

# AAID NEWS

A large, close-up portrait of Natalie Wong, the first female AAID President, is the central focus of the cover. She has dark, wavy hair and is smiling warmly at the camera. She is wearing a dark blazer over a purple top and a necklace with colorful beads.

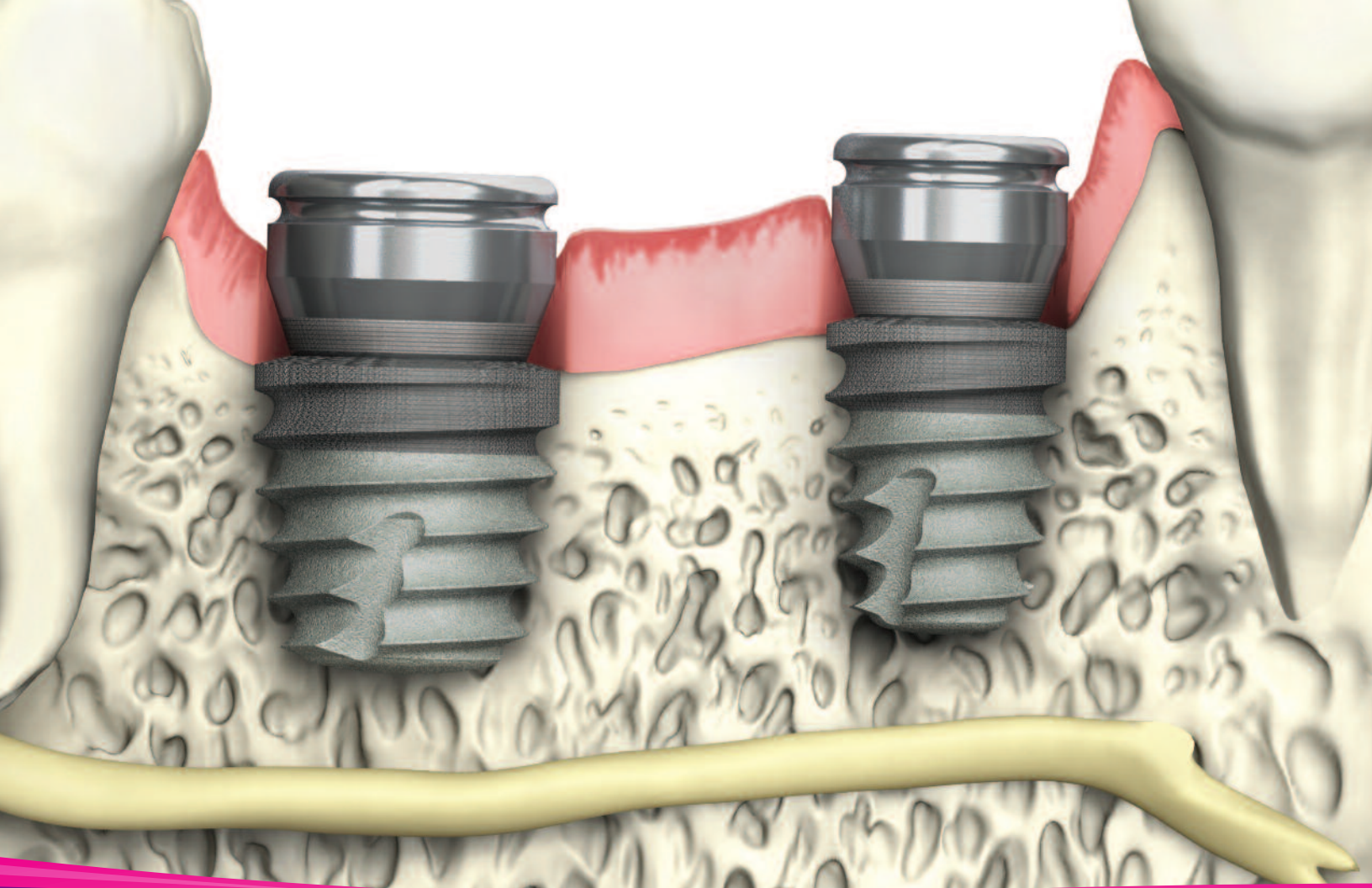
# NATALIE WONG:

Meet the first female AAID President

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- The “Specialist” Chess Game
- Bringing Your Team on Board for Change
- Anaphylaxis Can Occur in Any Dental Office at Any Time





confidence in compromised sites

## Tapered Short Implants

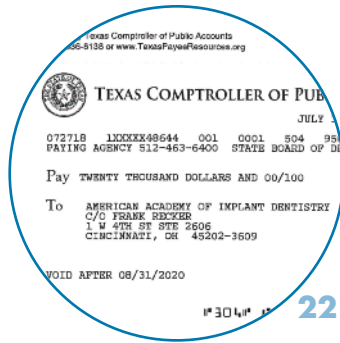
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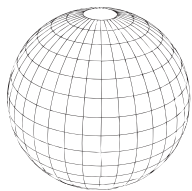


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By James E. Ference,  
DMD, MBA, AFAAID, DABOI/ID  
Editor, AAID News

# Avoiding Temptation

As I was watching some of the presentations in Dallas at the AAID 67th Annual Conference, it occurred to me that there are many components of “quality” in dentistry. Even as we strive for excellence from a technical standpoint, we should recall the ever-present question, “Is this the most appropriate treatment in the first place?”

There are many factors that can guide us toward choosing a treatment plan. Our personal skill set probably will play an important role; though hopefully, as we develop a broader range of capabilities, we grow to consider a wider range of options. The patient’s age, health, habits, medical history, and personal preferences all should be considered when choosing an appropriate treatment plan. The financial position of the patient will also be a factor and can make some options challenging to arrange. Many dentists will generously adjust their fees, however, to make it possible for deserving patients to receive the care they need. On the other

hand, bias can enter the scene based on which treatment is more lucrative for the provider. We should be alert to that insidious influence and be sure we are not letting that factor affect our thinking.

Years ago, I remember “religious” teaching that one should avoid “occasions of sin,” or, as we know it better today, “temptation.” So the question becomes, “How can we minimize the temptation that leads in the direction of promoting treatment options somewhat based on how lucrative they are?”

Perhaps one of the best solutions is to set fees such that profit per unit of time will not vary dramatically, regardless of which treatment is provided. Obviously, overhead costs and the amount of time needed will dramatically affect the cost to the patient, but if the actual final profit to the provider per hour does not dramatically differ among the varied treatment options, then the influence of financial gain would seem to inevitably play less of a role. That would help insulate decision-making from being biased by profit. Conversely, having a fee which is unrealistically low for some procedures could serve as a disincentive to offering that service.

Paradoxically then, fees that are too low don’t necessarily serve the best interests of the patient. Sometimes that becomes an issue when fee schedules are forced upon providers by insurance companies.

“How can we minimize the temptation that leads in the direction of promoting treatment options somewhat based on how lucrative they are?”

I would be interested in your perspectives on this topic. Send them to me at [editor@aaid.com](mailto:editor@aaid.com).

see [Editor’s Notebook p. 32](#)



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<sup>1</sup> To view protocols please visit [versah.com/versatility/](http://versah.com/versatility/)

<sup>2</sup> Scientific Poster Presentation at the AAP 101st Annual Meeting, November 2015

<sup>3</sup> Huwais S, Meyer EG. A Novel Osseous Densification Approach in Implant Osteotomy Preparation to Increase Biomechanical Primary Stability, Bone Mineral Density, and Bone-to-Implant Contact. Int J Oral Maxillofac Implants 2017;32:27-36

<sup>4</sup> Lipton D, Nelva R, Trahan W, Hasan F, Waldrop T, Koutouzies T, and Huwais S. Osseodensification is a novel implant preparation technique that facilitates ridge expansion by compaction autografting. Poster presented at American Academy of Periodontology Annual Meeting; 2015 Nov 14-17; Orlando, FL.



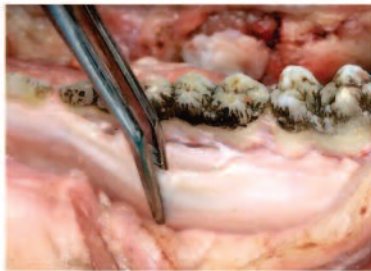
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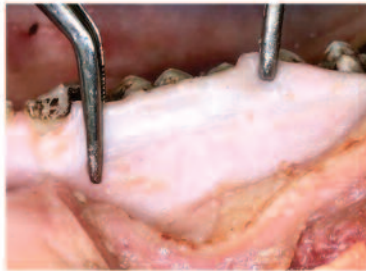
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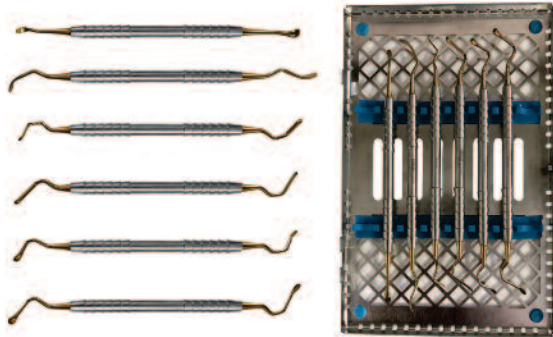


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## PRESIDENT'S MESSAGE



David G. Hochberg,  
DDS, FAAID, DABOI/ID  
Immediate Past President, American  
Academy of Implant Dentistry

## Continued Growth

This will be my last column and I just wanted to first express how I am honored and happy to have served as your president this past year. It's been a successful year for the AAID and the future of this organization is bright. We have accomplished a lot as a group and we will continue to do so with the leadership of new AAID president Natalie Wong, DDS, FAAID, DABOI/ID. I wish Dr. Wong success as she takes over as president.

Looking back on this year, I am proud of the work we've accomplished and the wheels we've put in motion to help continue to grow this organization.

Throughout my year as president, the AAID has grown in so many ways. Our membership has increased this year, which will also assist in our continued goal of being the go-to implant organization for doctors throughout the world. In addition, we recently formed the AAID Legal Oversight Committee, which has already begun to help

address our legal needs as an organization.

We also have increased our the number of AAID MaxiCourses®. We now have 30 MaxiCourses throughout the world, which will continue helping dentists become the best implant experts they can be, ultimately improving our patients' oral health.

Speaking of patients, we launched a brand-new public-facing campaign, including the new website ([aaid-implant.org](http://aaid-implant.org)), which details everything a patient needs to know about implants, including the importance of visiting an AAID-credentialed dentist. Through the Find an Implant Dentist search tool, patients can find AAID-credentialed dentists near them and contact them to make appointments. The LifeSmiles blog also features information and tips in patient-friendly language, written by AAID-credentialed dentists. The entire campaign has been extremely successful since its launch earlier this summer. Patients have been interacting with and contacting AAID-credentialed dentists much more frequently! But the campaign couldn't have been launched without the help of Carol Neiger at NeigerDesign, PR Committee Chair Dr. Larry Nalitt, PR Committee members Dr. Vince Vella, Dr. Jasmine Sung, Dr. Craig Aronson, and AAID Treasurer Dr. Adam Foleck. Thank you to all of these volunteers for their outstanding efforts to a

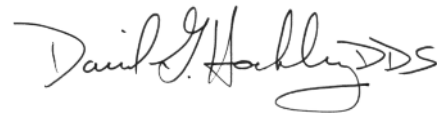


phenomenal resource for AAID members and the patients they serve.

Collaboration among other dental professional organizations also has been a focus throughout the past year. In February, we met with the Academy of General Dentistry (AGD) leadership and AGD Executive Director Max Moses to discuss ways we can work together to help all dental professionals. We have plans to provide implant-related webinars to 35,000 AGD general dentist members, have implant expert speakers present at AGD annual meetings, and share AAID and implant information at an AAID booth during AGD annual meetings, as well as promote our annual conferences in their marketing efforts. Our hope is to partner with the AGD and other organizations, including the American Academy of Dental Hygiene, the American Academy of Cosmetic Dentistry, and the American Academy of Dental Group Practice, as a way to provide implant expertise and knowledge to their members. By doing so we again develop others' awareness of the AAID as the leading implant organization in the world.

And we have quite a bit of growth among the AAID staff, as well. Several new experienced and dedicated employees have been working extremely hard to innovate and improve the AAID as an organization. The AAID Headquarters staff has grown so much that we have outgrown our office! The office soon will be relocating to a larger space in the ADA building, which will allow the staff to work with improved efficiency and aid in their ability to focus on expanding the AAID as an organization.

Looking back on this year, I am proud of the work we've accomplished and the wheels we've put in motion to help continue to grow this organization. Thank you to all of my AAID colleagues, friends, and members who have allowed me to serve such a wonderful organization as president for the past year. ●



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## PROVATA Dental Implant System Is Now Available in the U.S.

Southern Implants North America (SINA) today received FDA 510(k) clearance for its innovative internal hex dental implant system, PROVATA, making the product offering commercially available for sale in the U.S. for the first time.

Incorporating numerous advanced features from leading clinicians, the PROVATA Implant showcases an elegantly simple, yet state-of-the-art design that complements Southern Implants' already popular External Hex Implant with an internal hex connection. Available in standard, the unique Co-Axis® with Subcrestal Angle Correction®, and PROMAX ultra-wide implant designs offering practitioners proven tools to address a variety of clinical cases.

Clinicians can maintain flexibility, reduce costs and simplify their inventory with the introduction of PROVATA. The new dental implant interface requires only two prosthetic connection diameters and just one surgical kit for both the internal and external hex systems, while maintaining proven features such as SINA's SInergy™ Surface, with a 20-year history, as well as high strength Grade 4 CP Titanium ( $\geq 900$  MPa).

SINA is located in Jupiter, Florida  
[www.southernimplants.com](http://www.southernimplants.com)



## Keystone Dental Announces New CEO

Russ Bonafede became Keystone Dental's new CEO on August 14, 2018. He succeeds Michael Kehoe, who has stepped down but will remain in a consulting capacity for the next six months.

Bonafede has nearly 30 years of experience predominantly focused in the implantable medical device industry. He served as president of Zest Dental Solutions prior to joining Keystone Dental. During that time, he successfully built a commercial organization at Zest, was pivotal to two acquisitions/integrations, and was part of a successful sale of the business in March.

Previously Russ Bonafede served as president of Henry Schein Orthodontics, a top five player in the fixed orthodontic market and as Vice-president of Global Marketing for both Zimmer Dental and Biomet 3i before those organizations merged. Russ holds a BS in marketing from SUNY Plattsburgh where he graduated cum laude and earned an MBA from San Diego State University.

Keystone Dental is an oral healthcare company dedicated to the delivery of breakthrough dental surgical and prosthetic technology. Headquartered in Burlington, Massachusetts with manufacturing and distribution facilities in Irvine, California, Keystone markets its products worldwide.





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## Gilleard Establishes a Workable Method of Marketing Implants and Full-Arch Cases

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Prior to 2008, Gilleard Dental Marketing company was primarily a market research company, providing information for companies such as Automation and start-ups. Today, Gilleard uses its own research methods to nail down the best way to market implants.

The main options to market implants, aside from the Internet, are direct mail, print advertising and TV and radio advertising. Gilleard found that the most effective and cost-efficient method was direct mail marketing that engages patient to the point of creating a conversion into the dentist's office.

Gilleard established a direct mail piece that looks like and has the authority of a consumer magazine. Through their market research, the magazine was designed to easily attract attention and stand out from other direct mail pieces. It is



designed to interest and educate the reader about the benefits of implants and hybrid dentures as well as the benefits of going to that particular dental office for their dental treatment. A further benefit over the usual direct mail piece is that magazines have long shelf life. Not only does the magazine get immediate results from people needing treatment, people also hang onto it for when they are ready to do dental work. Gilleard staff are frequently told by their clients

how new patients come in with the magazine in hand even long after the magazine has stopped circulating in that patient's area.

As they say, the proof is in the pudding, and now with over 70 custom magazines in circulation, primarily marketing for implants and full-mouth cases, Gilleard has the statistics to prove the custom magazine program's workability. [info@gilleardmarketing.com](mailto:info@gilleardmarketing.com)  
855-486-2410

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Photo courtesy of Biohorizons



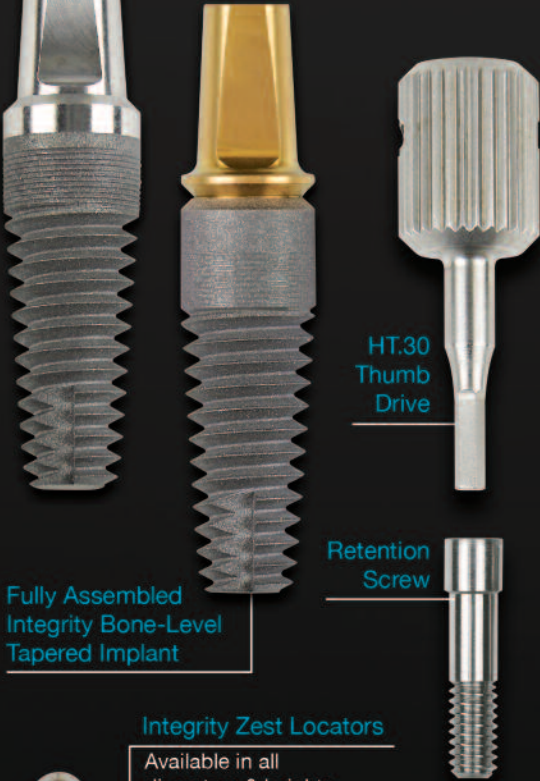


# Integrity Implant System

By Tatum Surgical

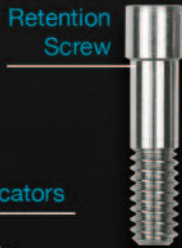
Why let the Implant Company make your decisions? **HAVE IT YOUR WAY!**

Fully Assembled Integrity Tissue-Level Tapered Implant



HT.30 Thumb Drive

Fully Assembled Integrity Bone-Level Tapered Implant



Retention Screw

Designed for Simplicity, Engineered for Strength.

\* STARTING AT \*  
**\$110**

Integrity Tapered Implants are available in both Tissue-Level & Bone-Level designs.

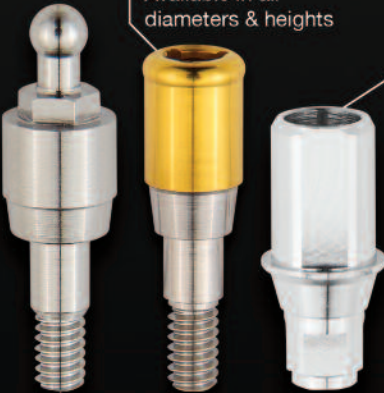
- Our unique tapered design is anatomically correct, enabling easier implant placement, while providing enhanced primary stability.
- The Tissue-Level implants are designed to be a single surgery implant, that preserves both crestal bone, and soft tissue. The Bone-Level design utilizes platform switching which preserves crestal bone.
- Simple abutment placement due to the soft tissue level connection.
- Internal pentagon offers 5 secure, and positive abutment positions.
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Tatum Integrity Implants Internal Pentagon feature offers 5 secure, and positive abutment positions.



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# NATALIE WONG

## Meet the first female AAID president

**DR. JAMES FERENCE:** It is my pleasure to interview Dr. Natalie Wong, the new president of the American Academy of Implant Dentistry (AAID). Congratulations on becoming the first female president of the AAID, and the first president from Canada, as well.

**DR. NATALIE WONG:** Thank you! It is a privilege and an honor to serve as the 66th president of the AAID. I am also humbled to be the first woman and first Canadian to serve as president.

**DR. JAMES FERENCE:** Do you think the general nature of Canadian dentistry differs in any way from the U.S. version?

**DR. NATALIE WONG:** I believe the general nature of dentistry in Canada is very similar to that in the U.S., both in terms of education and practice.

**DR. JAMES FERENCE:** Of course, in the United States, most recent dentists have gone to four years of an undergraduate program and four years of dental school. Is that similar in Canada?

**DR. NATALIE WONG:** Well, in Canada, requirements for dental school have changed progressively. In the past, prior to 1989, all that was needed to join the four-year dentistry program was one year of an undergraduate program and completion of pre-requisites with a high enough grade point average (GPA). In 1992, when I was accepted into the University of Toronto Faculty of Dentistry, it was with a two-year undergraduate education. Presently in Canada, the eligibility requirements to get into dental school are a minimum of three years of an undergraduate program/university education along with five pre-requisite courses and a certain minimum overall GPA. Dental school is a four-year program similar to the U.S., and in Quebec, currently the eligibility requirements to get into dental school are also similar to the U.S.: four years of an undergraduate program/university education along with certain basic science pre-requisite courses and have a certain minimum overall GPA.

**DR. JAMES FERENCE:** How about specialty programs? Are they the same length as the U.S. programs? Are there any notable differences?





**DR. NATALIE WONG:** Yes, the Canadian specialty programs are a minimum of three years, similar to the U.S. The major difference between U.S. and Canadian specialties is that it is mandatory to successfully challenge the specialty board—the National Dental Specialty Examination (NDSE)—offered by the Royal College of Dentists of Canada (RCDC). The NDSE is for all the nationally recognized dental specialties in Canada and is used by all provincial Dental Regulatory Authorities (DRA) as part of the requirement for licensure as a dental specialist. In the U.S., completion of the specialty training allows one to be recognized as a specialist in most states and challenging the board exam is optional. Second, dental anesthesia is already a recognized specialty in Canada, with three-year CODA-approved programs and an examining board.

**DR. JAMES FERENCE:** A fairly large proportion of the U.S. dental profession is influenced by insurance companies with their reviews of proposed treatments and determinations of reimbursements. There is economic pressure on most dentists to participate with insurance companies. Is it similar in Canada?

**DR. NATALIE WONG:** Unfortunately, this is also similar. In fact, in Canada we can feel some added pressure from our patients because of our publicly funded healthcare system. Canadian healthcare basically works like Medicare, but for everyone. Medical care is free, and it covers almost everything other than dental care, prescription drugs, and glasses. Our patients are not used to paying for anything out of pocket, and so we as dentists find it a challenge when discussing collection of co-payments and payment for treatment that is not covered by the dental plan.

**DR. JAMES FERENCE:** Can you describe your initial interaction with the AAID and how that evolved into your eventual involvement as a leader in this international organization?

**DR. NATALIE WONG:** I initially joined the AAID in 2003 because of credentialing. The late Dr. Carl Misch was a significant mentor for me very early in my career. He strongly encouraged me to join the AAID and challenge the ABOI/ID Diplomate exam. In that same year, I was successful and became a Diplomate of the ABOI/ID, and then went on to become a Fellow of the AAID by credentials in 2004.

I remember attending my first AAID meeting: I did not know a single person at that meeting. But I do remember having many different people at different times approach me and ask if I was enjoying the meeting and if I would like to join their group for lunch as they could see I was alone. I was overwhelmed by the welcoming experience. I had been a member and attendee of other implant organizations, but the openness and warm camaraderie that existed within the AAID blew me away.

At that meeting I was also approached by Dr. Emile Martin, who at that time was the chair of the Admissions and Credentialing (A & C) committee. He asked me if I would be interested in being an active member of the organization, specifically inquiring if I would serve on his committee. I wholeheartedly jumped at that opportunity as I feel it is important to be involved in organized dentistry and actively promote the development of



Dr. Wong and her family on their annual Christmas trip to Maui, Hawaii.



our field. It allows me to constantly learn and definitely pushes me to stay abreast of current concepts. I strongly believe that we should give back to our profession that is giving us joy and fulfillment in our careers.

From then on, I became involved within my district, the Central District, and went on to progress through the district officer positions. I had the privilege to serve on many other committees within the AAID, including the Education Oversight Committee, Test Construction Committee, and the Membership Committee. All of this culminated in my nomination as secretary four years ago. It is incredible how involved and impactful the AAID is in guiding the dental implant profession, and I am very grateful to be allowed the opportunity to take part in this process.

**DR. JAMES FERENC:** Can you describe your plan for the direction in which you hope to lead the AAID in the coming year?

**DR. NATALIE WONG:** Building on the successes of my predecessors, my plan for leading the AAID this year is with a theme of inclusion and a goal of showcasing the diversity of talents within our organization.

I would like to:

- Identify new talent and encourage them to be more active within the organization. In doing so, I am asking for any members interested in serving on a committee to submit their name in. I would also like to offer a big thank you to all of our previous committee volunteers for your energy and enthusiasm in your years served.
- Encourage more women members to take an active role in the organization, whether it be getting credentialed, serving on committees, being on task forces, volunteering as ambassadors, serving as moderators at our annual meeting, etc. It is a great honor to be the first female president of the AAID, especially since more than 50 percent of the graduating classes these days are women.
- Continue to encourage active participation from our international members, building on the strong foundation Dr. Shankar Iyer had set within the AAID.
- Be more responsive to not just the credentialed members, but all of the general members, as well, as they do make up a majority within the AAID. We presently have about 1,000 credentialed members and about 3,700 general

“My plan for leading the AAID this year is with a theme of inclusion and a goal of showcasing the diversity of talents within our organization.”



Dr. Wong speaks at the 67th Annual Conference in Dallas, Texas.

members! How incredible! We have to make sure our educational offerings and membership benefits reach out to all of our members.

- Make dental implant education more accessible to our members by offering them different levels of courses: basic, intermediate, and advanced. Encourage more local study clubs, which offer less-intimidating environments especially for those just starting out in their implant careers. Create mentoring relationships among credentialed and non-credentialed members. This will help to build upon the skill set of the mentees while offering the opportunity for the mentors to share their experiences.
- Expand the level of dental implant education across our dental auxiliaries and dental technicians. In doing so, we have created a new

structure for the dental auxiliary team starting in Dallas this year at our annual conference. This new format includes one full day of podium presentations appropriate for the entire team and a second day of personalized, hands-on education for the dental hygienists, assistants, and administrative teams. And next year in Las Vegas, this will also include the dental technicians! We are only as good as our team, and so we need continue to raise the bar across all that are involved in successful implant cases.

**DR. JAMES FERENC:** As you noted earlier, more than 50 percent of the graduating classes are women. As a female in the industry, what do you see as some of the challenges to women dentists?

**DR. NATALIE WONG:** I believe that women make great healthcare professionals and their ability to multi-task is extremely important. On the professional side, we have the stresses of owning and running a dental practice, managing a dental office team, being “the best” clinical dentist, and participating in continuing education. On the home front, we strive to be “the perfect” family member—mother, wife, daughter—and as such, many of us also manage the household along with children’s activities: camp schedules, piano lessons, swimming, soccer, dinner, laundry, etc. In trying to balance the two with the high standards we set for ourselves, it can be extremely overwhelming as we wear many hats. And when we ask why there aren’t more women involved in organized dentistry, volunteering on committees, attending annual meetings, lecturing, writing articles, etc.—there is only so much time in the day!

That said, I do believe that now is an easier time for more women to get involved. Virtual meeting spaces allow us to participate from our own offices/homes. Many meeting hotels have day camps and activities for children of all ages, and childcare options. I believe that all professionals need to be able to juggle many commitments, but for a woman professional, balancing the demands of dentistry with those of family life may require some superhero strength!

**DR. JAMES FERENC:** How long have you been involved with the world of implant dentistry and how did that interest start?

**DR. NATALIE WONG:** I graduated from the University of Toronto with my DDS in 1996. Upon



Dr. Wong, her family, and her office staff and their families enjoy their annual office cruise.



graduation, all I wanted to do was get out and work on patients! I worked as an associate for a dentist in Toronto who introduced me to implant dentistry in that first year. I was not aware of the AAID implant MaxiCourses® at that time, nor would I have been wise enough to understand the importance of investing in the proper education. So, of course, I ran into implant complications.

In 2001, I attended the Misch Implant Institute in Canada where my whole outlook of implant dentistry changed. Dr. Carl Misch not only gave me the fundamentals and a biomechanical approach to implant dentistry, but as I mentioned, he also became a mentor and encouraged me to join the AAID, get credentialed, and to specialize and teach. I became so passionate about implant dentistry that I gave up general dentistry and restricted my practice to implant surgery and implant prosthetics.

I got accepted and completed my specialty in prosthodontics at the University of Michigan from 2004 to 2007. I chose prosthodontics as a specialty because I felt, at that time, there weren't a lot of continuing dental education (CDE) programs for prosthetics. There were many great surgical courses, which included workshops on pig jaws, cadavers, and even live patients, but very few comprehensive prosthetic courses.

**DR. JAMES FERENCE:** Can you describe your professional life and your practice?

**DR. NATALIE WONG:** Upon graduation, I focused on hands-on teaching and mentoring. I had the benefit of learning and refining my surgical skills from one-on-one, hands-on mentoring from a variety of implant mentors, and realized how much it accelerated my learning curve compared to a CDE course alone.

In 2013, I restricted my practice in Toronto to a referral-based practice for implants and surgical procedures with an emphasis on hands-on teaching and mentoring. I offer hands-on training where we treatment plan the case together, and then do the surgery with me observing and guiding the doctor every step of the way. I customize the learning to fit the needs based on the level of experience. Some doctors come in to learn an atraumatic extraction technique and socket graft, while others come in for sinus grafting or full-arch implant rehabilitation.

Today, my passion is still in implant dentistry with an emphasis on teaching and education. My strong belief is we can certainly help a large number of patients by being the best dentist we

can be; however, we can reach a lot more of humankind by teaching more dentists to be the best dentists they can be.

**DR. JAMES FERENCE:** You mentioned you had some great mentors, including Dr. Carl Misch. Who would you credit with your success?

**DR. NATALIE WONG:** I have been very fortunate and privileged to be mentored by some of the very best in our profession, and Dr. Carl Misch was most influential in my implant dentistry career. I also think the following mentors taught me so much:

- Dr. Michael Pikos for advanced surgical procedures such as block bone grafting and guided full arch surgical reconstructions
- Dr. Hom Lay Wang, for his sandwich bone technique
- Dr. Pat Allen for his periodontal plastic surgery techniques
- Dr. Craig Misch for autogenous bone grafting and immediate loading of dental implants



Dr. Wong meets AAID 67th Annual Conference Keynote Speaker Dr. Sanjay Gupta in Dallas, Texas.

- Dr. John Kois for his patient evaluation systems and step-by-step protocols in prosthetics and full arch rehabilitation
- Dr. Istvan Urban for his vertical bone augmentation techniques
- And of course, Dr. Hilt Tatum for his concept of Natural Implant Restoration in Stable Alveolar Bone (NIRISAB), the foundation for my success in implant dentistry

**DR. JAMES FERENCE:** How do you see the AAID changing with the times?

**DR. NATALIE WONG:** The AAID has always felt like my extended family from the time I joined. As our membership and staff continue to grow, I hope not to lose that familiar “family” feeling. I credit a lot of our success to excellent leadership not only from the dentists in the organization but also from our executive directors and the AAID Headquarters office team.

Under the guidance of our new executive director, Ms. Cheryl Parker, we are modernizing the Headquarters office with the latest in management software such as Scan & Go for registrations at the annual conferences and more web-based virtual technology for educational offerings. These software additions not only free up the staff for

more value-added activities, but they also provide our members with a better user experience.

We will also be moving to a larger space in the ADA building. As our organization has grown exponentially, we have quickly run out of space in our current office! With our new education director, Ms. Christine DiGiovanni, we are also looking at developing hands-on courses using virtual reality (VR). VR will allow us to simulate many of the surgical procedures on a “real” patient. Staying at the cutting edge of education positions us to continue being the go-to organization for dental implant education. It is indeed an incredible time to be in the AAID!

**DR. JAMES FERENCE:** What are your favorite ways to spend your time when you’re not in the office?

**DR. NATALIE WONG:** I love spending time with my husband, Shawn, and my two beautiful daughters, Katelyn and Kyra. We enjoy traveling: experiencing new places, learning about the local culture and history, making new friends, and best of all, tasting local food! The spicier the better!

**DR. JAMES FERENCE:** Thank you, Dr. Wong, for the glimpse into your life and plans as they relate to the AAID. It will be very interesting to watch you make your mark on the organization.



Dr. Fabien Charbonneau, Victoria from ADL, Dr. Wong, and her team (Leslie and Jane) finish a case in a zen-like atmosphere.





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Dr. Jun Shimada (Japan)	Dr. Muzafar Bajwa (Germany)	Dr. Jan Paulics (Sweden)	Dr. Uoshima Katsumi (Japan)	Dr. Izumi Yulchi (Japan)	Dr. Hom-Lay Wong (USA)	Dr. Jon M Julian (USA)
Dr. David Resnick (USA)	Dr. Alfredo Aragüés (Spain)	Prof. Ayala Stabholz (USA)	Dr. Mitra Sadrameli (Illinois)	Prof. Marius Steigmann (Germany)	Dr. Stuart Orton Jones (UK)	
Dr. Paresh Patel	Dr. Adam Foleck	Dr. Salah Huwais	Dr. Dwayne Karateew	Dr. Darcio Luis Fonseca	And many more...!	

### Registration Details

CATEGORIES	From 1 <sup>st</sup> May to 31 <sup>st</sup> October, 2018	After 1 <sup>st</sup> November, 2018
AAID MaxiCourse® alumni (India)	₹ 14,160*	₹ 17,700*
International Delegate AAID Member	\$300*	\$350*
International Delegate WCOI Member	\$400*	\$450*
International Delegate ICOI/AO/EAO/JAO/JSOI/JAMI/JAAI Member	\$450*	\$500*
International Delegate Non-Member	\$500*	\$550*
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By Frank Recker, DDS, JD

## The “Specialist” Chess Game

Several recent events have underscored the underlying turf wars that have raged for years relating to the burgeoning demand for skilled and experienced implant dentists. To date, the American Academy of Implant Dentistry (AAID) has won, and will eventually become the sole winner, in these wars. The AAID and its certifying board (the American Board of Oral Implantology/ Implant Dentistry (ABOI/ID)) issue the

### Specialty Debate in Ohio

The AAID, along with Dr. Kevin O’Grady and Dr. Scott Sayre, have a pending suit in federal court in Columbus, Ohio, over the specialty issue. At a recent meeting of the Ohio State Dental Board, it voted to select one of two proposed amendments to the regulation at issue regarding specialty recognition. The AAID submitted one proposal and the Ohio Dental Association (ODA) submitted the other. Needless to say, the ODA proposal required completion of a two-year postgraduate program that is United States Department of Education (USDE)–recognized. At the moment, there is no such program in implant dentistry. But in its transparent effort to remove “CODA–approved,” (as that has become synonymous with the American Dental Association,) the ODA simply replaced that reference with “USDE–recognized” programs. Of course, the only accrediting entity in dentistry is CODA because no other entity has developed accreditation standards for dental education. So, there is no other “USDE–recognized” accrediting entity in dental education. In effect, the ODA simply changed the label on the same product—another calculated move.

Then, in an attempt to pad its upcoming voting, at the request of the Board, the Ohio Ethics Commission issued an opinion which denied Dr. Bill Anderson, an ABOI/ID Diplomate/ member of the Ohio Dental Board, the right to even participate in the discussion or vote on the new specialty rule!

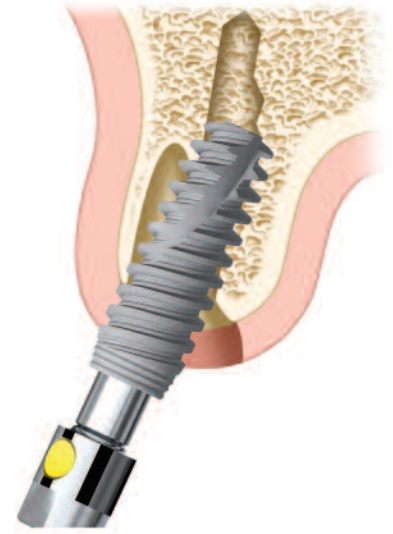
[see Legal Bite p. 24](#)

Who should be lawfully permitted to claim “specialist” in implant dentistry is the subject of ongoing political and legal battles...

only credible, objectively verifiable, rigorous and psychometrically based credentials in implant dentistry. And those credentials represent education, training, experience, and testing far exceeding what is taught in any existing non-implant postgraduate program. Who should be lawfully permitted to claim “specialist” in implant dentistry is the subject of ongoing political and legal battles, and every move is as intense and carefully considered as those of a serious game of chess. Several recent events have underscored the strategy at play.



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## Legal Bite

continued from p. 22

The rationale from the attorney representing the Ethics Commission was, in short, that Dr. Anderson had a financial interest in the outcome. But the other specialist board members could participate, including an oral surgeon, since the decision did not directly benefit them! The subsequent vote for the ADA/ODA rule version was almost unanimous, with the exception of the dental hygienist VP of the Board who argued in support of the AAID and the American Board of Dental Specialties. Dr. Anderson was present but was not permitted to speak on the topic.

Of course, multiple Ohio oral surgeons, periodontists, and prosthodontists have Internet advertisements that include the phrase “specialist in implant dentistry.” But, curiously, according to the Ohio Ethics Commission, those specialists had no financial interest in the Board rule amendment! The Commission has since been educated on that issue and provided documentation exposing the turf wars at issue. This chess maneuver by the Board will ultimately cost them several rooks and knights, and even jeopardize their queen.

## Suit Pending in Indiana

In a similar vein, the AAID and Dr. Craig Cooper have a suit pending in federal court in Indianapolis against the Indiana Board of Dentistry. In August 2018, several depositions were obtained from three defendant board members and

its executive director. The Board is also proposing a rule amendment that refers to “USDE-recognized” and deletes CODA, another sleight of hand move being propagated by dental organizations, both local and national. The Board also confirmed that it had not reviewed Dr. Cooper’s credentials, what those credentials represented, what was required to obtain the credentials, and admitted that it had no idea of how the public would perceive or in any way be affected by Dr. Cooper advertising as a “specialist in implant dentistry.”

When shown multiple Internet ads by oral surgeons and periodontists claiming to be specialists in implant dentistry, the Board acknowledged them to be “unlawful,” but no such advertiser has been charged with false or misleading advertising.

Ironically, one state (Florida) that lost a legal challenge by the AAID about 10 years ago, repealed all of its specialty regulations after the court decision. Since then, it has seen advertisements appearing from many dentists claiming to be “specialists in implant dentistry.” But according to Board sources, some of those dentists are basing their specialty status on credentials that the Board believes are not bona fide. So, they have asked this author to appear and present the case for specifically recognizing the ABOI/ID and ABDS.

I believe that the U.S. Supreme Court may eventually be asked to resolve these issues. In the meantime, states will do their best to duck the legal noose that continues to tighten around them. And more legal challenges by the AAID will continue to result in more victories for our credentials and the right to provide the public with truthful, non-deceptive, non-misleading, and objectively verifiable information about our rightful claim to “specialist” in implant dentistry. I predict that when all of these strategic moves come to an end, it will be the AAID declaring, “Checkmate.”

But these legal challenges are really not a game. They are serious First Amendment issues that create legal precedent for other states, should they be wise enough to follow. For example, the state of Texas lost our challenge of their ADA only specialty regulation, and they fought it to the U.S. Court of Appeals for the 5th Circuit. In June 2017 they lost in that Court, creating formidable case law that supports our efforts at specialty recognition. But whether or not other states follow without legal challenges, remains to be seen. Additionally, the Texas State Board of Dental Examiners was ordered to repay the AAID the amount of \$270,000 toward legal fees and costs incurred by the AAID, which they just recently did. So the AAID’s efforts not only made a new law, but also put a dent in a dental board’s budget. The bottom line is that no state can demonstrate that advertising as a ‘specialist in implant dentistry,’ based on credentials supported by the AAID, can or could harm the public in any way.

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DOLLARS AND 12/100 \$ 249,764.12

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The Texas State Board of Dental Examiners was ordered to repay the AAID the amount of \$270,000 toward legal fees and costs incurred by the AAID.



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By Roger P. Levin, DDS

# Bringing Your Team on Board for Change

I've often heard people say that they don't like change. You know the old saying: "If it's not broke, why fix it?" But when I ask them if they won a \$200 million lottery prize—a pretty significant life change—if they would accept it, the answer is always an enthusiastic, "Yes!"

patient onboarding process, these changes have to occur while the practice is functioning at full speed. I've often described the job of changing the practice as similar to changing a tire while the car is going 65 miles an hour. For success, you'll need to involve your team at every stage.

Follow these key steps to motivate your team.

**1. Ask for feedback.** While you may know that it's time for change, you may not always know where to begin. Look to your staff. All members of your practice team use management systems, so their thoughts about how to improve operations are invaluable. Always be proactive about gathering feedback and ideas from staff members. A "my way or the highway" attitude does not signify strength. It tells staff members that they are not being paid to think. It's always a good idea to rely on your team for feedback. They can offer valuable insights that can help you key in on specific areas for change.

**2. Make one change at a time.** While there may be a number of systems in your practice that require your attention, it's best not to tackle too much at one time. Identify one key area that needs change, improvement, or innovation. As a leader, the dentist has a tremendous responsibility to identify key changes and decide when it's best

One of the challenges of a dental practice as a business is that there is very little time to identify and implement change.

It's not that people don't like change; it's just that they don't like negative change. Nobody does. And, all too often, the changes that we request of our team come across as extra work, out of left field, and not really part of their job description. To implement successful changes at your practice, you must have the full support of your team.

### Motivating your team

One of the challenges of a dental practice as a business is that there is very little time to identify and implement change. Whether it's revising the insurance code or revamping the entire new



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to explain and implement them. While it may seem desirable just to tell the team everything you want to accomplish and get it off your or your office manager's plate, the reality is that the team can only absorb so much while they are handling their normal day-to-day responsibilities. Think about how many times you've gone to a practice management course and come back to the office with a laundry list of changes you want to make. Inevitably, almost none of those changes stick. Conversely, if you come back to the practice with one important key point and ask the team to implement change around that point, your odds of success skyrocket.

### **3. Explain the reason that a change needs to be made.**

In order for your team to fully buy into your plan for change, it's critical to explain the reason behind the change and how it will improve practice performance. The team should also know how the new change will be implemented and measured, and be clear on the deadline for having it up and running properly.

**4. Make it fun.** Having something to look forward to always makes a task seem easier and fun. Offer a prize to the team if the changes are implemented successfully by the deadline that has been set. Everybody likes a challenge, and everybody likes to win something. Offer movie tickets, gift cards, or a free lunch for goals that are successfully met.

## **Making change work for you**

So how can all of this work in your practice? Let's examine a case study of a change. I recently spoke to a dentist who was having trouble converting new patient callers to new patient appointments. Only 54 percent of new patients who called the practice made an appointment. Clearly there was a tremendous loss of opportunity that could be addressed by making a few simple changes. After examining the problem further and asking for team feedback, the doctor determined that the front desk could benefit

from scripting. The doctor explained to her team that scripting would make it easier for the front desk coordinator to welcome new callers enthusiastically, build value for the practice, gather information, and schedule an appointment—all in a few minutes.

The team worked together to create a script that changed the new patient phone call into a relationship phone call. Every caller was greeted with energy, enthusiasm, and a great customer service attitude. At the end of every call, the office staff member asked the patient to make an appointment. If the caller hesitated, there were scripts to address opportunities for the caller to become a new patient in the practice.

Within only a few months, the percentage of callers that made appointments increased from 54 percent to 79 percent and it continued to improve. The impact on the practice from a revenue standpoint was dramatic and as more new patients were added, they referred other new patients as well.

Change is not always easy, but this doesn't mean that you should continue to cling to the way things are. When you have the full support of your team, change can be implemented at a comfortable and enjoyable pace. Take a positive approach to motivating and encouraging your staff. Team members will be inspired when they see you as the practice leader replacing obsolete thinking with new ideas, learning better ways to run the practice as a business, and paying serious attention to team members' comments and suggestions for change. Following the simple process above and only making one major change at a time creates an excellent chance for dramatic and effective change.

*Roger P. Levin, DDS is a third-generation general dentist and the Founder and CEO of Levin Group, Inc., a dental management consulting firm that has worked with more than 26,000 dentists. Dr. Levin, an internationally known dental practice management speaker, has written 65 books and more than 4,300 articles. He is also the Executive Founder of Dental Business Study Clubs, dentistry's only all-business study clubs, the next generation of dental business education.*

# Anaphylaxis Can Occur in Any Dental Office at Any Time



By James L. Rutkowski DMD, PhD

**Note:** *The following happened in a credentialed AAID member's office. The names used are fictitious.*

The patient (Nancy) was a pleasant 38-year-old, pre-menopausal Caucasian, married female with two children. Her medical history was negative with no current medications. She was healthy and fit at 5'7" and 132 lbs. Nancy had no known allergies. Her dental history included an array of dental procedures with local anesthesia. She had never had an untoward reaction to any systemic or locally administered medication. The dental assistant seated Nancy, reviewed the medical history (no

Dr. Richards walked into the operatory, greeted Nancy, exchanged pleasantries, and reviewed the medical history and vital signs. A topical ester anesthetic (20% benzocaine) was applied to the buccal mucosal and lingual gingival tissues. After approximately two minutes, Dr. Richards administered two 1.7 mL carpules of xylocaine 2% with epinephrine 1:100,000 (68 mg of xylocaine and 0.034 mg of epinephrine). Dr. Richards left the operatory to review the previously taken CT scan. Approximately 90 seconds after administering the local anesthesia, the dental assistant called out, "Doctor, come quick, something is wrong." Dr. Richards quickly returned to the operatory where he found a panic-afflicted Nancy standing at the chair side. Her face was flushed with blotchy red patches and her lips were swollen. Her hands were by her throat and she was having difficulty with breathing. Nancy was making a whistling sound as she breathed.

Dr. Richards knew that a life-threatening medical emergency was unfolding. He immediately directed the patient to be seated back in the chair and put her in a semi-fowlers position. The patient appeared to be faint, weak, disoriented, and her panic worsened with each passing second. Dr. Richards' assistant called-out to the receptionist, "Call 911." A second assistant hurried from the sterilization room to the operatory with the emergency drug box and

Approximately 90 seconds after administering the local anesthesia, the dental assistant called out, "Doctor, come quick, something is wrong."

changes were noted), took a baseline blood pressure (134/76), and pulse (regular, strong, and 72). The patient did not demonstrate or relay anxiety regarding the upcoming single-implant procedure. Sedation was not requested nor indicated, so the procedure would be performed using only local anesthesia.



asked, "What do I need?" Dr. Richards knew from his training that this may be a real anaphylactic or anaphylactoid reaction. The office staff had never experienced a major allergic reaction with a patient (although they had rehearsed what to do in practice scenarios many times).

Dr. Richards immediately instructed the assistant to get out the allergic reaction protocol card kept in the drug box. He took a quick look at the card, which he made for situations like this, and said, "Draw up 0.3 mL of epinephrine 1:1000." The assistant quickly replied, "Drawing up 0.3mL of epinephrine 1:1000." Meanwhile, the first assistant took the patient's blood pressure and pulse and called out, "BP 80 over 30; the carotid pulse is too weak for me to count." Dr. Richards reminded himself to stay calm and follow the algorithm.

Dr. Richards chose to inject the epinephrine (0.3 mg) into the floor of the mouth. When he opened Nancy's mouth, he witnessed a swollen tongue and uvula. As he pierced the floor of the mouth with the needle, Nancy flinched and groaned. Once the epinephrine was injected, the assistant proceeded to get an oral-pharyngeal airway and a full-face mask from the drug box. She attached the facemask to the emergency oxygen tank in the room and asked, "Doctor, do you want an oral-pharyngeal airway? Which oxygen liter flow do you want?" Dr. Richards asked her to set the liter flow to 10 liters per minute. Dr. Richards tried to place the airway, but as he did, Nancy began to gag, so he decided against it. He then instructed the assistant to place the oxygen mask and administer the oxygen. Within a minute of administering the epinephrine and oxygen, Nancy's wheezing diminished and the ventilation improved. Dr. Richards and his two assistants were relieved.

Over the next several minutes Nancy's breathing continued to improve. As the seriousness of the situation dissipated over the next four to five minutes, the first assistant retook the blood pressure and pulse and reported, "BP is 160 over 100 and pulse is 110 and strong." Nancy was no longer feeling faint but was experiencing tremors. She said, "I can breathe, but my heart felt as though it was about to jump out of my chest." The second assistant reviewed the algorithm card and asked if Dr. Richards wanted diphenhydramine. Dr. Richards confirmed and asked for 50 mg diphenhydramine by IM injection. The second assistant drew up the 50 mg of diphenhydramine for IM injection and the first assistant then cleaned off the patient's right upper arm's deltoid area with an alcohol wipe, dried the skin and told Nancy she would feel a pinch. Dr. Richards then bunched up the mass of the deltoid muscle in the right arm and injected the diphenhydramine. As he was withdrawing

see [Clinical Bite p. 30](#)



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## Clinical Bite

*continued from p. 29*

the needle from the arm, he asked, “Where are the EMTs?” The receptionist who had been standing at the operatory doorway and recording events as they happened responded, “I called 911 about 15 minutes ago. Should I call again?” Just then, two paramedics came down the hallway.

Dr. Richards reported: “The patient had a major allergic reaction and I administered 0.3 mg of epinephrine sublingual about 10 minutes ago and 50 mg of diphenhydramine IM just now, and 10 liters of oxygen per minute are being administered via a full non-rebreathing facemask.”

The first assistant took the blood pressure again, which was 140/90 and reported a strong pulse of 92. One of the paramedics started an IV with normal saline, and, then somewhat unexpectedly, Nancy began to redevelop breathing problems. The second paramedic asked one assistant to retake the BP and pulse as he prepared 0.3 mg of 1:10,000 epinephrine ready for IV administration. The assistant announced that the blood pressure was 85/44 and the carotid pulse was very weak and too rapid to count. The paramedic then slowly administered 3 mL of 1:10,000 epinephrine (0.3 mg) IV. Within a minute Nancy’s breathing began to improve. Once Nancy was stabilized, the paramedics took Nancy to the emergency room of the local hospital.

### Reflecting on what happened

This patient most likely had an anaphylactic IgE mediated allergic reaction or an anaphylactoid reaction to any of the following: (i) latex used in Dr. Richard’s or the assistant’s gloves, (ii) benzocaine topical anesthetic, (iii) sodium metabisulfite antioxidant in the xylocaine with epinephrine local anesthetic, or (iv) an unlikely allergic reaction to the amide local anesthetic xylocaine.<sup>1</sup>

### Planning for adverse reactions

As reported in 2011, more than 50 million people in the United States have allergies to either environmental agents or medications.<sup>1</sup> The reported occurrence of anaphylaxis in the dental office is 0.004 to 0.015 cases/dentist/year.<sup>1,3,4</sup>

Often times, these antigens can be used or found in the dental office. Latex, antibiotics, topical anesthetics, local anesthetics, cleansers, disinfectants, analgesics, various restorative materials, and antibiotics are examples of potential antigens that can be used during patient treatments. The reactions to these antigens can range from minor to major; therefore, dental teams must be knowledgeable regarding the recognition and management of

this medical urgency or emergency. When the reaction is a life-threatening anaphylaxis, management requires immediate diagnosis and treatment.<sup>1</sup>

The immune system induces inflammation when a type-1 allergic reaction occurs. This inflammatory response occurs within seconds or minutes and results in intense vasodilation, increased vascular permeability and smooth-muscle contraction of the bronchioles.<sup>1</sup> The vasodilation induces a blood pressure drop; the increased vascular permeability induces swelling (including angioedema); and the contraction of the bronchioles decreases the patient’s ability to ventilate. The immune response to a type-1 allergic reaction can vary in rate of development and intensity. Reactions range from mild itchiness to a life-threatening, compromised airway.<sup>1</sup>

The two most critical steps in the management of a life-threatening type-1 allergic reaction are recognition and administration of epinephrine. Epinephrine is a lifesaver in these situations because it is an agonist at three different receptors. Alpha-1, beta-1, and beta-2 receptors are activated when epinephrine is administered. Each receptor is critical to the management of the anaphylactic reaction. Activation of alpha-1 receptors induces peripheral vasoconstriction, which elevates the blood pressure and reduces swelling of the glottis. Beta-1 activation produces an increased rate (chronotropic) and force of contraction (ionotropic) of the myocardium. Activation of alpha-1 and beta-1 receptors help normalize the otherwise decreased blood pressure and improve cardiac output. Activation of the beta-2 receptors stimulates smooth muscle relaxation at terminal bronchi and thereby reducing bronchial constriction and decreased bronchospasm. All of these beta-2 actions result in improved pulmonary ventilation.

Once anaphylaxis is recognized, the treatment steps are:

1. Terminate all dental treatment immediately
2. Activate the office medical emergency protocol
3. Implement the appropriate emergency treatment
  - a. Administer epinephrine (1:1000) 0.3 to 0.5 mL Sub Q or IM or 3.0 to 5.0 mL IV of a 1:10,000 concentration
  - b. Activate the 911 emergency medical services
  - c. Continue to monitor the vital signs
  - d. Elevate the legs to assist in management of the hypotension
  - e. Continue to monitor the airway
  - f. Administer diphenhydramine 50 mg IV or IM (if an IV access has not been obtained)
4. If EMS has not arrived, consider administering a glucocorticosteroid IV or IM (hydrocortisone 100 mg or dexamethasone 4 mg)
5. Continue to monitor vital signs, deliver oxygen, and

**see Clinical Bite p. 32**



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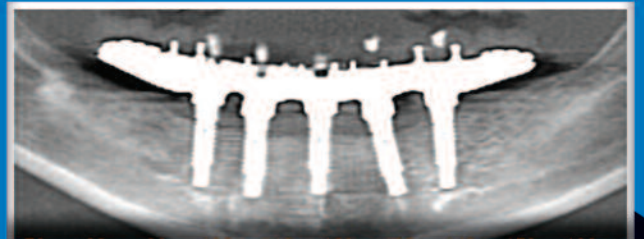
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## Clinical Bite

*continued from p. 30*

keep patient in semi-fowlers position with legs elevated  
6. Attempt IV access if not already obtained and if it is within the capabilities of the dental team<sup>1</sup>

Due to the two-minute, half-life of epinephrine, a single injection of epinephrine is essentially completely metabolized within 10 minutes. Therefore, the life of the allergic reaction may well exceed the benefits of a single epinephrine administration. The epinephrine may need to be re-administered in the event the anaphylaxis reaction reoccurs.

Diphenhydramine is an antihistamine and its administration blocks or diminishes the release of histamine. Glucocorticosteroids are not first-line drugs to be administered because they have a slow onset and are not beneficial during the initial stages of the anaphylactic reaction.

The key takeaways for any dental office are:

- Never leave a patient alone in an operatory once a medication has been administered.
- If it has been a while since the office staff has attended a medical urgency and/or emergency management course together, now is the time to do so.
- Make certain all office personal absolutely know what they need to do when an emergency does occur.
- Make emergency protocol cards and store them in the emergency drug box.
- Make certain all drugs in the emergency drug box are current.
- Have the drug box in a readily available location.
- Have regularly scheduled emergency practice drills.

- Since anaphylaxis can occur unexpectedly and progress rapidly, consider having vials of epinephrine taped to a syringe and readily available in each operatory.

We are all fortunate that anaphylactic or anaphylactoid reactions rarely occur, but that is not say it won't happen to any of us, at any time. Therefore, dental teams must be prepared.

For further review on this topic, readers are encouraged to reference the following two articles:

- Rochford C, Milles M. A review of the pathophysiology, diagnosis, and management of allergic reactions in the dental office. *Quintessence Int.* 2011 Feb;42(2):149-56.
- Maher NG, de Looze J, Hoffman GR. Anaphylaxis: an update for dental practitioners. *Aust Dent J.* 2014 Jun;59(2):142-8 (free article)

## References

1. Rochford C, Milles M. A review of the pathophysiology, diagnosis, and management of allergic reactions in the dental office. *Quintessence Int.* 2011 Feb;42(2):149-56.
2. Girdler NM, Smith DG. Prevalence of emergency events in British dental practice and emergency management skills of British dentists. *Resuscitation* 1999;41:159-167.
3. Muller MP, Hansel M, Stehr SN, Weber S, Koch T. A statewide survey of medical emergency management in dental practices: incidence of emergencies and training experience. *Emerg Med J* 2008;25:296-300.
4. Arasti F, Montalli VA, Florio FM, et al. Brazilian dentists' attitudes about medical emergencies during dental treatment. *J Dent Educ* 2010;74:661-666.

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## Editor's Notebook

*continued from page 4*

It is likely that when insurance companies set some fees that are unrealistically low, they unknowingly set in motion influences that can adversely affect the treatment plan decision-making process. The increasing hostility toward insurance companies that exists in the dental community possibly (at least partially) results from the interference in objective decision-making that results from poorly designed fee allowances.

As we appreciate how intimately we affect the lives and futures of patients, we realize how important it is to offer informed, wise, and unbiased advice to those seeking our care.

There are sometimes hundreds of considerations that guide us when constructing an appropriate treatment plan. Creating an environment that makes us financially impartial seems like an important part of that equation.



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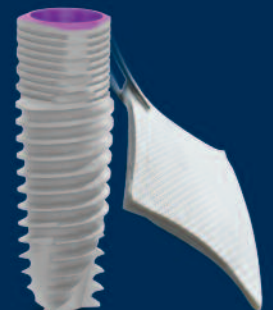
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**Editor’s Note:** Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of AAID News, we selected a few articles that have broad applicability to the 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 44, Issue 3 (June 2018).

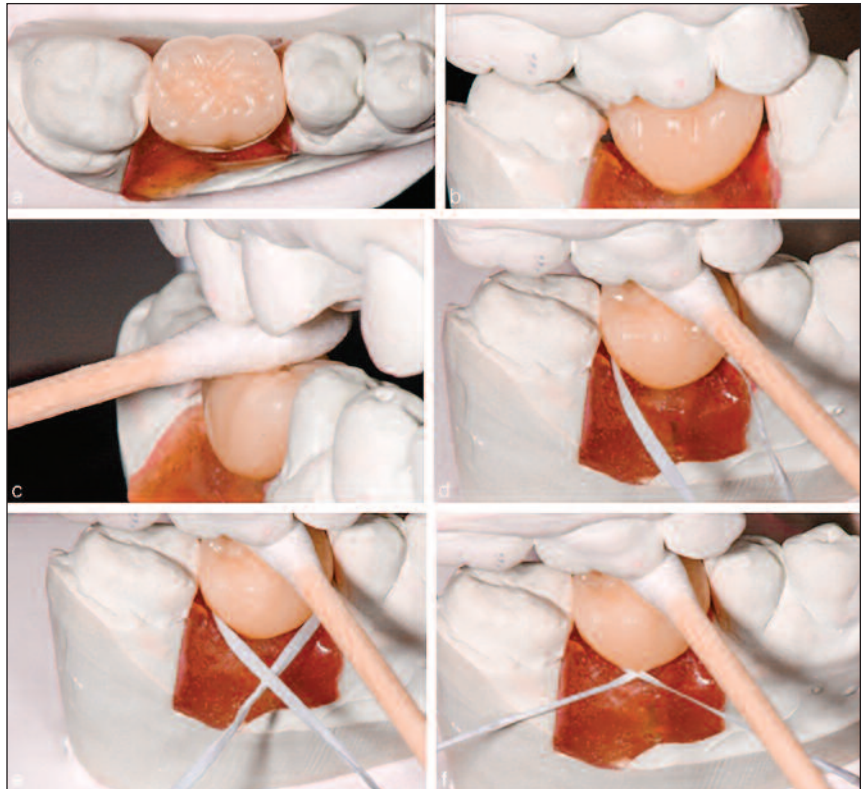
**CLINICAL**

**Evaluation of Effectiveness of Cement Removal From Implant-Retained Crowns Using a Proposed “Circular Crisscross” Flossing Technique**

Extruded cement during dental implant crown cementation may cause peri-implant diseases if not removed adequately. The purpose of this study was to evaluate the efficiency of removal of cement after cementation of implant crowns using an experimental circular crisscross flossing technique (CCFT) flossing technique, compared to the conventional “C”-shape flossing technique (CSFT). The CCFT showed a highly statistically significant result (104.8 6 13.66, P , .0001) for cement removal compared with the CSFT (291.8 6 21.96, P , .0001). The CCFT showed highly statistically significant less cement after implant crowns cementation when compared with the CSFT.

Cimara Fortes Ferreira, Mohamed Shafter, Vinay Jain, Russel Anthony Wicks, DDS, MS, Erno Linder, Carlos Alberto da Silva Ledo, Evaluation of Effectiveness of Cement Removal From Implant-Retained Crowns Using a Proposed “Circular Crisscross” Flossing Technique, *Journal of Oral Implantology*. 2018 Jun;44(3):177-183.

Experimental technique sequence: (a) Occlusal view of a Vita Enamic crown for implant #30. (b) Occlusal view of a Vita Enamic crown for implant #30. (c) Cotton applicator placed interocclusally in order to allow. (d) Thirty seconds later, the patient was asked to open his/her mouth and a dental floss was passed mesial and distally around the crown. (e) Dental floss is crossed. (f) Floss is taken subgingivally in order to remove cement using a back-and-forth movement pushing right and left hands, up and down. This allowed the crossed part of the floss to move from subgingivally to supragingivally for removal of excess cement.





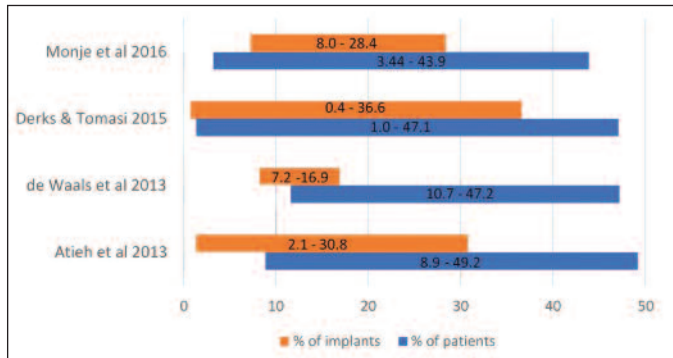
## LITERATURE REVIEW

### Peri-implantitis: A Comprehensive Overview of Systematic Reviews

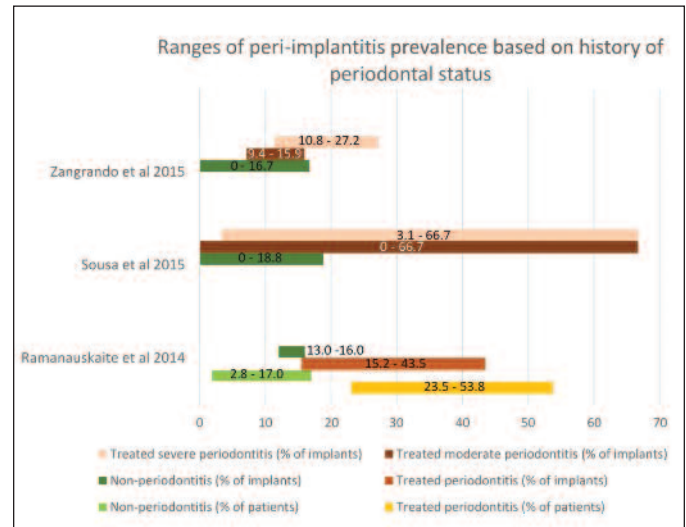
The objective of this literature review was to perform a comprehensive overview of systematic reviews and meta-analyses pertaining to peri-implantitis in humans, including the prevalence and incidence, the diagnostic findings, microbial findings, effects of systemic diseases, and treatment of peri-implantitis. In view of the limitations of the included systematic reviews, the outcome of this overview suggested that (1) occurrence of peri-implantitis was higher in patients with periodontitis, in patients who smoke, and after five years of implant function; (2) the microbial profile of periimplantitis was different from periodontitis; (3) risk for peri-implantitis was higher in patients with uncontrolled diabetes and

cardiovascular disease; (4) there was no strong evidence to suggest the most effective treatment intervention for peri-implantitis, although most peri-implantitis treatments can produce successful outcomes; and (5) postimplant maintenance may be crucial in patients with a high risk of peri-implantitis.

Miriam Ting, James Craig, Burton E. Balkin, Jon B. Suzuki, *Journal of Oral Implantology*. 2018 Jun;44(3):225-247.



Ranges of peri-implantitis prevalence reported in selected systematic reviews.



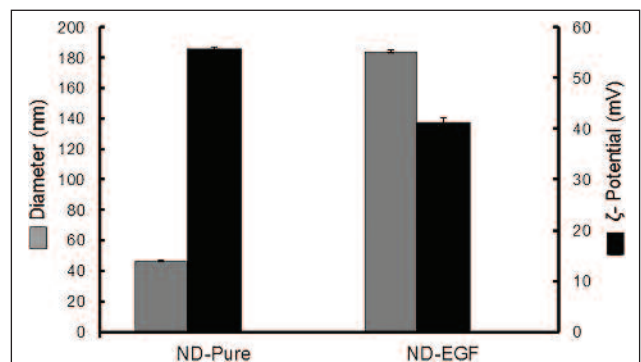
Ranges of peri-implantitis prevalence reported in selected systematic reviews based on history of periodontal status.

## RESEARCH

### Synthesis and Characterization of Nanodiamond-Growth Factor Complexes Toward Applications in Oral Implantation and Regenerative Medicine

During the past two decades, regenerative medicine has emerged as a promising field that is progressing toward tissue regeneration for a broad range of indications. However, a current challenge of the field is the need to identify biocompatible and scalable delivery agents to enhance treatment efficacy and safety. Several approaches have attempted to use biomaterials as growth factor carriers for possible sustained delivery and controlled molecular release. This research letter explores the nanodiamond-growth factor complexes and applications of those in oral implantation and regenerative medicine.

Julie Ye Rin Bang, Caleb Ting, Peter Wang, Ted Kim, Kenneth Kezhi Wang, Theodore Kee, Darron Miya, Dean Ho, Dong-Keun Lee, Synthesis and Characterization of Nanodiamond-Growth Factor Complexes Toward Applications in Oral Implantation and Regenerative Medicine, *Journal of Oral Implantology*. 2018; Jun;44(3):207-211.



Dynamic light scattering analysis for unmodified nanodiamond (ND) and ND-epidermal growth factor (EGF) samples. The diameters of ND and ND-EGF are 46.6 ± 0.17 nm and 184.3 ± 1.03 nm, and the z-potentials of ND and ND-EGF are 55.8 ± 0.37 mV and 41.4 ± 0.89 mV, respectively.

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**Dr. Bernee C. Dunson, Director**



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FEATURED

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## Giving Back with TexMAX<sup>®</sup>

The Houston AAID MaxiCourse<sup>®</sup>, TexMAX<sup>®</sup>, is now entering its third year in November. From conception it was the largest implant training program for general dentists in the state with the

most CE hours (300) and the most time devoted to live surgery.

TexMAX runs nine months during the year in three-day modules. Six of those days are devoted to live surgery exclusively. The students bring their own patients, giving them a genuine surgical experience because they are present for, and responsible for, the patient's care from beginning to end. Out-of-state participants are not excluded from this experience because each surgery team consists of four participating doctors.

Besides lecturers from all over the



Hands-on courses allow students to attain competency in core surgical skills.



Students work closely with TexMAX Director Dr. Jay Elliott.



Students of all levels find the course stimulating and challenging.





The most recent graduates of the TexMAX program.

world sharing their considerable knowledge and skills, the incredible amount of real-world patient care drives the program in unique and challenging ways. TexMAX Director Jay Elliott, DDS, believes that treatment planning is the foundational skill of a competent implant practitioner. This year the students performed more than 80 surgeries from simple to complex. They performed bone expansions, alveolar reconstructions, socket grafts, crestal sinus lifts, PRF grafts, and placed more than 125 implants. All of these cases are planned and reviewed during the course for the entire group, thus establishing treatment planning protocols throughout the year.

The goal of TexMAX is for the students to attain competency in the core surgical skills of implant dentistry and be able to implement those skills in their practices. Dr. Elliott believes that this competency can only occur over time,



This year the students performed more than 80 surgeries from simple to complex.

and so the surgical component of the course is spread out over six of the nine modules spanning seven months.

One of our graduates from the first year's class had no implant experience and recently graduated dental school the previous June. In the year since he graduated TexMAX, he has successfully placed 150 implants!

Students of all levels find the course stimulating and challenging. One of Dr. Elliott's students this year said, "I'd take your course again!" Another, who is a Master in the Academy of General Dentistry (AGD), said that the TexMAX course was the finest CE course he had ever taken after his MAGD.

"I have great relationships with my students," Dr. Elliott says. "Teaching my students is a privilege and an honor. The AAID brought great mentors into my life and this is the best way to repay them." ●



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# Summary of the 2018 Annual Business Meeting

The 2018 Annual Business Meeting of the American Academy of Implant Dentistry (AAID) was called to order by President David Hochberg at 2:25 p.m. at the Hyatt Regency Dallas on Saturday, September 29.

A quorum was present. Following is a summary of the activities, actions, and reports at the meeting:

- Inducted 61 new Associate Fellow members and 33 new Fellows
- Introduced six new credentialed members as the 2018 Class of Honored Fellows:
  - Dr. Joseph Bedich, Cortland, OH
  - Dr. Adam Michael Hogan, Virginia Beach, VA
  - Dr. Steven E. Holbrook, Albuquerque, NM
  - Dr. Andrew Kelly, Winston Salem, NC
  - Dr. Justin David Moody, Rapid City, SD
  - Dr. Trace H. Rutherford, Columbia, SC
- Observed a moment of reflection in memory of the following members who passed away since the 2017 Annual Business Meeting:
  - Dr. Darshan Patel, Deland, FL
  - Dr. Stephen Jay Zimmerman, Houston, TX
  - Dr. Manual Chanavaz, Rouen, Haute-Normandie, France
  - Dr. Hans Grafelmann, Dremen, Germany
- President Hochberg reviewed the highlights and changes at the AAID during the 2018 year, including progress in getting AAID credentials recognized in several states and adding new MaxiCourses®, both in the U.S. and abroad during 2018.
- Dr. Shanker Iyer, chair of the Nominating Committee reported that no further nominations had been received, so the slate of officers for 2018 was elected as follows:

- President: Dr. Natalie Wong
- President-Elect: Dr. Bernee Dunson
- Vice President: Dr. Adam Foleck
- Treasurer: Dr. Brian Jackson
- Secretary: Dr. Shane Samy

## The following reports were delivered:

- The 2018 Annual Conference report by Dr. Bernee Dunson reported that 784 doctors and 184 dental office staff doctors attended the meeting. The 2018 meeting saw 516, approximately one-third, attendees attended the hands-on workshop.
- Treasurer, Dr. Brian Jackson reported that the AAID is in very good financial shape. He advised members who want a copy of the financial statements to send a request to William Rohe, the AAID Director of Finance.
- Dr. Wong presented two revisions to the AAID Bylaws, which included the removal of the three-year meeting requirement and a change to the manner of voting for the Board of Trustees. Both passed by the voting members.
- Dr. Frank Recker updated the assembly of changes since the 2017 Annual Business Meeting. He made a presentation to the Iowa Board to not limit recognition to ADA Specialties and the AAID filed suit in Ohio and Indiana in early 2018. Ohio agreed to recognize ABDS pending legislation. Also, North Carolina proposed a rule to recognize ABDS, with a hearing scheduled in October to propose a new rule.
- Dr. Kevin O'Grady, president of the American Board of Oral Implantology/Implant Dentistry, reported that 31 new Diplomates were certified in 2018, bringing the total number of active Diplomates to 525.
- Dr. Bernee Dunson, chair of the AAID Foundation, reported that the AAID Foundation total assets grew to more

[see Summary p. 42](#)



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\*Hoganson DM, Owens GE, O'Doherty EM, Bowley CM, Goldman SM, Harilal DO, Neville CM, Kronengold RT, Vacanti JP. Preserved extracellular matrix components and retained biological activity in decellularized porcine mesothelium. Biomaterials. 2010, 27: 6934-6940.



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# President's Comments from the Annual Business Meeting

Good afternoon and a warm Texas welcome to our Board of Trustees, our past presidents, our Chicago team, and my colleagues on the Executive Committee who helped guide the way this year. And, a Texas 'howdy' to all previously and newly credentialed members, (my hat's off to you!) as well as to our general members.

When I began my five-year officer commitment, I felt that my initial objective was to better grasp the AAID big picture by exploring and learning more about its workings. What new perspectives could I bring to our organization, our leadership, and members that might better our Academy? Though our core philosophies and goals—the heart of the AAID—remain, our structural needs are different today. After all, we have grown from a membership of just 600 (not too long ago) to 5,417.

## Summary

*continued from page 40*

than \$4 million. The Foundation awarded eight student research grants of \$2,500 each, for a total of \$20,000, and will be awarding larger grants of \$25,000 each in the fall.

- Dr. Natalie Wong recognized President Hochberg for his leadership of the AAID and presented him a plaque of appreciation and the Past President's pin.
- Dr. Wong delivered her inaugural address, which can be found in its entirety beginning on page 44 of this issue of *AAID News*.
- The Business Meeting adjourned at 4:18 p.m.

Serving the needs of a large academy requires organization at all levels and an understanding of our 67-year-old culture.

Yes, collaboration between the Executive Committee and Chicago was one of my top priorities: A seamless interface will help ensure that there is a continuity of purpose that flows between permanent staff and our annually rotating officers.

Last year, at this meeting, I shared some questions. They were the cornerstones of my presidential year and are the basis of this president's report.

I asked how our Academy works to enlighten the public as to the importance of choosing an AAID trained and credentialed dentist? Are we raising the awareness of the consumer, our potential patient, that there are real benefits to selecting an AAID dentist? After all, we stand for education—that's what the AAID is all about. But does the public know about our advanced training? Do they seek us out? Will dentists who are not AAID members want to join? Will that member want to advance his or her credentials, not only to enrich their education, but also to boost practice numbers because patients are seeking them out? In my opinion, it was—and is—*imperative* to market the value of our education and training, by taking these marketing efforts to the next level. We have accomplished this task and I'd like to thank Dr. Adam Foleck, who spearheaded this initiative, some time ago. Our marketing campaign targeting the public went live in June. Neiger Design has been working in concert with our Marketing/PR Committee, chaired by Dr. Larry Nalitt, and we've made significant strides with this new website.



Dr. Hochberg addresses the membership at the AAID 67th Annual Conference in Dallas, Texas.

And that's just the first step. My front office told me that a new patient found us from this new site. Now that's an AAID moment! So, if you haven't checked it out, please do so. I thank the AAID for my new patient!

And when thinking of our expertise as the preeminent organization to educate dentists in all facets of implant dentistry, another question arose. The AAID has been known in the U.S. for more than half a century, and thanks to initiatives of our Global Committee and members such as Dr. Frank Lamar and Dr. Shankar Iyer, we are now known worldwide. But how much have we let the word out about our MaxiCourses and educational opportunities to other associations, closer to home? Wouldn't it be advantageous to both the AAID and associations such as the AGD, AACD, AADH, and AADA to partner so that we become their primary resource for dental implant instruction and guidance? I, and your officers, thought this was an opportunity. I began to explore and implement this initiative immediately, with two trips to Chicago, and it was on the second such trip that Executive Director Cheryl Parker and I met with leadership representatives in these organizations; we received very positive responses and expressions of interest. I am hopeful that this goal





Dr. Hochberg delivers his summary at the Annual Business Meeting.

remains and the doors stay open for us to continue these collaborative efforts. The result? Not only to benefit colleagues outside the AAID, but also to potentially attract new members, and increase the value of our annual conferences and our MaxiCourses. A good start is our relationship with our special friend at the AGD, Executive Director Max Moses.

This leads me to my next question: What else can we do to raise the bar for the annual conferences? This year the AAID Executive Committee began the process of marketing our meeting to a more expansive audience by reaching out to these other dental associations. This initiative was presented to our Executive Director last October and we look forward to the growth in annual conference attendance and prestige over the years. We are working to elevate the caliber of our meeting; this year we engaged Dr. Sanjay Gupta, a well-known and respected speaker, media expert, and author from the medical community for our keynote address. I hope you all enjoyed his presentation the other day.

In years to come I am confident that our Chicago office and future Executive Committees will expand efforts to implement a robust

marketing campaign, reaching out to related organizations, updating registration platforms, and continuing with our superior clinical presentations to achieve this initiative.

And, with our Academy's growth, and feedback from our Executive Director, one would ask if the day-to-day operations of the AAID, overseen by Chicago, are in concert with today's technology? As the AAID grows, so does our support staff and their needs. This year we witnessed the beginning of an overhaul and update of all that is Chicago, which goes hand-in-hand with our headquarters relocation to a larger space. All of our files are transitioning from paper to paperless; we've added new employees; we're updating everything IT, including our AAID databases, which impact our ability to have user-friendly, and graphically designed registration sites. Yes, bring them into this century! These and other projects will benefit the entire AAID.

Of course, as with all growth, there are also growing pains. The next question was how do we handle the expanding legal needs of our organization? We created a new committee this year, the Legal Oversight Committee (LOC), which is up and

running. The dental implant landscape is always changing as does the AAID and our internal needs. To ensure that we are able to address all of the legal issues that lie ahead (whether it's specialty status, labor law, real estate needs or nonprofit association issues), this committee will serve to provide guidance to the Executive Committee and Board of Trustees, from administration to administration, and into the future. This past year the committee was chaired by Dr. Bernee Dunson, with our appreciation, and will be chaired by Dr. Adam Foleck in the coming year.

And lastly, this year our officers and the Board of Trustees) created a new strategic plan. This was covered in detail in the summer issue of *AAID News*, and I encourage everyone to read what will be guiding us into the future.

As I conclude my term, I want to extend my thanks to our Chicago team for their hard work and dedication to this Academy; we couldn't do it without you! I also want to express my gratitude to the officers that I was so fortunate to have at my side throughout my term:

- Dr. Shankar Iyer, our immediate past-president
- Dr. Natalie Wong, our president-elect (only for a few more minutes!)
- Dr. Bernee Dunson, our VP and scientific chair for this meeting
- Dr. Adam Foleck, our Treasurer
- Dr. Brian Jackson, our Secretary

And, I offer an outstretched hand of welcome to our newest member of the Executive Committee...incoming secretary, Dr. Shane Samy.

So, in closing, becoming a member more than 30 years ago was the *best* career decision I have ever made. I'm thankful that the American Academy of Implant Dentistry has been an integral part of my life. I'm proud to have been asked to serve as your president and it's most certainly been an honor and a privilege! Thank you, all! ●

# AAID President Natalie Wong Delivers Her Inaugural Address

As I stand here, looking out at the sea of warm, friendly faces in front of me, I am struck by the familiar feelings that I had when I first joined the Academy. In 2003, I attended my first AAID meeting at the Westin Diplomat in Fort Lauderdale, Florida. I did not know a single person at that meeting. What was incredible was having different people at different times come up to me and ask if I was enjoying the meeting, if I would like to join their group for lunch as they could see I was alone. I was overwhelmed by the welcoming experience. I had been a member and attendee of other implant organizations but the openness and warm camaraderie that existed within this Academy blew me away.

At that meeting I was also approached by Dr. Emile Martin, who at that time was the chair of the A&C Committee. He asked me if I would be interested in serving on his committee as an examiner. No one says no to Emile! I wholeheartedly jumped at that opportunity as I felt (and still feel today) it is important to be involved in organized dentistry and actively promote the development of our field.

I also remember attending my first AAID Annual Business meeting, and boy was that a crazy circus back then! People were passionately debating, making motions, defeating motions, speaking for, speaking against different ideas—but in the end all of that heated discussion was clearly for the advancement of the Academy. We all walked out shoulder-to-shoulder, shared a few drinks, went into the President's Celebration, and had a wonderful evening. And I thought to myself, "This is an incredible group of people; actually, this is family."

Now, as I look forward into my presidential year, I ask myself the question: What type of leader do I hope to be for our Academy? In a single word: *inclusive*.

I'd like to begin by focusing on our core, identifying new talent within our own membership, and encouraging you to be more active within the organization. And so, I am asking if you are interested in volunteering to work for the Academy, please submit in your name. I would also like to offer a big thank you to all of our previous volunteers for your energy and enthusiasm in your years served.

I'd like to make dental implant education more accessible to our members by offering different levels of courses: basic, intermediate, and advanced. Encourage more local study clubs which offer less intimidating environments—especially for those just starting out in their implant careers. Create mentoring relationships between credentialed and



non-credentialed members—to help to build upon the skill set of the mentee while offering the opportunity for the mentor to share his or her experience.

I'd like to expand the level of dental implant education across to our dental team and dental technicians. We have created a new structure this year, here in Dallas, which includes a full day of podium presentations that are appropriate for the entire team, and a second day of personalized, hands-on education for the hygienists, assistants, and administrative team. Next year, this will also include the dental technicians! Make sure you bring yours! The theme for next year's meeting—Synergy and Success—is all about raising the bar with collaborative innovation.

And of course, I would like to highlight the amazing women in this organization and encourage more of our women members to take an active role; whether it be getting credentialed, serving on committees, being on a task force, volunteering as an ambassador, serving as a moderator at our annual meeting, etc. As more than 50 percent of the graduating dental class today are women, it is wonderful to see the growing number of women within our membership. Now let's get you more involved!

As the first female president, the first Canadian president, and the first Asian president of the AAID, I am truly honored. While this is a significant milestone in our Academy's history, I'd like to point out that we are an Academy of many "firsts":

- Norman Goldberg (1952-53)—our first president
- Aaron Gershkoff (1954)—wrote the first publication on subperiosteals with Goldberg
- Isaih Lew (1956)—the first president to have an implant device named after him (Lew screw, Lew attachment)



- Norm Cranin (1969-70)—first president who was also editor of the *Journal of Oral Implantology*
- Lenny Linkow (1974)—first president to have a patent on an implant design
- Burt Balkin (1977)—first president to be recognized as an implantologist in Pennsylvania, and was the first GP who was inducted as an implant perio faculty at the University of Pennsylvania
- Leo Ward (1978)—first president to have a post-graduate course in implant dentistry at USC (with Tom Chess 1991)
- Charles Babbush (1979)—first oral surgeon president
- Richard Guaccio (1989)—first president to have been American Board of Oral Implantology/Implant Dentistry (ABOI/ID) president, and he holds the first ABOI/ID Diplomate certificate
- Paul Schnitman (1992)—first prosthodontist president, created the implant program at Harvard, and also organized the 1978 consensus conference on implants
- Carl Misch (1993)—first president to have the Pope (Jean Paul II) as his patient, and to have the best-selling textbook in all of dentistry, beating Dawson's book on occlusion
- Hilt Tatum (1994)—first president to have an FDA-approved two-stage root form implant system, the first president to receive the highest civilian award in France, and the first president to create many of the predictable oral bone grafting procedures currently in use today
- Don Masters (1995-96)—first periodontist president
- Terry Reynolds (1998)—first African-American president, and he created the first MaxiCourse®
- Emile Martin (2001)—first president who was also our Foundation chair, and a president of the Academy of Laser Dentistry
- Fran DuCoin (2004)—first president who was a graduate of a MaxiCourse (1987)
- Jaime Lozada (2008)—first president to have a two-year, formally trained, university-based implant program at Loma Linda
- John Da Silva (2015)—first president who is Vice Dean of Dental Medicine at Harvard
- Shankar Iyer (2017)—first president from India, and our champion for expanding our global brand recognition
- David Hochberg (2018)—first president who was editor of *AAID News*

Additionally, I'd like to recognize two other AAID members, who are women, who have played a significant role in building our Academy before me:

- Linda Weinfield—first female and first periodontist in the AAID, an A&C examiner, president of the Central District, Honored Fellow, ABOI/ID Diplomate, examiner, and also president of ABOI/ID; first father-daughter team of AAID to

hold Associate Fellow/Fellow/Honored Fellow/Diplomate of the ABOI/ID

- Carol Phillips—first female Western District president, first female on the Board of Trustees, first female as the Foundation Board Secretary

Timing is everything. In another universe, I could easily envision either of you as the first female president of the AAID. I am here because of your generosity, guidance, and strength, and I thank you for the opportunity to represent you on this stage.

As I look at where our Academy is going, what comes to mind is Newton's first law of motion: an object in motion will stay in motion unless acted upon by another force. We are like a bullet train, speeding toward our mission to advance the science and practice of implant dentistry through education, research support, and to serve as the credentialing standard for implant dentistry for the benefit of mankind. This mission has been set in motion by the wisdom and the leadership of the past presidents before me. Dr. Tatum brought together a group just last night to discuss the development of two-year, comprehensive implant programs across the country. Incredible opportunities were discussed, challenges were presented, and a task force will be created. We do not slow down when barriers are put up, we break through them.

This is the map where we've been. This is the map of where we are today. You will create the map of where we are going in the future.

I'd like to conclude with a quote from Henry Ward Beecher: *"Greatness lies not in being strong but in the right use of strength. He or she is the greatest whose strength carries up the most hearts by the attraction of his own."*

I hope to be the inspiration for all of you in our Academy to be whomever you want to be, at whatever level of membership you wish to be, whenever the timing is right for you. You are all leaders in your communities. You wouldn't be here advancing your knowledge and skills if you were a passive participant. Each one of you has something of value to contribute—your Academy and your profession will be better off when you feel it is the right time in your life to share. Allow me to be the spark. Thank you. 🌟

Greatness lies not in being strong, but in the right use of strength.

He or she is the greatest whose strength carries up the most hearts by the attraction of his or her own.

Henry Ward Beecher

## Aaron Gershkoff/Norman Goldberg Memorial Award

This award was established by the American Academy of Implant Dentistry (AAID) to honor an individual each year who exemplifies Aaron Gershkoff's and Norman Goldberg's commitment to implant dentistry, and keeps their memories alive. As co-founders and the first two presidents of the AAID, they cooperatively developed the subperiosteal implant. They brought dentists from around the world together to form the AAID. They wrote the first textbook on implant dentistry in the U.S., and presented the first program on implant dentistry at an American Dental Association annual meeting.

The Aaron Gershkoff/Norman Goldberg Memorial Award was established in 1973. Nominees must have demonstrated one or all of the following attributes: documented, outstanding service to the AAID; an outstanding and recognized contribution to the field of implant dentistry; national and/or international recognition as an outstanding implantologist; distinction in the field or allied science; and a high degree of professionalism.

### 2018 RECIPIENT: Kim A. Gowey, DDS, DABOI/ID

Dr. Kim A. Gowey earned his doctor of dental surgery degree from Marquette University School of Dentistry in 1977. He received the Psi Omega Scholastic Achievement Award and was elected to membership in Omicron Kappa Upsilon, a national dental honor society. Dr. Gowey has practiced in Medford, Wisconsin, since 1977.

Dr. Gowey is a past president of the American Academy of Implant Dentistry (2006) and served on the Board of Trustees for 10 years. He served on the Admissions and Credentials Board for six years, as chairman for 5 years. He is an Honored Fellow of the American Academy of Implant Dentistry. Dr. Gowey is a Diplomate of the American Board of Oral Implantology/Implant Dentistry.



Dr. Gowey receives the Aaron Gershkoff/Norman Goldberg Memorial Award at the AAID 67th Annual Conference in Dallas, Texas.



He was a founding member of the American Academy of Cosmetic Dentistry in 1985. Dr. Gowey earned Fellowship in the Academy of General Dentistry in 1988. He taught at Baylor College of Dentistry's Continuing Education Department program "Hands-On Implant Dentistry." Dr. Gowey was on the faculty of the Howard University School of Dentistry's AAID MaxiCourse®, and is the Director of the Egypt MaxiCourse. He is on the advisory board of "Dr. Bicuspid." Dr. Gowey is also an article reviewer for the *Journal of Oral Implantology*. He is on the Board of Directors of the ABOI/ID. He serves on the American Board of Dental Specialties Board of Directors.

## Paul Johnson Service Award

The Paul Johnson Service Award recognizes outstanding service to the AAID as exemplified by the late Dr. Paul Johnson. It is intended to acknowledge the work of AAID volunteers who have gone "over and above" and highlight that much of the success of AAID is due to the hard work of committed volunteers. The Board of Trustees delegated to AAID staff the responsibility to choose the recipient.

Any AAID member (with the exception of national officers) who volunteers for any AAID committee, task force, district, or meeting is eligible to be considered for the award. The criteria established for the Paul Johnson Service Award suggests that the recipient:

- Consistently participated at the committee, district level with thoughtful contributions
- Prepared for meetings by reviewing materials, participated in discussions
- Could be counted on to follow through on any and all assignments
- Consistently went "over and above" on volunteer activities or projects
- Set an example for the rest of the volunteers

### 2018 RECIPIENT: D. Timothy Pike, DDS, AFAAID

D. Timothy Pike, DDS, AFAAID, of Poolesville, Maryland, was chosen for his contributions as an officer of the Northeast District from 2009 to 2013. He also served on the AAID Foundation Board from 2012 to 2015, and has supported the AAID as an Ambassador at the AAID Annual Conference in 2013, 2014, 2015, and 2017. Dr. Pike was also awarded the Honored Fellow distinction in 2017.





## AAID ANNOUNCES ADDITIONAL LOCATION FOR PART 2 (ORAL/CASE) OF ASSOCIATE FELLOW EXAMINATION IN 2019

The AAID will be holding the Part 2 (oral/case) of the Associate Fellow and Fellow examinations April 11 to 14, 2019. In addition to the exams in Chicago, a second location will be held in Dubai, UAE, for the Part 2 of the Associate Fellow. (pending enrollment; a minimum number of registrants will be required for this to be held in Dubai). The Part 2 examination is held at a second international location by web conference every two years.

The candidates can opt to travel to a facility in Dubai and take the examination by web conference with the examiners in Chicago. The candidates are responsible for their travel arrangements. Examinations will be held in the evening of April 12 and early morning to correspond with the Chicago examination times. Due to additional facilities and equipment, those who choose the web conference examination are subject to a \$1,700 facilities fee in addition to the \$250 application fee (total fees of \$1,950.) The application and \$1,950 fees are due to the AAID Headquarters Office

by December 1, 2018. Case reports are due February 1, 2019.

Please note the candidate requirement: The web conference examination is designed for a capacity of 20 applicants. The AAID reserves the right to cancel the examination if a minimum of 18 applicants are not received. If the web conference examination is cancelled by the AAID, applicants may 1) request a full refund of fees or 2) transfer to the Chicago examination with a refund of the facility fees (\$1,700.) The AAID will notify web conference applicants by February 5 of any changes or cancellations.

Cancellations/Refunds: Exam

cancellation by the applicant is subject to a \$500 administrative fee regardless of when requested. Requests for refunds must be made in writing and received by February 1, 2019, for a refund (minus the \$500 administrative fee). Due to advance commitments to the hotel, no refunds will be made for cancellations received February 2, 2019, or later.

The Fellow examinations are held exclusively in Chicago during the April 11 to 14 examination period. Visit [aaid.com/credentials](http://aaid.com/credentials) for more information about the examinations. Important dates for the 2019 oral/case examination are listed below:

	Chicago, IL	Dubai, UAE
Application	February 1, 2019	December 1, 2018
Case reports	March 9, 2019	February 1, 2019
Last day to cancel (fee transferred to future exam)	March 9, 2019	February 1, 2019
Examination dates	April 11 to 14, 2019	April 12 to 13, 2019
Exam results distributed	June 14	June 14
Induction	October 26, 2019	October 26, 2019

Haven't taken the Part 1 (written)? See [aaid.com/examschedule](http://aaid.com/examschedule) for upcoming exam dates.



## Isaih Lew Memorial Research Award

The Isaih Lew Memorial Research Award is presented by the AAID Foundation to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isaih Lew's spirit and enthusiasm for implant dentistry.

Dr. Lew was an implant pioneer. He was a founding member of the AAID

and served as president and editor of the Journal of Oral Implantology. In addition to publishing widely, he taught at New York, Columbia, Temple and Fairleigh Dickinson Universities, and the New Jersey College of Dentistry. He lectured to dental societies in the U.S. and around the world and produced a national television program on implants. Isaih Lew was

born in Poland in 1915. After immigrating to the United States, he graduated from the University of Pennsylvania Dental School and then spent a lifetime conducting surgical and prosthetic clinical implant research. Dr. Lew was committed to the "where, why and how" of implantology. He left a legacy as a learned practitioner and researcher.

## International Dentist of The Year Award

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

### 2018 RECIPIENT: Dibyendu Mazumdar, BDS

Dr. Mazumdar is the President of the Dental Council of India, a country with the highest number of dental schools in the world. He oversees the graduate and undergraduate education and liaises with the government of India for governance of dental education, practice, and oral healthcare for the public.

India's dental schools graduate about 25,000 dentists each year, and currently there are more than 250,000 dentists actively practicing. He has been able to standardize the curriculum across the nation and has been instrumental in advancing the educational standards in dental schools. His vision is to go digital with education and public awareness throughout the country of India with 1.3 billion people. He has been an ardent supporter of the AAID and has planned to institute fellowship programs in implant dentistry in dental schools with curriculum approved by the AAID.



Dr. Mazumdar receives the International Dentist of the Year award from AAID President David Hochberg at the 67th Annual Conference in Dallas, Texas.

### 2018 RECIPIENT: Dennis P. Tarnow, DDS

Dennis P. Tarnow, DDS, is currently clinical professor of periodontology and director of Implant education at Columbia School of Dental Medicine. He is the former professor and chairman of the department of periodontology and implant dentistry at New York University College of Dentistry. Dr. Tarnow has a certificate in periodontics and prosthodontics and is a Diplomat of the American Board of Periodontology. He is a recipient of the Master Clinician Award from the American Academy of Periodontology, Teacher of the Year Award from New York University, and Distinguished Lecturer Award from the American College of Prosthodontists in 2015. Dr. Tarnow has a private practice in New York City, and has been honored with a wing named after him at New York University College of Dentistry. He has published more than 175 articles on perio-prosthodontics and implant dentistry, and has coauthored three textbooks, including one titled *Aesthetic Restorative Dentistry*. Dr. Tarnow has lectured extensively in the United States and internationally in more than 45 countries.





## Terry Reynolds Trailblazer Award

The Terry Reynolds Trailblazer Award was created to recognize the contributions Dr. Reynolds made to the profession of implant dentistry. Dr. Reynolds conceptualized, developed, and founded the implant MaxiCourse®, which has become the gold standard for implant education and is trademarked by the AAID. He was the first MaxiCourse director and, in 1998, became the first African American to serve as AAID president.

The award recognizes an AAID member who epitomizes the spirit of Dr. Reynolds' work for the profession by:

- Demonstrating leadership in implant dentistry
- Achieving accomplishments and accolades as innovative educator in art and science of implant dentistry
- Personifying the spirit of inclusion, outreach, and unselfish service that includes humanitarian efforts within the dental community, which fosters training, knowledge, and compassion to the betterment of patient care worldwide and service to mankind



Dr. Iyer receives the Terry Reynolds Trailblazer Award at the AAID 67th Annual Conference in Dallas, Texas.

### 2018 RECIPIENT: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Dr. Iyer graduated with honors from the New York University (NYU) College of Dentistry in 1994 and went on to pursue graduate studies in prosthodontics from the same University. He taught as a clinical assistant professor for several years at NYU department of post graduate prosthodontics. Currently he holds two appointments in the departments of periodontics and prosthodontics at Rutgers University Dental School in New Jersey. Dr. Iyer has lectured in more than 20 countries and presented at more than 100 symposia in implant dentistry and prosthodontics.



Dr. Iyer is a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID), a Fellow of the American Academy of Implant Dentistry (AAID), and received the Honored Fellow Distinction in the AAID in 2006. Dr. Iyer is a past president of the AAID (2017) and has served on the Board of Trustees, Global Committee, Finance Committee, Education Committee, Annual Conference scientific chair, and as an officer for the Northeast District. He is the director of the AAID MaxiCourse in Saudi Arabia, Abu Dhabi, New Delhi, Bangalore, and Sri Lanka, and co-directs the MaxiCourse in Las Vegas and at Rutgers University.

### UPCOMING KEY AAID DATES

#### JANUARY 2019

25 to 27 **ABOI/ID BOARD REVIEW COURSE**  
*Orlando, FL*

#### FEBRUARY 2019

1 **APPLICATION DEADLINE FOR ASSOCIATE FELLOW PART 2 AND FELLOW EXAMINATIONS**

#### APRIL 2019

5 to 7 **ABOI/ID EXAMINATIONS**  
*Chicago, IL*

#### MAY 2019

17 and 18 **FOCUS ON | FULL-ARCH SOLUTIONS**  
*Montreal, Canada*

#### JUNE 2019

7 to 9 **DENTAL IMPLANTS | STAYING OUT OF TROUBLE**  
*Chicago, IL*

#### OCTOBER 2019

23 to 26 **68TH ANNUAL CONFERENCE**  
*Aria Hotel & Casino  
Las Vegas, NV*

## AAID 2018 HONORED FELLOWS

The Honored Fellows Committee has selected the following individuals for the 2018 Honored Fellows:



Joseph Bedich, DDS,  
FAAID



Adam Michael  
Hogan, DDS, FAAID



Steven E. Holbrook,  
DMD, FAAID



Andrew Kelly, DDS,  
FAAID



Justin David Moody,  
DDS, FAAID



Trace H. Rutherford,  
DDS, FAAID

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

## ePOSTER AND TABLE CLINIC AWARD WINNERS

Congratulations to the following ePosters and Table Clinic presentations, which were presented at the AAID 67th Annual Conference in Dallas this year.

### ePosters

#### First place

*Monocytic responses to titanium and susceptibility to peri-implantitis*  
Van-Anh La, DDS

#### Second place

*Crown installation onto stock abutments with subgingival margins: Risk of residual subgingival cement*  
Emil Svoboda, DDS, PhD, FAAID, DABO/ID

#### Third place

*PSA artery association with membrane perforation during lateral sinus augmentation*  
Neil Park

### Table Clinics

#### First place

*Preventing complications related to implant prosthesis installation*  
Emil LA. Svoboda, PhD, DDS

#### Second place

*Effects of the use of antibiotic prophylaxis for lateral window maxillary sinus augmentation*  
Yumi Ogata, DMD, DDS, MS,  
Sarah Pagni, PhD, MPH,  
Yong Hur, DMD, DDS, MS, and  
Yusuf Sheikh, DMD, MA

#### Third place (TIE)

*Pilot study for evaluating and training for dynamic navigation in dental implant surgery*  
Minaal Verma, DDS, MDS, and Jaime Lozada, DMD

*Radiographic analysis of crestal bone resorption in vertical ridge augmentation*  
Shawn J. Kim



## CONGRATULATIONS TO THE CLASS OF 2018 STUDENT DENTAL AWARD WINNERS!

Every year, accredited dental programs refer an outstanding pre- and/or post-doctoral dental student who demonstrates great interest, academically and clinically, in implant dentistry. The award serves as recognition of students' achievements, as well as provides the opportunity

for the winner to advance their skills and knowledge within the field of implant dentistry. Winners receive complimentary membership and registration to an educational meeting of their choice. Look out for these future dental implantologists!

### 2018 Dental Student Award Winners

#### Pre-Doctoral Award Winners

Lisandra Amador, DMD, Nova Southeastern University, College of Dental Medicine  
 Austin Andrews, DMD, University of Saskatchewan  
 Mathew Balenko, DDS, New York University Dentistry  
 Luke Bauserman, DDS, The Ohio State University College of Dentistry  
 Kevin L. Bell, DMD, University of Alabama School of Dentistry  
 Matthew Breglio, University of Pennsylvania, School of Dental Medicine  
 Jacqueline Buschbach, DMD, Case Western Reserve University School of Dental Medicine  
 Michelle Callahan, DDS, University at Buffalo  
 Kylin Chen, DDS, Loma Linda University School of Dentistry  
 Jennifer Chung, DMD, Western University of Health Sciences College of Dental Medicine  
 Seth DeJean, DDS, Louisiana State University School of Dentistry  
 Daniel Ditch, University of Minnesota School of Dentistry  
 Dustin Ebner, Creighton University School of Dentistry  
 Crystal Foug, DMD, McGill University  
 Andrea Gagnon-Audet, DMD, Université de Montréal - Faculté de Médecine Dentaire  
 Jeffrey Garcia, Doctor of Dental Surgery, Marquette University School of Dentistry  
 Rodney Gardner, DMD, University of Nevada Las Vegas

Jacob Greaves, DDS, University of Utah School of Dentistry  
 Khader Habash, DMD, University of Louisville School of Dentistry  
 Catherine Haviland, University of North Carolina Chapel Hill  
 Arathi Hungund, DMD, University of British Columbia  
 Varun Iyer, DMD, Augusta University, The Dental College of Georgia  
 Anna Jobe, DDS, University of Missouri-Kansas City  
 Brooke Jordan, DDS, Texas A&M College of Dentistry  
 Samuel Kang, DMD, University of Illinois at Chicago College of Dentistry  
 Kellie Kawasaki, DMD, Oregon Health & Science University School of Dentistry  
 Aliza Kaye, DDS, Stony Brook School of Dental Medicine  
 Christopher Koechner, DMD, Southern Illinois University School of Dental Medicine  
 Strother Kortnie, DDS, University of Texas School of Dentistry at Houston  
 Dany Malak, DMD, Université Laval-Faculté de Médecine Dentaire  
 Aditya Malhotra, DMD, Rutgers School of Dental Medicine  
 Mitchell Mascaró, DDS, Meharry Medical College School of Dentistry  
 Kalie McCulloch, Harvard School of Dental Medicine  
 Nina Mehranfar, DMD, Roseman University  
 Tarek Metwally, DDS, The University of Michigan School of Dentistry  
 Yuliet Moreno-Montiel, DMD, University of Puerto Rico School of Dental Medicine, Medical Sciences Campus  
 Raman Nazari, DDS, University of California, San Francisco School of Dentistry

Meghan Nelson, DDS, The University of Iowa College of Dentistry and Dental Clinics  
 Jack Newton, DMD, Boston University Henry M. Goldman School of Dental Medicine  
 Brandon Onley, DDS, University of Oklahoma College of Dentistry  
 Logan Orr, DDS, University of Alberta  
 Dustin Osborne, DDS, West Virginia University School of Dentistry  
 Ashton Pargman, DMD, Missouri School of Dentistry & Oral Health  
 Nupur Patel, DMD, Maurice H. Kornberg School of Dentistry, Temple University  
 Jonathon Pullara, DMD, College of Dental Medicine-Illinois, Midwestern University  
 Leen Qutachi, DDS, Virginia Commonwealth University School of Dentistry  
 Rebecca Rightmer, DMD, the University of Pittsburgh School of Dental Medicine  
 Emily Sachs, DMD, The University of Connecticut School of Dental Medicine  
 Bradley Sleeth, DMD, University of Florida Restorative Department  
 Kristoff Darian Samm, DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry  
 Violeta Stoyanova, DDS, UT Health San Antonio School of Dentistry  
 Rachel Vorwaller, DDS, Columbia University College of Dental Medicine  
 Joanna Wang, DMD, Tufts University School of Dental Medicine  
 Tyler Wheeler, DMD, University of Mississippi School of Dentistry  
 Stefan James Wilkes, Medical University of South Carolina, James B. Edwards College of Dental Medicine

Daniel Yeager, DDS, University of Colorado School of Dental Medicine  
 Daniel Zevallos, DDS, University of Washington  
 Jonathan Zuniga, DMD, Arizona School of Dentistry & Oral Health

#### Post-Doctoral Award Winners

Rebecca Baer, DDS, Indiana University School of Dentistry  
 Tyler Bond, DMD, Midwestern University College of Dental Medicine-Arizona  
 Heather Hong, DDS, MMSc, Harvard School of Dental Medicine  
 Allie Lonneman, DMD, University of Kentucky College of Dentistry  
 Asma Zuberi, DDS, The University of Tennessee Health Science Center

#### New this year: Additional funding for educational events

The AAID provided Dental Student Award winners the chance to receive extra funding to attend an AAID educational event. The AAID is pleased to provide the following students this additional award.

- Michelle Callahan, DDS, University at Buffalo, additional funding to the 2019 Northeast District meeting
- Nina Mehranfar, DMD, Roseman University, additional funding to the 67th Annual Conference
- Logan Orr, DDS, University of Alberta, additional funding to the 2019 Northeast District Meeting
- Daniel Zevallos, DDS, University of Washington, additional funding to the 67th Annual Conference

# 2018 New ABOI/ID Diplomates



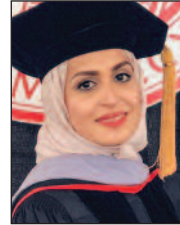
**Mohamad Taisir Albik, DDS**  
El Dorado Hills, CA



**Fadi Alhrashi, DDS**  
Sterling, VA



**Jeffrey G. Allred, DDS**  
San Marcos, CA



**Alaa W. AlQutub, BDS, MSc**  
Malden, MA



**German Arzate, DDS**  
Benito Juarez, Cancun,  
Mexico



**John M. Barksdale, DDS**  
Baton Rouge, LA



**Bhavesh B. Bhakta, DDS**  
Austin, TX



**Steven E. Brock, DDS**  
Knoxville, TN



**Andrea M. Company, DDS**  
Canton, OH



**Robert V. Costello, DDS**  
Monroe, LA



**Omar El-Banhawy, DDS, MS**  
Royal Oak, MI



**Katherine Ferguson, DMD**  
Weston, FL



**Russell D. Fitton III, DDS**  
Barrington, IL



**Eric M. George, DMD**  
Coventry, RI



**Amir S. Guorgui, DMD**  
Maple, Ontario, Canada



**Raouf Hanna, DDS, MS**  
Houston, TX



**Gregg C. Hendrickson, DDS**  
Henderson, NV



**J. Eric Hopkins, DDS**  
Shawnee, OK



**Gregory Kammeyer,  
DDS, MS**  
Sun City West, AZ



**Russell Kiser II, DDS, MS**  
Mansfield, OH

see New Diplomates p. 54



# RAYSCAN 3D EDGE

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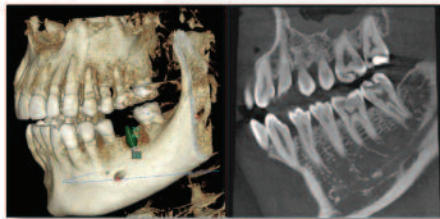
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[Lateral / PA / SMV / Carpus / Waters / Reverse - Towne]

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# 2018 New ABOI/ID Diplomates

continued from p.52



**Alina Krivitsky, DDS**  
Los Angeles, CA



**John J. Perna, DDS**  
Oak Park, IL



**Craig A. Schlie, DDS**  
Redding, CA



**Trevor R. Shew, DMD**  
Vancouver, British Columbia,  
Canada



**Mario A. Silvestri, DDS**  
Vestal, NY



**Samantha Siranli,  
DMD, PhD**  
Washington, DC



**Robert J. Stanley, DDS**  
Cary, NC



**Sarat Chandra  
Ummethala, DDS, MBA**  
Redlands, CA



**Gurinder (Gary) S.  
Wadhwa, DDS, MA**  
New York, NY



**Peter Zahedi, DMD**  
San Rafael, CA



**Mahmood M.  
Zaitr, DDS, BDS**  
North Bergen, NJ

## AAID FOUNDATION AWARDS STUDENT RESEARCH GRANTS

The AAID Foundation announced the recipients of the David Steflik Memorial Research Grant competition. This annual competition is open to dental students and those in post-graduate and residency programs. Each of the winners will receive \$2,500 to further his or her research. Congratulations to the following winners!

### **Joshua Prompton, DDS**

University of Illinois College of  
Dentistry  
Wear and corrosion of innovative  
implant materials at the implant-  
abutment interface: A clinical  
chewing simulator study

### **Kevin Murawski**

Rutgers School of Dental Medicine  
Clinical and cytokine profiles of peri-  
implantitis after ND:YAG laser therapy

### **Nicholas Poovey**

Loma Linda University  
Precision of implant placement with  
3D printed guides among novice  
clinicians

### **Anthony Karayan**

UCLA School of Dentistry  
Nanodiamond-based combinatorial  
delivery of biofactors to enhance  
osteoblast differentiation and  
osseointegration of implants

### **Srinidhi Bhat, BDS, MDS**

Rajarajeshwari Dental College and  
Hospital  
Effect of cissus quadrangularis  
hydrogel on osseointegration of  
titanium implants to bone—An *in  
vivo* rabbit study

### **Shantia Kazemi Esfeh**

University of Southern California  
The effect of prosthesis dimensions  
and implant dimensions on peri-  
implant marginal bone

### **Eunice Jong, MPH**

Loma Linda University  
Geographic and temporal variation of  
co-morbid factors associated with  
implant failure presentation to the  
emergency department





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R-Tx

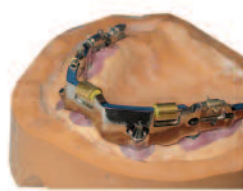


O-Ring Implant Abutment



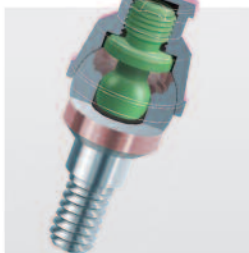
Shiner Magnet

## PRISM PRINTED BAR SOLUTIONS



Selective Laser Melting with the Accuracy of 5-Axis CNC Milling

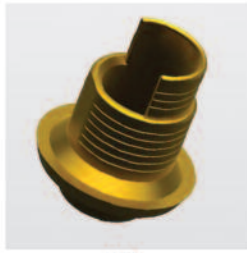
## FIXED SOLUTIONS



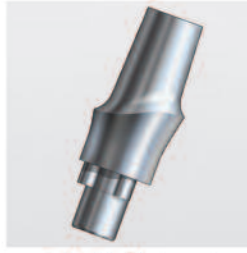
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Multi-Unit Abutment



Ti Base



Esthetic Abutment



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UCLA Abutment

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# newmembers

The AAID is pleased to welcome the following new members! The following members joined between June 27 and August 30, 2018. If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of AAID News. The list is organized by state and then alphabetically by city. International members are listed by country, province (if applicable), and city. Congratulate and welcome your new fellow members!

## **ALABAMA**

Bradley W. Willis, Montgomery  
Dugald McMillan, New Hope

## **ARIZONA**

Robert Todd Erickson, DDS,  
Mesa

## **CALIFORNIA**

Parsa T. Zadeh, BDS, Beverly  
Hills

Gagandeep Kandola, El  
Dorado Hills

Rana Shahi, DDS, Los  
Angeles

Michael Shnorhavorian, Los  
Angeles

Marjan Roshangar, DDS,  
Orange

Sarathy Amanjee, Roseville  
Ivan Rodriguez, DDS, San  
Francisco

Dennis Song, DDS, MD, San  
Francisco

Justin Young, DDS, MD, San  
Francisco

Monica Kasprzak, Venice

## **COLORADO**

Edward Ruvins, Greenwood  
Village

Amiee Rawlings, DDS,  
Montrose

## **CONNECTICUT**

Pooja Palaksha, DMD,  
Stamford

## **DELAWARE**

Nwaneke Nwokolo, DDS,  
Wilmington

## **FLORIDA**

Massi Benzid, Boca Raton

Juan Carlos Giraldo, DMD,  
Hollywood

Kenneth Cohn, DDS, Lady  
Lake

Mikal R. Baaqee, DDS, Ocoee

Ashley Harris, Royal Palm  
Beach

Angela Butala, DMD, Tampa

Robert Ray Burks, DDS,  
Winter Springs

## **ILLINOIS**

Corie R. Rowe, Chicago

## **IOWA**

Brandon Patten, DDS, Ames

Michael Arcuri, DDS, MS,  
Cedar Falls

## **KANSAS**

Lana Anderson, Wichita

## **KENTUCKY**

Marc Dyer, DMD,  
Elizabethtown

Mark Nation, Louisville

## **MICHIGAN**

Michael Mehling, Grand  
Rapids

Chase Walby, DDS, Rochester

## **MINNESOTA**

Nawaf Aslam-Pervez, DDS,  
Burnsville

## **MISSISSIPPI**

Jonathan C. Nash, Vicksburg

## **NORTH CAROLINA**

Srinivas Reddy Mandala,  
Raleigh

## **NEW JERSEY**

Michael C. Davidson, DMD,  
East Rutherford

Joseph M. DalBon, DMD, West  
Caldwell

Matthew Ryan Sperber, Jersey  
City

## **OHIO**

Laurie Ann Morgan, Hilliard

## **OKLAHOMA**

Heath Coleman, DDS,  
Checotah

Christian Jonathan Andrus,  
McAlester

Ashley Cook, DDS, Shawnee

## **OREGON**

Rohini Agarwal, DMD,  
Beaverton

## **PENNSYLVANIA**

Jignesh Rudani, BDS, DMD,  
Allentown

Christopher A. Stryker, DDS,  
Irwin

## **PUERTO RICO**

Frances Escalera-Maldonado,  
San Juan

## **SOUTH CAROLINA**

Matt Bynum, DDS,  
Simpsonville

Paul M. Gibas Jr., DDS,  
Spartanburg

## **TEXAS**

Jeff M. Webb, Abilene

Jasdeep Nagina, DDS, Allen

Kevin T. Deutsch, Austin

Jordan Slagter, Austin

Thomas L. Phillips Jr, Fort  
Worth

Andrew Farkas, Houston

Mina Tadros, Houston

David Seth Harris, DDS,  
Mansfield

Zack Hegazin, DDS, McKinney

Kenneth Harlan Curl Jr, The  
Woodlands

## **VIRGINIA**

Sreepreethi Sundaram, DDS,  
Ashburn

Henry B. Bradford III,  
Staunton

## **WASHINGTON**

Jeff Henneberg, Spokane  
Valley

## **INTERNATIONAL**

### **AUSTRALIA**

Alan Amin, BDS, Melbourne

### **CANADA**

Rahul Kulshrestha, Calgary

Brian Yu, Vancouver

### **GERMANY**

Dieter Deussen, Koeln

### **INDIA**

Suman Reddy, BDS,  
Bangalore

Dibyendu Mazumdar, MDS,  
Kolkata

### **PAKISTAN**

Muhammad Akhtar Sr., Lahore

### **PHILIPPINES**

Charles Sia, DMD, MD, MDS,  
Cebu

### **SOUTH KOREA**

Cha Hyunju, Busan

Seunghwan Shin, DMD,  
Kyeongido

Minkyoo Jung, Seoul

Sohyun Yoon, ScM, Seoul

Jonghun Kim, YangJu



# New Student Members

It's never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. The AAID electronic membership, open only to dental students, has been

in place for several years, and we currently have more than 1,000 student members who are entitled to online access to AAID information and resources. The following is a list of new student members who joined between June 27 and August 30, 2018.

## ALABAMA

Kevin L. Bell, DMD,  
Birmingham

## CALIFORNIA

Kristoff Darian Samm,  
Buena Park

Christopher Hardy, DDS,  
Torrance

## COLORADO

Brian Oliveira, DDS,  
Denver

Dustin A. Ebner, Wheat  
Ridge

## CONNECTICUT

Rebecca Lauren Sonick,  
West Hartford

## FLORIDA

Lisandra Amador, DMD,  
Hialeah

Yuliet Moreno Montiel,  
DMD, Sarasota

## GEORGIA

Alexandra Holloway  
Arnold, DMD, Augusta

Asma Zuberi, Peachtree  
Corners

## ILLINOIS

Jonathon Michael  
Pullara, DMD, Elwood

## INDIANA

Jarod K. Gearhart, DDS,  
Hope

## IOWA

Meghan M. Nelson,  
Cedar Rapids

## KANSAS

Anna Irene Jobe, Kansas  
City

Ashton N. Pargman,  
DMD, Wichita

## LOUISIANA

Garrett William Lipsey,  
DDS, New Orleans

## MISSISSIPPI

Tyler S. Wheeler, DMD,  
Ocean Springs

## NEW JERSEY

Timothy J. Litz, DDS,  
Voorhees

## NEW YORK

Matthew Breglio, DMD,  
Bronx

Nicholas Saggese,  
Brooklyn

Aliza D. Kaye, Forest Hills  
Michelle A. Callahan,  
Garden City

Jack Newton, DMD,  
Mamaroneck

Rebecca Page Baer, New  
York

see [New Student Members p. 59](#)

# AAID Membership Ambassadors

AAID Membership Ambassadors know firsthand how AAID membership helps dentists establish or expand their expertise in implant dentistry. Membership Ambassadors understand the importance of the AAID and encourage their colleagues to join.

The AAID thanks the following Membership Ambassadors who have referred colleagues as new members between June 27 and August 30, 2018.

Syed Khalid Altaf, Bangalore,  
India

Richard Allan Assing, Brandon, FL

Robert M. Bagoff, West Orange, NJ

Mikhail Berdichevsky, Walnut  
Creek, CA

Daniel Domingue, Lafayette, LA

John D. Harker, Hope, IN

Shankar S. Iyer, Elizabeth, NJ

Andrew Kelly, Winston Salem, NC

Jignesh Rudani, Allentown, PA

Bart Silverman, New City, NY

Michael Sonick, Fairfield, CT

Jeremy J. Taylor, Leetonia, OH

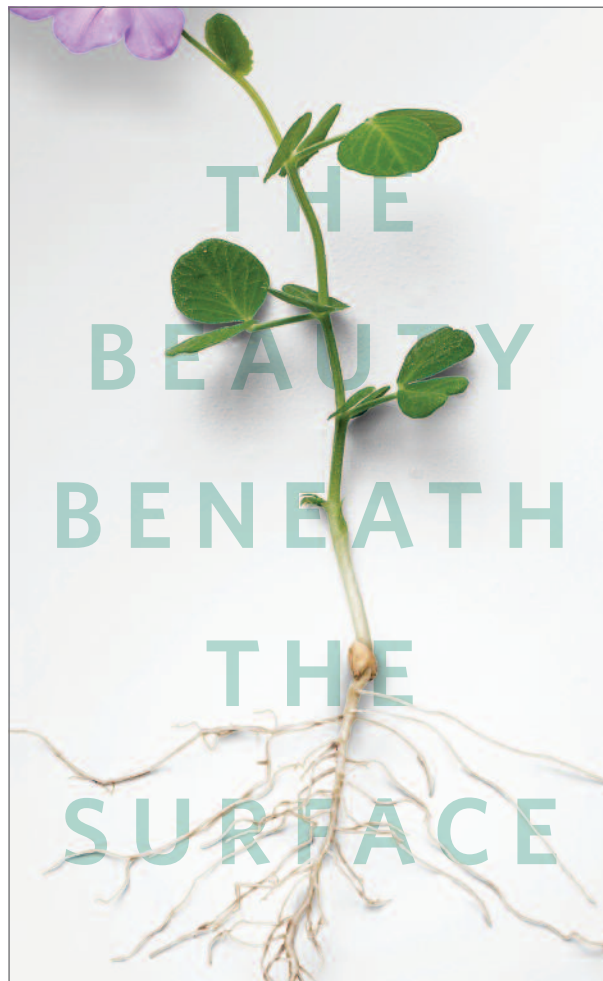
Michael Tischler, Woodstock, NY

Charles Town, Waco, TX

Michael Wehrle, Hurst, TX

Natalie Y. Wong, Toronto, ON,  
Canada



Stuart M. Youmans, Casper, WY



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# CONTINUING EDUCATION BITE



## U.S. and Canada AAID MaxiCourses®

### Augusta University MaxiCourse®

Augusta, GA  
Co-Director(s): Michael E. Pruett, DMD,  
and Douglas Clepper, DMD  
March – November  
Contact Name: Lynn Thigpen  
Email: lbthigpen@augusta.edu  
Phone: 800-221-6437 or 706-721-3967  
Website: www.georgiamaxicourse.com

### Chicago Midwest AAID MaxiCourse®

Chicago, IL  
Director: Natalie Wong, DDS  
Co-Director: Adam Foleck, DMD  
January – August  
Contact: Linda Shouldice  
Phone: 416-566-9855  
Email: linda@ti2inc.com  
Website: www.chicagomaxicourse.com

### Las Vegas MaxiCourse®

Englewood, NJ  
Director: John Minichetti, DMD  
Co-Director: Shanker Iyer, DDS, MDS  
September – June  
Contact: Sarah Rock  
Email: sarah.inglewooddental@gmail.com  
Phone: 201-871-3555  
Website: www.aaid-maxicourse.org

### Loma Linda University/AAID MaxiCourse®

Loma Linda, CA  
Director: Jaime L. Lozada, DMD  
March – December  
Contact: Annabelle Galvan  
Email: lgalvan@llu.edu.com  
Phone: 909-558-4685  
Website: www.llumaxicourse.com

### New York MaxiCourse® in Implant Dentistry

Bronx, NY  
Director: John Minichetti, DMD  
Co-Director: Joseph C. D'Amore, DDS  
September – June  
Contact: Sarah Rock  
Email: sarah.inglewooddental@gmail.com  
Phone: 201-871-3555  
Website: www.aaid-maxicourse.org

### Nova Southeastern University Implant MaxiCourse®

Fort Lauderdale, FL  
Director: Jack Piermatti, DMD  
Co-Director: Thomas J. Balshi  
October – June  
Contact: Jack Piermatti, DMD  
Email: jpiermatti@yahoo.com  
Phone: 609-314-1649  
Website:  
<https://dental.nova.edu/ce/courses/2018-2019/aaid-maxi-course.html>

### Oregon-AAID Implant MaxiCourse®

Eugene, OR  
Director: Shane Samy, DMD  
September – June  
Contact: Joyce Roeman  
Email: oraaidmaxicourse@gmail.com  
Phone: 800-603-7617  
Website: www.oraaidmaxicourse.com/

### Puerto Rico MaxiCourse®

San Juan, PR  
Director: Hilt Tatum, DDS  
Co-Director: Jose Pedroza, DMD, MSC  
September – June  
Contact: Miriam Montes  
Email: prmaxicourse@gmail.com  
Phone: 787-642-2708  
Website: www.theadii.com

### Rutgers University of Dental Medicine MaxiCourse®

Newark, NJ  
Director: Jack Piermatti, DMD  
September – June  
Contact: Janice Gibbs-Reed, MA, CMP  
Email: gibbs@sdm.rutgers.edu  
Phone: 973-972-6561  
Website: sdm.rutgers.edu/CDE/Maxi-Course

### TexMAX® Dental Implant Education MaxiCourse®

League City, TX  
Director: Jay Elliott, DDS  
November – October  
Contact: Jackie Martinez  
Email: Jackie@texasimplantededucation.com  
Phone: 281-703-9468  
Website: www.texasimplantededucation.com

### Ti-MAX Institute Maxicourse®

Waterloo, ON  
Director: Rod Stewart, DDS  
Co-Director: George Arvanitis, DDS  
November – November  
Contact: Chantel Furlong  
Phone: 905-235-1006  
Email: info@timaxinstitute.com  
Website: www.timaxinstitute.com

### AAID Vancouver MaxiCourse®

Vancouver, BC  
Director: William Liang, BSc, DMD  
September – June  
Contact: Andrew Gillies  
Email: andrew@implant.ca  
Phone: 604-330-9933  
Website: www.vancouvermaxicourse.com

### Washington, D.C. (Mid-Atlantic) MaxiCourse®

Washington, D.C.  
Director: Bernee Dunson, DDS  
March – December  
Contact: Keonka Williams  
Email: dcmxi@dunsondental.com  
Phone: 404-897-1699  
Website: www.dcmmaxicourse.com

## Outside U.S. and Canada MaxiCourses®

### Japan MaxiCourse®

Nagoya, Japan  
Director: Yasunori Hotta, DDS, PhD  
April – November  
Email: hotta-dc@ff.ij4u.or.jp  
Phone: +81-52-794-8188  
Website: www.hotta-dc.com

### MaxiCourse® Asia

Abu Dhabi, United Arab Emirates,  
Bangalore, India  
Director: Shankar Iyer, DDS  
Co-Director: Dr. Ninette Banday  
Contact: Terri Graves  
March – January (Abu Dhabi)  
February – January (Bangalore)  
Email: drsiyer@aol.com  
Website: www.maxicourseasia.com

### Egypt MaxiCourse®

Cairo, Egypt  
Co-Directors: Kim Gowey, DDS, and  
Shankar Iyer, DDS, MDS

### China MaxiCourse®

Shanghai, China  
Director: Jaime Lozada, DMD  
Co-Director: Joey Chen, DDS, MS  
July – March  
Contact: Joey Chen  
Email: anshindental@gmail.com  
Phone: +86 21-61364635 or 909-558-4685

## Courses presented by AAID credentialed members\*

### U.S. LOCATIONS

#### 24 Hour Teeth

Spring Hill, FL  
March 28-29, 2019  
Contact: James W. Gibney, DMD, JD  
Phone: 352-686-4223  
Email: jwgibney@atlantic.net  
Website: jameswgibneydmd.com



### **Surgical Mini-Residency**

John C. Minichetti, DMD  
Contact: Sarah Rock  
Phone: 201-871-3555  
Email: sarah.inglewooddental@gmail.com  
Website: dentalimplantlearningcenter.com

### **Three Day Surgical and Prosthetic Comprehensive Training**

John C. Minichetti, DMD  
Contact: Sarah Rock  
Phone: 201-871-3555  
Email: sarah.inglewooddental@gmail.com  
Website: dentalimplantlearningcenter.com

### **Three Day Implant Placement and Bone Grafting**

John C. Minichetti, DMD  
Contact: Sarah rock  
Phone: 201-871-3555  
Email: sarah.inglewooddental@gmail.com  
Website: dentalimplantlearningcenter.com

### **Three-Day Live Implant Surgery Course**

John C. Minichetti, DMD  
Contact: Sarah rock  
Phone: 201-871-3555  
Email: sarah.inglewooddental@gmail.com  
Website: dentalimplantlearningcenter.com

### **The Bergen County Dental Implant Study Group**

John C. Minichetti, DMD  
Contact: Sarah rock  
Phone: 201-871-3555  
Email: sarah.inglewooddental@gmail.com  
Website: dentalimplantlearningcenter.com

### **California Implant Institute**

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LIVE patient courses also offered by the Institute  
Phone: 858-496-0574  
Email: info@implanteducation.net  
Website: www.implanteducation.net

### **Foundations in Implant Dentistry**

Dr. Michael Gillis  
Session 1: October 25-27, 2018  
Halifax, Nova Scotia  
Contact: Denise Robicheau  
Phone: 902-405-0077  
Email: admin@gillisdentalimplants.com

### **Midwest Implant Institute**

Drs. Duke & Robert Heller  
Advanced Courses:  
(305) Implant Prosthetics  
(411) The All Inclusive Live Surgical Course  
(601) Bone Grafting & Sinus Elevation  
(602) Digging Out of Problems  
Contact: 614-505-6647  
Email: samantha@mii1980.com  
Website: www.midwestimplantinstitute.com

### **Implant Mini-Residency program, for dentists in any state**

NJ State Board approved for live surgery training - 150 hours CE credits  
Course Director: Shankar Iyer DDS, MDS  
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Contact: terri@smileusa.com  
Phone: 908-527-8880  
Website: www.smileusacourses.com

### **Pikos Implant Institute**

Michael A. Pikos, DDS  
Soft Tissue Grafting  
Sinus Grafting  
Advanced Bone Grafting  
Guided Full-Arch Immediate Implant Reconstruction  
Contact: Alison Thiede  
Phone: 727-781-0491  
Email: learn@PikosInstitute.com  
Website: www.pikosinstitute.com/  
programs-and-courses/course-continuum-overview/

### **University Implant Educators**

Director: Francis Jones, DDS, MBA, AFAAID  
San Diego, CA  
1-, 3-, and 4-Day Courses  
All courses are intensive surgical externships with live patient care.  
Contact: Grace Terranova  
Phone: 877-709-6623  
Email: info@universityimplanteducators.com  
Website:  
www.universityimplanteducators.com/  
implantology-courses-schedule

### **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  
Email: 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  
Email: andrew@thebiteclub.ca  
Website: www.thebiteclub.ca

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

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Contact: Corie Zeise  
Phone: 780-340-6700 (Toll Free)  
Email: coriemanager@gmail.com  
Websites: www.leighsmilecenter.com;  
www.westernimplantraining.org

[see Continuing Education p. 60](#)

## **New Student Members**

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Jacqueline Buschbach, DMD, Syracuse  
Brandon C. Hunt, White Plains

### **OHIO**

Mohamed Adel Ahmed, DDS, Seven Hills

### **TEXAS**

Kortnie Killough Strother, Pearland  
Ben Melton, San Antonio  
Cyril Henry, DDS, Waco  
Melissa Kupfersmith, Woodway

### **WASHINGTON**

Violeta A. Stoyanova, DDS, Renton

### **WISCONSIN**

Jeffrey M. Garcia, Pewaukee

### **WYOMING**

Austin Baker, DDS, Casper

### **INTERNATIONAL**

#### **CAMBODIA**

Sam Sovatdy, DDS, Phnom Penh

#### **CANADA**

Crystal Foug, DMD, Brossard  
Dany Malak, DMD, Montreal  
Logan Tait Orr, Taber

#### **EGYPT**

Salma Nabil Mobarek, BDS, Cairo

#### **SAUDI ARABIA**

Elbushra Awad Alameen, Tabuk

## Continuing Education

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### Implant Connect: Prosthetic Course

William Liang, DMD, Director  
One-year program that will cover patient selection, treatment planning, occlusal considerations and how to incorporate implants into your practice  
Email: [andrew@implantconnection.ca](mailto:andrew@implantconnection.ca)  
Website: [www.cditc.ca](http://www.cditc.ca)

### Pacific Implant Institute

Dr. Ron Zokol  
Comprehensive Training in Implant Dentistry  
Ongoing dates  
Location: Vancouver, B.C., Canada  
Contact: Kim  
Phone: 800-668-2280  
Email: [kimber@piidentistry.com](mailto:kimber@piidentistry.com)  
Website: [www.piidentistry.com](http://www.piidentistry.com)

### Toronto Implant Institute

Dr. Natalie Y. Wong, Director  
Advanced Hands-On Courses  
Contact: Linda Shouldice  
Phone: 416-566-9855  
Email: [linda@ti2inc.com](mailto:linda@ti2inc.com)  
Website: [www.torontoimplantinstitute.com](http://www.torontoimplantinstitute.com)

### Vancouver Implant Continuum

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Contact: Andrew Gillies, Education Coordinator  
Phone: 604-330-9933  
Email: [andrew@implantconnection.ca](mailto:andrew@implantconnection.ca)  
Website: [www.cditc.ca](http://www.cditc.ca)

## AAID Active Study Clubs\*

### U.S.

#### AAID Bergen County Dental Implant Study Group

Location: Englewood, NJ  
Director: John Minichetti, DMD  
Contact: Lisa McCabe  
Phone: 201-926-0619  
Email: [lisapmccabe@gmail.com](mailto:lisapmccabe@gmail.com)  
Website: <https://bit.ly/2rwf9hc>

#### AAID Lake Superior Implant Study Club

Location: Ada, MN  
Director: David Resnick, DDS  
Phone: 218-784-7119  
Email: [ddz@arvig.net](mailto:ddz@arvig.net)

#### Acadiana Southern Society

Location: Lafayette, LA  
Director: Danny Domingue, DDS  
Phone: (337) 243-0114  
Email: [danny@jeromesmithdds.com](mailto:danny@jeromesmithdds.com)  
Website: [www.acadianasouthernsociety.com/upcoming-meetings.html](http://www.acadianasouthernsociety.com/upcoming-meetings.html)

#### Alabama Implant Study Club

Location: Brentwood, TN  
Director: Sonia Smithson, DDS  
Contact: Norma Jean Applebaum  
Phone: 615-337-0008  
Email: [docnj4aisg@aol.com](mailto:docnj4aisg@aol.com)  
Website: [www.alabamaimplant.org](http://www.alabamaimplant.org)

#### Bay Area Implant Synergy Study Group

Location: San Francisco, CA  
Director: Matthew Young, DDS  
Phone: 415-392-8611  
Email: [young.mattds@gmail.com](mailto:young.mattds@gmail.com)  
Website: <http://youngdentalsf.com>

#### Calderon Institute Study Club

Location: Queens, NY /Oceanside, NY  
Director: Mike E. Calderón, DDS  
Contact: Andrianna Acosta  
Phone: 631-328-5050  
Email: [calderoninstitute@gmail.com](mailto:calderoninstitute@gmail.com)  
Website: [www.calderoninstitute.com](http://www.calderoninstitute.com)

#### DHII Study Club of Georgia

Location: Atlanta, GA  
Director: David Han, DDS, MS  
Contact: Frank Butler  
Phone: 770-624-3000  
Email: [drfrankbutler@bellsouth.net](mailto:drfrankbutler@bellsouth.net)  
Website: [www.dhii.org/our-fees](http://www.dhii.org/our-fees)

#### Hawaii Dental Implant Study Club

Location: Honolulu, HI  
Director: Michael Nishime, DDS  
Contact: Kendra Wong  
Phone: 808-732-0291  
Email: [mnishimedds@gmail.com](mailto:mnishimedds@gmail.com)  
Website: [www.honoluludentaloffice.com](http://www.honoluludentaloffice.com)

#### Hughes Dental Implant Institute and Study Club

Location: Sterling, VA  
Director: Richard E. Hughes, DDS  
Contact: Victoria Artola  
Phone: 703-444-1152  
Email: [dentalimplant201@gmail.com](mailto:dentalimplant201@gmail.com)  
Website: <http://www.erhughesdds.com/>

#### Implant Study Club of North Carolina

Location: Clemmons, NC  
Director: Andrew Kelly, DDS  
Contact: Shirley Kelly  
Phone: 336-414-3910  
Email: [shirley@dentalofficesolutions.com](mailto:shirley@dentalofficesolutions.com)  
Website: [www.dentalofficsolutions.com](http://www.dentalofficsolutions.com)

#### Mid-Florida Implant Study Group

Location: Orlando, FL  
Director: Rajiv Patel, BDS, MDS  
Contact: Director  
Phone: 386-738-2006  
Email: [drpatel@delandimplants.com](mailto:drpatel@delandimplants.com)  
Website: <http://www.delandimplants.com/>

#### Monmouth Dental Implants Study Group

Location: Lincroft, NJ  
Director: Richard Mercurio, DDS  
Contact: Marth Gattton  
Phone: 732-504-6913  
Email: [marty@lincroftvillagedental.com](mailto:marty@lincroftvillagedental.com)  
Website: [www.Lincroftvillagedental.com](http://www.Lincroftvillagedental.com)

#### SMILE USA® Center for Educational Excellence Study Club

Location: Elizabeth, NJ  
Director: Shankar Iyer, DDS, MDS  
Contact: Terri Baker  
Phone: 908-527-8880  
Email: [dentalimplant201@gmail.com](mailto:dentalimplant201@gmail.com)  
Website: <http://malosmileusaelizabeth.com>

## CANADA

#### Vancouver Implant Continuum

Location: Surrey, BC, Canada  
Director: Williams Liang, DMD  
Contact: Andrew Gillies  
Phone: 604-330-9933  
Email: [andrew@implant.ca](mailto:andrew@implant.ca)  
Website: [www.implant.ca](http://www.implant.ca)

## INTERNATIONAL

#### AICHI IMPLANT CENTER

Location: Nagoya, Aichi-Ken, Japan  
Director: Yasunori Hotta, DDS, PhD  
Phone: 052-794-8188  
Email: [hotta-dc@ff.ij4u.or.jp](mailto:hotta-dc@ff.ij4u.or.jp)  
Website: [www.hotta-dc.com](http://www.hotta-dc.com)

#### Beirut AAID Study Club

Location: Beirut, Lebanon  
Director: Joe Jihad Abdallah, BDS, MScD  
Phone: 961-174-7650  
Email: [beirutidc@hotmail.com](mailto:beirutidc@hotmail.com)  
Website: <http://www.beirutidc.com>

#### Cyprus implant Study Club

Location: Nicosia, Cyprus  
Director: Nicolas Papadopoulos, DDS  
Phone: +99606565  
Email: [Info@nicosiadentalcenter.com](mailto:Info@nicosiadentalcenter.com)  
Website: <http://www.nicosiadentalcenter.com/index.php>

#### Korean Dental Implant Institute

Location: Seoul, Korea  
Director: Jaehyun Shim, DDS  
Contact: Kyungim Yeom  
Phone: +82 10 2716 7249  
Email: [ykimichelle@gmail.com](mailto:ykimichelle@gmail.com)  
Website: [www.kdi-aaid.com](http://www.kdi-aaid.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, email [education@aaid.com](mailto:education@aaid.com).

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AAID Credential: Associate Fellow	Passed in-depth oral and written exams	5+ YEARS Implant Dentistry	400 HOURS Continuing Ed in Implant Dentistry
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8. Properly cared for, dental implants don't rot, while many other options—including tooth dental bridges and dentures—need to be replaced as often as every 5 to 10 years.
9. An increasing number of insurance companies have started to provide some coverage for dental implants, recognizing their long-term benefits.
10. Missing Teeth?
11. Missing Bone?
12. Dental Implant Options.

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