

# AAID NEWS

## Dr. Brian Jackson Steps Up to AAID President



### INSIDE

- Tips on Defending a Malpractice Suit: You and Your Insurance Company
- Online Reviews: Are They Really That Important? And, If So, Why?
- Placing Dental Implants with 3D Printing Surgical Guides



# CONELOG® PROGRESSIVE

conical performance at bone level

## CONELOG® connection benefits:

- long conus for reduced micromovements<sup>1</sup>
- superior positional stability in comparison to other conical systems<sup>2,3</sup>
- easy positioning with tactile feedback
- integrated platform switching
- “vertical fit feature” designed to minimize vertical discrepancy during workflow

For more information, contact BioHorizons

Customer Care: 888.246.8338 or

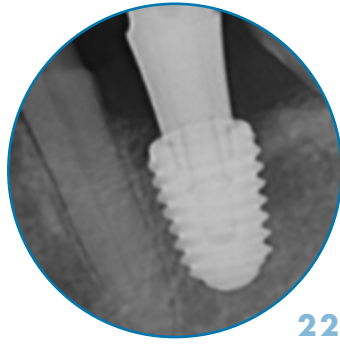
shop online at [www.biohorizons.com](http://www.biohorizons.com)

1. Hogg WS, Zulauf K, Mehrhof J, Nelson K. The Influence of Torque Tightening on the Position Stability of the Abutment in Conical Implant-Abutment Connections. *Int J Prosthodont*. 2015 Sep-Oct;28(5):538-41.  
2. Schwarz F, Alcoforado G, Nelson K, Schaefer A, Taylor T, Beuer F, Strietzel FP. Impact of implant-abutment connection, positioning of the machined collar/microgap, and platform switching on crestal bone level changes. CAMLOG Foundation Consensus Report. *Clin Oral Impl Res*. 2014; 25(11): 1301-1303.  
3. Semper-Hogg, W, Kraft, S, Stiller, S et al. Analytical and experimental position stability of the abutment in different dental implant systems with a conical implant-abutment connection. *Clin Oral Invest* (2013) 17: 1017.





10



22



36

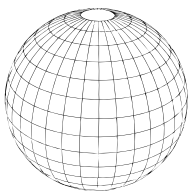


40



# contents

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / 2021 ISSUE 4



aaid.com

## Lead Stories

- 4 Editor's Notebook  
*Does Size Matter When Using Autologous Dentin as a Graft Material or Is It the PDL or What?*
- 6 President's Message  
*The Truth About the AAID and ABOI/ID Credentials.*
- 8 Letter to the Editor
- 10 COVER STORY  
*Dr. Brian Jackson Steps Up to AAID President*
- 16 Legal Bite  
*Tips on Defending a Malpractice Suit: You and Your Insurance Company*
- 18 Business Bite  
*Online Reviews: Are They Really That Important? And, If So, Why?*
- 22 Clinical Bite  
*Placing Dental Implants With 3D Printing Surgical Guides*
- 30 JOI Sampler

## AAID News

- 34 Academy News
  - 34 • AAID Foundation Smile, Veteran Program Honors First Patient with the Gift of a Smile!
  - 35 • The AAID Foundation Awards Grants in 2021
  - 35 • 2021 AAID Foundation Silent Auction Donors
  - 36 • AAID Announces the 2021 Top-Award Recipients
  - 38 • Congratulations to the 2021 AAID Fellows and Associate Fellows
  - 40 • Summary of the 2021 Annual Business Meeting
- 46 New Members
- 50 Continuing Education Bite
- 58 Ad Index



Dennis Flanagan,  
DDS, FAAID, DABOI/ID,  
AAID Editor

## EDITOR'S NOTEBOOK

# Does Size Matter When Using Autologous Dentin as a Graft Material or Is It the PDL or What?

### EDITOR'S NOTE

*As a clinician, I find it important to always learn and discuss the issues of our profession to improve our clinical skills. I hope to start a dialogue on various topics in the AAID News. Please share some of your questions and experiences so that we can present different aspects of the many issues in clinical practice that can be important for successful clinical outcomes. If our readers submit questions and experiences, we will discuss them in upcoming issues of AAID News.*

*For this month's column, let me know what you think about autologous dentin grafting and dentin particle size. Do you have a comment about this technique? Do you have a similar or contradictory experience?*

There are recent reports of the use of autogenous dentin as an osseous graft material. The source of the dentin is the patient's own pulverized tooth. The dentin

graft particles apparently are resorbed by osteoclasts and replaced with bone. Nonetheless, we all have seen residual root tips residing in healed bone that have not undergone resorption. These residual root fragments are made of dentin indeed. We don't really know what physiologic parameters determine which dentin fragments can be resorbed and which are not. There may be an immunologic cascade that determines this.

Using the patient's own dentin as a graft material is convenient and apparently safe when prepared appropriately. For grafting, the dentin is fragmented to less than 1mm diameter, processed and placed in osseous gaps for space maintenance and osteoconduction for bone formation.

Root tips are usually left in situ when their removal may endanger an anatomical structure such as a nerve or artery. These root tips are usually not resorbed and replaced with bone. Some of these may radiologically appear to be less than 1mm.

Other scenarios that might involve resorption include:

- Pulp stones (dentin) can persist and may be removed during endodontic therapy. They can be less than 1 mm and yet are not resorbed.
- Infection disrupts resorption of a dentin graft, so dentin fragments will probably not be resorbed in the presence of infection.

We don't really know what physiologic parameters determine which dentin fragments can be resorbed and which are not. There may be an immunologic cascade that determines this.

*continued on page 49*

# 3D-PRINTED HARD BITE SPLINT FOR PROTECTION AGAINST BRUXISM



**NEW!**

**Special offer!**  
**Buy 2 and save!**

**\$79\***  
per appliance

**\$137\***  
for two

## Comfort3D™

BITE SPLINT

Taylor Manalili  
Prosthodontist, Newport Beach, Calif.  
DDS and Specialty Certificate, Stony Brook School of Dental Medicine

Dr. Manalili uses Comfort3D™ Bite Splints as her preventive appliance of choice after restoring full-arch implant cases.

- As the prevalence of grinding, clenching and cracked teeth increases nationally<sup>1</sup>, the Comfort3D Bite Splint gives clinicians a 3D-printed solution to treat bruxism's effects.
- The Comfort3D Bite Splint improves upon traditionally fabricated splints, offering:
  - Precise fit
  - Durability
  - Easy reorder — your digital data is stored for 7 years
- This patient-specific appliance was developed with comfort in mind. Digital fabrication techniques enable a comfortable fit and more space for the wearer's tongue.

1. American Dental Association Health Policy Institute. COVID-19: Economic Impact on Dental Practices. Biweekly poll. Wave 14 — week of September 21, 2020.

\*Price does not include shipping or applicable taxes. Special offer price only valid for two appliances for the same arch.



**Prescribe Today**



800-887-3580 | [glidewell.com/comfort3d-2021](https://glidewell.com/comfort3d-2021)



Duke Heller,  
DDS, FAAID, DABOI/ID  
AAID President 2020-2021

## PRESIDENT'S MESSAGE

### The Truth About the AAID and ABOI/ID Credentials.

I would like to discuss with you three (3) views of interest in this last editorial: **Past, Present and Future**, and why it matters today.

#### Past

Dr. Leonard Linkow, considered to be the father of American Implant Dentistry, was a personal friend from whom I took my first implant course at University of Detroit Dental School in 1969.

Dr. Linkow began designing subperiosteal implants, which were supported on cortical bone, mainly on the mandible. He later developed the blade implant, which most of us old timers used, including Dr. Hilt Tatum, Dr. Bob Buhite, Dr. Tom Chess, and myself—We are the last of Dr. Linkow's legacy.

The work done during this time period was the impetus that grew the American Academy of Implant Dentistry (AAID), which reached 70 years in 2021, all because of the pioneers who believed in and taught implant dentistry. Thank you to all of those innovators who led the way.

#### Present

Implant dentistry, as we know, started within the practices of general dentists. We saw the need to provide a patient's oral health with better long-term care solutions that make the patient more confident. Thus, we transformed into implant specialists by attending many hours of continuing education and becoming an AAID credentialed member or by becoming Board Certified through the American Board of Oral Implantology/Implant Dentistry.

Although the profession calls many of us general dentists, we really are implant specialists, especially those who have focused their practice on this exclusively. We, as practitioners, have elevated the profession by performing bone grafting techniques, prosthetic superior materials, radiography advancement, and more. All of this allows us the ability to look at anatomy in a 360-degree view and helps us to be accurate with implant placement and restorative procedures within a one-millimeter slice.

#### Present with a "Today" Viewpoint

Because implant dentistry has become so important to a dental practice, many specialists have opted to gain recognition with the public. We have all seen the signs on buildings, "Practice limited to 'name of specialty' plus implants."

"Talent is a gift, but character  
and integrity is a choice."  
— John C. Maxwell, author

*continued on page 28*

# The Optimal Solution for Full Arch Grafting

Repurpose  
extracted teeth for  
autologous graft



Regenerates  
native bone

## Smart Dentin Grinder<sup>®</sup> GENESIS

The Smart Dentin Grinder converts extracted teeth into the highest quality and most effective and predictable AUTOLOGOUS graft.

RECYCLE the extracted tooth into bioactive, osteoinductive dentin graft within 8 minutes.

What to expect:

- High predictability every time
- Excellent new bone regeneration
- Will drastically reduce your cost of bone graft
- Slow resorption / bioactive scaffold
- Contains GFs and BMPs
- Minimal inflammation
- Excellent for diabetic / medicated / slow healing patients.

Go the extra mile for your patients' best outcome.



**KometaBio**  
Next Generation Grafting

For more information:  
[www.kometabio.com](http://www.kometabio.com)  
[info@kometabio.com](mailto:info@kometabio.com)  
(866) 772-2871

**AIE**  
Advanced Implant Education

**READY TO TAKE YOUR PRACTICE  
TO THE NEXT LEVEL?**

Join us for LIVE SURGERY courses by you with Dr. Scott Ganz and Dr. Isaac Tawil mentorship.  
All the latest techniques and procedures for Implant Dentistry.

For more information: [www.aiedental.com](http://www.aiedental.com)

# Letter

## TO THE EDITOR



Jack Piermatti,  
DMD, FAAID, DABOI/ID

After reading the “Editor’s Notebook: Should we abandon the term ‘centric relation’?” by Dr. Dennis Flanagan (Issue 3, Page 4 of *AAID News*), I felt it important to comment.

The discussion of centric relation certainly has a rich history. I agree with some of the comments by Dr. Flanagan regarding confusion with this term over the years. All of us learned the concept of centric relation in our early years of education, and the use of these concepts has become critical for some clinicians and less important to others. But I think it is fair to say that centric relation is a mainstay concept for prosthodontists worldwide.

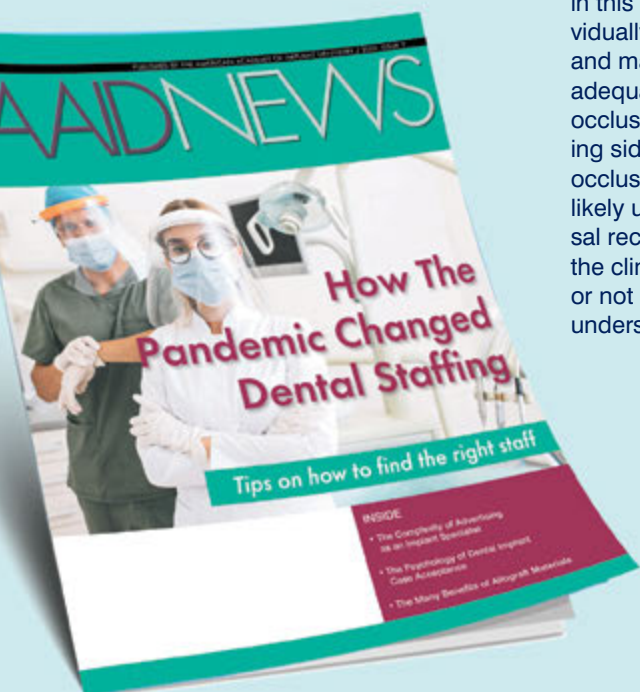
I believe confusion on this principle begins with the general dentist who performs basic, “single tooth” restorative dentistry in mostly dentate patients with stable occlusions. These clinicians ask, “What’s the point of centric relation?” In these situations, I agree, there is no need to evaluate centric relation since the restoration will conform to maximum intercuspation. For prosthodontists who deal with the mutilated dentition, however, lost vertical dimension and the need to establish a protective occlusal scheme, a reproducible condylar position is needed to complete a rehabilitation.

Any clinician who has extensive experience in this area can evaluate each patient individually and determine the proper maxillary and mandibular incisal edge position for adequate anterior guidance, appropriate occlusal plane for clearance of non-working side interference, and the indicated occlusal scheme. That clinician will most likely use centric relation position for occlusal records in the rehabilitation. Whether the clinician agrees with the terminology or not is irrelevant. The technique is fully understood and used effectively.

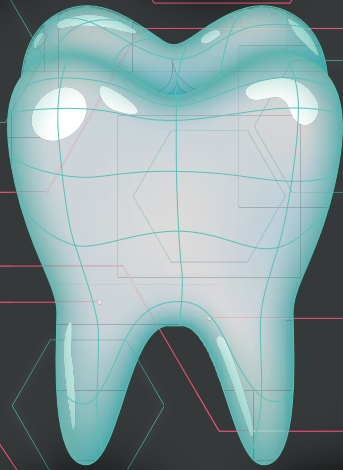
There are, of course, outliers for the standard approach to oral rehabilitation using centric relation as a starting position. In the class 2 skeletal malocclusion requiring an oral reconstruction, one may choose to restore in “free closure” and build a “long centric.” In the case of a fully dentate patient with a stable occlusion, no lost vertical dimension, and rampant caries requiring full mouth restoration, one may choose to restore in existing condylar position and maximal intercuspation. But the experienced prosthodontist understands this and evaluates the treatment plan and may modify the treatment sequence accordingly. The ultimate result must be an esthetic, comfortable, protective occlusal rehabilitation that is capable of efficient mastication and unimpeded phonetics. Different clinicians may achieve the same result but utilize different methods.

Considering the above, I strongly object to the concept of “abandoning the term centric relation.” This type of rhetoric only fosters continued confusion, cynicism, and adoption of poor technique. With the continued evolution of technological advancements in dentistry, we must always strengthen the fundamentals. Consider the following: With the advent of the impressive digital workflow in reconstructive prosthodontics and implantology, should we abandon analog techniques completely? We now have automated endodontics which have improved results, but does that mean we abandon hand files? Biomaterials have been significantly improved particularly in CAD/CAM restorative dentistry, but does that mean we should abandon cast restorations altogether? Oral and maxillofacial radiology have improved cone-beam computerized imaging, but does that mean we should abandon the periapical or biting x-ray?

The mere discussion of “abandoning tried and true principles, techniques, and terminology” can only result in more confusion, not less. Our young dental clinicians must fully understand the fundamentals of dentistry, and only through clinical experience and continuing education can they then choose to modify the process of dental treatment. They may question the terminology, but that would only happen after they have had an opportunity to follow the techniques of the clinicians who came before them.







# ClearCorrect Intraoral Scanning

*Get the Latest in IOS Technology*

ClearCorrect is making it easier than ever to join the future of dentistry with a variety of bundles to get you started. We have the tools to take your practice to the next level, and we even accept scans from any scanner!

Learn more about intraoral scanning with ClearCorrect at [nam.clearcorrect.com/ios-info](http://nam.clearcorrect.com/ios-info)

## 3Shape TRIOS

Fast, easy-to-use, and creates documented-accurate digital color impressions.

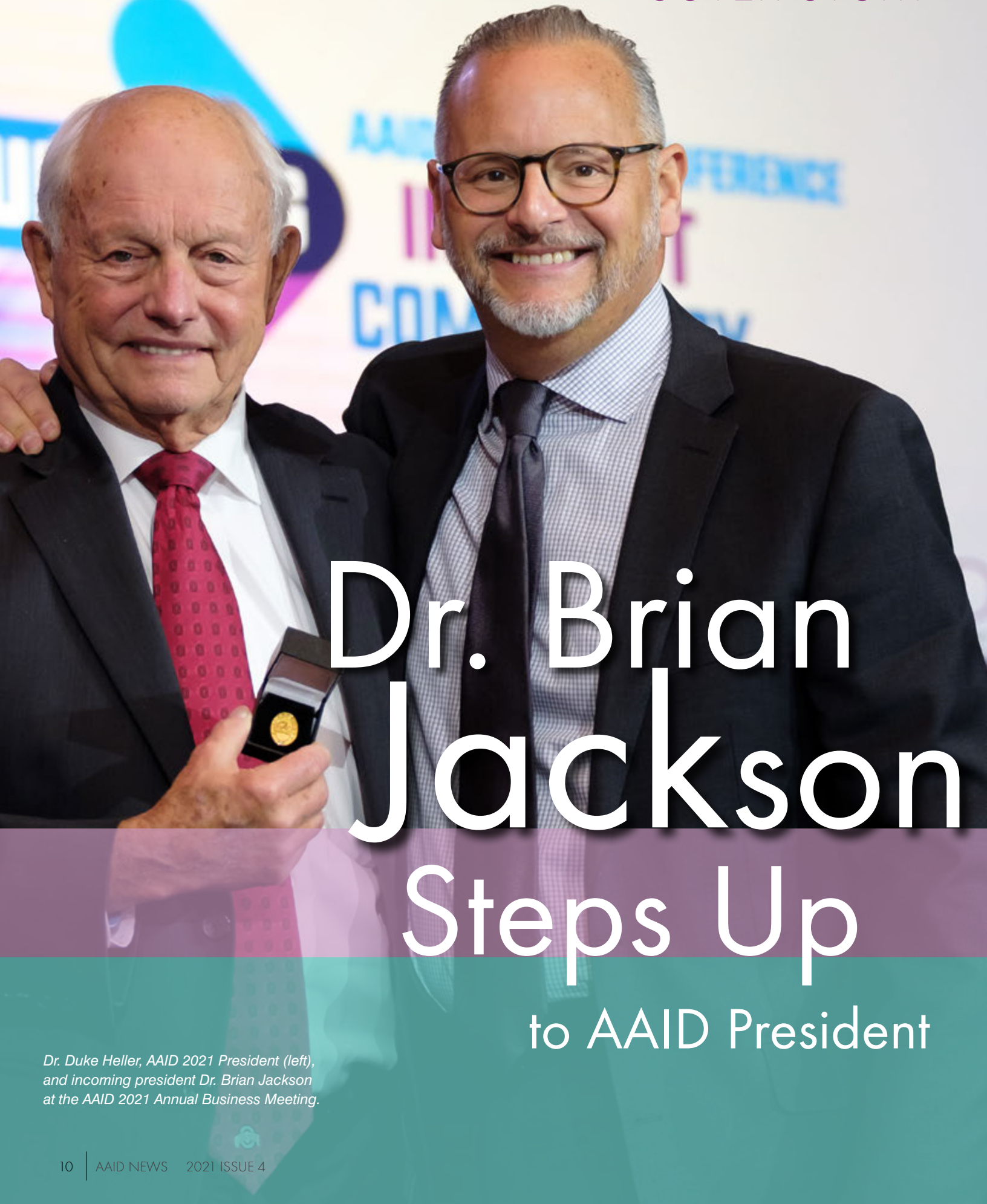


## Medit i500

The easy entry into digital dentistry, exemplifying value, efficiency and productivity.



**clearcorrect**  
A Straumann Group Brand



# Dr. Brian Jackson Steps Up to AAID President

*Dr. Duke Heller, AAID 2021 President (left), and incoming president Dr. Brian Jackson at the AAID 2021 Annual Business Meeting.*

## Tell us about yourself and why you became a dentist.

As a child, I always was interested in healthcare and was intrigued when seeing my physician or dentist. So, at age nine, I realized that I wanted to be a dentist because in addition to the science, there also is an artistic component.

I was committed to becoming a dentist and had no backup plan. So all of my efforts were about getting into dental school, and I was very fortunate to run into the right people. My dad's dentist/friend was Dr. Ronald Goldstone, a periodontist. My father told him that I wanted to be a dentist and asked if he would talk with me. Dr. Goldstone



Dr. Norman Cranin and Dr. Brian Jackson

essentially became my first mentor and let me shadow him. He would talk with me about dental schools and told me to go to Buffalo because I'd get a great education.

I feel lucky to have had this opportunity because neither of my parents went to college. My dad was smart and was not given a lot of options, but he was the most well-read person I have ever known. He loved learning about genealogy and the research associated with it.

## Where did you attend college and dental school?

I went to Utica College for undergrad and received a Bachelor of Science in biology. After that, I attended SUNY Buffalo School of Dental Medicine and completed a one-year general practice residency program at St. Luke's Memorial Hospital in Utica, NY. Even though the program was required to practice in the state of New York, I would have completed one anyway.

## What did you do after graduating from dental school? When did you open your practice?

While in my GPR program, I learned so much more than in dental school and became more confident in completing procedures. After that I began working part time in two different dental practices. Currently, I have been partners with Dr. Mark Slavin and Dr. Charles Burns for more than 30 years in Utica, NY.

## What got you interested in implant dentistry?

As a resident, an attending showed me implant and restorative procedures. It piqued my interest because I liked surgery, but didn't want to give up prosthetics. I realized that it would be possible to do both, so I started to take implant courses a day here and a day there. I believed it was enough.

Eventually I went to a weekend program in New Hampshire taught by an oral surgeon. It was then I decided to observe a general practitioner who focused on placing implants—because I wanted to learn more about surgery and restorative.

[Implants] piqued my interest because I liked surgery, but didn't want to give up prosthetics. I realized that it would be possible to do both.

*continued on page 12*

## COVER STORY

*continued from page 11*

After that I was introduced to Dr. Frank Lamar, Sr. So I reached out, and he said I could go to his office to watch him do surgery. I'd get up at 5:00 am drive and meet him for breakfast, and discuss implant cases.

At one point, Dr. Lamar asked, "What program are you in?" I responded, "I am not." Dr. Lamar told me that I needed to join a program, such as an AAID MaxiCourse®. He told me not to

be a dabbler, but I didn't quite follow his advice right away.

I continued doing a few cases and took a few more classes. He reminded me about taking an in-depth course. I finally signed up for the New York AAID MaxiCourse. In the end, I learned the science behind implant dentistry and realized how much more knowledge I gained rather than just taking one-day classes. It changed the way I practiced.

### Did anyone else have a big influence on your career?

Dr. Norman Cranin was a great influence. He was a tough teacher, so I never knew where I stood. After I finished the MaxiCourse, I taught an educational program at an AAID meeting. Dr. Cranin said, "You should write that down and get it published." Then, his program coordinator asked me to lecture, and we became good friends after that.

He also told me to go get credentialed, board certified in implant dentistry, as well as get published in a journal. It was an honor that he shared his thoughts with me because I respected him so much.

### What do you enjoy most about dentistry?

I think that, even though sometimes hard to practice, the value of treating people is noble.

I like teaching other dentists and showing them how I do things to give them a jump start. It's important for me to explain the things that slowed me down and share what worked and what didn't work. It is exciting and rewarding to see other dentists learn about implants and become successful.

*continued on page 14*



Drs. John Minichetti, Matthew Young, Brian Jackson and Frank Lamar, Sr. in India.



The Magnetic Mallet utilizes magnetic-dynamic force for procedures ranging from simple extractions to complex implantology and oral surgery procedures. A wide range of A-630 stainless steel, tempered and passivated for longevity instruments are available for use with the Magnetic Mallet. There is no sawing motion and no rotating of the handpiece thus creating no friction.



INCLUDES 18 SQUARE-LOCK CONNECTION SCREWS

## Tatum Bone Block EZ-Fixation Screw Kit

The Tatum EZ-Fixation System offers a unique blend of clinical simplicity, advanced features, precision and affordability that is unmatched in the dental market.

- Color coded screws to quickly identify length
- Squarelock friction fit connection
- Tapered, self-drilling, self-tapping screw design

Screw lengths offered - 1.75mm x 8 (Silver), 10mm (Blue), 12mm (Gold), 14mm (Green), and 1.55mm x 18mm, 21mm, and 24mm Bone Screws. Kit includes 18 Screws.



## Tatum EZ-Out Periotome Kit

- Reduce Trauma during Tooth Extractions
- Preserve Bone Integrity and Perform Atraumatic Extractions
- Fine Tapered Blades that Compress the Alveolar, and Cut the Membrane
- Ease the Tooth from its Socket
- Less Postoperative Bleeding and Pain, thus Faster Healing
- 100% Stainless Steel, and can be Re-tipped
- Autoclavable Box and Sharpening Stone Included
- "Born and Made in the U.S.A."



## Tatum Sinus Instrument Kit

The Tatum Sinus Instrument Kit is designed to access any anatomical configuration the surgeon may encounter when performing maxillary sinus augmentation.

These specialized instruments are ideal to safely elevate the sinus membrane, and allow removal of bone buttresses before grafting.



Use our Toll Free Number to PLACE YOUR ORDER  
**1-888-360-5550**  
www.tatumsurgical.com

## COVER STORY

continued from page 12



Dr. Brian Jackson and his family: Michele, Anna, Julia and Grant.

### What are other areas you are interested in when you are not practicing dentistry or serving in an AAID leadership position?

My family. My wife Michele is a fourth grade elementary school teacher. I have two daughters—Anna (24) is an elementary school teacher and Julia (23) is in law school. Each has worked hard, and both have a great direction

in life. My son Grant (21) is still in college and has been accepted into a master's program in Fordham University's business school in New York City.

I feel that it is important to keep my children on track and give them opportunities that I didn't have. I work on connecting them with the right people. In the end, they must grind it out and help themselves. I have tried to instill that it's not an easy road to the

finish line, and that no matter what you choose; you need to believe it is the right choice.

We talk about the fact that those who have a high work ethic become successful and leaders. Although it's sometimes hard to achieve professional and personal goals, they first need to be true to themselves.

### What are some of your favorite AAID memories, and what encouraged you to join?

Camaraderie is my favorite part of the AAID. When I first attended a Northeast District meeting, there were only 20 people in the room. Dr. John Minichetti introduced me to a lot of people. I realized that these people were on the same journey as me, and I could learn from their experiences.

I grew up believing that it was important to be involved and give back to my profession. One of my mentors, Dr. Goldstone had bladder cancer and passed away. We went to the same college, and after he died, I decided to create a scholarship in his honor by providing an educational program. I asked AAID friends to lecture in his honor to help raise money, which allowed us to provide scholarships for those who wanted to go to dental school.

continued on page 55



# Guided Surgery Solutions

Your path to predictable implant therapy

Zimmer Biomet Dental's Guided Surgery Solutions provide seamless and flexible workflow solutions that will guide you through dental implant therapy. They consist of the RealGUIDE™ Software Suite and compact guided surgery toolkits for most Zimmer Biomet implant systems. Trained virtual planners are available to do your treatment planning and guide design on demand through guided surgery services branded as Implant Concierge™.

Irrespective of which option you choose, Zimmer Biomet Dental provides you with tools and services aimed at providing secure, minimally invasive, guided implant therapy.\*



Find your solution today, simply scan the code or visit [zbdguidedurgery.com](http://zbdguidedurgery.com)



 **RealGUIDE™**  
UNIVERSAL OPEN SYSTEM

 **implant concierge™**

Unless otherwise indicated, all content herein is protected by copyright, trademarks, and other intellectual property rights, as applicable, owned by or licensed to Zimmer Biomet Dental or its affiliates unless otherwise indicated, and must not be redistributed, duplicated, republished or reprinted, in whole or in part, without express written consent the owner. Product clearance and availability may be limited to certain countries and/or regions. This material is intended for clinicians only and does not comprise medical advice or recommendations. Distribution to any other recipient is prohibited. ZB1344 REV A 06/21 ©2021 Zimmer Biomet. All rights reserved.

\*References: Accuracy of Edentulous Computer-Aided Implant Surgery as Compared to Virtual Planning: A Retrospective Multicenter Study; R. Vinci, M. Manacorda, R. Abundo, A. G. Lucchina, A. Scarano, C. Crocetta, L. Lo Muzio, E. F. Gherlone, F. Mastrangelo. J Clin Med. 2020 Mar 12;9(3):774. doi: 10.3390/jcm9030774 // Clinical Factors Affecting the Accuracy of Guided Implant Surgery - A Systematic Review and Meta-analysis; Wenjuan Zhou, Zhonghao Liu, Liansheng Song, Chia-Ling Kuo, David M Shafer; pubmed.gov; Epub 2017 Jul 22



510(k) number: K173041  
Owner number: 10059505



By Frank R. Recker, DDS, JD

# Tips on Defending a Malpractice Suit: You and Your Insurance Company

If a dentist is sued for an alleged act of malpractice, there are several tips often overlooked by the defendant dentist. First, and very importantly, when do you alert your malpractice insurer that a claim may be forthcoming? Too many times we hesitate, thinking it's just talk, only to find out later that a suit was filed. Most policies require that the insurer be notified "as soon as you have a reasonable belief that a patient is contemplating or threatening a malpractice suit."

Use this language to stay on the safe side of what could become a difficult situation—whether it be a complaint to your dental board or a verbal threat or implication of a suit from a patient, notify your carrier by letter or email. The reason is that an insurance carrier defends with a reservation of rights, meaning they will defend for now, but because they weren't notified in

a timely fashion, they may not pay for any judgment or settlement. Don't take that risk. If a dental board serves you with a subpoena, notify your attorney and your insurance carrier before you respond to the complaint.

Additionally, do not sign any "consent to settle" form with the insurance carrier unless your personal attorney has reviewed the situation and authorized you to do so. When selecting an attorney, you should choose one who has handled dental defense claims in the past as well as knows about dental practice issues. Don't ask just any attorney to review the alleged facts and advise whether you should sign such a document.

An insurance carrier wants you to sign such a document so that they can take complete control of the case, looking solely at the cost of defending versus your opinion on whether to defend. Do not lose control of YOUR case. It's your case, your reputation, and your name that goes into the National Practitioner Data Bank. The Consent to Settle is sent to the dental boards in the states where you may be licensed. Often, such a report results in dental boards opening investigations into the insurance company settlements and the facts about case. This alone could lead to a nightmare inquiry even without the patient's involvement. Make sure your policy has a rider for dental board defense of at least \$25,000. Some policies have such coverage at \$50,000 or higher.

If a dental board serves you with a subpoena, notify your attorney and your insurance carrier before you respond to the complaint.



If you decide to defend the case and you have not signed a consent to settle, ask the insurance company's attorney to copy you on ALL correspondence sent to or received from opposing counsel, and sent to or received from your insurance carrier. That includes the attorney's evaluation of the case, your culpability, the issues, and an evaluation of the potential dollar risk of a jury verdict. The insurance company then determines the settlement authority for the attorney. Very often such communications are not shared with the defendant dentist unless specifically requested by the dentist at the beginning of the case, in writing. I would advise every dentist/defendant to obtain his or her own personal attorney to oversee the handling of the case, which is different from the defense attorney that the insurance company provides. Just be cer-

tain that your attorney understands some level of dental terminology and dentistry. Just because an implant is replaced by another dental practitioner does not mean there was negligence. It's often done without good cause because they can always find a reason to do so.

Keep in mind, although the insurance carrier is paying for your defense attorney, YOU are the client, and your attorney is working for you. But in reality, the company paying the law firm's bill has the major allegiance of the attorney. That is the simple reason that attorney will 1) accept settlements offered by state dental boards and not insist on a hearing, and 2) negotiate monetary settlements to settle malpractice cases and avoid trials. The insurance carrier has many dentist/defendants. They are in the

business of saving money, not spending it on you! Stay involved in your cases unless you have truly been negligent and want to end the situation as soon as possible— That is not the case in most instances!

Many don't realize how often a dentist is unaware of his or her case status and what has occurred in the case relative to depositions, experts, or the court scheduling. Only you can insist on being kept informed of these details. And you should stay aware of everything, for your own good.

---

*Frank R. Recker, DDS, JD, is Chief Counsel, First Amendment Specialty Matters for the AAID. He can be reached at [recker@ddslaw.com](mailto:recker@ddslaw.com).*

# Distinguish Yourself

Become a Diplomate of the American Board of Oral Implantology/ Implant Dentistry.

ABOI/ID Certification symbolizes the highest level of competence in implant dentistry.

[aboi.org](http://aboi.org)



If you are not a Diplomate of the ABOI/ID, and are interested in finding out more about the examination and certification process, please go to [aboi.org](http://aboi.org) to review application procedures on how to become a Diplomate. You may also contact the ABOI Headquarters directly at 312.335.8793 or by email at [diplomate@aboi.org](mailto:diplomate@aboi.org).



American Board  
of Oral Implantology

Knowledge. Certification. Excellence

American Board of Oral  
Implantology / Implant Dentistry  
211 East Chicago Ave, Suite 1100  
Chicago, IL 60611  
312.335.8793 | 888.604.2264



By Len Tau, DDS

# Online Reviews: Are They Really That Important? And, If So, Why?

Every practice owner knows that our job goes way beyond clinical care. We have a business to operate, team members to lead, patient relationships to manage, marketing campaigns to oversee, and more.

In dental school, however, we focus almost entirely on clinical care. That's important, of course, but we graduate dental school with virtually no education in leadership, operations, marketing, or any other subject matter needed to operate a profitable practice.

That lack of education leaves future practice owners vulnerable in many areas. When it comes to marketing, for example, practice owners can waste thousands of dollars on outdated or expensive marketing tactics, a situation in which the people who benefit most are the people selling you those marketing services.

When it comes to marketing, for example, practice owners can waste thousands of dollars on outdated or expensive marketing tactics, a situation in which the people who benefit most are the people selling you those marketing services.

And what about collecting and managing online reviews? If you ask any 10 dentists, you're likely to hear complaints about online reviews. They will express frustration about patients who use potential negative reviews to leverage discounts, complain about having to ask for reviews, or question whether online reviews are even worth the effort.

I'm biased, of course, having spent more than a decade advising practices on how to use online reviews to benefit their practices. During that time, however, I have learned that practice owners who are frustrated with online reviews are being fed false information.

Here are three truths about online reviews, including whether they're actually important (spoiler: they are), why they are so important, and how to easily collect a steady stream of positive reviews for your practice.

### Online Reviews Help You Influence the Typical Decision-Making Pattern of Patients When Choosing a Dentist

Imagine you're looking for a new dentist. What steps would you take first? If you answered, "Ask someone you know for a referral or google 'dentist near me,'" you're exactly like the vast majority of patients.



To take this hypothetical situation one step further, imagine you received a referral for a dentist's name. What would you do next? Most people search a doctor's name on Google to check out the reviews.

If you searched "Dentist near me," what would you as a potential patient look for in the results? If you're like most people, you first look at the reviews about the practice that appear on the map at the top of the search results.

When patients look at reviews, if they see a string of recent, five-star reviews, it likely ends the search, and they schedule a consultation. If they don't see any reviews or see old or negative reviews, the person is more likely to ask another friend, family member, or colleague for a recommendation, and then the process repeats itself.

This hypothetical isn't really a hypothetical, either. Consumers are more dependent on online reviews than ever before when making decisions. Consider these stats from a 2020 BrightLocal consumer survey, which is a firm that specializes in SEO:

- 91% of consumers trust online reviews as much as personal recommendations
- 87% of consumers read reviews for local businesses

- 86% of consumers only look at reviews from the past three (3) months, 50% from the past two weeks
- 89% of consumers read local businesses' responses to reviews
- 86% of consumers would consider leaving reviews for businesses
- Negative reviews stop 40% of consumers from wanting to use a business

If this is the process most people go through before choosing a dentist, it would make sense to use a marketing strategy that lets you control part of that process. There's no better way to do that than by collecting a steady stream of five-star reviews for your practice. Statistics show that most people look for online reviews before making their first appointment with a new practitioner. This means that no matter how potential patients come to know you, they look for reviews first. Send them a flyer? They'll look for reviews before deciding. Target them with a Facebook ad? Again, they'll look for reviews before scheduling an appointment at your office.

Reviews are a natural part of your future patients' decision-making process. More importantly, they're something you can influence with just a little bit of effort and at almost no cost, especially when compared to other marketing strategies.

## Why Online Reviews Are So Important

Online reviews are important because they do much more than just show prospective patients what other people think of your practice. For example, when someone searches "dentist near me," one major factor that influences which practices appear on the map and at the top of the search results are online reviews. If your practice generates a steady stream of positive reviews, your practice will be much more likely to appear on the map and at the top of the search results. Thus, online reviews not only help you convert leads who already know about your practice into patients, they also help you generate more leads.

In addition, genuine online reviews don't go away. When you run paid Facebook or Google ads, your leads stop seeing the ads the second you stop paying. Genuine online reviews don't go away. They get stale, which is why it's important to generate a steady stream of reviews. But your visibility won't rise and fall based on your ability or desire to pay Google or Facebook.

Even better, generating online reviews are easy and can even be free. All you need to do is create an environment that deserves positive reviews and incorporate review

*continued on page 20*

---

## Business Bite

continued from page 19

collection into your standard operating procedures. In fact, even the most sophisticated methods of using technology to assist you in collecting reviews costs a fraction of what many other marketing strategies cost.

### How to Easily Collect a Steady Stream of Positive Reviews for Your Practice

Perhaps the best part about using online reviews to grow your practice is how simple it is. In fact, you can do it all in three simple steps.

First, create an environment that deserves quality reviews. Take a hard look at your practice. Imagine you're a prospective patient. You call your practice to discuss becoming a patient. Is that experience worthy of a five-star review? If not, what can you do to improve it? What about when a patient comes into your office? What's the environment like? What is the experience like for patients during and after treatment? One of the biggest mistakes practices make is focusing entirely on collecting

reviews without first making sure their practice deserves positive reviews.

Second, begin asking patients for feedback after every appointment. Don't ask for reviews right away. Instead, ask for feedback by simply asking patients, "How was your experience today?" This not only helps improve your practice, but it also reveals opportunities for you or your team to identify patients who are likely to leave you a review.

Third, ask for reviews and follow up with patients to make it easy. When a patient tells you they had a wonderful experience at your practice, ask them if they would mind sharing that in a Google review so you can help attract more patients like them. Happy patients are likely to leave a review when asked, but don't on their own because it's not top-of-mind. When the patient agrees to write a review, offer to text them a link directly to your Google listing to make it as easy as possible for them. Be sure to text them that link so they can follow through on their promise, and you should be all set.

After the first few times through this three-step process, earning a steady stream of positive reviews will become easy. The next time a patient searches for your name, they will see a steady flow of positive reviews about you. And, in time, your practice will rise up in Google's search results. This means that even more people will learn about your practice without you having to spend thousands of dollars on an expensive marketing campaign.

---

*Len Tau, DMD, has dedicated his professional life to improving dentistry for both patients and other dentists. He practiced dentistry full-time while consulting with other dental practices. In October 2021, he sold his practice and continues to provide his patients dental care two days per week. Dr. Tau regularly lectures on using internet marketing, social media, and reputation marketing to make dental offices more visible and credible as well as how to increase their case acceptance. He can be reached at [drlentau@birdeye.com](mailto:drlentau@birdeye.com).*

Perhaps the best part about using online reviews to grow your practice is how simple it is. In fact, you can do it all in three simple steps.

VT3848



# Make the RIGHT MOVE

## 2022 Osseodensification Courses

REGISTER TODAY

(844) 203-4604 [VersahODAcademy.com](http://VersahODAcademy.com)



**Dr. Salah Huwais**

Osseodensification:  
Optimize the Site,  
Optimize the Outcome  
January 21, February 18,  
March 18, April 22



**Dr. Rodrigo Neiva**

Contemporary  
Strategies for Soft  
Tissue Development  
January 21, 2022

Contemporary Ridge  
Augmentation: Lasso  
GBR & Protocols  
January 22, 2022



**Dr. Samvel Bleyan**

Immediate Implant  
Placement In Molar  
Septum  
February 19, 2022



**Dr. Nelson Pinto**

Autologous Biomaterials  
& Growth Factors  
March 19, 2022



**Dr. Costa Nicolopoulos & Dr. Carlos Aparicio**

Osseodensification with Zygomatic  
Implantology Utilizing the ZAGA Surgical Concept

March 18-19, 2022





Daniel Domingue,  
DDS, FAAID, DABOI/ID

# Placing Dental Implants with 3D Printing Surgical Guides

There is a tremendous focus on the surgical placement of dental implants which has ultimately improved the prosthetic outcome of many dental implants placed.

Pre-op scanning, guide design, and 3D printing surgical guides for placement has been widely accepted and often a routine procedure for single, multiple, and even full-arch guided placement.

Prosthetically single tooth implants are easy and routine to restore either taking PVS impressions or intraoral scanning. It's a bit more difficult while multiple implants placed especially when considering midline, opening bites, or full mouth rehab with trying to establish centric relation or centric occlusion. Traditionally PVS impressions, multiple patient office visits, and multiple try-in appointments are common in the process of full-mouth rehab. The advent of the digital dentistry has been a tremendous

game changer for the implant restorative process: decreasing the number of office visits, increasing predictability of final outcomes, removing the need for mounting models or PVS impressions by keeping everything in the digital world.

There are a few simple techniques, tips, and tricks you can follow to be able to idealize implant restorative process. Ultimately its important to learn the single implant restorative protocol first before advancing to much more difficult situations. For implant scans you need:

1. Upper jaw scan
2. Lower jaw scan
3. Implant scan body
4. Two bite scans

Start with two bite scans if you are scanning the entire arch. Include one each for the left and right side. For single-arch scans, you can also scan two bites just to give the lab more data to ensure proper occlusion on final restoration. If you can capture the contralateral tooth, then the lab can use it to mirror the esthetics and morphology when designing the new tooth.

When scanning before the implant is exposed, capture the soft tissue in the scan. Then expose the implant to scan, place the scan body and proceed with the scan body scan.

There are a few simple techniques, tips, and tricks you can follow to be able to idealize implant restorative process. Ultimately its important to learn the single implant restorative protocol first before advancing to much more difficult situations.



IMAGE 1. Get a solid bite scan and make sure the bite is correct.



IMAGE 2. Double check that the bite is correct by inverting the maxilla or mandible to see if it looks like the opposing arch is perforating the mesh.

Abutment scan bodies range in shape, size, height, and material. Scanning software prefers a nonreflective material (nonmetal); however, they don't last as long as metal scan bodies. The author prefers metal scan bodies that are grit/sand blasted. Skinner designed scan bodies are preferred with morphology at the top and at least one flat side.

Ideal scan body shape/size:

1. Skinny
2. Tall
3. Morphology at top
4. One flat side
5. Metal that's grit blasted to remove reflection

We will review two main types of scan bodies, both traditional for most implant systems. There is the direct-to-implant scan body including the 9mm and 13mm height and the healing abutment with plastic removable scan top. These are used when the healing abutment is placed on day of surgery. There is no need for removal until the final abutment delivery helping to minimize soft tissue interruptions.

The most common scan body used is the taller 13mm scan body (Image 4). When the occlusion of the patient is very tight, we can use the 9mm scan body when needed. The height of the scan body used will be sent to the lab, so please inform the lab which height was used. The more scan data taken from the scan body the easier it is for the lab to get a better digital mesh. The 13mm height is often best suited for scans for several reasons. Implants are often now placed 1-2mm subcrestal with approximately 3mm of thick CT on top of the bone. This 4-5mm will only leave approximately 4mm of the 9mm scan body exposed which often times is not enough data captured for the scan body scan alignment. With a taller 13mm scan body, there is still 8mm exposed which is almost equivalent to the height of the shorter scan body. This is plenty of data for alignment to ensure accuracy of seating.

## Why have a healing abutment scan body when we have fixture level scan bodies?

The healing abutment scan body is best used in the posterior when the scan of the soft tissue is NOT necessary. Capturing the tissues could improve the final abutment design by the lab, but this would require the removal of the healing abutment to do so, thus removing the uniqueness of the healing abutment scan body's design feature. Communication on the Scan Healing abutment is the HEIGHT only. The lab has to know how deep the implant is in the bone.

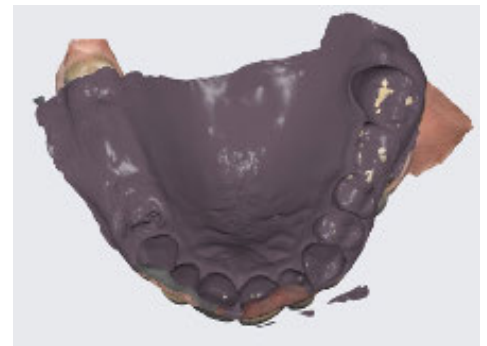


IMAGE 3. This bite looks ideal since there isn't a gross amount of collision between the upper and lower scans.



IMAGE 4.

When using the healing abutment scan body, you only should have to remove the healing abutment the day you deliver the final custom abutment which reduces the number of hemidesmosomes attachment interruptions.

*continued on page 24*

## Clinical Bite

continued from page 23

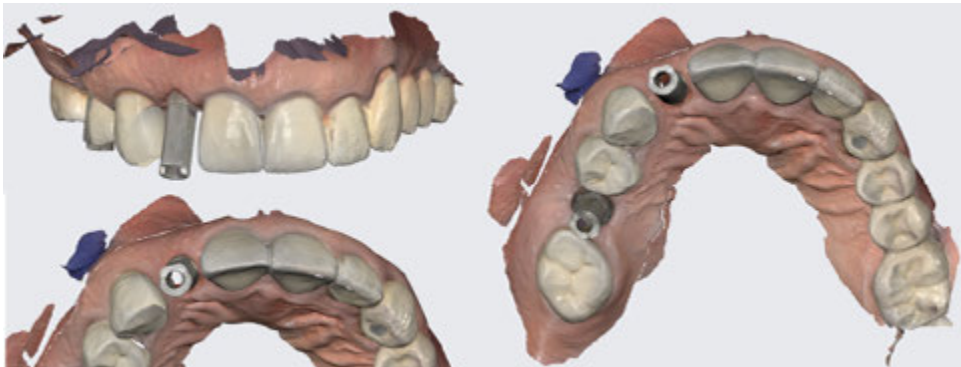


IMAGE 5. Always put the flat side of the scan body facially as much as possible and ensure its fully seated.

### Pro Tips: Anterior Cases

Take x-rays to confirm the seating. If the retention screw looks to almost touch the bottom of the inside of the implant and a

very small gap exists, then you know it's fully seated for both scan bodies and healing abutment scan bodies (the screw length on final seat will vary between systems). The screw should almost be fully engaged to the apex of the internal connection. (Image 6 are x-rays of 13mm scan body and 7mm healing scan abut)

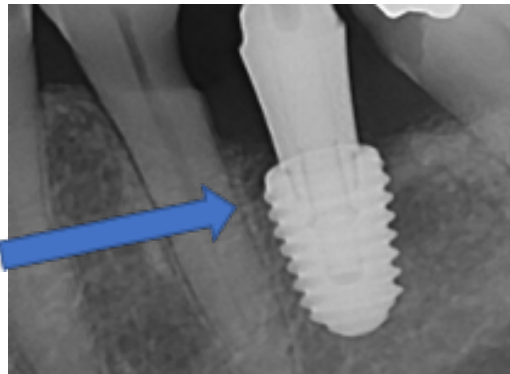
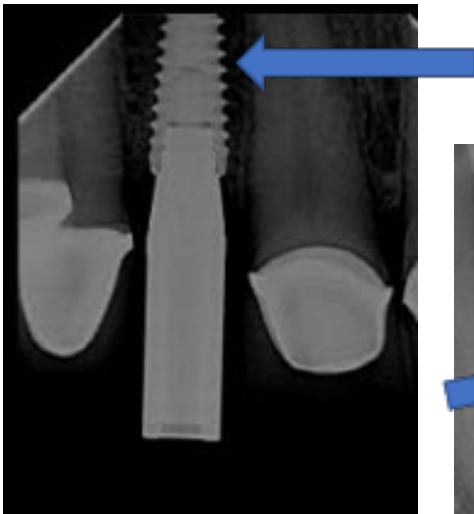


IMAGE 6.



IMAGE 7.

**For single teeth in the anterior.** If the provisional is in good shape then scan its profile. In this case (Image 7), there is an obvious misshape compared to #8 so this pre-op scan is not useful. The soft tissue profile is VERY important to the lab when designing anterior cases. This helps show the lab the correct amount of pressure that can be applied in the anterior soft tissue when designing the custom abutments.

It's best to put the flat side facing the anterior as much as possible. In this case the scanning abutment could have been rotated a bit more to the mesial and reseated. Image 8 shows the soft tissue profile of the anterior which guides the lab to design the profile of the abutment.

**When scanning single posterior implants.** When scanning for singles in the posterior you really only need to scan quadrant and a single bite (Image 9).

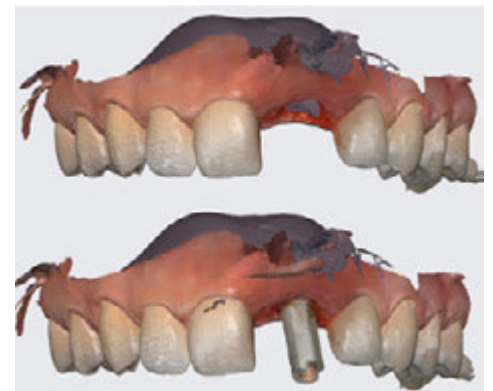


IMAGE 8.



IMAGE 9.

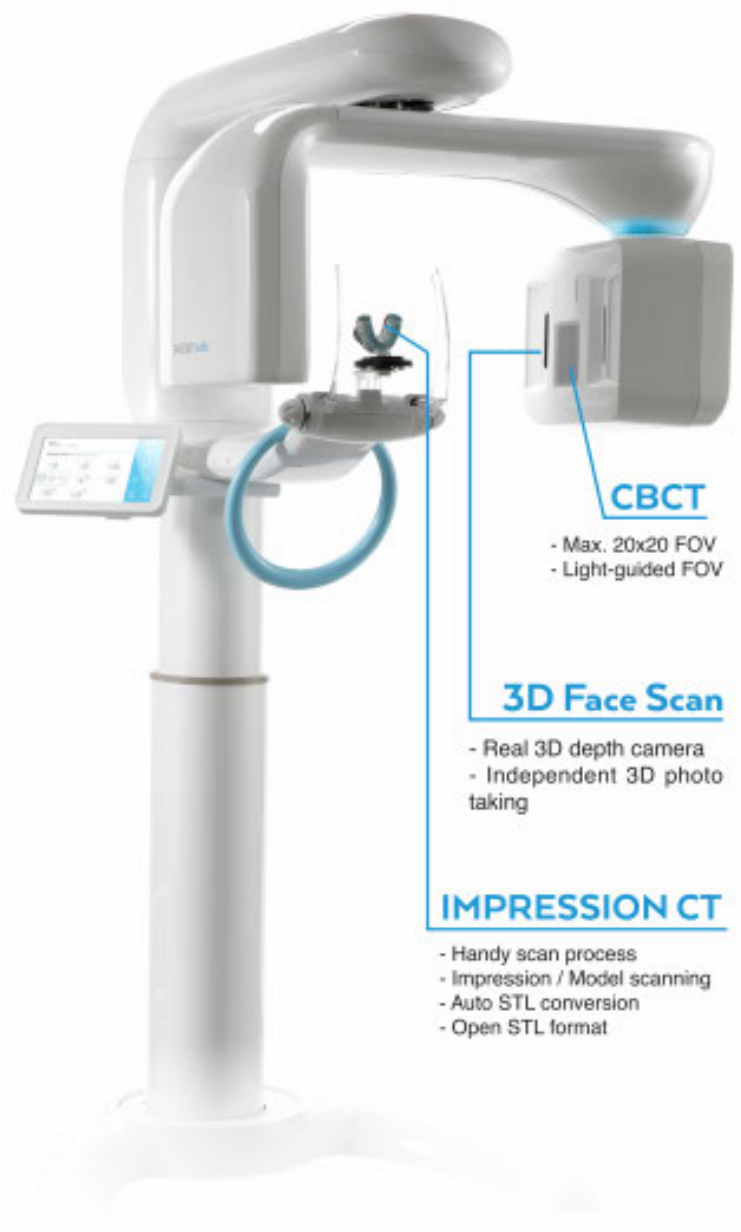
continued on page 26



# THE FUTURE   RAYSCAN Studio

We've been dreaming of a unique CBCT which integrates CBCT, 3D Face and CT impression (Intraoral data) Scan into one perfect piece for an **effective and predictable treatment planning and production of pre-planned dental appliances.**

We have also prepared that the data scanned from the CBCT to be transferred to 3d printing system for a rapid production of dental appliances in your clinic in order to deliver **the best quality patient care** at the most suitable price and time



## CBCT

- Max. 20x20 FOV
- Light-guided FOV

## 3D Face Scan

- Real 3D depth camera
- Independent 3D photo taking

## IMPRESSION CT

- Handy scan process
- Impression / Model scanning
- Auto STL conversion
- Open STL format

## Clinical Bite

continued from page 24

You can capture two bite scans if you want (Image 10). This will help if one of the bite scans is off and the lab can remount to get proper occlusion.

In the soft tissue scan (before the body scan) it's important to get all of the interproximal surfaces of the adjacent teeth.



IMAGE 11.



IMAGE 10.

Details in irrelevant areas are not necessary. (Example: lingual of maxillary arch or distal of #18 for this case example). X-ray to confirm scan body fully seated.



IMAGE 12.

If you want a scan-retained full contoured zirconia crown on a TI-base, it's best to scan with the flat side towards the facial. It's also much easier to scan these abutments when the flat side is facing facially.

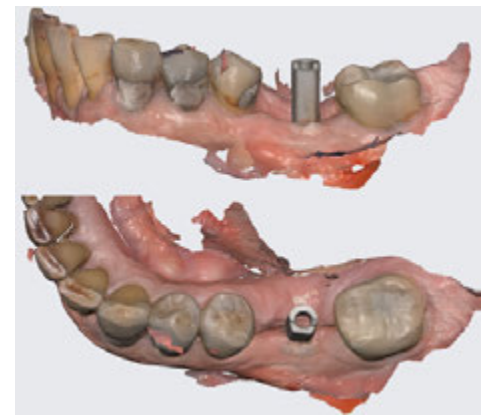


IMAGE 13.



IMAGE 14.

### For healing abutment scan bodies

1. You can scan the healing abutment. Because it's metal, sometimes the Medit Intra-Oral Scan software will automatically remove the metal or not capture it well.
2. Scan the caps on top after. This is all you need. You don't need to remove the healing abutment to scan the soft tissues (Image 14).



IMAGE 15.

For these white top caps, again, you really only need to capture the flat side and 3 good sides. It is fine if you are missing a small spot (Image 15).

Before you export and post process these full arches, please check the bite scan alignment. If it looks wrong, it probably is.



IMAGE 16.

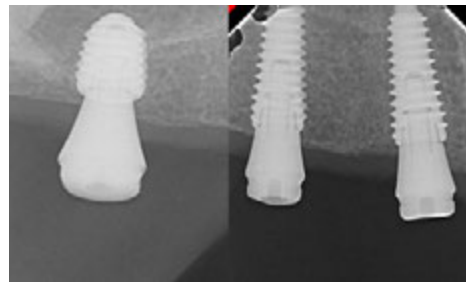


IMAGE 17.

Before you export and post process these full arches, please check the bite scan alignment. If it looks wrong, it probably is. For example, if you rotate the model and the teeth are through the opposing arch, this is an error. This can be fixed by the

lab, but before it's post processed it is best to be fixed by the practitioner because processing compresses the files for export losing small data points.

Take X-rays to confirm before scanning (Image 17). Screws should be 95% seated inside the implant body.

Before post processing ANY case for implant abutments, do NOT close the model (Image 18).

*Daniel Domingue, DDS, FAAID, DABOII  
ID practices in Lafayette, LA. He can be reached at [danny@jeromesmithdds.com](mailto:danny@jeromesmithdds.com).*

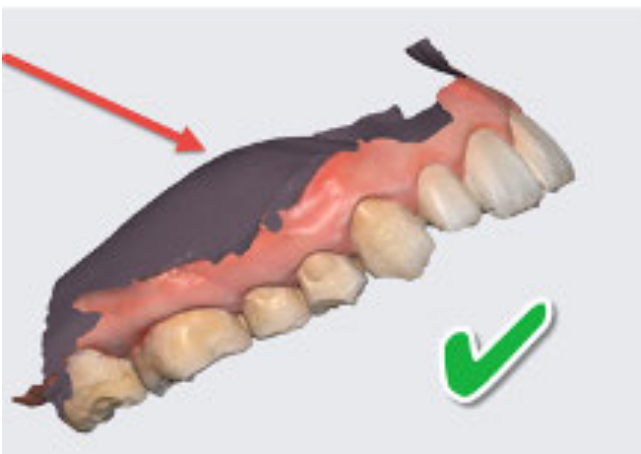
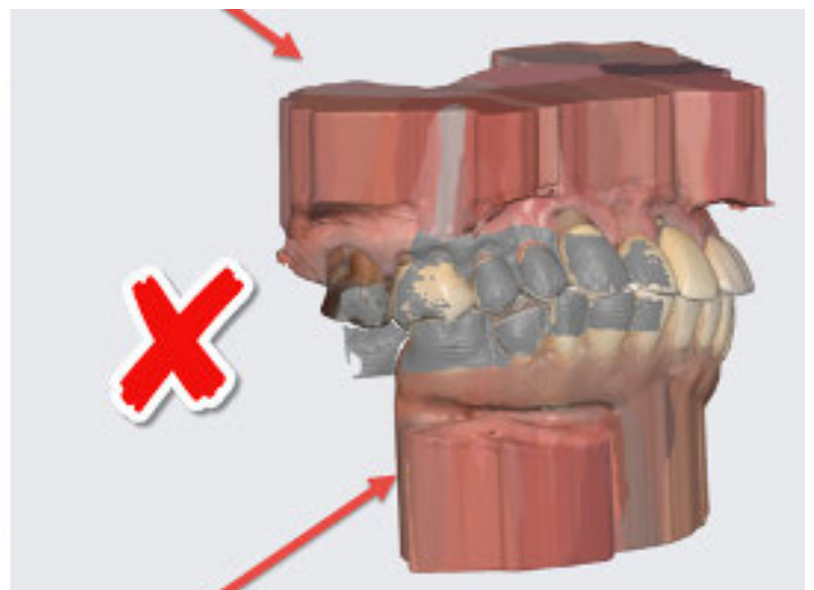


IMAGE 18.



---

## President's Message

continued from page 6

I ask myself if this is a statement that has “character and integrity?” This editorial is not meant to diminish those specialists who have made it a priority to take advanced education courses in implant dentistry. The reason is that specialty training does not always have a required number of implant placements (single and multiple), implant restorations (single and multiple), or bone grafting (single and multiple).

These specialists include oral surgery, periodontology, prosthetics, and endodontics. Many of these people also have become board certified through the ABOI/ID Diplomate in addition to their “dual” pathway of education. We encourage this group to declare their practice a dual specialty limited to “name of specialty” plus dental implants.

For dentists who have completed specialty programs in last 15 to 20 years...we must ask: What training specific to implants did they receive in their two- to-three-year specialty program? We all recognize that implant dentistry is multi-disciplinary with both surgical and restorative components. We should question if a specialist really

can add “implants” to their building sign: Does an oral surgeon get any prosthetic training? Do endodontists get any implant placement or implant prosthetics training? The answers to these questions help us evaluate the requirements of implant training to understand what level of education and competence need to be taught in a consistent comprehensive program and if what dentists are learning now is enough. I believe that it's not nearly enough.

### Future

The AAID is the backbone of driving implant dentistry to become a specialty. WHY? Because as an organization, we protect the public who deserves to know the training a dental practitioner has taken to become a *qualified dentist in all aspects of dental implantology*.

It is exciting to see that AAID curriculum is beginning to be used to help dental implant residency programs upgrade the level of implant dentistry education. This curriculum includes diagnosis, implant placement,

implant restorative, advance bone grafting techniques, scientific training to dig out of problems when surgical, prosthetic or bone grafting techniques do not work as planned.

IMPLANT DENTISTRY WILL BECOME A SPECIALITY in the future. I believe this with all my heart. In the next five to 10 years, many dentists will be able to complete a comprehensive implant training program from dental school faculty. Hopefully, those who have become board certified by the ABOI/ID will be grandfathered into the specialty of Implant Dentistry. After all, they are the group that has the training in implant dentistry, the proof of hours of that training, and the desire to verify their skill through psychometric testing principals.

There you have it. PAST, PRESENT, FUTURE.

The AAID is the backbone of driving implant dentistry to become a specialty. WHY? Because as an organization, we protect the public who deserves to know the training a dental practitioner has taken to become a *qualified dentist in all aspects of dental implantology*.

# SprintRay X Usain Bolt

## The World's Fastest Dental 3D Printing Workflow

United by a shared philosophy of speed and performance, SprintRay and Usain Bolt have joined forces to accelerate the world of dental 3D printing.

BORN TO SPRINT



PRO 95 3D PRINTER | PRO WASH/DRY | PROCURE 2

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

**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 47, Issue 4 (2021).



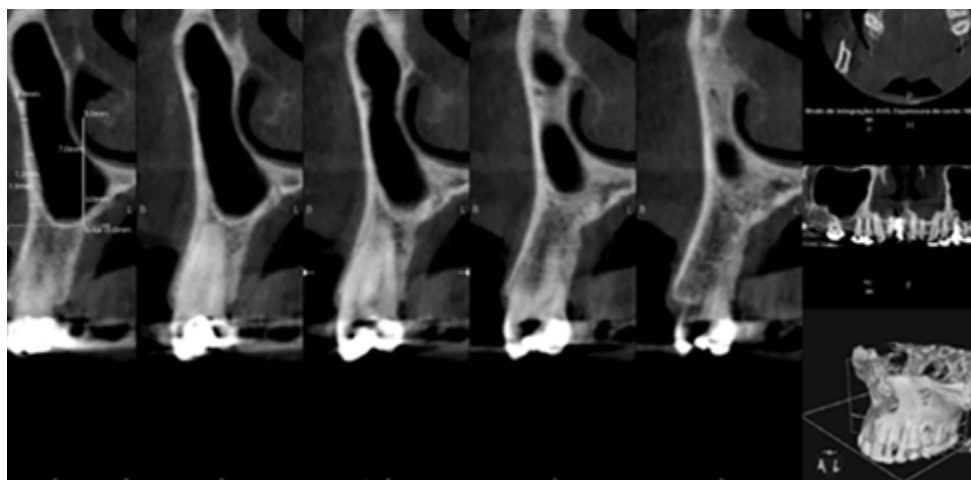
## RESEARCH ARTICLE

### Gingival Biotype and Its Relationship With the Maxillary Membrane and Lateral Wall Thickness

The purpose of this study was to analyze the risk of the maxillary sinus lift technique and the correlation between the thickness of the gingiva, maxillary sinus membrane, and the maxillary sinus lateral wall. Cone-beam computerized tomography (CBCT) records of 32 adult dentate patients (10 male/22 female) were analyzed. The gingival thickness records of the dental units were compared with the thickness measurements of the membrane and lateral wall of the maxillary sinus. The gingival biotypes varied between 1.1 mm (thin) and 1.6 mm (thick), with a small association with sex. The thickness of the sinus membrane presented a small association between sexes (0.2 mm, female/0.3 mm, male) and gingival biotypes (Cohen  $d = .52$ ). The lateral wall presented a weak association between the biotypes (1.3 mm, thin/1.1 mm, thick). There was also no correlation between the membrane and lateral wall ( $r = -.22$ ). The volume dimension related to the graft area of the sinus was 4 mm<sup>3</sup> for

men and 5 mm<sup>3</sup> for women. There was a weak correlation of gingival thickness compared with membrane thickness and lateral wall of the sinus ( $r = .304/r = .31$ ). Gingival thickness does not appear to be a reliable thickness predictor of the membrane or lateral wall of the maxillary sinus. The analysis of maxillary sinus anatomical structures through CBCT is the most reliable technique to identify the thickness of the membrane and lateral wall of the maxillary sinus before surgery. The authors concluded that additional studies should be conducted to confirm their findings.

Atson Carlos de Souza Fernandes, DDS, MSc, PhD, Giovanni Iran Barreto Nascimento Júnior, DDS, Fernanda de Souza Pereira, DDS, Khadry A. Galil, DDS, PhD, Illa Oliveira Bitencourt Farias, DDS, Iêda M. Crusoé R. Rebello, DDS, MSc, PhD, Maurício Andrade Barreto, DDS, MSc, PhD, *Journal of Oral Implantology*. 2021; 47(4):280-286.



**FIGURES 1.** Tomographic image showing the identification of the maxillary sinus lateral wall measured heights (AH1, AH2, AH3).

## RESEARCH ARTICLE

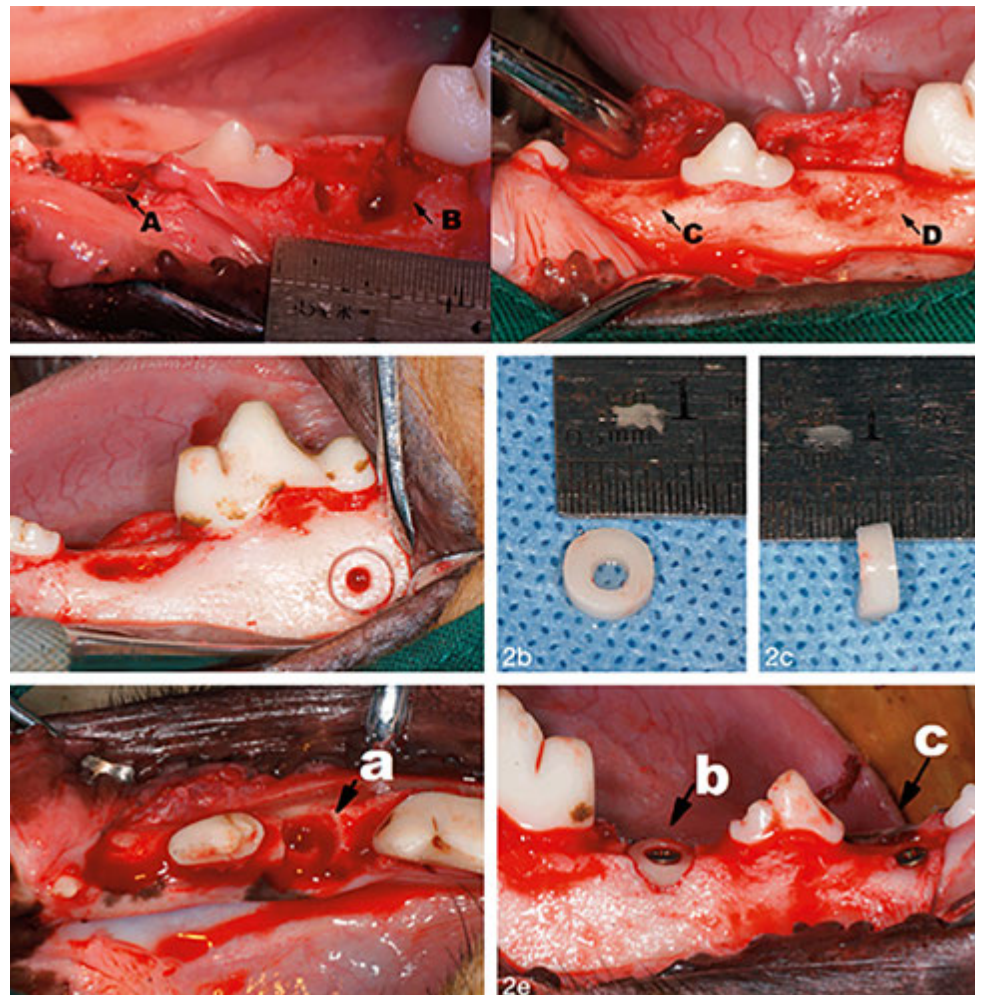
### Evaluation of Resorption and Osseointegration of Autogenous Bone Ring Grafting in Vertical Bone Defect With Simultaneous Implant Placement in Dogs

The aim of this research was to evaluate the resorption and osseointegration of an autogenous bone ring, which was grafted in a local vertical alveolar defect with simultaneous implant placement. Six Beagle dogs were enrolled in the study; their 4 nonadjacent mandibular premolars were extracted, and the buccal plate was removed to create bone defects in 2 of the 4 sites. Three months after extraction, Straumann implants ( $\varnothing$  3.3 mm, length of 8 mm) were placed in the bone defect sites with simultaneous autogenous bone ring grafting and in the conventional extraction sites. After a 3-month healing period and a 3-month loading period, the animals were euthanized. The harvested samples were analyzed using micro-computed tomography (CT) scanning and histological analysis. From the micro-CT measurements, the average vertical bone resorption of the bone ring was  $0.23 \pm 0.03$  mm, which was not significantly different from that around the conventional implant,  $0.24 \pm 0.12$  mm ( $P > .05$ ). The ratio of the bone volume to the total volume of the bone ring group was  $91.11 \pm 0.02$ , which was higher than that of the control group,  $88.38 \pm 2.34$  ( $P < .05$ ). From the hard tissue section, the bone rings developed fine osseointegration with the implants and the base alveolar bone.

The results suggest autogenous bone ring grafting with simultaneous implant placement can survive in a local vertical bone defect with little bone resorption and good osseointegration in dogs with strict management. A bone ring graft must be compared with guided bone regeneration, and a larger and longer observation must be confirmed in clinical patients.

Ke Yu, DDS, PhD, Wenjia Liu, DDS, PhD, Naichuan Su, DDS, PhD, Helin Chen, DDS, PhD, Hang Wang, DDS, PhD, Zhen Tan, DDS, PhD, *Journal of Oral Implantology*. 2021; 47(4):295-302.

*continued on page 32*



**FIGURES 1 AND 2.** FIGURE 1. Extraction of teeth and creation of the bone defect. (A) The second premolar was only extracted. (B) The fourth premolar was extracted, and the buccal plate and the interatrial septum were removed. (C) The tooth extraction socket at the P2 site was healed with intact alveolar bone after 3 months. (D) A bone defect was obviously formed at the buccal position of the P4 site after 3 months. FIGURE 2. Bone ring graft and implant placement. (a) A bone ring (external diameter 6 mm, internal diameter 3.3 mm) was performed with trephine at the lower buccal edge of the first molar. (b and c) The thickness (approximately 3 mm) and the diameter (approximately 6 mm) of the bone ring. (d) A round bone defect with a diameter of 6 mm was made, and an implant socket (diameter 2.8 mm, depth 8 mm) was prepared in the center of the round bone defect, as the “a” indicates. (e) The “b” indicates the simultaneous implant placement with the bone ring graft, and the “c” indicates the common implant.

**CASE REPORT**

**A Technique to Fabricate an Interim Implant-Supported Fixed Complete Denture for Immediate Loading**

The fabrication and immediate delivery of complete arch prostheses supported by 4 implants has become a popular clinical option. Immediate loading enables the delivery of a fixed prosthesis if adequate implant stability is achieved during placement. Immediately after implant placement, an existing or immediate prosthesis can be adapted by fixing it to titanium copings, followed by laboratory adjustments and finishing, producing an interim immediately loaded implant-supported fixed complete denture (ISFCD). As these procedures are performed immediately after implant place-

ment, patient cooperation may become a problem on the day of surgery and denture placement because of fatigue. Therefore, a rapid and efficient technique for the fabrication and delivery of the prosthesis is beneficial. In addition, postoperative bleeding and protecting the mucosa from prosthetic materials may be challenging when fixing the denture to the titanium copings. For the procedures to be completed in a precise, safe, and time-efficient manner, a rigid pickup material that polymerizes rapidly and does not stick on the acrylic resin when picking up the titanium copings is recom-

mended. This report describes a technique for fabricating an immediately loaded ISFCD in a time-efficient and reliable manner on 4 implants. A rapidly polymerizing pickup material is used to achieve a rigid connection between the acrylic resin denture and the titanium copings. This material also enables safe registration of the newly sutured soft tissues to obtain an optimal prosthesis–soft tissue relationship.

Oguz Ozan, DDS, PhD, Tolga Pekperdahci, DDS, PhD, Doruk Kocyigit, DDS, PhD, Burak Yilmaz, DDS, PhD, *Journal of Oral Implantology*. 2021; 47(4):318-323.



**FIGURES 1–4.** FIGURE 1. (a) Intraoral view of implants immediately after placement. (b) Initial polyvinyl siloxane impression. FIGURE 2. Drilled holes for passive fit of denture when titanium copings are placed onto abutments. FIGURE 3. Titanium copings tightened onto abutments. FIGURE 4. (a) Holes drilled on the buccal flange in the location of the abutments. (b) Polyvinyl siloxane being injected through the holes. (c) Material setting intraorally in regular occlusion.



## CASE LETTER

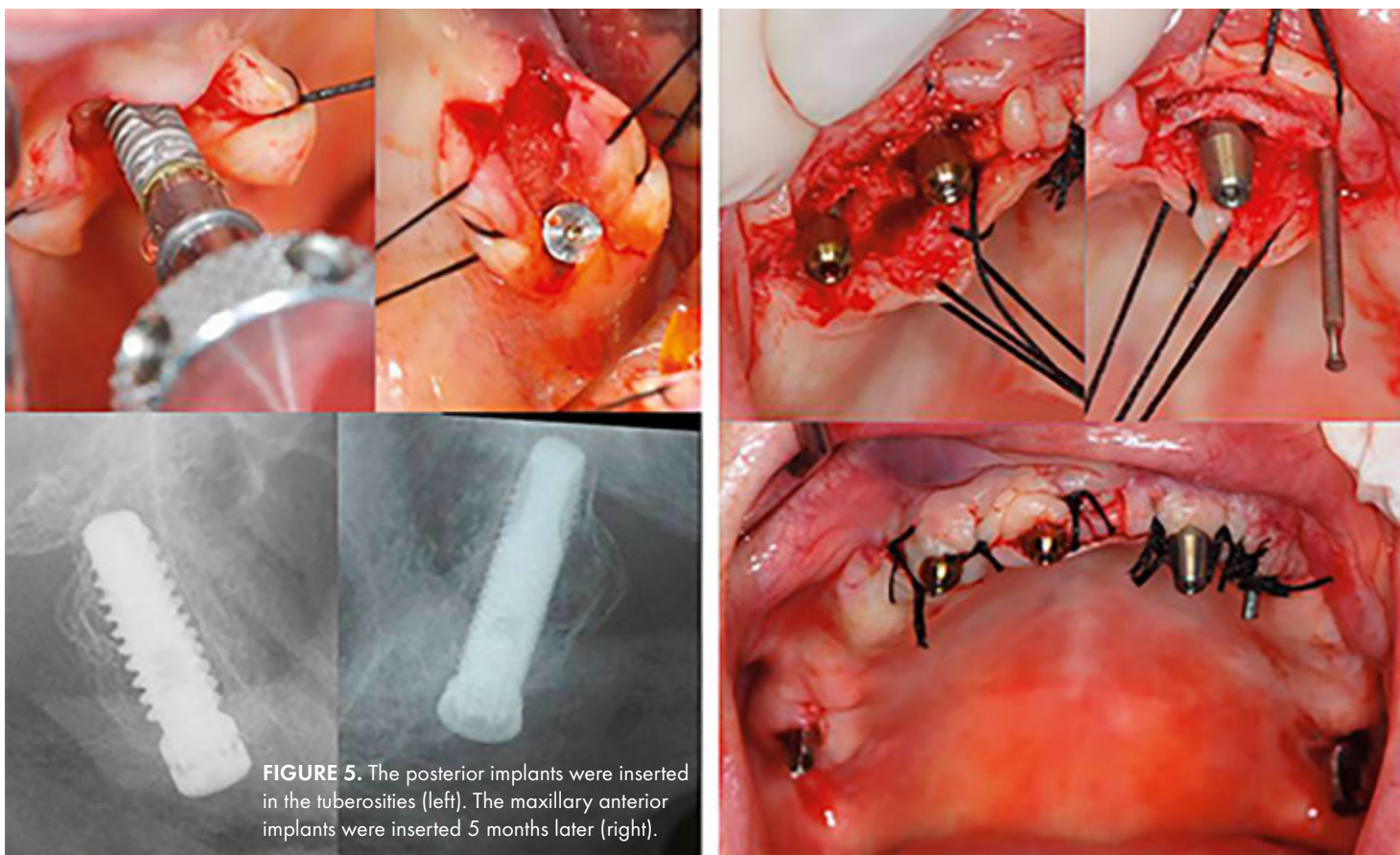
### Maxillary Arch Rehabilitation: A Case Report

A treatment plan that involves minimal time loss is greatly appreciated by today's dental patients, because it satisfies a great need for business and socially active persons. If nontraumatic surgery without flaps and sutures can be performed, minimal inflammation and discomfort will result. If patients are never without teeth during the surgical and restorative procedures, changes in appearance and disruption of nutritional needs would be minimized. Being without teeth for even a short period of time can cause patients to withdraw further and further from society. In this case letter, the authors present a technique that can fulfill these requirements and deal with severe maxillary resorption. The first stage involves the insertion of screw implants in the tuberosity regions. The remaining

compromised teeth (and failing implants if present) are extracted at the second stage (4–6 months later). Usually local anesthesia is adequate, although sedative agents should be available for the apprehensive patient. Bony spicules and sharp edges of bone are carefully removed. Conservative surgery is preferred to preserve as much alveolar bone as possible. The use of flaps and suturing should be avoided. If sutures are necessary, as few as possible should be used. The selected implants are then inserted in the extraction sockets and connected by intraoral welding to a titanium bar with the integrated implants in the posterior tuberosity areas. Insertion of the temporary fixed prosthesis occurs the day of the second surgery. No temporary removable prosthesis is inserted, and pa-

tients are never without teeth. The authors concluded that the technique presented allows rehabilitation of the maxillary arch with the placement of an immediate fixed prosthesis in 2 stages. The first stage involves the insertion of implants in the posterior tuberosity regions. The remaining compromised teeth are extracted at the second stage 4–6 months later, and implants are inserted into the anterior extraction sockets. All newly inserted implants are connected by intraoral welding to a titanium bar with the integrated implants in the posterior tuberosity regions. No temporary removable prosthesis is inserted, and patients are never without teeth. Sinus lift surgery is not performed with this procedure.

Luca Dal Carlo, DDS, Sheldon Winkler, DDS, Mike Shulman, DDS, Marco E. Pasqualini, DDS, Franco Rossi, DDS, Pier Maria Mondani, DDS, *Journal of Oral Implantology*. 2021; 47(4):352-356.



**FIGURE 5.** The posterior implants were inserted in the tuberosities (left). The maxillary anterior implants were inserted 5 months later (right).

## AAID Foundation *Smile, Veteran* Program Honors First Patient with the Gift of a Smile!

When soldiers leave military service, some end up having injuries that can make it difficult to navigate the challenges of life. Through the *Smile, Veteran*<sup>™</sup> program, the AAID Foundation is bringing the men and women who serve in our armed services with a new chance at a smile through dental implants and no cost—along with help from corporate partners, Zimmer Biomet, RTI Surgical, Root Laboratory, and Rocky Mountain Tissue Bank.

One of the first recipient of this program is veteran Mark Lottman. In 1970, Sergeant Lottman was stationed in Nakon Phamon, located in the northeast corner of Thailand across the Mekon River from Laos. Serving as a member of the U.S. Military Police, he was exposed to the tactical herbicide, Agent Orange. This chemical, which was used to remove foliage that provided coverage for enemy forces on the fenced-in perimeters of military bases in Thailand, has been known to cause many long-term health effects. In Lottman's case, he believes it is the source of his Type 2 Diabetes. Originally managed with diet and nutrition, he became medication-dependent in recent years and the condition has caused severe decay to his teeth.

Edward Kusek, DDS, FAAID, DABOI/ID, has been his dentist for over 30 years. "I have done my best to save his teeth over the years, but it was only patchwork. It became obvious it had gotten to a point where it was too bad to save. He was losing his teeth—they were breaking apart one-by-one, decaying out. He didn't smile and functionally could not use his mouth. It was then I suggested he apply for the *Smile, Veteran!* program," states Kusek.

Dr. Kusek, who has participated as an AAID Foundation Board member, said "I thought that volunteering my services through



*continued on page 52*



AMERICAN ACADEMY OF  
IMPLANT DENTISTRY FOUNDATION

# The AAID Foundation Awards Grants in 2021

## 2021 STUDENT GRANT AWARDS

The AAIDF Grant Committee awarded the following Student grant applications:

### Dr. Zhaozhao Chen

#### Regents of the University of Michigan

Project Title: *Accuracy of an open-sleeve surgical guide system for immediate implant placement in different molar socket classification: An in vitro study.*

### Dr. Brandi Herron

#### Trustees of Indiana University

Project Title: *Effects of VEGA and CHX on cytokine expression and cell viability on human gingival fibroblasts with or without Porphyromonas gingivalis.*

### Ms. Lohitha Kalluri

#### University of Mississippi Medical Center

Project Title: *Novel bioactive dental implant coating using coaxial electrohydrodynamic atomization.*

### Dr. Halide Namli Kilic

#### Trustees of Indiana University

Project Title: *The effect of amnion-chorion membrane on bone marrow derived stem cells.*

### Mr. Aleksandr Kitaygorodskiy

#### Trustees of Indiana University

Project Title: *In vitro comparison of polished implant surface roughness and bacterial adhesion after instrumentation with polyether-ether ketone (PEEK) ultrasonic instruments.*

### Ms. Anastasia Tas

#### University of Manitoba

Project Title: *Custom root-analogue dental implant manufactured by direct metal laser forming.*

## 2021 LARGE RESEARCH GRANT AWARDS

There were 20 Large Research grant applications evaluated. The following are large grants have been awarded:

### Dr. Les Kalman

#### Western University

Project Title: *In vitro testing and assessment of additive manufactured solid and lattice-structured zirconia implant overdenture bars.*

### Dr. Emil Cappetta

#### Rutgers School of Dental Medicine

Project Title: *A clinical evaluation of periodontal probing forces around implants.*

### Dr. Kevin Byrd

#### ADA Science & Research Institute

Project Title: *Single cell immunophenotyping of the gingival barrier in peri-implantitis.*

### Dr. Russell Wang

#### Case Western Reserve University

Projected Title: *Integration of microsensors and Bluetooth technology to telemetrically detect biomechanical loading for cantilever implant prostheses.*

### Dr. Michelle Visser

#### The State of University of New York at Buffalo

Project Title: *Strontium-loaded hydrogel scaffolds to improve soft tissue healing in a rabbit mandible implant model.*

# 2021 AAID Foundation Silent Auction Donors

The AAID Foundation continues its tradition of raising money for AAIDF Grants and programs during the 70th Annual Conference this past November. The Foundation thanks the following individuals and organizations who donated items for the auction.

## Educational Courses Donors

AAID Abu Dhabi MaxiCourse®  
AAID Boston MaxiCourse®  
AAID Las Vegas MaxiCourse®  
AAID New York MaxiCourse®  
AAID Vancouver MaxiCourse®  
American Board of Oral Implantology/  
Implant Dentistry  
Hybridge Symposium  
Midwest Implant Institute

Osteogenics  
Pikos Institute  
Quintessence

## Product Donors

AAID  
Impact Networking  
Impladent Ltd  
JK Dental Group  
Osteogenics  
Preat  
Proctor & Gamble  
Rocky Mountain Tissue Bank  
Salvin Dental Specialities  
Sterngold  
Tatum Surgical  
Translite, LLC

Versah  
Zest Dental Solutions  
Winspire Travel

## 2021 AAIDF 50/50 Raffle Winner

Dr. Robert Leon who donated the winning amount back to further support the mission of the Foundation.

## 2021 AAID Scavenger Hunt Winner

Dr. David Hickman was the winner of the AAID Scavenger Hunt and donated his \$200 prize to the AAID Foundation.

*Thank you to both Dr. Leon and Dr. Hickman for the generous support.*

# AAID ANNOUNCES The 2021 Top-Award Recipients

The American Academy of Implant Dentistry (AAID) presented its highest awards at the recently concluded 70th Annual Conference in Chicago on Saturday, November 13, 2021. For background about each of the awards and the history of past winners, please go to the AAID website, [www.aaid.com/awards](http://www.aaid.com/awards).

The following are the Top 5 AAID dentists in 2021.



The 2021 Aaron Gershkoff/Norman Goldberg Memorial Award was presented to **Joel L. Rosenlicht, DMD, FAAID, DABOI/ID of Manchester, CT**, for his achievements to the field of implant dentistry and service to AAID.

Dr. Rosenlicht graduated Fairleigh Dickinson University Dental School and completed training in Oral and Maxillofacial Surgery at the Boston and Tufts University combined program in 1975. He has been in private practice for over 40 years and spent 12 years as Associate Clinical Professor at NYU in the Implant Dental Department. He is also the director of the Connecticut Dental Implant Institute.

Dr. Rosenlicht became an Associate Fellow in 1989, a Fellow in 1994, an American Board of Oral Implantology/Implant Dentistry Diplomate in 1991, and an Honored Fellow in 2000. He has served on numerous committees, chaired the 2006 annual meeting, and serving as President from 2009-10.

He developed the "Fixture Mount Transfer" component found on many of today's implant systems and holds multiple implant related patents for surgical and prosthetic surgical guides. Recently, he developed an implant drilling system, a paradigm shift from traditional surgical drilling approaches. He is the co-author of "Dental Implants, Art and Science," and contributed chapters in seven textbooks and has over 60 published articles



The 2021 Isiah Lew Memorial Research Award was presented to **Jack A. Hahn, DDS, FAAID, ABOI/ID of Cincinnati, OH**, for his significant contribution to dental research.

Dr. Hahn is a well-known pioneer in the field of Implant Dentistry with more than 38-years of expertise. He maintains a private practice in Cincinnati, OH. He was an Associate Fellow in 1976, a Fellow in 1985, an Honored Fellow in 1988, and an ABOI/ID Diplomate in 1990; and he served as the ABOI/ID president. He won the Gershkoff-Goldberg Award in 2004.

Dr. Hahn graduated from The Ohio State University with a Bachelor of Science degree in Biology. After his undergraduate studies, Dr. Hahn earned his Doctor of Dental Surgery degree (DDS) in 1994. In 1996, Dr. Hahn attended a specialized program at Boston University for advanced periodontal training and a hands-on course for periodontal treatment for the general practitioner at the University of Michigan.

Dr. Hahn is committed to treating patients and educating other dental professionals worldwide. He is a Founding Member and Master Clinician of the Academy of Implant Prosthetics and the Clinical Director of the Chicago Center of Advanced Implant Dentistry in Moscow, Russia and Kiev, Ukraine. He also is a visiting lecturer at many Universities around the world.

Currently, Dr. Hahn is developing his fourth implant technique, the Hahn Tapered Implant System. His objective is to simplify implant dentistry so that more general dentists can participate in the oral implantology field.



The 2021 Terry Reynolds Trailblazer Award was presented to **Berneer Dunson, DDS, FAAID, DABOI/ID**, of Atlanta, GA, for his contributions to the inclusion, outreach, and service within the dental community.

Dr. Dunson received a biology degree from Morehouse College in 1987 and received his Doctorate in Dental Surgery from the University of Southern California in 1991. He completed the General Dentistry Residency Program at Columbia University and later went on to receive his Oral Implantology Graduate Certificate from Loma Linda University in 1997. He was an Associate Fellow in 2001, a Fellow in 2009, and an Honored Fellow in 2010 in the American Academy of Implant Dentistry. Additionally, he was a Diplomate of the American Board of Oral Implantology/Implant Dentistry in 2010. Additionally, he received an IV and Oral Conscious Sedation Certificate from Miami Valley Medical College in Dayton, Ohio.

Dr. Dunson founded the Global Dental Implant Institute through which he administers the local Atlanta Academy for Restorative Dentistry. He is the Director of the AAID Washington D.C. MaxiCourse program where he teaches a hands-on learning Implant Surgical Series. Additionally, he climbed the ranks of the AAID Board, served in several committees, and ended his term as President in 2020. Dr. Dunson lectures nationally and internationally on restorative implant dentistry, while continuing to publish articles in dental journals. He maintains his own practices as a general, restorative, and cosmetic dentist in Atlanta and Stone Mountain, GA.



The 2021 Paul Johnson Service Award was presented to **Shankar Iyer, DDS, MDS, FAAID, DABOI/ID**, of Elizabeth, NJ, for his outstanding service to the AAID.

Dr. Iyer graduated with honors from the New York University College of Dentistry in 1994 and pursued graduate studies in Prosthodontics. He was a clinical Assistant Professor for several years at New York University's department of Post Graduate Prosthodontics. He currently holds two appointments in the departments of Periodontics and Prosthodontics at Rutgers' University Dental School, New Jersey.

Dr. Iyer became an Associate Fellow in 1997 and a Fellow in 2000 of the American Academy of Implant Dentistry (AAID). He became a Diplomate of the American Board of Oral Implantology/Implant Dentistry in 2004. He has lectured in over 30 countries and presented at over 150 symposia in Implant Dentistry and Prosthodontics. Besides teaching and treating dentists in the United States, Dr. Iyer has taught and trained over 3000 dentists from around the world.

He is the Director of the AAID Implant Maxicourse held in Asia with centers in Saudi Arabia, Abu Dhabi, New Delhi, Bangalore and Sri Lanka. He co-directs these courses in Las Vegas and at Rutgers, New Jersey. His services for the AAID earned him the recognition as an Honored Fellow in 2006. He was a past president in 2017 and regularly participates in volunteering for the Annual Meetings of the Academy as a Scientific Chair.



The 2021 International Dentist of the Year Award was presented to **Robert J. Miller, DDS, FAAID, DABOI/ID**, of Delray Beach, FL, for championing international growth of the AAID.

Dr. Miller received his bachelor's from New York University in 1981 and a master's in Biology from Hofstra University the following year. He graduated with honors from New York University College of Dentistry where he received the International College of Dentists Award for clinical excellence and then completed his residency at Flushing Medical Center in New York City.

Dr. Miller became an Associate Fellow of the American Academy of Implant Dentistry in 2001 and a Fellow in 2002. He was a member of the AAID Speakers Guild from 2004 to 2005, and the Public Relations Committee in 2006. Additionally, he is a Board-Certified Diplomate of the American Board of Oral Implantology/Implant Dentistry since 2001, Honored Fellow of the American Academy of Implant Dentistry in 2012, and serves as chairman of the Department of Oral Implantology at the Atlantic Coast Dental Research Clinic in Palm Beach, FL. He is director of The Center for Advanced Aesthetic and Implant Dentistry in Delray Beach, FL, and co-director of the Pacific Implant for Advanced Dental Education.

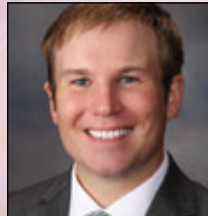
## Congratulations to the 2021 AAID Fellows



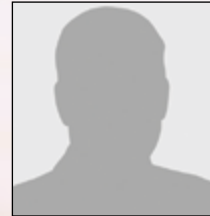
Andy Ray Burton, DMD  
Hood River, OR



Han Choi, DDS  
Phoenix, AZ

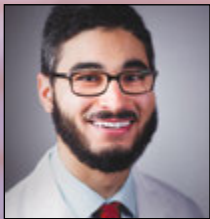


Cody Eugene Gronsten,  
DDS  
Mitchell, SD

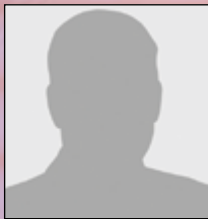


Miguel Scheel, DMD,  
MS  
Fort Myers, FL

## Congratulations to the 2021 AAID Associate Fellows



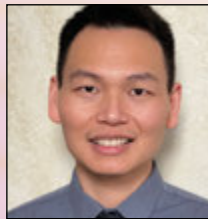
Nabil Achache, DMD  
Nepean, ON



Ingy Aly, BDS  
Vancouver, WA



Luis M. Brea Jr., DDS,  
MDS  
Bridgeport, CT



Marvin Chan, DMD  
Mayfield Heights, OH



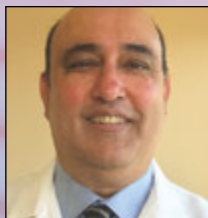
Srikanth Cherukadu,  
DMD  
San Antonio, TX



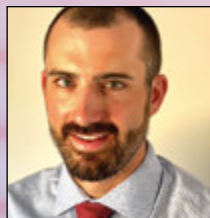
D. Craig Fitch, DDS  
San Luis Obispo, CA



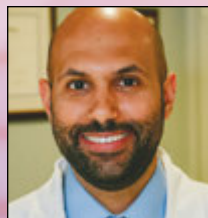
Richard Furman Jr.,  
DMD  
Vancouver, WA



Hamed Ghorbanian,  
DDS  
Norco, CA



Brooks Andrew Green,  
DDS  
Lyons, IN



Daniel Guindi, DDS  
Glendora, CA



Kavish A. Gurjar, DDS  
Rockville, MD



David C. Halls, DMD  
Show Low, AZ

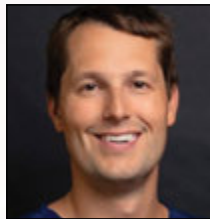
# Congratulations to the 2021 AAID Associate Fellows



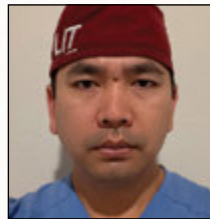
Austin Anderson  
Hoffner, DDS  
Findlay, OH



Christopher  
Kondorossy, DDS  
Richmond, VA



David Jenkins  
Lawrence, DDS  
Oklahoma City, OK



Thinh C. Luong, DDS  
Tampa, FL



John V. Machi, DDS  
Oshkosh, WI



David Magid, DMD  
West Caldwell, NJ



Josh Nagao, DDS  
Tucson, AZ



Karim Naguib, DDS  
Lancaster, CA



David Nguy, DDS  
Toronto, ON, CAN



Niels Oestervemb, DDS  
Winchester, VA



Vikaskumar N. Patel,  
DDS  
Laurel, MD



Jeremy Sant, DDS  
Chandler, AZ



Leeshik Shin, DDS  
Little Elm, TX



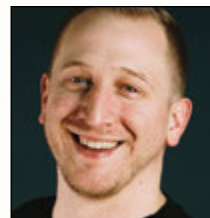
Frederic Brandt Slete,  
DDS  
Jackson, MI



David Tapani, DDS  
Rochester, MI



Sebastian Thomas,  
BDS, MDS  
Kumaranalloor, India



Steven Vorholt, DDS  
Tempe, AZ



Eric Wang, DDS  
Maple Grove, MN



## SUMMARY OF THE

# 2021 Annual Business Meeting

The 2021 Business Meeting of the American Academy of Implant Dentistry (AAID) was called to order by President Alfred “Duke” Heller on Saturday, November 13, 2021.

A quorum was present and the meeting called to order. Following is a summary of the activities, actions, and reports given at the meeting.

President Heller introduced the Board of Trustees:

- Dr. Brian Jackson, President-Elect
- Dr. Shane Samy, Vice President
- Dr. Edward Kusek, Treasurer
- Dr. Matthew Young, Secretary
- Dr. Bernee Dunson, Immediate Past President
- Central District Trustees: Dr. Bill Anderson and Dr. Donald Provenzale
- Northeast District Trustees: Dr. Robert Castracane and Dr. Mario Silvestri
- Southern District Trustees: Dr. Richard Hughes and Dr. Andrew Kelly
- Western District Trustees: Dr. Christopher Petrush and Dr. Keith Long

Dr. Heller also introduced the AAID Executive Staff:

- Executive Director: Carolina Hernandez
- Chief Financial Officer: Jamey Richardson
- General Legal Counsel: Nathan Breen

The presentation of the new credentialed members included 30 Associate Fellows and four new Fellows (see page 38 for additional information).





# Associate Fellows

Dr. Heller shared the new AAID Statement on Diversity, Equity and Inclusion:

*The American Academy of Implant Dentistry (AAID) works together in order to develop a collaborative and inclusive environment. We are focused on developing a patient-centered philosophy around excellence and compassion. Our sole intention is to uplift the profession of implant dentistry and to make it welcoming and accessible to all communities.*

*Our CORE VALUES are Respect, Integrity, Equity, Research, and Education.*

*The AAID Is Stronger Together.*

Attendees were asked to observe a moment of reflection in memory of the following members who passed away since the 2020 Annual Business Meeting:

- Fellow Members: Dr. Ira Larsen, Tucson, AZ; Dr. Ashok Patel, Waltham, MA; Dr. Stanley Praiss, Haddonfield, NJ
- Associate Fellow Members: Dr. John Carbery, Yakima, WA; Dr. O. Hlt Tatum III, Miami, FL
- General Member: Dr. Jeff Eaton, La Quinta, CA

The following two AAID past presidents also passed away:

- Dr. Beverly Dunn, West Palm Beach, FL, President 2009
- Dr. Ronald Evasic, South Lyon, MI, President 1988





Dr. Bob Buhite accepting the AAID Presidential Citation

### Presidential Citations

Dr. Heller presented the following two citations:

- Dr. Bob Buhite practices in Rochester, NY, and has taught at SUNY Buffalo School of Dental Medicine for over 40 years as the founder and director of their implant program. He has been in implant education since 1986.
- Dr. O. Hilt Tatum has been a pioneer in implant dentistry since the late 1960s. He developed many surgical techniques including as the sinus lift, bone spreading, and tissue grafting. He has been an AAID member since the 1970s.

### Nominating Committee Report

Dr. Bernee Dunson, chair of the Nominating committee, reported that no further nominations were received. The slate of officers for 2021-2022 was elected as follows:

- President: Dr. Brian Jackson
- President-Elect: Dr. Shane Samy
- Vice President: Dr. Edward Kusek
- Treasurer: Dr. Matthew Young
- Secretary: Dr. Donald Provenzale





### Bylaws Committee Report

An amendment to the Bylaws was approved to clarify that the AAID president serves as the facilitator for the Board of Trustee meetings and only votes in order to break a tie. Previously, there was no definition as to how the president should vote in these matters.

### Annual Conference Education Committee

Dr. Shankar Iyer, chair of the Scientific Committee, thanked the members for their dedication to making the 2021 Annual Conference meeting a success. There were 564 on-site registrations with 194 virtual. As well, 125 registrants selected an extend access pass, which allows them to view videos through February 28, 2022. The conference provided more than 40 hours of continuing education and 90 presentations. It attracted attendees from 7 countries. Attendees have view 18,728 sessions through November.

### Honored Fellows

Dr. Dennis Flanagan presented the 2021 Honored Fellows, including:

- Dr. Ramsy Amin, Burbank CA
- Dr. Michael Fioritto, Concord, OH
- Dr. Mayur Mehta, Palm Harbor, FL
- Dr. James Miller, Hillsboror, OR
- Dr. Rajiv Patel, Longwood, FL
- Dr. Gilbert Tremblay, Pierrefonds, Quebec, CAN





AAID ANNUAL CONFERENCE  
**PURSuing** IMPLANT  
COMPETENCY  
CHICAGO  
NOVEMBER 10-13, 2021



# 2021 Executive Committee



### Other reports presented included:

**Treasurer** Dr. Edward Kusek reported that COVID has continued to impact AAID's revenue streams. But despite decreases in operational revenues, tight cost controls and strong investment performance contributed to AAID's strong balance sheet to date. Net assets are over \$14.5 million as of September 30, 2021—an increase of over \$1.5 million in the last year.

Dr. Shane Samy reported that the **Legal Oversight Committee (LOC)** continued with litigation in Oregon, Michigan, and Ohio to get ABOI/ID Diplomates properly recognized as dental implant specialists. In 2022, the LOC will begin a campaign to encourage Diplomates in key states to reach out to their dental boards to advocate for them to change their specialty regulations.



Dr. John Minichetti, president of the **American Board of Oral Implantology/Implant Dentistry**, briefly reviewed the Board's activities, which included launching a new logo; presenting a record number of candidates—63 new Diplomates; and a launch of a new social media platform with new videos promoting the organization.

Dr. Larry Bush reported that the **AAID Foundation** is in its 25th year of providing grants for educational research and to students. A total of \$1.5 million has been awarded. This year's Board Challenge raised \$36,800. The first *Smile, Veteran!*<sup>™</sup> patient case was completed. Thanks to Dr. Edward Kusek and Sgt. Mark Lottman. You can learn more about this case at [aaid.com/foundation](http://aaid.com/foundation).

Dr. Duke Heller recognized incoming president Dr. Brian Jackson, who shared a few words on his goals for the 2022 year.



### SAVE THE DATE for AAID's Annual Conferences

2022: September 21-24, Dallas  
2023: November 1-4, Las Vegas  
2024, November 13-16, Atlanta  
2025, November 12-15, Phoenix

# newmembers

The AAID is pleased to welcome the following new members who joined between October 26, 2021, and January 19, 2022. The list is organized by state, with the new member's city included. International members are listed by country, province (if applicable), and city. If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of *AAID News*.

## PLEASE WELCOME THESE NEW MEMBERS IN YOUR AREA.

### Alabama

Victor Kyatt, Bessemer

### Arizona

John McKenzie Davis, Pine Bluff  
Daniel Rodda, Flagstaff

### Arkansas

Robert Dalby, Lowell  
Geoffrey Mitchell, Rogers

### California

Fernando Becerra, Mission Viejo  
Preston Beck, Atascadero  
Nelly Bezimyansky, Los Angeles  
William Choi, San Leandro  
Molly Fulbright, Redondo Beach  
Para Gerhle, Alameda  
Kamiya Khatwani, San Leandro  
Jonathon Rodriguez, Ripon  
Zaid Saeed, El Cajon  
Harith Salim, Bakersfield  
Timothy Sebreros, Murrieta  
Chirag Vora, Fontana

### Colorado

Sulaf Al Shorji, Denver  
David Bundy, Littleton  
Mark Eulenstein, Windsor  
Mohammed Hakim, Denver  
Nora Hameed, Denver  
Joshua Heimerdinger, Vail  
Dipti Shinde, Denver  
William Smith Veazey, Colorado Springs  
Roy Theriot, Aurora  
Kelly Thompson, Denver

### Connecticut

Yuchen Sheng, Greenwich  
Shyam Shivareddy, Glastonbury

### Florida

Michael Battle, St. Petersburg  
Abraham Benschetrit, Hallandale Beach  
German Bohorquez, Miami  
Josaida Contreras, Miramar  
Tommy Dorsey, Ocoee  
Jason Ehrenman, Safety Harbor  
Alien Fernandez, Miami  
Rosario Ferrante, Coral Gables  
Vanessa Grullon, Lake Worth  
Nadim Haidar, Clermont  
Fasih Haq, Pembroke Pines  
Ahmad Hawwa, Aventura  
Javier Izquierdo, Miami

Allyson McHugh-Van, Boynton Beach  
Gabriela Moffett, Tamarac  
Michelle Nguyen, Royal Palm Beach  
Jessica Overmeyer, Orlando  
Jeffrey Perez, Hialeah  
Robert Perlstein, Fort Lauderdale  
Paola Pineros, Plantation  
Roberto Reyes, Winter Haven  
Andrea Rodriguez, Plantation  
Susette Fuentes Rodriguez, Miami  
Oscar Sanchez, Miami  
Marcos Sanoja, Pompano Beach  
Michael Semidey, Tampa  
Javier Servigna, Pembroke Pines  
Walter Simbaco, Miami  
Mark Tadros, Davie  
Andrea Terris, Miami  
Jim Van, Boynton Beach  
Rafael Vorona, Hollywood  
Ryan Whelen, Naples

### Georgia

Hadi Hakami, Milton  
James Stockslager, Macon

### Hawaii

Patrick Ferguson, Honolulu

### Illinois

Kubra Atici, Des Plaines  
Atta Bader, Chicago  
Tayseer Ibrahim, Beach Park  
Eric Townsend, Boilingbrook

### Indiana

Ashish Nayak, Indianapolis  
Terrence Roberts, Brookville

### Kansas

Shane Nelson, Leawood

### Kentucky

Bradley Harmon, Louisville

### Maine

Zachary Raegan, Buxton  
Spencer Ross, Thomaston  
Jacob Valley, Bangor

### Maryland

Parmender Chamber, Boyds  
Andrew Donald, Middletown  
Allen Gotora, Hyttsville  
Michael Kerins, Pasadena  
Chartu Modak, Ellicott

# Behind Every Dental Implant is a Story

FEATURE A VIDEO ABOUT *YOUR* PATIENT'S STORY ON THE AAID PUBLIC WEBSITE



## Dr. Adam Kimowitz Shared His Patient's Story...



"You are born with two sets of teeth. You lose one as a child, then you develop the other set as an adult. **Abby wasn't even given that opportunity. She wasn't born with all of her teeth.** We were able to work with her, and give her the opportunity to live life in the way she wants to, on her terms."

— *Adam Kimowitz, DMD, FAAID, ABOI/ID of Denville Dentist, NJ*

"For 34 years, I looked in the mirror and never felt beautiful. I remember the first day when I came home with these dental implants, I looked in the mirror and I took a picture and I sent it to Dr. Kimowitz and I said, **'Thank you for making me feel beautiful. This is the first time that I have felt beautiful.'**

**Working with Dr. Kimowitz I felt like I had a voice.** I had a choice and I really was in control for what I wanted to do because now I had some answers."

— *Abby, Implant Patient  
Denville Dentist, NJ*



See more patient stories on  
**AAID-IMPLANT.ORG**

## Why sharing your patient stories is a Win-Win-Win

1. Inspire potential patients with unique firsthand accounts from patients
2. Showcase your work to thousands of new people on platforms like YouTube
3. Build trust and credibility with potential patients
4. Improve your dental practice visibility online



Want to share life-changing patient stories with us?

Email us:  
[editor@aaid.com](mailto:editor@aaid.com)



Follow AAID LifeSmiles on social media, too!

---

## New Members

*continued from page 46*

### Maryland

Haseeb Noor, Potomac  
Alonzo Thomas, Silver Spring

### Massachusetts

Cyril Chou, Longmeadow  
George Enescu, Winchester  
Kai Gao, Framingham  
Robert Geary, Hingham  
Daniela Ghobrial, Peabody  
Duwaraka Gunarajasingam, Chelsea  
Jennifer Hinshaw, Brookline  
Joshua Lee, Brookline  
Kevin Mooney, Woburn  
William Nguyen, Weymouth  
Molly Rosen, South Boston  
Paul Serrano, Everett  
Katrina Torres, Brookline

### Michigan

Kefei Duan, Royal Oak  
Tazeen Rahman, Ann Arbor

### Minnesota

Kristen Johnson, Spring Lake

### Montana

Robert Larson, Kalispell

### Nebraska

Trey Thygerson, Omaha

### New Hampshire

Christopher Filler, Windham  
Madalyn Hoerz, Windham  
Jennifer McConathy, Dover

### New Jersey

Sri Lakshmi Angara, Pennington  
Perna Jain, Montvale  
Steve Lee, Ocean  
Evan Lee, Fort Lee  
Alexa Mendes, Kearny  
Timothy Moriarty, Sea Girt  
David Schwartz, Ridgewood  
Mina Youssef, Jersey City

### New York

Bibeka Bhattarai-Koirala, Tappan  
Miguel Casanas, Whitestone  
Anthony Geraci, Oceanside  
Peter Kampf, Syosset  
Kurt Kline, Plattsburgh  
Erica Mills, New York

### Nevada

Chad Ho, Las Vegas

### North Carolina

Mihaela Catighera, Morrisville  
Alfredo Martinez, Jacksonville  
William Pope, Greensboro  
Alex W. Ramos-Vera, Charlotte

### Ohio

John Brokloff, Akron  
Benjamin Jump, Newark  
Robert Laing, Van Wert  
Jeff Mallette, Canton  
Mahad Sanweyne, Gahanna  
James Shepler, Dayton

### Oklahoma

Leo Malin, Tulsa

### Oregon

Evan Whisenant, Sherwood

### Pennsylvania

Richard Eidelson, Philadelphia  
Peter Krumbhaar, Philadelphia  
Kush Mangal, Crums  
David Valenta, York

### Rhode Island

Mia Gooding, Warwick

### South Dakota

William Baune, Madison

### Tennessee

Harry Suekert, East Ridge  
Lara Worley, Bloomington Springs

### Texas

Ashraf Baytalthab, Houston  
Neal Bhatt, Denton  
Parham Koohbor, Houston  
Lucian Narita, Allen  
Perna Rastogi, Coppell  
Luis Rodriguez, Houston  
Evgenia Seryogina, Helotes  
Sumeet Sharma, Cypress  
Gregory Sopel, Horseshoe Bay

### Utah

Wyman Chen, Salt Lake City  
Brent Dubin, South Jordan  
Cierra Diamse, Salt Lake City  
Jake Garn, Highland  
Ida Nourbakhsh, Salt Lake City

### Vermont

Chaitalee Ganatra, Brattleboro

### Virginia

Elias Sanie, Fairfax  
Sameed Siddiqui, Staunton  
Waldo Valdivia, Stafford

### Washington

Stan Cho, Auburn  
Travis Howey, Sammamish  
Kevin Farr, Montesano  
Brian Polillo, Seattle  
Jasmeet Punia, Seattle

### Wisconsin

Richard Scinico, Madison  
April Tressler, Middleton

### Wyoming

Jacob Heath, Rock Springs  
Devin Tanner, Green River

## CANADA

### Ontario

Rana Aldabagh, Burlington  
Yalini Aravinthan, Markham  
Sweta Bhatt, Nepean  
Peter Chaban, Mississauga  
Jody Chiu, Kitchener  
Subrit Dogra, Blind River  
Ravinder Dhillon, Brampton  
Jeffery Edwards, London  
Hassan El-Awour, Mississauga  
Andrew Hall, McDougall  
Ricky Hamami, Burlington  
Uditi Kapoor, Hamilton  
Pranav Kataria, Ottawa  
Kaldon Kim, Waterloo  
Hardeep Kaur, London  
Zubaida Malik, Kitchener  
Ramsy Malak, Welland  
Ramy Mansour, Oakville  
Matt Marinovich, Trenton  
Anshul Mehra, Waterloo  
Varun Mohan, Kitchener  
Ramy Nasrallah, Milton  
Islam Negm, Oakville  
Danoosh Pourasgharroushan, Courtice  
Julianne Proniuk, Toronto  
Rawad Serhan, London  
Dimple Sharma, St Catherines  
Anastasios Spanos, Brampton  
Kamalpreet Sandhu, Brampton  
Alina Solomiychuk, Vaughan

### Quebec

Connie Tse-Wallerstein, Westmount



# EXPERIENCE THE LIGHTHOUSE 360 DIFFERENCE!



## GET & SHARE REVIEWS

Get an in-depth analysis of reviews from across the Web.



## TREATMENT PLANS

Reminders to help motivate patients to complete their care.



## FILL-IN FEATURE

Fill-in detects a canceled appointment in your schedule.



## CAMPAIGN BUILDER

Highly customizable email marketing tool.



## TWO-WAY TEXTING

Personally communicate with patients on an individual bases.



## REACTIVATE PATIENTS

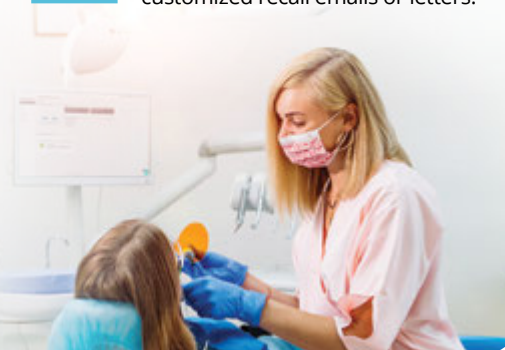
Send dormant patients customized recall emails or letters.

**NEW!**



## PHONESIGHT

A smart phone system that helps your team be more efficient.



# Lighthouse

Call **888-502-8467** or visit **lh360.com/showspecial** for your demo and **\$200 Amazon Gift Card\***!



\*Only one (1) gift per dental practice. Demo must be completed by a person authorized to make a purchase decision on behalf of the dental practice. Offer only available for dental practices that are not currently Lighthouse 360 customers. Gift will be sent upon completion of the demo and survey. Please allow 3-4 weeks for the card to arrive. This offer is being made by Lighthouse 360, and its parent company Henry Schein One. Cannot be combined with any other offer. PhoneSight is an add-on to Lighthouse 360.

## Editor's Notebook

*continued from page 4*

- Dentin may be heated by drill friction during extraction or sectioning for fragmentation. The heat may alter the organic polymeric chemistry of dentin.
- A dentin particle with a smear layer may affect resorption by being resistant to acidic breakdown.
- Generally, dentin particles less than 300 microns have a higher density than larger particles

The harvested dentin for graft material is pulverized and generally treated with sodium hydroxide, ethanol and saline before being placed in the surgical site. This processing may increase the exposure of dentin biopolymers to physiologic enzymes and immunologic agents that may encourage resorption.

After five days, residual dentin fragments are surrounded by inflammatory cells and after 14 days of placement as a graft material, osmiophilic needle-like calcium and phosphorus crystalline structures form on the dentin surface. There is an initial

calcification with collagen fibrils and direct calcium apposition leading to resorption and bone formation. Initial calcification around the dentin fragments develop various patterns.

A pulpal infection that proceeds to the apical bone can at times induce an apical root resorption. The periodontal ligament may inhibit dentin resorption but apparently not when dentin is disrupted by trauma or toxins from infection.

Since the epithelial cell rests of Malassez can provide stem cells, and may play a role in periodontal regeneration, but if damaged or incapacitated then resorption may be allowed. Orthodontic induced root resorption may be caused by damage to these cell rests.

Titanium dental implants that contact cementum/dentin of vital teeth roots may not induce inflammation or resorption. If the implant is removed there will probably be complete cementum repair within a few weeks.

Bone and dentin resorption potentials seem to be closely related to bone generative capabilities as in the ankylosis phenomenon.

So, it seems that dentin fragments left in bone as a graft material or from an extraction may resorb if there is no infection and the fragment is less than about 1mm. Chemical treatment may spur resorption and bone regeneration. Nonetheless, we cannot predict at this point which fragments will resorb and which will not. Although it seems that small fragments of processed dentin, less than 2-300 microns, when used as a graft material will be resorbed and be replaced with natural bone.

Please send your comments and experiences to continue this topic of discussion to me at [dffdds@comcast.net](mailto:dffdds@comcast.net) or [editor@aaid.com](mailto:editor@aaid.com)



## Abu Dhabi AAID MaxiCourse®

Abu Dhabi, UAE  
 Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID  
 Assistant Director: Ninette Banday, BDS, MPH  
 Email: drsiyer@aol.com  
 Phone: 908-527-8880  
 Website: www.maxicourseasia.com

## Augusta University AAID MaxiCourse®

Augusta, GA  
 Director: Douglas Clepper, DMD, FAAID, DABOI/ID  
 Assistant Director: Michael E. Pruett, DMD  
 Contact: Lynn Thigpen  
 Email: lbthigpen@augusta.edu  
 Phone: 706-721-1447  
 Website: www.georgiamaxicourse.com

## Bangalore AAID MaxiCourse®

Bangalore, India  
 Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID  
 Assistant Director: Ninette Banday, BDS, MPH  
 Email: drsiyer@aol.com  
 Phone: 908-527-8880  
 Website: www.maxicourseasia.com

## Boston AAID MaxiCourse®

Boston, MA  
 Director: Brian Jackson, DDS, FAAID, DABOI/ID  
 Contact: Jana Selimovic,  
 Program Coordinator  
 Email: Education@bostonmaxicourse.com  
 Phone: 315-922-2176  
 Location: Harvard Club of Boston  
 Website: www.bostonmaxicourse.com  
 Instagram: bostonmaxicourse\_bic  
 Facebook: Boston MaxiCourse

## Cairo AAID MaxiCourse®

Cairo, Egypt  
 Director: Robert Miller, DDS, FAAID, DABOI/ID  
 Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID  
 Contact: Aref Alnaib  
 Email: Info@EgyptMaxiCourse.com  
 Phone: +2 01271629111  
 Website: www.egyptmaxicourse.com

## Las Vegas AAID MaxiCourse®

Las Vegas, NV  
 Director: John Minichetti, DMD, FAAID, DABOI/ID  
 Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID  
 Contact: Sarah Rock  
 Email: sarah.inglewooddental@gmail.com  
 Phone: 201-871-3555  
 Website: www.dentalimplantlearningcenter.com

## Nagoya, Japan AAID MaxiCourse®

Nagoya, Japan  
 Director: Yasunori Hotta, DDS, PhD, FAAID, DABOI/ID  
 Assistant Directors:  
 Hiroshi Murakami, DDS, PhD, FAAID  
 Koji Ito, DDS, PhD, FAAID  
 Takashi Shinichi DDS, PhD, FAAID  
 Takashi Saito, DDS, PhD, FAAID  
 Contact: Yasunori Hotta, DDS, PhD, AFAAID  
 Email: hotta-dc@ff.ij4u.or.jp  
 Phone: +81-52-794-8188  
 Website: www.hotta-dc.com

## New York AAID MaxiCourse®

Bronx, NY  
 Director: John Minichetti, DMD, FAAID, DABOI/ID  
 Assistant Director: Joseph C. D'Amore, DDS, AFAAID, DABOI/ID  
 Contact: Sarah Rock  
 Email: sarah.inglewooddental@gmail.com  
 Phone: 201-871-3555  
 Website: www.dentalimplantlearningcenter.com

## Nova Southeastern University College of Dental Medicine Implant AAID MaxiCourse®

Fort Lauderdale, FL  
 Director: Jack Piermatti, DMD, FAAID, DABOI/ID  
 Assistant Director: Thomas J. Balshi, DDS, PhD  
 Contact: Linnette Dobbs-Fuller  
 Email: dentalce@nova.edu  
 Phone: 609-314-1649  
 Website: www.dental.nova.edu/ce/courses/2018-2019/aaid-maxi-course.html

## Roseman University AAID MaxiCourse®

South Jordan, UT  
 Director: Bart Silverman, DMD, FAAID, DABOI/ID  
 Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID  
 Contact: Vicki Drent  
 Email: vdrent@roseman.edu  
 Phone: 801-878-1257

## Rutgers School of Dental Medicine AAID MaxiCourse®

Newark, NJ  
 Director: Jack Piermatti, DMD, FAAID, DABOI/ID  
 Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID  
 Contact: Janice Gibbs-Reed, MA  
 Email: gibbs@sdm.rutgers.edu  
 Phone: 973-972-6561  
 Website: cde.sdm.rutgers.edu/maxicourse/

## San Juan, Puerto Rico AAID MaxiCourse®

San Juan, PR  
 Director: O. Hilt Tatum, DDS, FAAID DABOI/ID  
 Assistant Director: Jose Pedroza, DMD, MSC  
 Contact: Miriam Montes  
 Email: prmaxicourse@gmail.com  
 Phone: 787-642-2708  
 Website: www.theadii.com

## Waterloo, Ontario AAID MaxiCourse®

**The TI-MAX Institute**  
 Director: Rod Stewart, DDS, FAAID, DABOI/ID  
 Assistant Director: George Arvanitis, DDS, FAAID, DABOI/ID  
 Contact: Chantel Furlong  
 Email: info@timaxinstitute.com  
 Phone: 905-235-1006  
 Website: www.timaxinstitute.com

## Vancouver AAID MaxiCourse®

Vancouver, BC  
 Director: William Liang, DMD, FAAID, DABOI/ID  
 Contact: Andrew Gillies  
 Email: andrew@implant.ca  
 Phone: 604-330-9933  
 Website: www.vancouvermaxicourse.com

## Washington, DC AAID MaxiCourse®

Washington, D.C.  
 Director: Bernee Dunson, DDS, FAAID, DABOI/ID  
 Contact: Keonka Williams  
 Email: dcmaxi@dunsondental.com  
 Phone: 404-897-1699  
 Website: www.dcmmaxicourse.com

2022 AAID ANNUAL CONFERENCE  
SEPTEMBER 21-24 | DALLAS, TEXAS

# ZERO IN ON ZERO COMPLICATIONS



How to prevent complications  
by zeroing in on the challenges

# SAVE THE DATE



---

## New Members

continued from page 48

### INTERNATIONAL

#### Australia

Tai Nguyen

#### Bahrain

Mansoor Alekry  
Saeed Khalid  
Shariqur Osmani  
Khadar Shajahan

#### Bermuda

Alexis MacKenzie  
Carl MacKenzie

#### Brazil

Guilherme Teles

#### Egypt

Yahia Aboul-Azm

#### Greece

Georgios Giakmis

#### India

Ritika Agrawal  
Minhajuddin Akif  
Nikhil Anantharaj  
Ramavarapu Avinash  
Srivanas Bagadi  
Pirtpal Benipal  
Nukabmassus Chary  
Sunil Dhahed  
Bebika Dhurve  
Amrit Singh Grewal  
Manupreet Kaur  
Aditya Keshav

Abubakkar Kinchanakodi

Sushil Kunde  
D. Manasa  
Minhaj Mohammed  
Aditi Nanda  
R. Padmauati  
Gnanavi P  
Amit Sao  
V. Kevin Sameuel  
S. Shankar  
Sai Shubham  
Ricipa Vats

#### Iran

Pedram Pakzad

#### Japan

Daisuke Akita  
Michihiro Kohnno

Tomohiro Kondo  
Eri Miwa  
Kunihiro Nakajima  
Katsuhiro Omoto  
Keishi Shibata  
Katsuhiro Tomiyama  
Satoshi Tsukamoto  
Shuto Wakita

#### Saudia Arabia

Danish Bhat

#### South Korea

Yohan Jo  
Juhyung Lee  
SunHo Lee  
Dongil Shin  
Chunsoo Sung

## NEW STUDENT MEMBERS

*Please welcome the following new students. Thank you for your support!*

Rambod Abedini  
Ahmed Al Salman  
Wadiah Almadani  
Austin Barker  
Brandon Barnett  
Alexa Brown  
Sarath Chandran-Srinivasan  
Mahmoud Elfar

Matthew Flaherty  
Claudia Garces  
Mayumi Harada Rodriguez  
Ahmad Jumaa  
Ben Keller  
Benjamin Kelley  
Urvashi Keswani  
Sylvia Lee

Ryan Levy  
Abdulaziz Mandani  
Abdulmuhsen Marafi  
Lieny Padron  
Chante Parker  
Jackson Partin  
Dalisey Piedra Rodriguez  
Glenys Plunkett

Jeremy Schwartz  
Gurinder Singh  
Neeraj Surathu  
Jason Wong  
Karen Zapata

---

## AAID Foundation Gift of a Smile

continued from page 34

*Smile, Veteran!* was a great way to give back to veterans for their sacrifice. Mark would not have been able to afford the treatment. He may have been able to get a denture or an overdenture. I wanted to give him back his smile.”

In the end, Dr. Kusek installed a maxillary hybrid fixed appliance – the optimal amount of bridgework and esthetic. “I extracted all of his teeth; Zimmer Dental donated the implants; and I donated time, materials and expertise for the case. We made a temporary denture and placed implants when the upper teeth were

extracted. One of my vendors, Root Dental, fabricated the hybrid. Originally, I planned to pay for their services out of my pocket, but they insisted on donating their services once they heard it was for a veteran.”

Dr. Kusek has a message for other AAID members: “I know many AAID members are looking for ways to help veterans. We may not have served in the military ourselves, but we have been trained to restore a mouth. We have the skills and the talents to make a difference in the lives of these individuals who put their lives on the line for our country. They did what the government

told them to do. Some of them have had lasting consequence for their sacrifice or have never even been thanked. It’s time for us to step up and give back to them. Get involved with the *Smile, Veteran!* program. It can change a person’s life.”

And what has this program meant to Mark Lottman? “After 38 years,” says Dr. Kusek, “I finally saw him smile. His confidence is back.” Lottman’s favorite part? “I can eat radishes without worrying if my teeth will break. I can laugh at jokes. I feel like I have normal teeth.”

REGISTRATION IS OPEN!

# EMERGING TRENDS IN IMPLANT DENTISTRY

*Join us in New Orleans*

2022 Southern District Meeting  
Marriott Warehouse Arts District  
APRIL 29 TO 30, 2022

[AAID.COM/SOUTHERN](https://www.aaid.com/southern)



## Thank You 2021 AAID Committee Members for Your Service

The AAID would like to thank all our members who have volunteered their time by serving on a committee to better the organization. The following members completed their service in 2021.

### Admission & Credentials

Dr. Charles Samborski  
Dr. Maria Rotondi  
Dr. Edgar Davila  
Dr. Bill Holden  
Dr. Mike Gillis  
Dr. Ali Mostafavi

### Bylaws

Dr. Raul Mena

### Education Oversight Committee

Dr. Robert Castracane  
Dr. Jim Rutkowski

### 2021 Annual Conference Education

Dr. Shankar Iyer, Co-Chair  
Dr. Rob Heller, Co - Chair  
Dr. Bernee Dunson  
Dr. Rob D'Orazio  
Dr. Brian Jackson  
Dr. Michael Katzap  
Dr. Jason Kim  
Dr. Jim Rutkowski  
Dr. Joyti Srivastava (Team Chair)

### Ethics

Dr. Richard Grubb

### Membership

Dr. Joseph Boone

### Public Relations

Dr. Phillip Gordon

### Nominating

Dr. David Hochberg  
Dr. Richard Hughes  
Dr. Duane Starr

### Honored Fellow

Dr. Richard Mercurio, Chair  
Dr. Hamilton Sporborg  
Dr. Dennis Flanagan

### Global

Joey Chen  
Pramod Kumar

## AAID Active Study Clubs

### United States

#### 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  
 Website: <https://bit.ly/2rwf9hc>

#### Acadiana Southern Society

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

#### Alabama Implant Study Club

Location: Brentwood, TN  
 President: Michael Dagostino, DDS  
 Contact: Sonia Smithson, DDS  
 Phone: (615) 337-0008  
 Email: aisgadmin@comcast.net  
 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  
 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  
 Website: [www.calderoninstitute.com](http://www.calderoninstitute.com)

#### CNY Implant Study Club

Location: 2534 Genesee street. Utica, NY  
 Director: Brian J Jackson, DDS  
 Contact: Tatyana Lyubezhanina,  
 Judy Hathaway  
 Phone: (315) 724-5141  
 Email: bjddsimplant@aol.com  
 Website: [www.brianjacksondds.com](http://www.brianjacksondds.com)

#### Hawaii Dental Implant Study Club

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

#### Mid-Florida Implant Study Group

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

### Canada

#### Vancouver Implant Continuum

Location: Surrey, BC, Canada  
 Director: William Liang, DMD  
 Contact: Andrew Gillies  
 Phone: 604-330-9933  
 Email: 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  
 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  
 Website: <http://www.beirutidc.com>

## Seattle, WA

### General Dental Practice for Sale

General dental practice with a high percentage of implants on the market - less than twenty minutes from downtown Seattle! The practice is located in a large office building and features four fully equipped operatories with a fifth op plumbed and ready for expansion. Collections of \$1 million & SDE of \$285,000. 2,000 active patients and 20 new patients per month. Learn more, contact Professional Transition Strategies: [sam@professionaltransition.com](mailto:sam@professionaltransition.com) or call 719.694.8320. We look forward to speaking with you.

REGISTRATION IS OPEN!

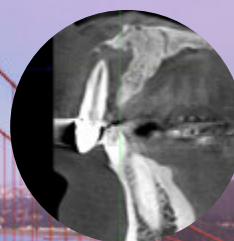
# FOCUS ON SITE DEVELOPMENT



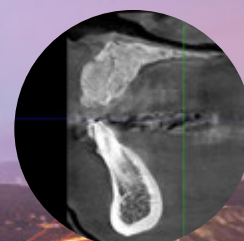
*Join us in San Francisco, CA*

2022 Western District Meeting  
Westin St. Francis on Union Square  
JUNE 10 TO 11, 2022

[AAID.COM/WESTERN](https://www.aaid.com/western)



PRE-OP



POST-OP

## COVER STORY

*continued from page 14*

Each AAID person I asked over the years came. We raised \$200,000 over this time. I'll never forget how they supported me, and they all remember coming to Utica and how successful this program was.

When you talk about culture and friendships in a way that people have your back, that's how this program was. It was about sharing information and people came to experience that. These are the same principles that the

AAID is based on—it's a foundation for education and support.

### **What would you say to younger dentists trying to start an implant practice?**

I would start by sharing the same advice that I got from Dr. Lamar. Get an education by going to a formal implant program. First learn about dentistry and how the process works and evaluate each area of the prac-

tice discipline. Then take a dedicated program on implant dentistry, either a residency or a MaxiCourse program. A weekend course is not going to allow you to master the process, and you'll never perform complex cases. While you might learn a particular system, it is important to understand the science and be able to diagnose and plan implant cases from start to finish. I would also recommend that young dentists get a mentor—the one-on-one learning is invaluable.

*continued on page 56*

## COVER STORY

continued from page 55

### How did you get involved in the AAID leadership, especially becoming president this year?

When I joined AAID, I didn't see myself taking on a leadership position. But I was nominated to be secretary for the Northeast District and began moving up until I became president. I didn't see myself getting involved on a national level. That all changed when, in 2017, I was nominated for AAID secretary. As I look back now, I realize that you should become engaged and want to do more and help guide the organization. That is how I came to feel about the AAID.

The reason I became involved in the first place was because AAID was doing things to make implant dentistry better and working to make dentists better. I value every moment of the time I have spent with the organization. And I am excited to build out the educational programming, credentialing, and the camaraderie we all feel when we are together as a group.

### What would you like for the Academy to accomplish during your tenure as President?

My goals for this year are to continue on the path of creating advanced education in the form of university-based programs. We believe that this is a necessary step in achieving specialty status as it will show that implant education is a unique didactic, not covered



Dr. Brian Jackson and his office staff

by any other concentration. Thank you to Dr. Hilt Tatum, Dr. Shankar Iyer, and Dr. James Rutkowski. Each is devoted to building a curriculum that will shape the best implant dentists in the profession. I would like to reduce the barriers for international membership and in obtaining our initial credential, the Associate Fellow. The AAID is only strong as our outreach and membership expands.

I also would like to attract younger dentists and those from diverse and

underrepresented backgrounds to the AAID. This group tends to be missing in implant dentistry. We need to lead the way and get them involved and show how their involvement will benefit them in practice. The AAID should reach out and mentor students and newly graduated dentists to put them on a good trajectory for the future.

I am honored and excited to serve the AAID as its president.



## Courses presented by AAID credentialed members

### United States

#### 2020 Bay Area Implant Institute Continuum

Dr. Ihab Hanna  
Phone: 650-701-1111  
Email: [info@bayareaimplantinstitute.com](mailto:info@bayareaimplantinstitute.com)  
Website: <https://www.bayareaimplantinstitute.com/page/course-schedule/>

#### Beirut Implant Dentistry Center Beirut, Lebanon

Dr. Jihad Abdallah & Andre Assaf  
Contact: Mahia Cheblac  
[beirutidc@hotmail.com](mailto:beirutidc@hotmail.com)  
+961 1 747650/+961 1 747651  
Fax: +961 1 747652

#### The Dental Implant Learning Center- Basic to Advanced Courses in Implant Dentistry

Dr. John C. Minichetti  
Contact: Sarah Rock  
Phone: 201-731-3239  
Email: [sarah.inglewooddental@gmail.com](mailto:sarah.inglewooddental@gmail.com)  
Website: <https://www.dentalimplantlearningcenter.com/ce-courses/register-online>

#### California Implant Institute

Dr. Louie Al-Faraje, Academic Chairman  
Phone: 858-496-0574  
Email: [info@implanteducation.net](mailto:info@implanteducation.net)  
Website: <http://www.implanteducation.net>

#### Cancun Implant Institute: Comprehensive Oral Surgery Training for Modern Dental and Implant Practice

Dr. Joseph Leonetti & Dr. Bart Silverman  
Emails: [Jal3658@aol.com](mailto:Jal3658@aol.com)  
[Bsilver293@aol.com](mailto:Bsilver293@aol.com)  
Phone: 1-800-757-1202  
Website: <https://cancunimplantinstitute.org>

#### Connecticut Dental Implant Institute

**Manchester, CT**  
Various Courses available  
Dr. Joel L. Rosenlicht  
Contact: Michelle Marcil  
Email: [michelle@jawfixers.com](mailto:michelle@jawfixers.com)  
Website: [www.jawfixers.com](http://www.jawfixers.com)

#### East Coast Implant Institute Implant Complications: A 25 Year Retrospective Review

Dr. Brian J. Jackson  
Contact: Jana Selimovic  
Phone: 315-922-2176  
Email: [education@bostonmaxicourse.com](mailto:education@bostonmaxicourse.com)  
Website: <http://eastcoastimplantinst.com/upcoming-courses/>

#### Implants in Black and White

Dr. Daniel Domingue  
Dr. Jerome Smith  
Contact: Maggie Brouillette  
Phone: 337-235-1523  
Email: [maggie@jeromesmithdds.com](mailto:maggie@jeromesmithdds.com)  
Website: <http://blackwhiteimplants.weebly.com>

#### Introductory Implant Placement 6-Day Dental Implants Course 48 CE in 6 Days

Dr. Michael Shulman  
[info@shulmandds.com](mailto:info@shulmandds.com)  
(201) 840-7777

#### 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  
Phone: 614-505-6647  
Email: [samantha@mii1980.com](mailto:samantha@mii1980.com)  
Website: [www.midwestimplantinstitute.com](http://www.midwestimplantinstitute.com)

#### Mini-Residency in Implants in Sri Lanka and Malaysia

Course Director: Dr. Shankar Iyer  
Contact: Dr. Prasad Amaratunga, Sri Lanka  
Email: [pgdasrilanka@gmail.com](mailto:pgdasrilanka@gmail.com)  
Contact: Dr. Ahmed Shugey, Malaysia  
Email: [shugey64@gmail.com](mailto:shugey64@gmail.com)  
Website: [www.smileusacourses.com](http://www.smileusacourses.com)

#### Pikos Implant Institute

Dr. Michael A. Pikos  
Soft Tissue Grafting Sinus Grafting Alveolar Ridge Strategies: Single Tooth to Full-Arch Fully Guided Full-Arch Immediate Implant Reconstruction  
Contact: Alison Thiede  
Phone: 727-781-0491  
Email: [learn@pikosinstitute.com](mailto:learn@pikosinstitute.com)  
Website: [www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview](http://www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview)

#### Stanley Institute for Comprehensive Dentistry

Dr. Robert Stanley  
Contact: Megan Carr, Interim Director of Continuing Education  
Phone: 919-415-0061  
Email: [megan@stanleyinstitute.com](mailto:megan@stanleyinstitute.com)  
Website: <https://stanleyinstitute.com/>

#### Train For Success: Live! Dental Implant Continuum

Dr. Joseph A. Leonetti  
Contact: Scott Lauer  
949-257-5696  
[scottlauer@dentalimplantedco.com](mailto:scottlauer@dentalimplantedco.com)

### Canada

#### Leigh Smile Dental Implant Courses: WESTERN IMPLANT TRAINING: An Introductory to Advanced Surgical & Prosthetic Program with Implant Company Participation and Year Round Custom tailored, 4-day mini residency courses

Dr. Robert E. Leigh, Director  
Contact: Corie Zeise  
Email: [coriemanager@gmail.com](mailto:coriemanager@gmail.com)  
Phone: 1-780-349-6700  
Website: <http://www.westernimplanttraining.com>

#### Pacific Implant and Digital Dentistry Institute

Dr. Ron Zokol  
Contacts: Barbara Cox and Dr. Faraj Edher  
Emails: [barbara.cox@ddidental.com](mailto:barbara.cox@ddidental.com)  
[faraj.edher@ddidental.com](mailto:faraj.edher@ddidental.com)  
Website: [www.ddidental.com](http://www.ddidental.com)

#### Toronto Implant Academy

Dr. Emil LA Svoboda  
Taming The Old Dragons of Implant Prosthetics-3 Part Virtual Webinar Series  
Contact: Christine Wade, Communications Officer  
Phone: 416-432-9800  
Email: [www.reversemargin.com](http://www.reversemargin.com)  
Link for AAID Group: [https://www.reversemargin.com/aaid\\_guest\\_access/](https://www.reversemargin.com/aaid_guest_access/)  
Password: AAID20

**AAID News Staff**

**Editor**  
 Dennis Flanagan, DDS, MSc, FAAID, DABO/ID  
 editor@aaid.com

**Director, Marketing & Membership**  
 Marilyn Mages

**AAID Executive Director**  
 Carolina Hernandez

# adindex

BioHorizons..... 2  
 Glidewell Laboratories ..... 5  
 KometaBio..... 7  
 Neodent..... 9  
 Tatum Surgical ..... 13  
 Zimmer Biomet..... 15  
 ABOI ..... 17  
 Versah ..... 21  
 Ray America..... 25  
 SprintRay..... 29  
 Lighthouse ..... 49  
 AAID 2022 Conference ..... 51  
 AAID Southern District ..... 53  
 Professional Transition  
 Strategies ..... 54  
 AAID Western District..... 55  
 Neodent..... 59  
 Dental Imaging Technologies ..... 60

## CONNECT WITH US ON SOCIAL MEDIA



@THEIMPLANTDENTISTS



@AMERICANACADEMYOF  
 IMPLANTDENTISTRY



@AAID\_DENTISTS

AAID NEWS is a quarterly publication of the American Academy of Implant Dentistry. Send all correspondence regarding the newsletter to AAID, 211 East Chicago Avenue, Suite 1100, Chicago, IL 60611 or by email to editor@aaid.com. Please notify AAID and your postmaster of address changes noting old and new addresses and effective date. Allow 6-8 weeks for an address change.

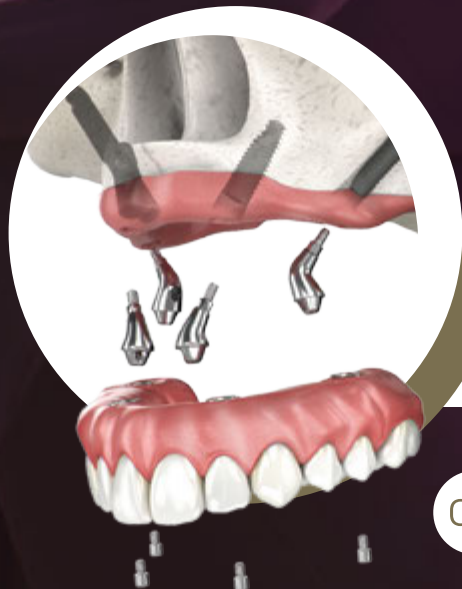
The acceptance of advertising in the AAID News does not constitute an endorsement by the American Academy of Implant Dentistry or the AAID News. Advertising copy must conform to the official standards established by the American Dental Association. Materials and devices that are advertised must

also conform to the standards established by the United States Food & Drug Administration's Subcommittee on Oral Implants and the American Dental Association's Council on Dental Materials and Equipment Acceptance Program.

It is the policy of the American Academy of Implant Dentistry that all potential advertisements submitted by any person or entity for publication in any AAID media must be deemed consistent with the goals and objectives of the AAID and/or ABOI/ID, within the sole and unbridled discretion of the AAID and/or ABOI/ID. Any potential advertisement deemed to be inconsistent with the goals and/or objectives of the AAID shall be rejected.

# A SMILE FOR EVERYONE.

NEODENT® NEOARCH®  
IMMEDIATE FIXED  
FULL-ARCH SOLUTION.



**NEODENT**<sup>®</sup>  
A Straumann Group Brand

GM

Grand Morse™  
Connection

Helix™  
Implant

acqua

Acqua  
Surface



# More Confidence. More Accuracy.\*

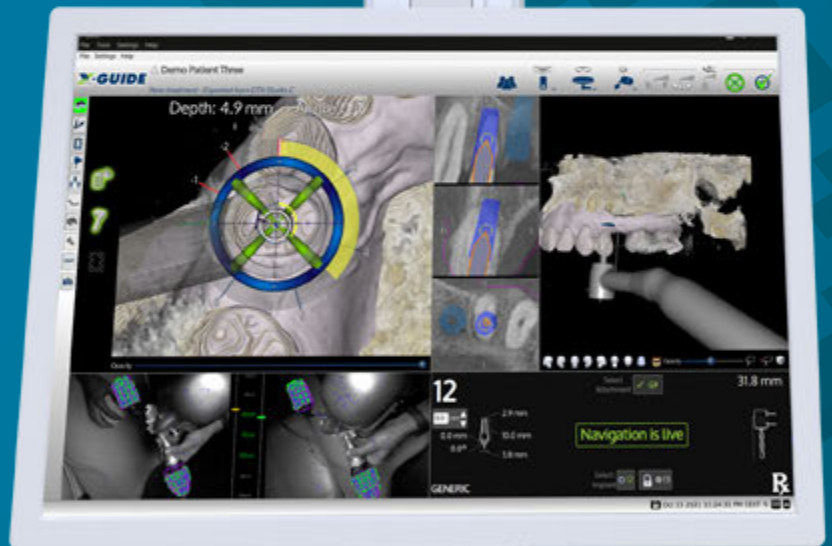
X-Guide® and DTX Studio™ Suite.

Perform free-hand surgery with real-time 3D guidance for your drills and implants with X-Guide.

Adapt your implant plan anytime during surgery.

Enable same-day guided surgery.

Use award-winning DTX Studio Implant and export your implant treatment plan to X-Guide for 3D navigated surgery.



CELLERANT  
BEST OF CLASS  
TECHNOLOGY AWARD  
2021

DTX Studio is Proud to be a 2021 Best of Class  
Cellerant Technology Award Winner.

Learn more at [dtxstudio.com/en-us/x-guide](https://dtxstudio.com/en-us/x-guide)



\*Emery RW, Merritt SA, Lank K, et al. Accuracy of dynamic navigation for dental implant placement - model-based evaluation. J Oral Implantol. 2016;4(5):399-405.

X-Guide® is manufactured by X-Nav Technologies, LLC and distributed by Nobel Biocare™ USA, LLC. © 2021 Dental Imaging Technologies Corporation. KV01742/RevA