  
David R. Anderson, DMD  
Peoria  
Joe Mehranfar, DMD,MS  
Phoenix  
Brian Nelson, DMD  
Phoenix  
Robert G. Baird  
Queen Creek  
Perry Fraiman, DDS  
Surprise  
James L. Davenport  
Tucson

## **CALIFORNIA**

Jacob Kim, DDS  
Loma Linda  
Vedran Dupanovic, DDS  
Carmichael  
Angel Soto  
Carmichael  
Mark A. Barraza, DDS  
Chula Vista  
Jiachang Zhang  
Encinitas  
Avedis Allen Meserkhani CDT  
Glendale  
Andre Eliasian, DDS  
Glendale  
Noha Nour, DDS  
Irvine  
Chien-Ho Chen, DDS  
La Habra  
David Haddad  
Loma Linda  
Sky Martin, DDS  
Loma Linda  
Tisa Siadat, DDS  
Los Angeles

Joshua Lebovics  
Los Angeles  
Orest Frangopol, DDS  
Mission Viejo  
Luke M. Jordan, DDS  
New Iberia  
Eugene Oriola, DDS  
Northern Valley  
Narbeh Kureghian, DMD  
Northridge  
Trieu Ton, DDS  
Oakley  
Blair Bittner, DDS  
Palm, Desert  
Kenneth Mak, DDS  
Pasadena  
Alex Brao, DDS  
Petaluma  
Jaskiran Grewal, DDS  
Riverbank  
Wayne Sutton  
Rohnert Park  
Ehsan Mossavi, DDS  
Roseville  
Ajaykumar Patel, DDS  
Salida  
Victor Tran, DDS  
San, Diego  
Justin Becerra, DDS  
San Francisco  
Dean L. Duncan, DDS  
San Francisco  
Deepak Hirianna Shetty,  
DDS,MDS  
San Jose  
Disbel Mansilla, DDS  
San Luis Obispo  
Soon No Kim, DDS  
Torrance  
Wynn Shang  
Tustin  
Sergio Aguila, DDS  
Victorville

## **COLORADO**

Ali Al Doori  
Aurora  
Jorge Villanueva  
Aurora  
Hani Marogil, DMD  
Broomfield  
Michelle Caldwell  
Denver  
Marina Hagens  
Denver

Kirill Vasilyev  
Denver

## **CONNECTICUT**

Anna Komnatnaya, DMD  
New Haven  
Shakil Syed, DDS  
South Windsor

## **FLORIDA**

Brenton N. Assing, DDS  
Brandon  
Sandra Miller, DDS  
Cooper City  
Elizabeth Ziadie, DDS  
Cooper City  
Takashi Koyama, DMD  
Ft. Pierce  
Kimberley Mowery, DMD  
Gainesville  
Ankit Patel, DDS  
Gainesville  
Felipe Salles PhD  
Hialeah  
William J. Geyer, DDS  
Lutz  
Malinally Garcia  
Margate  
Ivette Jorge, DMD  
Miami  
Joel Berley, DMD  
Plantation  
David Wallace Sorensen, DMD  
Ponte Vedra  
Daniel Fenton, DMD  
Port St. Lucie  
Fadi Raffoul  
St. Petersburg  
Mary Teresa Prendiville, DDS  
Tampa  
Berkeley Nicholls  
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## **GEORGIA**

Jesse Belyeu, DMD  
Augusta  
Rudy Vega, DDS  
Augusta  
Joshua Steven White, DMD  
Augusta  
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Itasca  
Tania Lodhi, DDS  
Schaumburg  
Bryan Bauer, DDS  
Wheaton

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Marshone Clark, DDS  
Odenton

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Sterling Heights  
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Loeb, DMD  
Brandon  
Larissa Hammer  
Oxford

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Pontotoc

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Ozark

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Chinook

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Henderson  
Paul Schwarz, DMD  
Henderson  
Matthew Milligan, DMD  
Incline Village  
Stephen Frugoli  
Las Vegas  
Michael Gu, DDS  
Las Vegas  
Ji Loh  
Las Vegas

Alan Thomas McCaffrey,  
DMD

Las Vegas

Ben Nguyen  
Las Vegas

Keya Patel  
Las Vegas

John Silvaroli  
Las Vegas

Mathew Stewart, DMD

Reno

Scott C. Brown  
Plainsboro

Robert Korwin, DMD

Red Bank

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Edward Dominguez, DMD

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Seema Nerurkar RDH

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Gibeum Kim

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Abha  
Ahmad Hamed  
Almehmadi, BDS  
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Khaled Chokri Asaad, MDS  
Jeddah  
Manar Riad Halwani  
Jeddah  
Tarif Abdulrezak Drak Al Sebaei, MSD  
Jeddah  
Bashir Shirfi, MDS  
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Mohamed Ali Ecta  
Jeddah  
Abdulsalam Ahmed  
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Riyadh

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Riyadh

Mohammad Ismail  
Qoseibati  
Riyadh

Basel Diab Sulieman  
Riyadh

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ChungNam Dangjin-si

Myung Hwan Kim  
Busan

Oh Hwiseong, DDS  
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Jong Hyun Shin, DMD  
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Kim Tae Hoon  
Jeju-do

Dong Su Roh  
Jincheon-gun,  
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Pyeongtaek-si,  
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# newmembers

## AAID welcomes new student members

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### **Boston University**

Salina Suy

### **Columbia University**

Ashleigh Alex  
Saahil Brahmabhatt  
Richard Clough  
Vishah Dhamee  
Juliana Elkouri  
Emily Funk  
Hayley Golden  
Cale Grenillo-Weaver  
Hayley Groglio  
Stacy Gurborg  
Joseph Gurko  
Benjamin Hanft  
Courtney Haron  
Susan Park  
Eric Shon  
Jennifer Vargas

### **Georgia Regents University**

Brandon Burleigh  
Devan Callaway  
Martin Clark  
Christian Dahl  
Evan Frisbee  
Raina Graham  
Paul Hanna  
Jenny Humm  
Anika Islam  
Amber Ivey  
Andrew King  
Matthew Lewis  
Dorian Longshore  
William Lopez  
Cherie Murray  
Amanda Newberry  
Nicole Ochoa  
Clay Oliver  
Clancy Poore

### **Howard University**

Tiffany Campbell  
Philip Kaplan

### **Medical University of South Carolina**

Christian Alegria  
David Babb  
Casey Bennett

Chris Conzett  
Micah Dowling  
Celeste Granger  
J. Harrison Josey  
Sohee Kim  
Laura Koberda  
James Davis Lemon  
Margaret Livingston  
Mary Machowsky  
Sneha Mohan  
Robert Tanner  
Oldham  
Tyler Parrish  
Brandi Rollins  
Elizabeth Rowe  
Lauren Smith  
Dylan Sobin  
Samual J. Ta  
Michael Thompson  
David Thorup  
Brantlee Tinsley  
Joseph M. Weed  
Stefan Wilkes  
Heather Wright

### **New York University**

Danielle Indelicato  
Amy Parsol

### **Rutgers University**

Raquel Rodriguez  
Aviva Rosner  
Eli Shteingart

### **State University of New York at Stony Brook**

Matthew Penner

### **Temple University**

Nick Kelley

### **University of Florida**

Violeta Trenkora

### **University of Indiana**

Phil Hoyt  
Mona Singh

### **University of Michigan**

Maral Ranjbar  
Aghdam  
Fernando Archuleta

Nandan Buch  
Brandon Churchman  
Stevan Djordjevic  
Tyler Eatchel  
Tylor Gauger  
Brandon Jankowsky  
Eugene Lee  
Steven McCarthy  
Akintunde Ojo  
Habin Park  
Jun Sup Park  
Panchali Patel  
Nicole Pentis  
Amelia Richardson  
Ke Wang

### **University of Nebraska**

Alaina Allen  
Brooke Barelmann  
Christopher Cooper  
Josh Folchert  
Sarah Genrich  
Allison Kern  
Alex Kusek  
Rob Meyer  
Jacob Nordhues  
John O'Brien  
Kelsey Sasse

### **University of New England**

Priya Katwala

### **University of Pennsylvania**

David Greco

### **University of Texas at Houston**

Tom Guu

### **Virginia**

### **Commonwealth University**

Zainab Aleid  
Amruta Ashok  
Bahekar  
Yeu Jin Baik  
Daniel Baker  
Ross Baker  
Matt Barrick  
Lauren Bartholomeu  
Clara Bergeron  
Arsalan Bhatti  
John Bounds

Pooja Chugh  
Elizabeth Corbin  
Nick Dalal  
Swathi Devaki  
Carol Farn  
Lauren Feininger  
Patricia Flores  
Robert French  
Julien Guh  
Kyle Herndon  
Toan Ho  
Rasha Hussein  
Lina Jameel  
Mathew Kittrell  
Daniel Kwon  
Alex Long  
David Long  
Hannah Mabe  
Max Marzouk  
Maureen Maximos  
Clay May  
Elizabeth McGovern  
Richa Mehta  
Ian Milton  
Mohammed Naime  
Loan Nguyen  
Swati Pandey  
Taylor Parr  
Devang Patel  
Shreya Patel  
Leen Qutachi  
Heba Rashed  
Karoline Seekford  
Bright Sefah  
Ben Shapiro  
Tonya Spangler  
Julia Springfield  
Surabhi Swarup  
Diana Tenrey  
Stephanie Till  
Jennifer Tran  
Katie Vo  
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# CONTINUING EDUCATION BITE



## AAID MaxiCourses®

### GRU/AAID MaxiCourse®

"Comprehensive Training Program in Implant Dentistry"

Monthly March through December

Contact: Lynn Thigpen

Phone: 800-221-6437 or 706-721-3967

E-mail: LBThigpen@gru.edu

Website: www.georgiamaxicourse.com

### Las Vegas MaxiCourse®

370 Grand Ave, Englewood, NJ 07631

Director: John Minichetti, DMD

Contact: Esther Yang

Phone: 201-871-3555

E-mail: info@englewooddental.com

Website: aaid-vegasmaxicourse.org

### Loma Linda University/AAID MaxiCourse®

Loma Linda, California

Monthly March through December

Continuing Dental Education

11245 Anderson St.; Suite 120

Loma Linda, CA 92354

www.llu.edu/assets/dentistry/documents/cde/maxicourse2010.pdf

### New York MaxiCourse® in Implant Dentistry

St. Barnabas Hospital

4422 Third Avenue

Bronx, NY 10457

Co-Directors: John Minichetti, DMD and Joseph C. D'Amore

Contact: Esther Yang

Phone: 201-871-3555

E-mail: info@englewooddental.com

Website: www.dentalimplantlearningcenter.com

### Nova Southeastern University College of Medicine MaxiCourse®

Fort Lauderdale, FL

Director: Jack Piermatti, DMD

Contact: Jack Piermatti, DMD

Phone: 609-314-1649

E-mail: jpiermatti@yahoo.com

Website: www.dental.nova.edu

### Oregon/AAID MaxiCourse®

Medoline, Inc.

September – June

1 weekend per month

Contact: Dr. Shane Samy

Phone: 800-603-7617

E-mail: oralaaidmaxicourse@gmail.com

Website: www.oraaidmaxicourse.com

### Puerto Rico MaxiCourse®

Ten sessions from September through June

Contact: Miriam Montes, Program Coordinator

Phone: 787-642-2708

E-mail: prmaxicourse@gmail.com

Website: www.theadil.com

### Rutgers University of Dental Medicine MaxiCourse®

September - June

110 Bergen Street, Room B701

P.O. Box 1709

Newark, NJ 07101-1709

Director: Jack Piermatti, DMD

Coordinator: Janice Gibbs-Reed, MA, CMP

Phone: 973-972-6561

E-mail: gibbs@sdm.rutgers.edu

Website: sdm.rutgers.edu/CDE/MaxiCourse

### TexMAX® Dental Implant Education MaxiCourse®

Director: Jay Elliott, DDS

Registrar: Jackie Martinez

Telephone: 281-703-9468

Email: Jackie@texasimplanteducation.com

Website: www.texasimplanteducation.com

### Ti-MAX Implant Maxicourse®

September – June

Ten 3-day weekends

Oakville, Ontario, Canada and Waterloo, Ontario, Canada

Phone: 905-235-1006

Contact: Chantel Furlong

E-mail: info@ti-maxicourse.ca

Website: www.ti-maxicourse.ca

### Vancouver, British Columbia MaxiCourse®

September – June

Contact: Andrew Gillies

Phone: 604-330-9933

Email: andrew@implantconnection.ca

Website: www.vancouvermaxicourse.com

### Japan MaxiCourse®

13, Morimaki-cho, Moriyama-ku

Nagoya, Japan 463-0073

Director: Yasunori Hotta, DDS, PhD

Phone: +81-52-794-8188

E-mail: hotta-dc@ff.ij4u.or.jp

Website: www.hotta-dc.com

### MaxiCourse® Asia

October – August

One week bi-monthly

Abu Dhabi, United Arab Emirates; New Dehli,

India; Bangalore India; Jeddah, Saudi Arabia

Contact: Dr. Shankar Iyer

E-mail: drsiyer@aol.com

Website: www.aaid-asia.org

### Korea MaxiCourse®

Monthly March through December

Contact: Dr. Jaehyun Shim

E-mail: dental-care@hanmail.net

Website: www.kdi-aaid.com

### Egypt MaxiCourse®

15 ezz eldeen Mohamed Hozha

Heliopolis, Cairo, Egypt

Co-Directors: Kim Gowey, DDS;

Shankar Iyer, DDS, MDS

Administrative Contact: Dr. Mahmoud Kohail

E-mail: mahmoudkohail@ascde.com

Telephone: (002)01141403350

### LUDES Higher Education Institute – AAID

#### Malta MaxiCourse®

Building SCM 01

Ricasoli 1001 Malta

Co-Directors: Dennis Flanagan, DDS, MSc;

Shankar Iyer, DDS, MDS

E-mail: Drsiyer@aol.com

Website: www.ludes.edu.mt

## Courses presented by AAID credentialed members\*

### U.S. LOCATIONS

#### AAID Study Club/Mini Residency in Implant Dentistry

September – June, Bi-weekly

100 hours CE credit

Approved by NJ State Board of Dentistry

Contact: Dr. Shankar Iyer

Email: drsiyer@aol.com

Website: www.maxicourseasia.com

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

John C. Minichetti, DMD

Contact: Esther Yang

Phone: 201-871-3555

E-mail: info@englewooddental.com

Website: www.dentallearningimplantcenter.com

#### California Implant Institute

1 Year Comprehensive Program in Implant Dentistry

San Diego, CA

4 sessions; 5 days each

300 CE credits

Dr. Louie Al-Faraje, Academic Chairman

LIVE patient courses also offered by the Institute

Phone: 858-496-0574

E-mail: info@implanteducation.net

Website: www.implanteducation.net

#### Certified Training Course for the Er, Cr; YSGG Laser

Edward Kusek, DDS

Contact: Kristi Meyer

Phone: 605-371-3443

Website: www.drkusek.com/courses.html

#### Connecticut Dental Implant Institute

Joel L. Rosenlicht, DMD, Director

\* Advanced Bone Grafting

\* Basic Implant Dentistry

\* Advanced Implant Dentistry

All courses feature live surgeries and hands-on

model workshops Venue: Rosenlicht Oral &

Facial Surgery Center, Manchester, CT

Contact: Michelle Marcil

Phone: (860) 649-2272

E-mail: Michelle@jawfixers.com

Website: www.JawFixers.com

#### Fixed Removable Implant Treatment

Carol Phillips, DDS

Contact: Melissa Martin

Phone: 800-549-5000

### Hands-on Training Institute

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

### Laser Pocket Reduction & Diode Training for the Dental Professional

Souix Falls, SD  
March 17-18, 2017  
September 29-30, 2017  
Edward Kusek, DDS  
Contact: Kristi Meyer  
Phone: 605-371-3443  
Website: www.drkusek.com/courses.html

### Live Surgical Prettau Zirconia Implant Bridge Course

Michael Tischler, DDS; Scott Ganz, DMD;  
Claudia Patch, DMD  
Tischler Dental Laboratory  
Woodstock, NY  
Contact: 845-679-2737  
Website: www.prettauonline.com

### Linkow Advanced Implant Courses

Course Director: Dr. Michael Shulman  
Phone: 201-840-7777  
Contact: Amelia  
Phone: 551-655-1909  
E-mail: info@adiseminars.com  
Website: www.adiseminars.com

### Midwest Implant Institute Externship – “The One-on-One Training You Are Looking For”

Drs. Duke & Robert Heller  
Advanced Courses:  
(305) Implant Prosthetics  
(601) Bone Grafting & Sinus Elevation  
(602) Digging Out of Problems  
Contact: 614-505-6647  
E-mail: lisa@implantdentist.org  
Website: www.midwestimplantinstitute.com

### Pathway Learning Series Swiss Implants, Inc.

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

### Pikos Implant Institute

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

### Sendax Mini-Implant Seminars & MDI

Mini Residencies  
Basic & Advanced Interactive & Hands-On  
MDI training  
Contact: Keith Henry  
Phone: 580-504-8068  
E-mail: vis@sendax-minidentimpl.com  
Website: www.sendax-minidentimpl.com

### Tatum Institute USA

**A Hands-on Learning Series emphasizing the “Hilt Tatum” NIRISAB Philosophy**  
Location: Atlanta, Georgia  
Instructors: Dr. Richard Borgner and Dr. Bernee Dunson  
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• Bone Expansion  
• Advanced Bone Grafting  
• Nerve Lateralization  
• Segmental Osteotomies  
• Cadaveric Specimen Course  
• Each module contains both hands-on practicals and live surgeries  
Contact: Rebekah Register  
Phone: 727-459-4910  
E-mail: tatuminfo@aol.com  
Website: tatuminstituteusa.com

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

Live Implant Surgery Course (3 months)  
Surgical Bone Grafting Human Cadaver Course (3 days)  
Hands-on Maxillary Sinus Augmentation Course (2 days)  
Pig Jaw Surgical Bone Grafting Course (2 days)  
Francis Jones, DDS, PhD (Ca)  
Contact: Roxane Santiago  
Phone: 702-774-2822

## CANADA

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

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

### The BITE Club

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

### “Hands-on” Introductory to Advanced Surgical and Prosthetic Implant Courses with Live Surgery.

Dr. Robert E. Leigh, Director  
Year-round, Custom Tailored and 5-DAY MINIRESIDENCY Courses  
Location: Leigh Smile Center, Alberta, Canada  
Contact: Corie Zeise  
Phone: 1-888-877-0737 (Toll Free)  
E-mail: coriemanager@gmail.com  
Web Sites: www.rockymountainmilecenter.com  
www.leighsmilecenter.com

### Implant Connect: Prosthetic Course

One-year program that will cover patient selection, treatment planning, occlusal considerations and how to incorporate implants into your practice.  
E-mail: andrew@implantconnection.ca  
Website: www.cditi.ca

### Pacific Implant Institute

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

### Toronto Implant Institute

Toronto Implant Institute  
Natalie Y. Wong, DDS, FAAID, DABO/ID  
Implant Prosthetic Session: Traditional to Digital  
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

Continuing your MaxiCourse® journey  
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  
E-mail: andrew@implantconnection.ca  
Website: www.cditi.ca

## OUTSIDE NORTH AMERICA LOCATIONS

### Beirut Implant Dentistry Center

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

## AAID Affiliated Study Clubs\*

### CALIFORNIA

#### Bay Area Implant Synergy Study Group

San Francisco  
Matthew Young, DDS, FAAID, DABO/ID  
Contact: Kimberly  
Phone: 415-392-8611  
E-mail: info@dentalimplantssc.com  
Website: www.drmatthewyoung.com/  
BayAreaImplantSynergyPage.htm

#### Northern California Dental Implant Continuum

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

### FLORIDA

#### Central Florida Dental Implant Study Group

Altamonte Springs, FL  
Don Preble, DMD  
Contact: Sharon Bruneau  
Phone: 407-831-4008  
Fax: 407-831-8604

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 Glidewell .....5  
 Hybridge .....53  
 Lending Club .....37  
 Nonin .....45  
 Officite .....59  
 Osteogenics .....25  
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## Clinical Bite

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it was not worth the risk of possible increase of morbidity.

If facing the same situation today, I would raise the segment, but wouldn't do immediate loading. I would augment the facial aspect with allograft that is readily available now on the market. Unfortunately, in 1998, there were very limited options for minimally invasive surgery techniques available. A video of the procedure is available online at

[www.youtube.com/watch?v=j9bQOR1oY9k](http://www.youtube.com/watch?v=j9bQOR1oY9k)

*Vladimir V. Soyfer, DMD, PhD, is in the private practice of dentistry at Advanced Dental Associates in Fairfax, Virginia. The website for the practice is [www.fairfaxdentistva.com](http://www.fairfaxdentistva.com). He earned his DMD from the University of Pennsylvania School of Dental Medicine.*



## President's Message

*continued from page 33*

do for the Academy. The only thing we ask is take what you received and share it to the benefit of mankind. Reach out to those who you don't know. Become a mentor. Who knows, maybe one day, someone will stand here and mention how indebted they are to you for their accomplishments.

Speaking of being indebted, I would be remiss if I didn't mention how indebted we all are—as individual members and as the elected leadership of the AAID—to our headquarters' staff. They make it look easy but we know the

amount of time, dedication, creativity, and skill they provide to help make the Academy the single most successful dental organization in the country.

Of course, I would not be here today without the support and love of my family. To my beautiful wife and partner in our dental practice, Preeti, our daughter Easha, and our son Varish, I say thank you for being there for me.

Finally, I invite you to join Preeti, me, and your AAID family next year in San Diego at our 66th Annual Conference.

Thank you.

## Continuing Education

*continued from page 65*

**Mid-Florida Implant Study Group**  
 Palm Harbor, FL  
 Rajiv Patel, BDS, MDS  
 Phone: 386-738-2006  
 E-mail: [info@delandimplants.com](mailto:info@delandimplants.com)

### NEW JERSEY

**Bergen County Implant Study Club**  
 John C. Minichetti, DMD  
 Contact: Esther Yang  
 Phone: 201-871-3555  
 E-mail: [info@englewooddental.com](mailto:info@englewooddental.com)  
 Website: [www.dentalimplantlearningcenter.com](http://www.dentalimplantlearningcenter.com)

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

### NEW YORK

**CNY Implant Study Group**  
 Brian Jackson, DDS  
 Contact: Melanie – Course Coordinator  
 Phone: 315-724-5141  
 E-mail: [bjddsimplant@aol.com](mailto:bjddsimplant@aol.com)

### New York Study Club

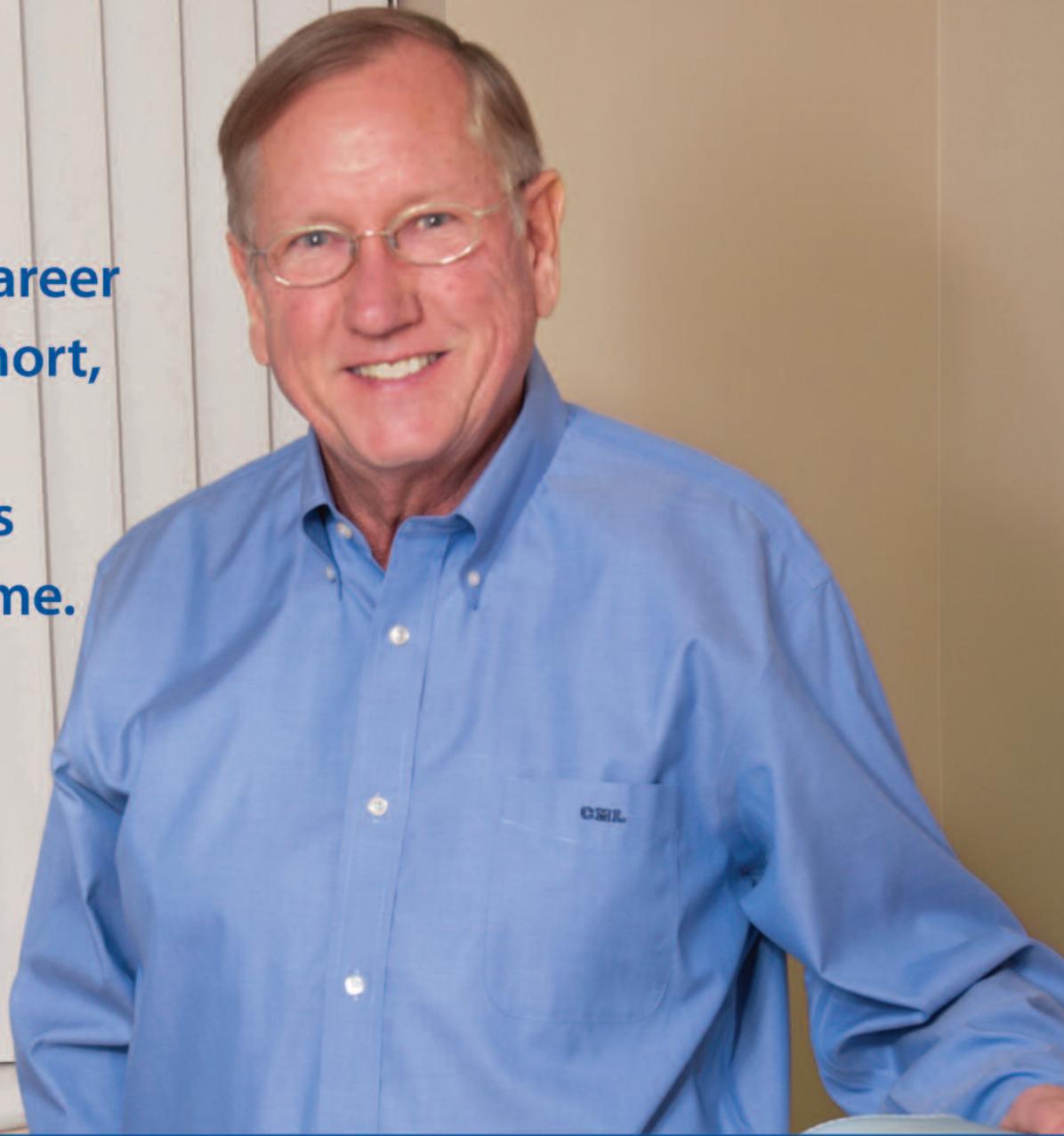
Edgard El Chaar, DDS  
 John Minichetti, DMD  
 Phone: 212-685-5133  
 E-mail: [info@edgardelchaar.com](mailto:info@edgardelchaar.com)

### NORTH CAROLINA

**Clemmons North Carolina Study Club**  
 Andrew Kelly, DDS  
 Clemmons, NC  
 Phone: 336-766-7966  
 E-mail: [dctr2th@msn.com](mailto:dctr2th@msn.com)

\* This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, contact Ellen Paul, Director of Professional Development at [ellen@aaid.com](mailto:ellen@aaid.com).

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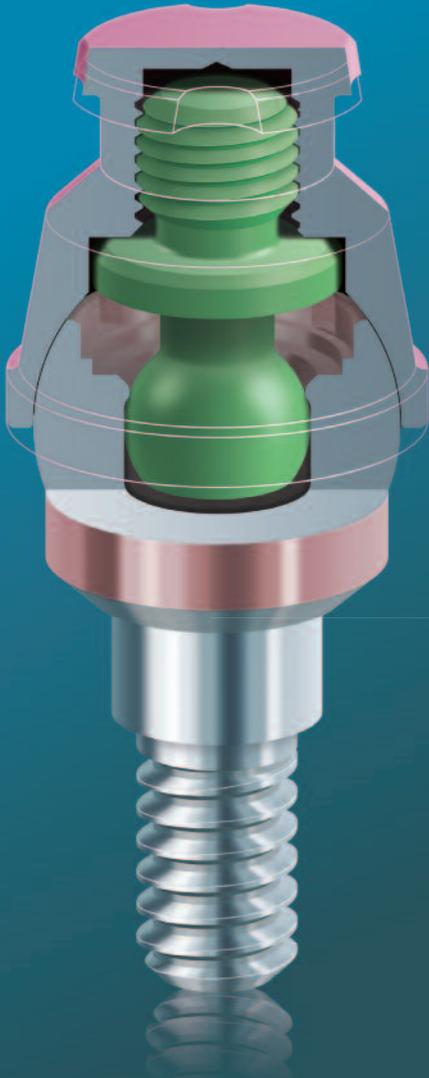


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Dr. Craig Leffingwell

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