PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / 2022 ISSUE 2

AAID NEWS

Peri-Implant Diseases

Cause, Prevention, and Treatment

Summary of the Topics Presented at the Joint 2022 Symposium: Targeting Peri-Implantitis

by AAID AMERICAN ACADEMY OF IMPLANT DENTISTRY | ALD Academy of Laser Dentistry

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Lead Stories

AAID News

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

EDITOR'S NOTEBOOK

Upstream Pathogens

This issue's cover story focuses on the Academy of Laser Dentistry/American Academy of Implant Dentistry virtual conference on peri-implantitis.

I participated in the conference remotely and noticed in several presentations that some cases occur when there is an adjacent endodontically treated tooth. There may be a slight apical radiolucency. This gave me pause. I have noticed in my peri-implantitis cases, there can be a lymphatic upstream endodontically treated tooth that is adjacent or in the mandible. While these teeth may be asymptomatic, they should be investigated with a cone beam computerized tomogram (CBCT). Plane film radiology may not demonstrate an apical pathology or root fracture.

Many teeth have accessory canals that occur in the apical 3mm, and these may go untreated and can harbor pathogens. These pathogens may migrate locally to colonize the adjacent implant corona at the epithelial attachment. In the mandible there may be a failing infected tooth that can liberate pathogens that travel in the lymphatics to colonize an implant coronal section. I become cautious when the implant site is adjacent to an endodontically treated tooth. A CBCT will be done to confirm that there is no infected medullary bone. It may be best to inform the patient prior to implant placement that peri-implantitis may be an issue in the future. If an adjacent infected tooth is suspected to be the cause, then extraction of that tooth and debridement may be appropriate. Nonetheless, the prudent dental surgeon should be circumspect as to the nearby bone to ensure a good outcome.

"I have noticed in my peri-implantitis cases, there can be a lymphatic upstream endodontically treated tooth that is adjacent or in the mandible. While these teeth may be asymptomatic, they should be investigated with a cone beam computerized tomogram (CBCT). Plane film radiology may not demonstrate an apical pathology or root fracture."

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— Timothy Kosinski, DDS, MAGD
General Dentist — Bingham Farms, Michigan

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By Brian J. Jackson, DDS, FAAID, DABOI/ID
AAID President 2022

PRESIDENT'S MESSAGE

EDITOR'S NOTE

Dr. Brian Jackson, president of the American Academy of Implant Dentistry has shared two video messages with members of the AAID this year. In case you missed them, or want to watch them again, we are including a QR code of each. Learn about Dr. Jackson's plans for the year and learn more about the value of becoming a credentialed member of the AAID.

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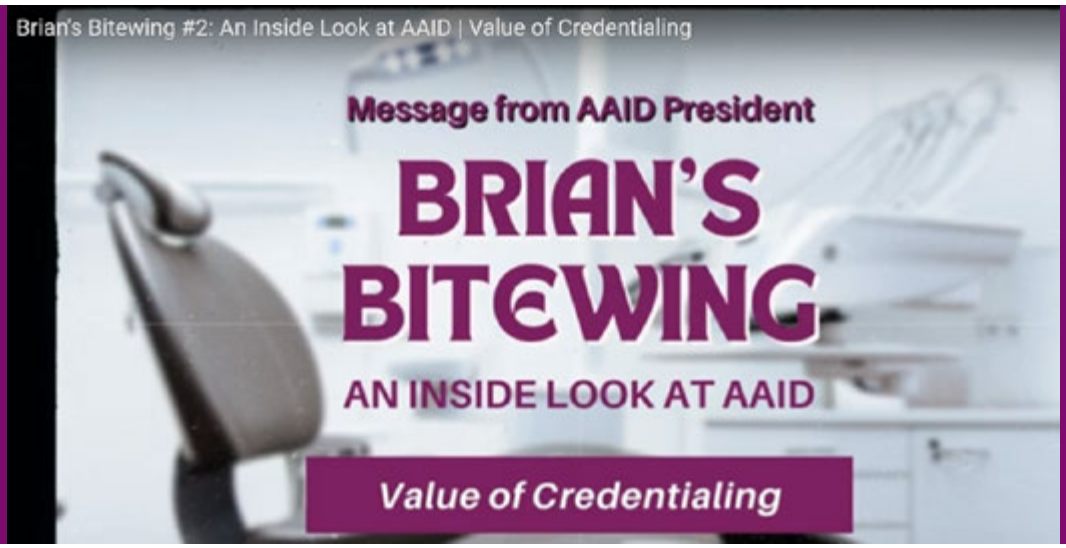

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Peri-Implant Diseases

Cause, Prevention, and Treatment

EDITOR'S NOTE:

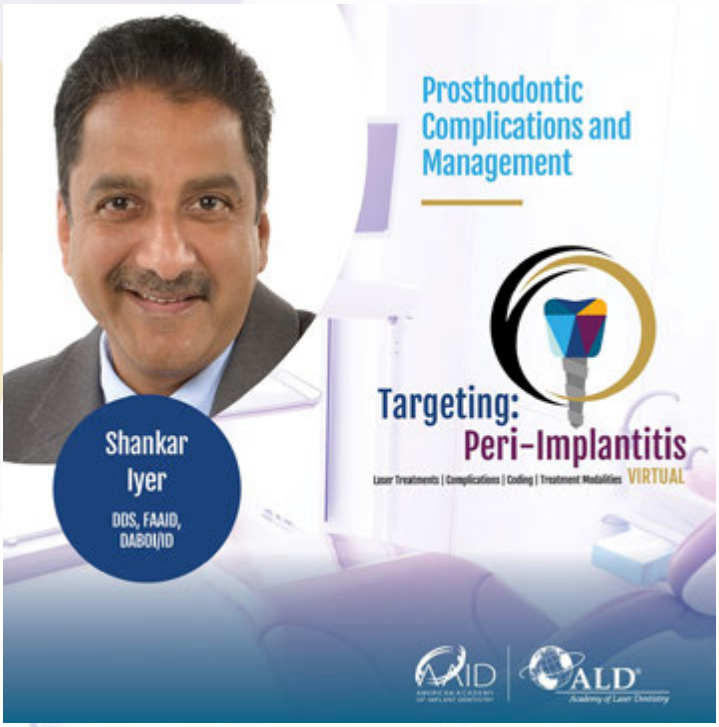
Many articles in the literature have concluded that peri-implant diseases are highly prevalent among the cohorts studied. For example, a literature search published in April 2019 that reviewed PubMed database for articles published until March 2018 concluded that subject-based estimated weighted mean prevalence of 43% for peri-implant mucositis (with a range of 19% to 65%) and 22% for peri-implantitis (with a range of 1% to 47%).

Recognizing this, the Academy of Laser Dentistry (ALD) and the American Academy of Implant Dentistry (AAID) presented the Joint 2022 Symposium: Targeting Peri-Implantitis. The Symposium looked at peri-implant disease from causation, prevention, and treatment options, including the use of lasers, as well as how to bill for peri-implantitis treatment and other medically necessary treatments.

Following is a brief summary of the topics included, along with a slide from each presentation. All the videos from 12 presentation symposium are available on demand on the ALD website: laserdentistry.org. Point the camera on your smartphone to the QR code at the top of the next page to access the specific page for more information and to purchase access. AAID and ALD members save $200 on the non-member rate.

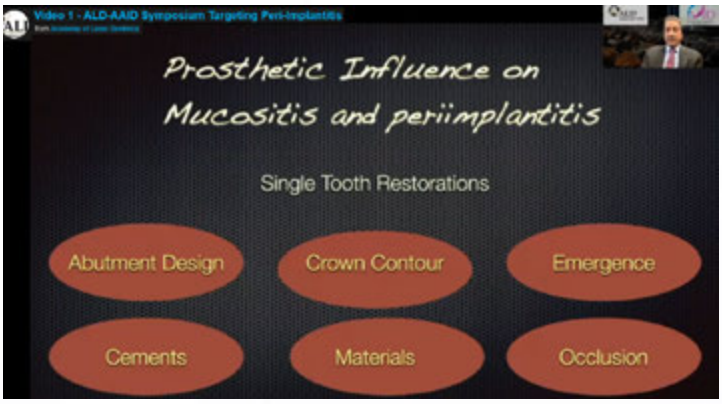
AAID Members need to use coupon code AAID22 to receive $200 off.

AAID Students need to use coupon code AAIDStudent to receive the $75 rate.



Prosthodontic Complications and Management
Presented by: Shankar Iyer, DDS MDS, FAAID, DABOI/ID
Private Practice | Elizabeth, New Jersey, USA

This presentation detailed the short- and long-term effects of implant prosthodontics and the influence on peri-implantitis. The etiological factors were discussed and techniques to manage complications and failures are illustrated.



Long-term success is the ultimate goal of dental implant dentistry. The best way to treat complications is through prevention. Biologic complications can occur at any time with peri-implant mucositis and peri-implantitis being two of the most frequently seen. This presentation discussed the most current concepts and treatment protocols associated with peri-implant diseases through prevention.

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COVER STORY

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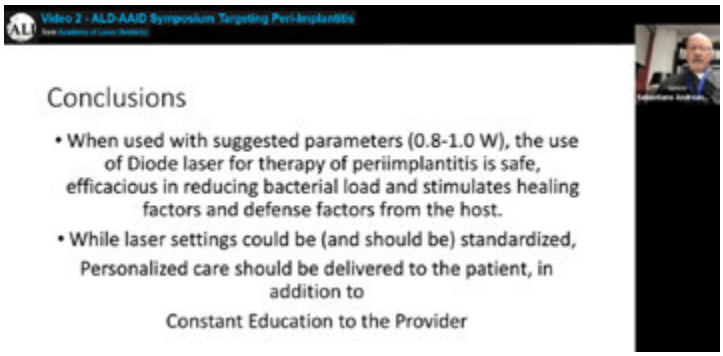
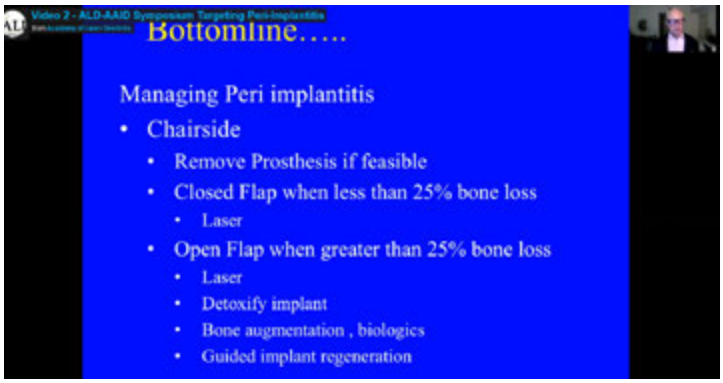
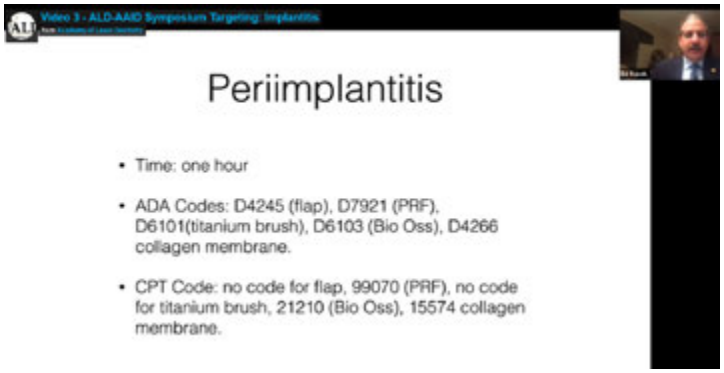
The presentation focused on the clinical applications of 810-980 nm diode laser wavelengths for therapy of peri-implantitis. Diode lasers are used with dual purposes, for their antimicrobial effects and their biostimulating effects. This lecture showed the techniques with clinical cases, focusing on the safety of the procedures, and supporting the procedures with findings from laboratory studies. The antimicrobial effects presented included data from laboratory and published studies, and the biostimulating effects, including regenerative effects and enhancement of host-response with a protective role. *Note: This presentation discussed investigational devices that have not yet received U.S. Food and Drug Administration approval or clearance for the specified clinical indications or describes off-label uses.*

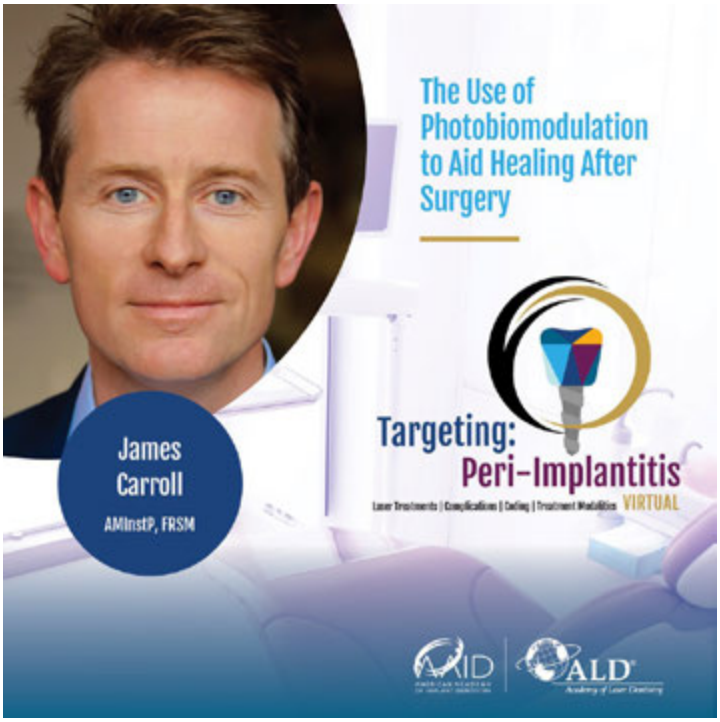


Removal of a dental implant can be a catastrophic experience for both the clinician and the patient. Clinicians can prevent loss of implants with innovative chairside techniques to reverse implant mucositis and manage peri-implantitis. Minimally invasive laser surgical intervention can degranulate, decontaminate, and decorticate target tissues and surfaces. Long-term implant survival can depend on quality prevention, treatment and maintenance. The dental team can have successful systems and tools to enhance longevity and implant health.



The use of either 9300- and 10600-nm CO2 lasers combined with erbium and photobiomodulation lasers has enabled consistent treatment of peri-implantitis. This presentation shared studies that detail the need for high levels of laser energy to remove biofilm on implant surfaces. Other adjuncts featured included platelet-rich fibrin, titanium brush, interlocking collagen membrane, ozone water, and xenograft material. *Note: This presentation discusses investigational devices that have not yet received U.S. Food and Drug Administration approval or clearance for the specific clinical indications or describes off-label uses.*





Photobiomodulation (PBM) is the application of low-intensity monochromatic light (usually in the red and near-infrared spectrum) to aid healing and relieve pain. This light is absorbed in mitochondrial enzymes and leads to improved adenosine triphosphate (ATP) production and reduced oxidative stress in acute injuries or degenerative pathology. One of the most important pathways appears to be through the gene transcription factor NF-$\varkappa\beta$ (sometimes known as the "master switch for inflammation"). PBM changes NF-$\varkappa\beta$ from a cytokine-producing enzyme to an initiator of tissue regeneration. There is a dose and a dose rate effect. If sufficient light is applied, there is no effect; and even if the right amount of light is applied but applied too quickly, then the effects may not appear at all, or are diminished. An introduction to the science and clinical use of PBM, a short introduction to the mechanism of action, and evidence from randomized controlled clinical trials will be presented. *Note: This presentation discusses investigational devices that have not yet received U.S. FDA approval or clearance for the specified clinical indications, or describes off-label uses.*

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COVER STORY

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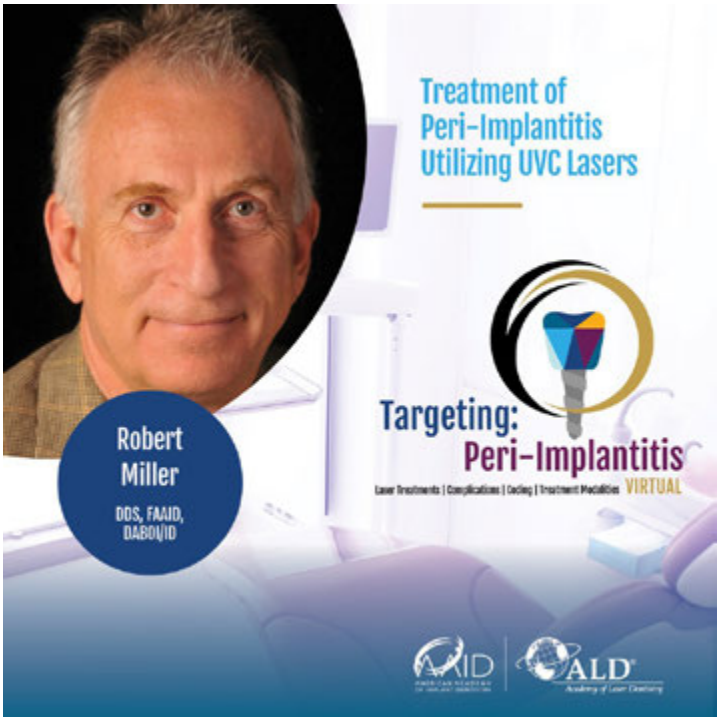
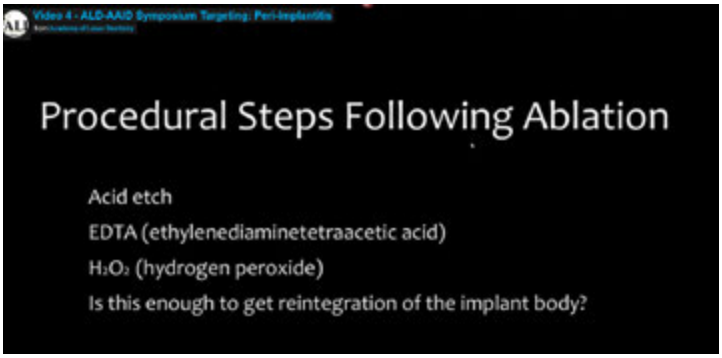
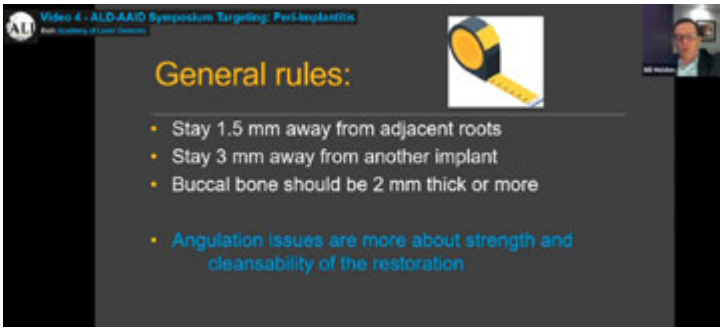


The occurrence of peri-implantitis is growing at an exponential rate commensurate with the numbers of implants being placed worldwide. Treatment of peri-implantitis can be very refractory with failures related to changes within the titanium oxide or zirconia oxide surface. Inorganic and organic contamination of the implant surface can reduce hydrophilicity of the implant surface, resulting in poor fibrin adhesion and lowered percentage of bone-to-implant contact. Photofunctionalization (PFL) can reverse the degradation of the implant surface, restoring hydrophilicity and enhancing fibrin adhesion. PFL can be used preoperatively on implants or postoperatively on implant abutments to enhance tissue adhesion to the transmucosal components. PFL can be used to remove organic and inorganic contamination of the implant body prior to regenerative procedures. *Note: This presentation discusses investigational devices that have not yet received U.S. Food and Drug Administration approval or clearance for the specified clinical indications, or described off-labels uses.*



In the real world, dental implants may not always wind up in an ideal position. If and when these implants develop problems, they can be more challenging to manage, and it can be difficult to decide when to treat or remove the fixture.



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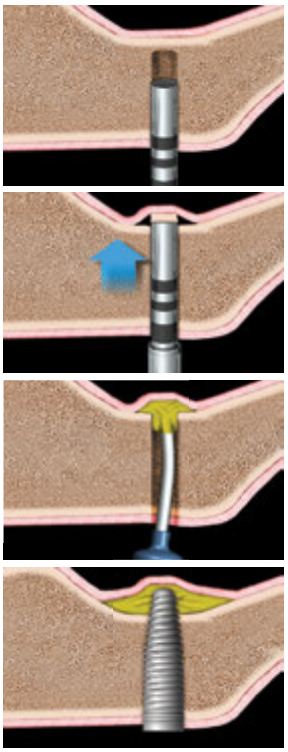
▶ *NovaBone's unique cartridge delivery system makes it an ideal choice for crestal sinus elevation. The 2.8 mm cannula attached to the cartridge is designed to fit directly into osteotomy. The hydraulic pressure created when the putty is being delivered to the site safely lifts the Schneiderian membrane.*

Case image courtesy of Dr. Philip M. Walton

Minimally Invasive Transcrestal Sinus Augmentation with NovaBone® Cartridge System[1,2,3]



Step 1:
An osteotomy is prepared to less than 1 mm from the sinus floor.

Step 2:
An osteotome is then used to gently fracture the bone at the apex of the osteotomy.

Step 3:
The cannula from the cartridge tip can be pressed against the surface of the bone, and the putty can then be injected into the area, resulting in membrane elevation with hydraulic pressure from the putty.

Step 4:
An implant may then be placed in the augmented area.

1. Kotsakis GA, Mazor Z. A Simplified Approach to the Minimally Invasive Antral Membrane Elevation Technique Utilizing a Viscoelastic Medium for Hydraulic Sinus Floor Elevation. Oral Maxillofac Surg. 2015 Mar;19(1):97-101. 2. Mazor Z, Ioannou A, Venkataraman N, Kotsakis G, Kher U. Minimally Invasive Crestal Approach Technique for Sinus Elevation Utilizing a Cartridge Delivery System. Implant Practice. 2013;6(4):20-24. 3. Mazor Z, Ioannou A, Venkataraman N, Kotsakis G. A Minimally Invasive Sinus Augmentation Technique using a Novel Bone Graft Delivery System. Int J Oral Implantol Clin Res 2013;4(2):78-82.

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The Importance of Consent

By Frank R. Recker, DDS, JD
Chief Legal Counsel,
Specialty Recognition, AAID

If you had the opportunity to review the articles relating to post implant placement, you understand the vast amount of literature supporting these post sequelae events can seriously affect implant outcomes. And, you can clearly understand how important patient cooperation and a clear understanding of their roles in preventing the underlying causes of these periodontal issues. From these realizations we can readily deduce the importance of incorporating such language in all informed consents relating to implant treatment. I have seen very few such consents that clearly delineate the potential for periodontally induced implant failures, which would clearly put the patient on notice of the potential risks and their responsibilities in preventing these negative periodontal outcomes. For the reader's convenience, I have attached an example of an informed consent which also includes types of implants, anesthesia, and periodontal issues.

CONSENT TO IMPLANT PLACEMENT AND ANESTHESIA

Instructions to patient: Please take this document home and read it carefully. Note any questions you might have in the area provided in paragraph 15. Bring this back to our office at your next appointment and the doctor will review it with you before signing.

1. My doctor has explained the various types of implants used in dentistry and I have been informed of the alternatives to implant surgery for replacement of my missing teeth. I have also been informed of the foreseeable risks of those alternatives. I understand what procedures are necessary to accomplish the placement of the implant(s) either on, in , or through the bone, and I understand that the most common types of implants available are subperiosteal (on the bone), endosteal (in the bone), and transosteal (through the bone). The implant type recommended for my specific condition is circled above. I also understand that endosteal implants (more commonly known as root form) generally have the most predictable results. I further understand that subperiosteal implants, if an option for me, are not widely used but will negate the necessity of my having the bone grafting and other surgical procedures which would be necessary for the placement of root form implants. I understand that the risk associated with the use of a subperiosteal implant is the failure and loss of the implant that could further reduce the minimal amount of existing bone that I now have, requiring more extensive bone grafting and other surgical procedures at some future time. I promise to, and accept responsibility for failing to return to this office for examinations and any recommended treatment, at least every 6 months. My failure to do so, for whatever reason, can jeopardize the clinical success of the implant system. Accordingly, I agree to release and hold my dentist harmless if my implant(s) fail as a result of not maintaining an ongoing examination and preventive maintenance routine by my dentist.

2. I have further been informed that if no treatment is elected to replace the missing teeth or existing dentures, the non-treatment risks include, but are not limited to:
   a) Maintenance of the existing full or partial denture(s) with relines or remakes every three to five years, or as otherwise may be necessary due to slow, but progressive dissolution of the underlying denture-supporting jaw bone;
   b) Any present discomfort or chewing inefficiency with the existing partial or full denture may persist or worsen in time;

c) Drifting, tilting and/or extrusion of remaining teeth;
d) Looseness of teeth, periodontal disease (gum and bone), possibly followed by extraction(s);
e) A potential jaw joint problem (TMJ/TMD) caused by a deficient, collapsed or otherwise improper bite.

3. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post-surgical dental procedures. I am further aware that there is a risk that the implant placement may fail, through no one's fault, which then might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

4. I understand that implant success is dependent upon a number of variables including, but not limited to: individual patient tolerance and health, anatomical variations; my home care of the implant; and habits such as grinding my teeth. I also understand that implants are available in a variety of designs and materials and the choice of implant is determined in the professional judgment of my dentist.

5. I have further been informed of the foreseeable risks and complications of implant surgery, anesthesia and related drugs including, but not limited to: failure of the implant(s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), inflammation of blood vessels, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. No one has made any promises or given me any guarantees about the outcome of this treatment or these procedures. understand that any of these complications could occur even when all dental procedures are properly performed.

6. I have been advised that smoking, alcohol or sugar consumption may effect tissue healing and may limit the success of the implant. Because there is no way to accurately predict the gum or bone healing capabilities of each patient, I know I must follow my dentist's home care instructions and report to my dentist for regular examinations as instructed. I further understand that excellent home care, including brushing, flossing, and the use of any other device recommended by my dentist, is critical to the success of my treatment and my failure to do what I am supposed to do at home will more than likely contribute to the failure of the implants.

7. I have also been advised that there is a minimal risk that the implant may break, which may require additional procedures to repair or replace the broken implant.

8. I authorize my dentist to perform dental services for me, including implants and other related surgery such as bone augmentation. I agree to the type of anesthesia (circled below) that has been discussed with me and the potential side effects: local, IV sedation, or general anesthesia. agree not to operate a motor vehicle or hazardous device for at least twenty-four (24) hours or until fully recovered from the effects of the anesthesia or drugs given for my care. My dentist has also discussed the various kinds and types of bone augmentation material, and I have authorized him/her to select the material that he/she believes to be the best choice for my implant treatment.

9. If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from those now contemplated, and I am under general anesthesia or IV sedation, I further authorize my dentist to do whatever he/she deems reasonably necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure(s).

"I have seen very few... consents that clearly delineate the potential for periodontally induced implant failures, which would clearly put the patient on notice of the potential risks and their responsibilities in preventing these negative periodontal outcomes."

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By James McAnally, DDS

Is Your Lack of Full-Arch Implant Case Flow an Advertising or Sales Problem?

Many implant practice owners are caught in a never-ending search for the mythical equivalent of Ponce de Leon's Fuente de la Juventud (Fountain of Youth) of perfect dental implant advertising, thinking, "If I just had that one perfect dental implant ad, I would treat all the full-arch cases I wanted!"

The business reality of implant cases, especially full-arch cases such as All-on-X, is that advertising is just *one* of three components which allow a dental implant practice to treat patients needing full-arch implant services on a weekly or monthly basis.

To visualize what's required beyond clinical skills for an implant practice to acquire patients needing, wanting, and willing to say yes while borrowing or writing checks to pay for such, one can use the three-legged stool analogy (Fig 1). The three key components or "legs" required for treating dozens to hundreds of cases annually

are specialty advertising, phone sales to strangers, and face-to-face selling. *Two-thirds* of business success is sales-focused and separate from effective advertising!

While dentists must abide by ethical standards with rules in regulatory laws or in codes of conduct related to clinical practice and advertising, there are no rules governing sales. In the absence of rules, practitioners must answer for themselves the following question: "Knowing sales is essential for an ongoing implant case flow, do I choose to approach how my team and I sell cases ethically or not?"

> "Ethical selling is simply the management of personal interactions, conversations, and the details of conditions with options for solutions that help a consumer to make an informed choice with a complex health service."

What constitutes professional ethical sales for dental implant practices?

Ethical selling is simply the management of personal interactions, conversations, and the details of conditions with options for solutions that help a consumer to make an informed choice with a complex health service. When we do our job well with professional and ethical sales, the patient has

the freedom to decide about a significant service (e.g., full-mouth implants, All-on-X, ceramic implant reconstructions, etc.) which requires a major financial commitment and to do so free from undue pressure or manipulation.

Few practice owners could quote this definition and the application of such requires a myriad of details spelled out on a checklist to manage interactions, and conversations repeated with every patient (each moving along at different points in sales process), to do so daily or weekly, and to perform this sales management inside a business that already has many administrative processes happening with routine care and patient flow. In 2022, these "normal" practice administrative routines are usually conducted in a chronically under-staffed and under-skilled environment.

How does one even know where to start with this sales-related information?

Your busines operation's level of capabilities for professional selling and sales process can readily be self-assessed with a short list of questions. When practice owners answer self-assessments of less than 30 questions and obtain an objective measurement of how they measure up by professional sales standards, 98 percent find they are moderately to severely deficient in what constitutes an effective, ethical professional sales process for implant services. This 98 percent problem rate is a sign of just how much the profession lags in sales capabilities compared to other industries.

The best news about professional sales in 2022

High-level professional sales training has never been more abundant in the more than 30 years of my career. The secrets of professional selling are available to anyone wishing to secure such knowledge and processes, whether it's for a solo practice, small group, DSO, or giant national corporate chain. Sales proficiency in 2022 is no longer luck, but a choice.

Beyond simply having access to processes and high-level trainings, technology has revolutionized sales teams. Zoom, cell-phone text messaging, and local caller IDs assignable globally allow highly trained remote sales teams to perform 95% of sales steps for the advanced restorative and implant practice.

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Business Bite

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> "The secrets of professional selling are available to anyone wishing to secure such knowledge and processes, whether it's for a solo practice, small group, DSO, or giant national corporate chain. Sales proficiency in 2022 is no longer luck, but a choice."

Furthermore, remote sales teams perform these sales roles better than most "veteran" employees biased by years working as receptionists or office managers sans legitimate professional sales trainings. As a stark example, practices using veteran employees have a 10 to 20 percent attendance rate for financial others and spouses attending case presentations where such attendance is mandatory for sales success. By contract, remote sales teams see spousal and financial support attendance rates soar to 90 percent at case presentations! The outcomes of case presentations under these two scenarios will make or break the success of the entire advertising budget.

Remote professional sales teams operate hundreds or thousands of miles away from the local trauma and drama of office politics. Practices using remote teams are also removed from bleak local hiring situations. Any implant practice can have competent, educated, friendly, articulate, motivated, and professional trained sales team members devoted to selling cases and to routinely do this at less than the local cost of a high performing salesperson.

Think about your consumer experience with purchases involving $25,000 products or services

Step aside from your personal clinical ego and attachment to your business and think about the times you enjoyed spending a large sum of money with a business or individual. If you liked and trusted that person, were you happier to write the check or borrow the money? Now recall an example when you disliked someone and decided not to buy a product or service that involved a large sum of money. Because you didn't know, like, or trust someone, did that stop you from writing a check? Right now, these same measurements are applied to you, your sales team, and your business (regardless of your feelings) and patients are making the decision to schedule or not schedule consults, pay or forgo diagnosis and treatment planning, and whether to say yes or no to treatment based on these factors. Professional selling and sales process must engender knowing, liking, and trusting otherwise more of your prospects and patients are going elsewhere.

What's the status of professional sales in the typical advanced implant practice selling a service with an equivalent price of a car?

Based on self-assessment testing, we know 98 percent of implant practices are lacking in sales proficiency and processes. While these key business components are absent, these same practices universally ask patients to pay out-of-pocket costs rivaling a Mercedes, BMW, Toyota, or Kia. Many of these practices invest major dollars in advertising while two-thirds of the success equation for case goes unaddressed.

Major restorative and implant treatments performed legitimately require the same investments as these consumer goods and bring immense value to patients for more years than an automobile, but providers fail to realize that no practice or provider brand has the inherent credibility and value of a BMW or Kia compounded by decades of advertising plus consumer happiness and sharing of such by word of mouth and reviews. While nothing truly sells itself, these products have sales advantages compared to implant services of equivalent price, which further makes professional selling more critical to a successful implant practice.

While services such as All-on-X have significant value, the path to success for a professional service at the same price point as a Toyota is to create fee value via carefully designed and followed sales process steps. If one steps into a ClearChoice implant center, much of what is being discussed herein is at work attached to their abundant advertising. One sees a serious focus on the two-thirds of the case success equation past advertising alone.

Take-home message

To help the most implant patients in your practice or from those calling from current implant or new implant patient advertising, your sales process and ethical, professional selling is a bigger key to your success in helping patients than you ever imagined.

Big Case Marketing is the longest in existence specialty dental implant advertising agency serving implant practices. To access a FREE proprietary professional selling self-assessment test, email Becky@bigcasemarketing.com. *To schedule a FREE 1:1 consult directly with company founder and licensed credentialed implant clinician Dr. McAnally, go to* www.meetme.so/jamesmcanally.

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TH-220012

Clinical Success and Failures with Tissue-Level vs. Bone-Level Implants in Medically Compromised Senior Dentition

By Suhail Mati,
DMD, AFAAID, DABOI

Case Review

A 69-year-old female patient presented in July 2019 with the following medical history:

- Type II diabetes moderately managed with Metformin (A1C 6.8)
- Anxiety managed with Xanax for anxiety concurrent with depression managed with Prozac
- Acid reflux treated with protonic

The patient's chief complaint and disabilities were tooth #12 which needed a root canal as well as a new bridge. She acknowledged that her oral health was declining, and she was not optimistic about the future of her teeth. She desired a fixed restoration on maxillary but did not want a full upper denture because she related that a friend of hers had a "horseshoe denture," and she did not want the roof of her mouth to be covered with denture. She perceived that an upper denture would negatively affect her sense of taste and quality of life.

FIGURE 1. Patient's first visit pre-op.

FIGURE 2. Patient's pre-op smile.

FIGURE 3. Patient's pre-op centric occlussion.

FIGURE 4. Patient's pre-op right occlusion.

FIGURE 5. Patient's pre-op left occlusion.

FIGURE 6. Patient's pre-op upper occlusal view.

FIGURE 7. Patient's pre-op lower occlusal view.

Tissue-level Versus Bone-level Implants

After diagnostic data collection and comprehensive oral exam, a treatment plan for upper terminal dentition with delay loading approach was proposed and accepted by the patient. Phased therapy was provided with extractions of remaining maxillary teeth. Guided Surgery was utilized for the placement of six tissue-level implants in June 2019 to facilitate accuracy of implant placement.

Tissue-level implants offer ease of restoration. As the implant fixture is placed at the bone level, hence the interface between the implant abutment and implant fixture are above bone level or supra-crestal. This interface is the junction where micro-movement of the superstructure can lead to inflammation and secondary bacterial contamination with the possibility of bone loss and increased risk of peri-implantitis.

FIGURE 8. Patient's pre-op panoramic radiograph.

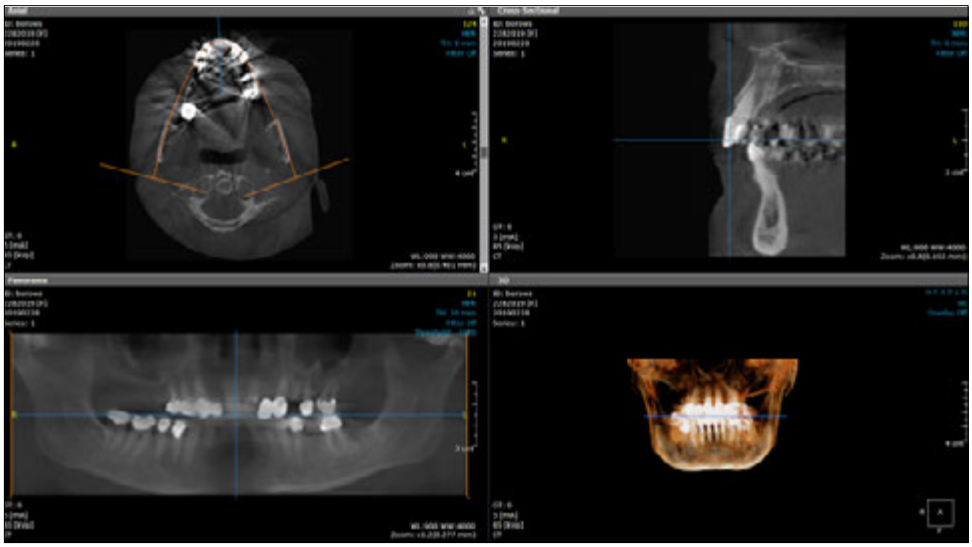

FIGURE 9. Patient's pre-op CT scan.

Tissue level implant placement offers the benefit of having supra- crestal margins to reduce the risk of bacterial contamination at the crestal bone interface. This can positively impact the long-term success of the treatment for the patient giving consideration to her diabetes. This will also eliminate the need to use multi-unit abutment (MUA) in full-arch cases, reducing treatment costs for the patient. Additional benefits include the ease of taking impression or intraoral scan of tissue level implant vs. a bone-level implant. Since bone level implants are often sub-crestal, their placement that can hinder passive placement of impression coping, or scan-body due to hard- and soft-tissue impingements.

After diagnostic data collection and comprehensive oral exam, a treatment plan for upper terminal dentition with delay loading approach was proposed and accepted by the patient.

continued on page 22

Clinical Bite

continued from page 21

Tissue-level implant placement can increase the accuracy of the transfer of the implant fixture position for prosthetic fabrication. Bone-level implants can yield a bulkier prosthetic in the transition zone through the gingiva, increasing the chance for plaque accumulation at the crestal bone level. Other risks are: cement-retained restorations which can increase the risk of cement-induced peri-implantitis; and compromised access to home care.

Bone-level implants require two surgeries: one to place the implant and another to reopen and exposed the healed implant to complete the procedure (second phase surgery) which can be a negative for medically compromised patients.

After assessing all the pros and cons, the following treatments were provided.

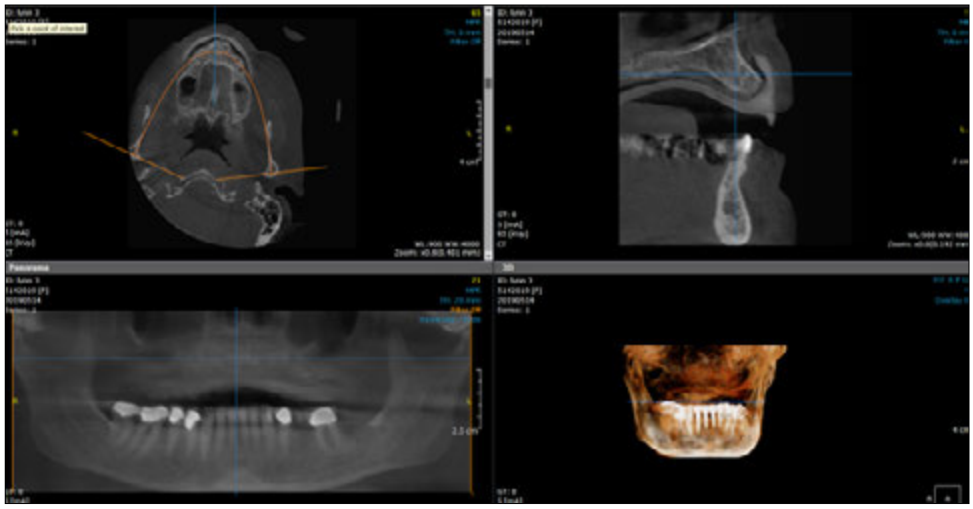

FIGURE 10. Pre-op cone beam CT scan with radio-opaque template.

FIGURE 11. Placement of the soft-tissue surgical guide.

FIGURE 12. Surgical guide was secured in position with three pins.

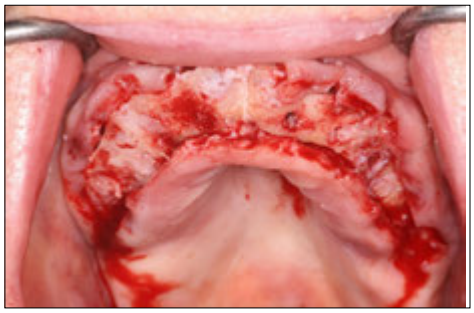

FIGURE 13. Minor bone reduction was done to ensure sufficient prosthetic space.

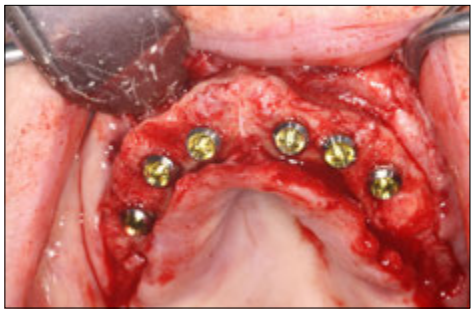

FIGURE 14. Six tissue-level implants were placed in the exact position determined by the surgical guide.

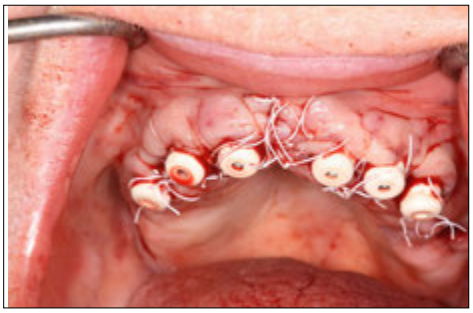

FIGURE 15. Photograph showing suturing around the healing abutments.

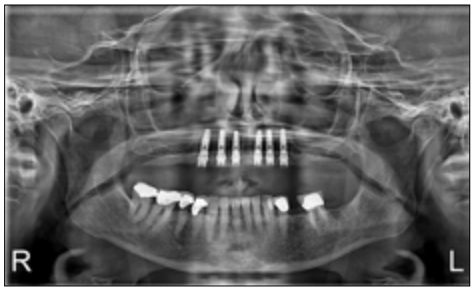

FIGURE 16. Panoramic radiograph taken the same day of placement surgery.

FIGURE 17. After two weeks healing.

FIGURE 18. Upper denture has been relined with Cosoft soft reline

By July 2019, a month after the initial surgery, the patient complained of pain in the upper right most distal implant #4 area. The implant was removed due to osteointegration failure. That area was cleaned and grafted with ridge preservation procedure with allograft GBR and membrane. It was deduced that the implant failed due to occlusion and trauma from her denture during chewing and function, also her diabetes mellitus which caused delay healing and subsequently early failure. This full-arch technique recommended utilizing a high-profile healing abutment with white plastic cap over it to facilitate the prosthetic workflow, allowing additional surfaces for mechanical overloading. It is highly recommended to connect and splint these implants with a full-arch temporary bridge, which will allow them function as one unit and reduce the chance for early failure.

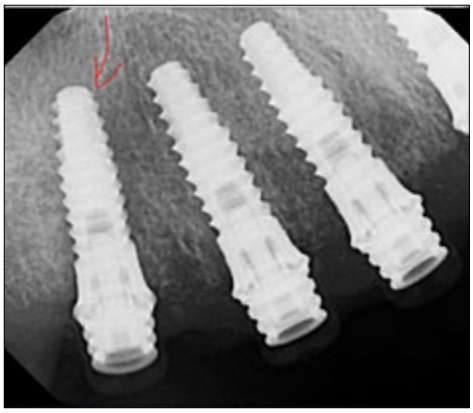

FIGURE 19. Periapical radiograph showing the failed implant.

In August 2019, a month an half after removal the failed and implant and grafting the site, another implant was placed using the tissue-level method, placed slightly distal to the area. There was a concern whether sufficient time was allowed for bone healing, even with very good primary stability at the time of surgery.

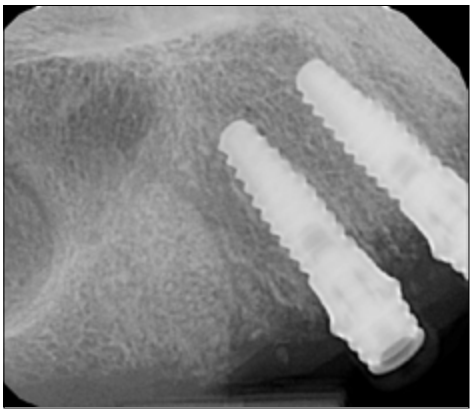

FIGURE 20. Periapical radiograph showing the healed site.

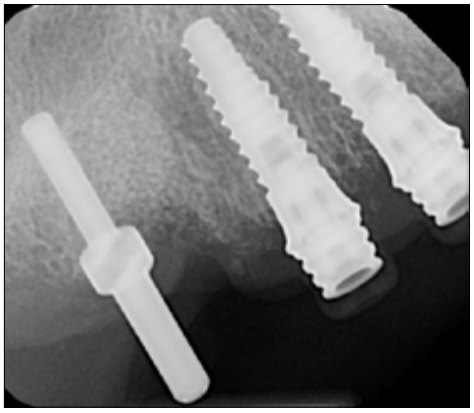

FIGURE 21. Periapical radiograph showing the alignment pin positioning.

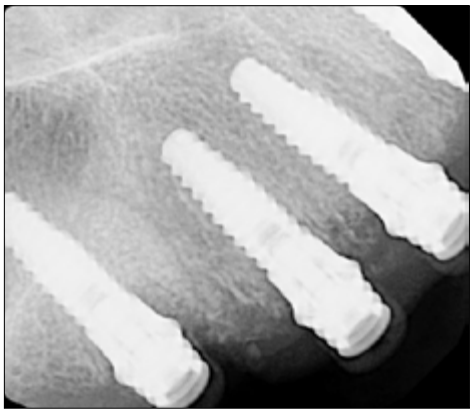

FIGURE 22. Periapical radiograph showing the new implant day of surgery.

Two months later, in October 2019 at follow up, I noted the new implant had mobility, failed, and I had to remove the implant again with debridement and bone grafting—an allograft with collagen and PTFE suture.

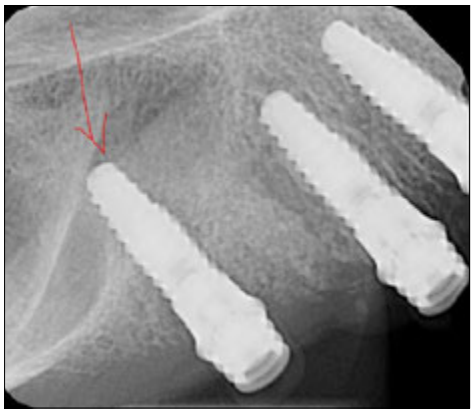

FIGURE 23. Periapical radiograph showing the failed implant.

In December 2019, two months after the removal of the second failed implant and grafting the site, an aggressive decision was made because the patient had been under treatment for more than seven months and the delay was a concern. Two implants were placed: one in #3 area (little posterior or distal to 4) and #14 area (on the other side of the failing implant). The reasoning was that if one of the implants failed, then the patient will have the other implant to use. This ran into a complication upon discovery that a sinus lift with the crestal approach would be necessary. After noting the tissue-level implants failed, bone-level implants with a two-stage approach was provided. This approach required placing the implant deeper— approximately 1 mm to 2mm sub-crestal and cover the implant with soft tissue.

During an implant surgical procedure in the posterior maxilla, if the available bone heights below sinus floor is less than 10 to 12 mm and there are only 6 or 7 mm with which to work, the dentist will enter the sinus, requiring the elevation of the sinus floor with what is called a sinus bomb with or without bone graft. The bone graft is dead bone, so the implant is going to be sitting in 6 mm in a native bone or natural bone and the other 5 mm sitting in grafted bone. It's important to give that bone graft enough time to heal before the implant is completed.

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JOISAMPLER

Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we selected a few articles that have broad applicability to the daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 48, Issue 1 (2022).

JOI JOURNAL OF ORAL IMPLANTOLOGY www.joionline.org

CASE LETTER

Virtual Facial Simulation of Prosthetic Outcome for Static Computer-Aided Implant Surgery and CAD-CAM Prostheses

The developments in 3-dimensional (3D) imaging technology allow clinicians to generate a volumetric virtual patient consisting of the surface texture of the face, craniofacial skeletal structure, and intraoral soft tissue, dentition, and its occlusion. Different developed and emerging 3D surface acquisition technologies, including laser and optical-based surface imaging, can be used to capture realistic 3D surface textures and colors of extraoral facial soft tissue. Although cone beam computed tomography (CBCT) allows the 3D imaging of the craniofacial hard tissue, it only has a limited field of view (FOV) and contrast resolution for facial soft tissue. The 3D craniofacial hard tissue reconstructed from CBCT volumetric data can then be superimposed with the extraoral facial soft tissue texture and color data to create a 3D virtual patient with a photorealistic appearance. The virtual patient can be used to assist the clinical diagnosis and treatment planning process and simulate the patient's postoperative facial appearance after orthognathic surgery. Notably, studies have suggested limited accuracy in the prediction outcomes, and these computer simulation programs should be used with caution to prevent unrealistic patient expectations and dissatisfaction.

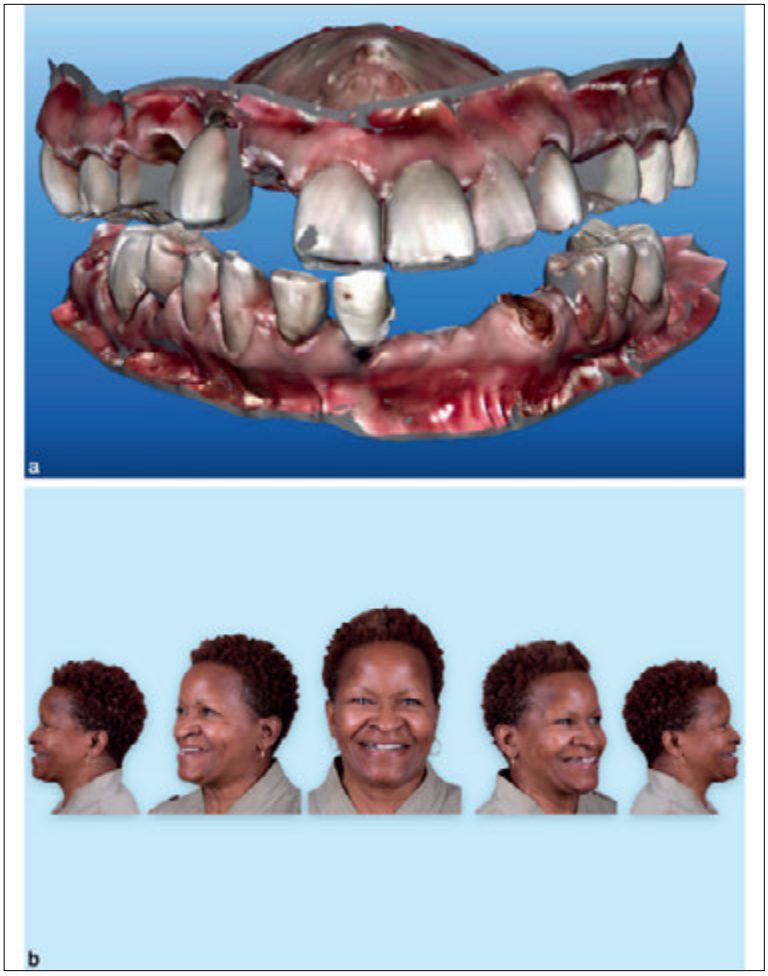

FIGURE 2. Digital diagnostic data collection at pretreatment condition. (a) Intraoral scans at increased occlusal vertical dimension (OVD). (b) Extraoral digital photographs demonstrating patient's exaggerated smile and facial profile.

Static computer-aided implant surgery (s-CAIS) and computer-aided design and computer-aided manufacturing (CADCAM) complete fixed dental prosthesis have become a predictable treatment modality for patients. This clinical report describes a digital workflow using a 3D virtual patient for s-CAIS and CAD-CAM prostheses. In addition, the facial simulation of post-treatment prosthetic outcomes was used to facilitate the communication and treatment planning process among the patient and clinical treatment team members.

Bryan T. Harris, DMD, Chao-Chieh Yang, DDS, MSD, Dean Morton, BDS, MS, Wei-Shao Lin, DDS, PhD, *Journal of Oral Implantology*. 2022;8(1):51-58.

CLINICAL REPORT

Implant Site Preparation Application of Injectable Platelet-Rich Fibrin for Vertical and Horizontal Bone Regeneration: A Clinical Report

Avertical alveolar bone defect in partially edentulous patients can present a major challenge for guided bone regeneration (GBR) in terms of anatomical limitations and technical difficulties. The presence of posterior anatomical structures, such as maxillary sinus and mandibular inferior alveolar nerve, potentially limit the bone quantity available for proper implant placement. A large interarch space further complicates prosthetic coronal length and form and thus presents possible poor crown-implant ratio for appropriate esthetics and function. There have been numerous GBR techniques to reconstruct vertical alveolar ridge deficiencies, either simultaneously with implant placement or before implant placement. Various GBR techniques include a titanium reinforced nonresorbable barrier membrane in conjunction with placement of titanium dental implants, an extraoral mandibular distractor, and onlay bone block grafts. Although GBR if successful can reproduce an augmentation of osseous macro- and microstructures that are similar to native bone, promising long-term survival of dental implants, there is a high rate of complications in GBR procedures. One of the major complications that often leads to failure of the entire GBR graft is early membrane dehiscence and infection. To overcome this problem, the tenting screw technique with collagen membrane enhanced with leukocyte and platelet-rich fibrin (L-PRF) was introduced. Platelet-rich fibrin (PRF) is an autologous platelet concentrate with leukocytes and growth factors entrapped in a fibrin matrix. Intrinsic growth factors in PRF, in particular platelet-derived growth factor (PDGF), transforming growth factor b1 (TGF-b1), and vascular endothelial growth factor (VEGF), are known to stimulate cell migration, differentiation, and proliferation. Success of any bone augmentation procedure depends on the initial stability of bone graft. Until the new bone is formed, the grafted area should be stabilized. Additionally, the bone graft materials should be easy to handle and able to maintain appropriate ridge contour during membrane and flap manipulation and during the period of initial healing. i-PRF can transform from a liquid stage to a solid stage. In the liquid flowable stage, i-PRF can be combined with the particulate bone grafting material. After complete clotting, this combination can be easily manipulated and applied to the surgical site to form appropriate ridge contour. This clinical report presented a clinical application of GBR using i-PRF in combination with particulate bone graft and L-PRF.

Prakan Thanasrisuebwong, DDS, MS, PhD, Sirichai Kiattavorncharoen, DDS, MD, Dr Med, George R. Deeb, DDS, MD, Sompop Bencharit, DDS, MS, PhD, *Journal of Oral Implantology*. 2022;8(1):43-50.

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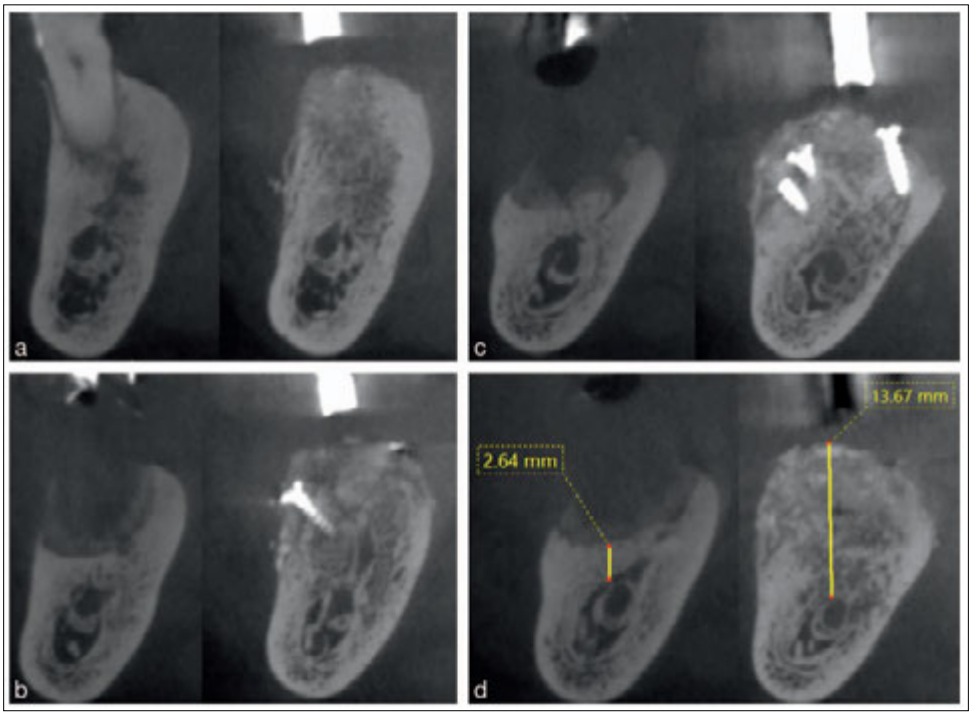


FIGURE 4. Pre- and postoperative CBCT scans. (a) Pre- and postoperative images. (b and c) Pre- and postoperative images before removal of tent screws. and (d) Pre- and postoperative measurements of bone gain.

JOI Sampler

continued from page 25

RESEARCH ARTICLE

The Evaluation of Different Osteotomy Drilling Speed Protocols on Cortical Bone Temperature, Implant Stability and Bone Healing: An Experimental Study in an Animal Model

Implant companies offer suggested drilling protocols for their dental implant models, but the surgeon has the opportunity to modify the surgical technique used. In doing this, the surgeon is able to influence the healing outcome. The preparation of an implant osteotomy, due to friction of the drill with the host bone, will generate heat. This heat might have a detrimental impact on the bone, by impairing bone remodeling or even causing bone necrosis. This might be of specific interest in the deep cancellous bone areas, which will be encountered with greater drilling depth. Drill speed is often thought to be the most important factor when it comes to heat generation during implant site preparation. However, the load and drilling force is not to be underestimated. To date, there is no consensus on ideal drilling speed for implant osteotomy preparation. Some studies report high speed drilling (.2500 rpm) to decrease the risk for osseous damage, whereas others consider extreme low drilling speed (50 rpm) as suitable to preserve bone-cell viability. Definitely, this extreme low speed drilling without irrigation might offer some advantages from a surgical point of view; for example, collection of bone particles that could be used as autogenous bone graft and better intraoperative visibility; however, the operation time will significantly increase. The drill design, drilling depth, drill wear, predrilling, bone type, thickness, and adequate saline irrigation are additional important variables that contribute to heat generation. The actual temperature of the saline might be more important as some studies have shown that saline prechilled to 108C might be more effective in cooling host bone. Nevertheless, the optimal drilling protocol including the drilling speed, drill design, and irrigation is still yet to be established. Micro-computerized tomography (micro-CT) is a nondestructive technique that allows 3-dimensional (3D) quantitative evaluation of implant osseointegration offering more comprehensive and precise information compared with traditional histological methods. Several studies have shown that bone parameters such as bone area (BA) and bone-implant contact (BIC), bone volume (BV)/tissue volume (TV), and bone area (BA)/tissue area (TA) data obtained from micro-CT correlates well with histomorphometry. Studies evaluating heat generation during implant osteotomy have been performed on cadaveric bovine and porcine bone blocks or on synthetic blocks/resin models. In these studies, heat was measured by thermocouples and infrared thermography. To our knowledge, there is no study evaluating heat generation during implant osteotomy drilling in an in vivo model and analyzing the effects of heat changes on bone healing and osseointegration. The aims of this animal study were: (1) measure the effect of drilling speed on heat generation in the cortical bone; (2) measure the effect of drilling speed on primary and secondary implant stability; and (3) measure the effect of drilling speed on early and late bone healing with micro-CT.

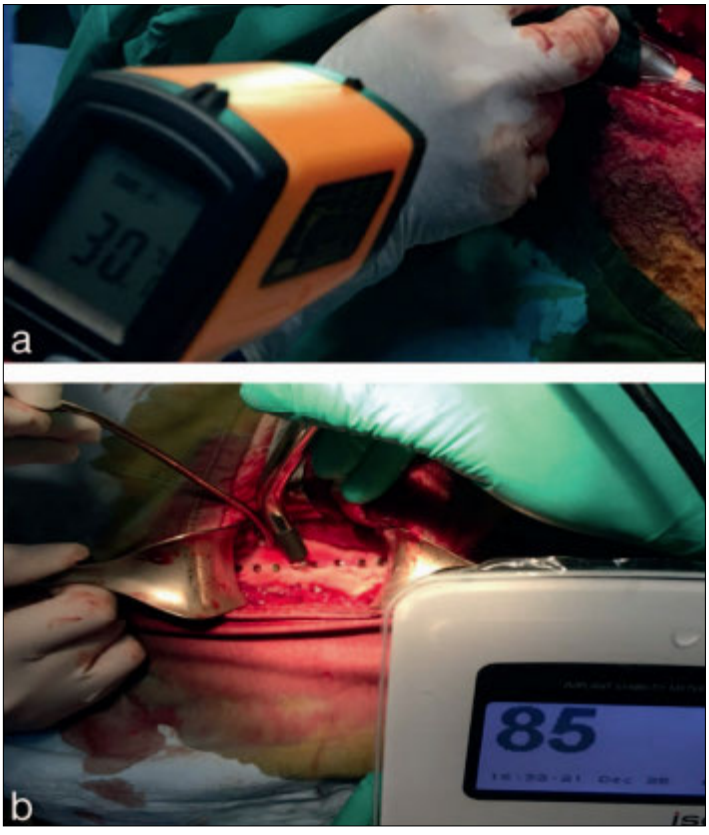


FIGURE 1. (a) Simultaneous cortical bone heat measurement with infrared thermometer, (b) implant stability quotient (ISQ) measurement for the determination of primary implant stability.

Mustafa Ozcan, PhD, DDS, Fariz Salimov, PhD, DDS, Andy Temmerman, PhD, DDS, Onur Ucak Turer, PhD, DDS, Bahar Alkaya, PhD, DDS, Mehmet Cenk Haytac, PhD, DDS, *Journal of Oral Implantology*. 2022; 8(1):3-8.

continued on page 28

JOI Sampler

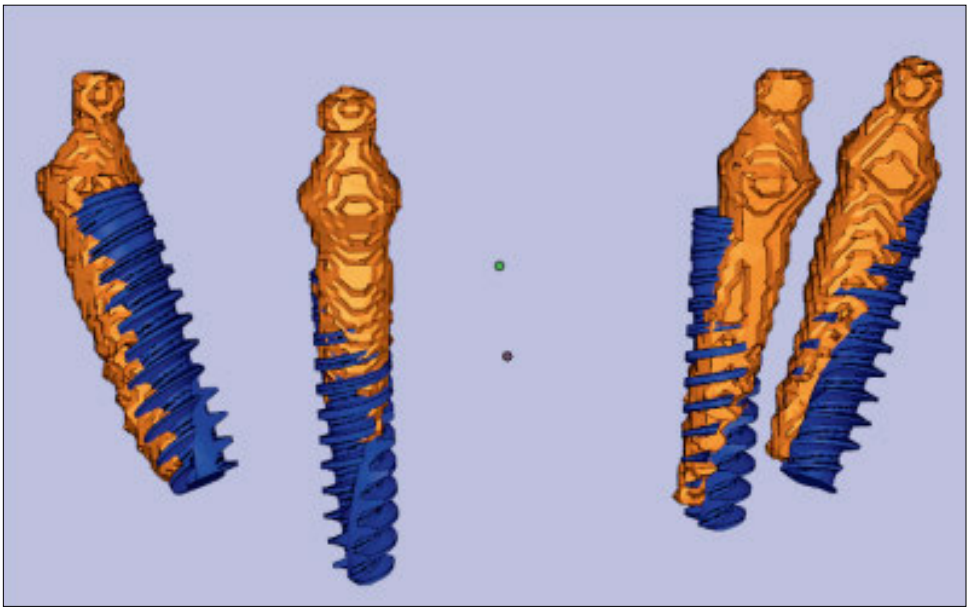
continued from page 26

RESEARCH ARTICLE

Comparison of Positioning Accuracy Between 2 Different Implant Systems Using Mucosa-Supported Surgical Templates: A Retrospective Clinical Study

Although guided implant surgery is widely practiced, clinical studies examining the differences in accuracy between implanting systems that use the same surgical guide are currently lacking. It is important to note that there is always deviation between the virtually planned position of implants and the final position of the inserted implants. D'Haese and colleagues evaluated the placement accuracy of Astra Tech Osseo-Speed dental implants compared with the virtual plans for those implants and found an average angle deviation of 2.608. Yi Sun and colleagues reported that the average maximum vertical deviation at the implant apex was within 1 mm (0.1–4.6 mm) using NOBELSPEEDY Groovy RP implants. Computer-aided implant surgery involves a series of processes including image acquisition by cone-beam computerized tomography (CBCT), software planning, and manufacture of the surgical template, all of which can produce errors in the plan for the implant. However, errors in the insertion can also occur due to limitations in the precision of the SLA machine, the guide cylinders and metal tubes, and the physical properties of the materials. During surgery, the presence of a rotational allowance in tube-sleeve drills, differences in drill shape (straight or tapered), and drill sharpness can all lead to deviation between the postoperative and virtual positions of the implants. These errors accumulate, resulting in potentially serious divergence from the optimal position of insertion, as determined by virtual planning. It is inconvenient and problematic in clinical practice for each implanting system to require a specific or proprietary guide that is incompatible with other systems. A new type of universal guide system has brought considerable convenience to clinical surgery. However, few studies comparing the differences in accuracy between implanting systems have accounted for errors in guide manufacturing by using the same type of surgical guide, designed and fabricated by a single manufacturer, and especially between implants with different shapes (ie, straight or tapered). The aim of the present study was to evaluate and compare the effects introduced by different implant systems on the accuracy of surgery using a uniform type of template, thus controlling for the accumulation of errors throughout the computer-aided implant placement process. This study examined the post-operative positions of implants from 2 systems that differ in procedural steps and implant shape. Measurements of the deviations in coronal and apical positions, depth, and implant angle provide the basis for a clinical reference that will be useful in preoperative analysis for improvement of the safety and accuracy of guided implant surgical procedures.

Fudong Zhu, DDS, PhD, Mengyun Mao, MD, Haihua Zhu, DDS, PhD, Yao Chen, MD, Jia You, Haisong Pan, *Journal of Oral Implantology*. 2022;8(1):16-20.



FIGURES 1. The placed implants were compared with the preoperative surgical plan (yellow indicates the virtual planned position; blue indicates the postoperative position).

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AAID Announces

2023 Slate of Officers

The AAID Nominating Committee, chaired by Alfred "Duke" Heller, DDS, FAAID, DABOI/ID, presents the following slate of officers for consideration at the AAID 2022 Annual Business meeting during the Scientific Session, to be held September 21 to 24, 2022. In accordance with Article IX, Section 7 of AAID's Bylaws, members not nominated by the Nominating Committee may be nominated by petition as follows: "3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chairman of the Nominating Committee or that person's designee at least 30 days in advance of the election [i.e., August 22, 2022] at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election. "4) A nominee not announced by the Nominating Committee must include the signatures of at least 5 percent of the voting membership on the petition. "5) The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and make this information available to the voting members."

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Meet Bill Anderson, DDS, FAAID, DABOI/ID

Dr. Anderson earned his DDS in 1998 from the University of Detroit Mercy School of Dentistry, Detroit MI. He joined the AAID in 2005 and completed the AAID Georgia MaxiCourse® in 2006. Dr. Anderson earned his Associate Fellow in 2010 and his Fellow in 2013. He became a Diplomate of the American Board of Oral Implantology/ Implant Dentistry in 2012. Dr. Anderson was named an Honored Fellow of the AAID in 2016.

Dr. Anderson served as a member of the Admissions and Credentials Committee and as an Examiner from 2015 to 2016. He was Central District President in 2017 and joined the Board of Trustees of the AAID in 2019 as the Central District Trustee. He currently serves on the Legal Oversight Committee and the Diversity and Inclusion Task Force.

Dr. Anderson practices dentistry in Findlay, OH and in 2016 he was appointed by then Ohio Governor, John Kasich to the Ohio State Dental Board where he served until 2019.

Dr. Anderson has stated that his "vision for the AAID is to always put education as our primary goal for our members. We must stay on the leading edge of education. Implant dentistry is forever evolving, taking us in new directions in pursuit of what offers our patients the best care, the best outcome and ultimately the best long-term success. We as an organization must always adjust our path to remain on course of what tomorrow will bring us."

The AAID Foundation Seeks Donations for 2022 Silent Auction

For decades, AAID members, exhibitors, and sponsors have supported the AAID Foundation's mission of furthering the science of oral implantology and the delivery of implant care through the Foundation's charitable efforts.

The biggest fundraiser of the year is quickly approaching! The AAID Foundation Board is preparing for the 2022 Silent Auction, which will be held in conjunction with the AAID Annual Conference at the Hilton Anatole in Dallas, Texas, September 21 to 24, 2022. Generous donations to this auction have assisted the Foundation in raising more than $1,000,000 to support research grants and student scholarships and *Smile*, Veteran!™ programs.

AAIDF
AMERICAN ACADEMY OF IMPLANT DENTISTRY FOUNDATION

Now is the time to donate an educational program, MaxiCourse®, implant materials, instruments, vacation packages, tickets to major sporting events, and more.

To donate, email foundation@aaid.com with the subject line "Auction" or call (312) 335-1550 with questions. The Foundation will accept donations until September 1, 2022.

Smile VETERAN™
AN AAIDF PROGRAM

ZERO IN ON ZERO COMPLICATIONS

SEPTEMBER 21–24

How to prevent complications by zeroing in on the challenges

Options

AAID
AMERICAN ACADEMY OF IMPLANT DENTISTRY

Choose from more than 70 different courses that cover implantology to abutment to zygomatic process during the AAID 2022 Annual Conference to be held in Dallas, Texas, from September 21 through September 24.

Check out your options from the Main Podium programs, Hands-on/Participation Courses, Seminars, All-Star presentations, and Team track programs. Register by the Early Bird Deadline of July 25, 2022, and save.

Abound

at AAID Annual Conference in Dallas

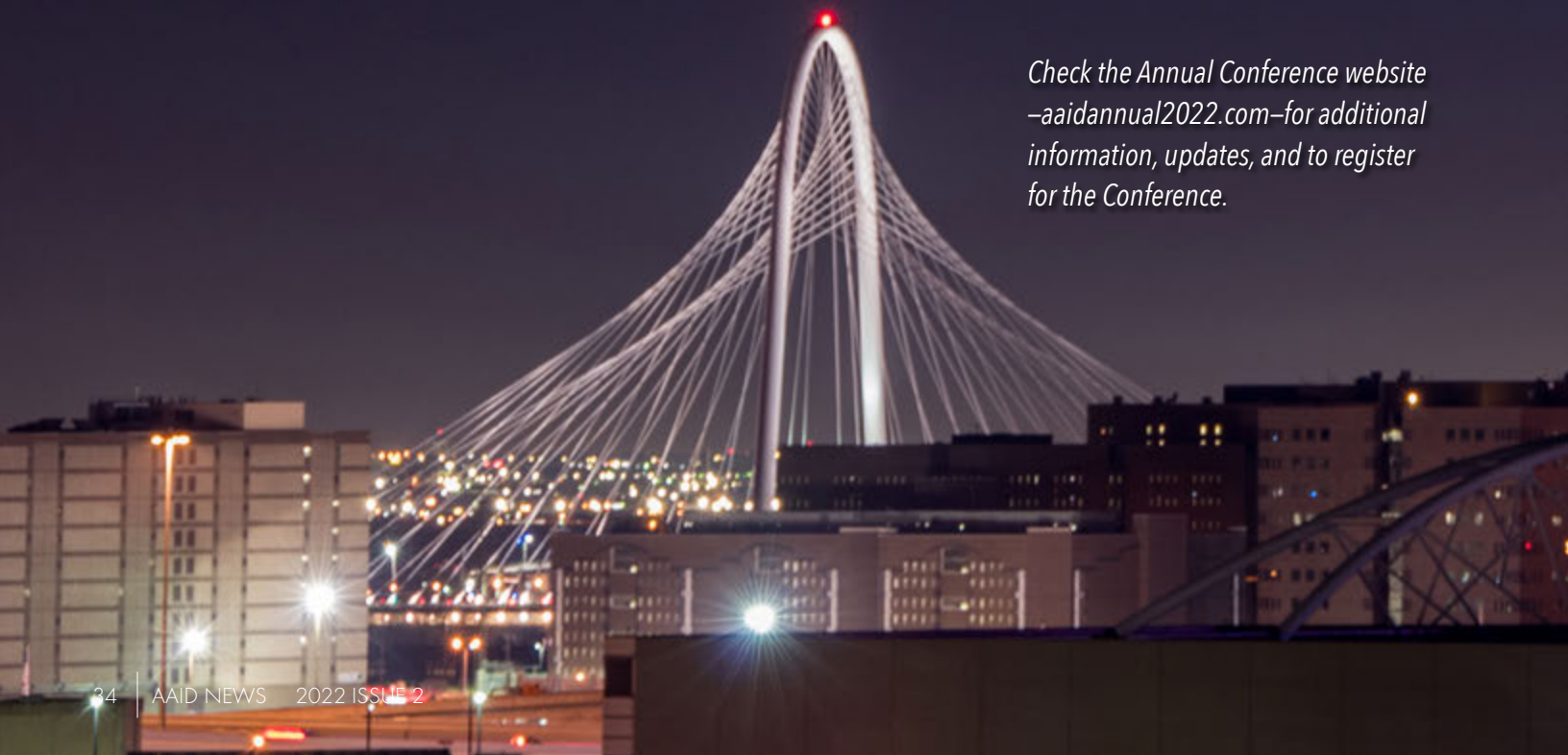
Top Reasons to Attend

- *Implant dentistry from abutment to zygomatic*
- *Earn 40+ AGD PACE / ADA CERP credits*
- *Choose from 27 hands-on workshops and 24 seminars*
- *Programming for all education levels*
- *Toast at the "Denim & Diamonds" President's Celebration*

In addition to the education and networking, the in-person registration fee for doctors includes breakfasts and lunches, refreshment breaks twice daily, two receptions, and a ticket to the President's Celebration Reception and Dinner. You also receive access to the many presentations that will be available after the conference for on-demand viewing.

If you can't attend in person, choose the All- Access Virtual Experience. While you have to provide your own breakfast, lunch, and refreshments and you miss the in-person interaction, you still can earn CE credits and learn more about implant dentistry at the time and place of your choosing.

Check the Annual Conference website –aaidannual2022.com–for additional information, updates, and to register for the Conference.



SCHEDULE AT A GLANCE

TUESDAY
SEPTEMBER 20, 2022

4:00 PM – 7:00 PM CT
Registration

WEDNESDAY
SEPTEMBER 21, 2022

7:00 AM – 8:00 PM CT
Registration

7:00 AM – 8:00 AM CT
Breakfast

8:00 AM – 12:30 PM CT
Main Podium Programs
In Person and Livestream

10:00 AM – 10:30 AM CT
Networking Break

12:00 PM – 1:00 PM CT
Lunch

1:30 PM – 5:30 PM CT
Wednesday Afternoon
Workshops & Seminars

1:30 PM – 6:00 PM CT
Main Podium Programs
In Person and Livestream

3:30 PM – 4:00 PM CT
Networking Break

6:00 PM – 8:00 PM CT
Welcome Reception

THURSDAY
SEPTEMBER 22, 2022

7:00 AM – 7:00 PM CT
Registration

7:00 AM – 8:00 AM CT
Breakfast

8:00 AM – 12:00 PM CT
Thursday Morning
Workshops & Seminars

8:00 AM – 5:30 PM CT
Main Podium Programs
In Person and Livestream

THURSDAY (continued)
SEPTEMBER 22, 2022

8:00 AM – 5:30 PM CT
Dental Implant Team Network:
General Sessions

9:30 AM – 7:00 PM CT
Implant World Expo

10:00 AM – 11:00 AM CT
Networking Break

12:00 PM – 1:30 PM CT
District Caucus Events

12:00 PM – 1:30 PM CT
Lunch with Exhibitors

1:30 PM – 5:30 PM CT
Thursday Afternoon
Workshops & Seminars

3:30 PM – 4:30 PM CT
Networking Break

5:30 PM – 7:00 PM CT
Implant World Expo
Reception

FRIDAY
SEPTEMBER 23, 2022

7:00 AM – 5:30 PM CT
Registration

7:00 AM – 8:00 AM CT
Breakfast

8:00 AM – 12:00 PM CT
Friday Morning
Workshops & Seminars

8:00 AM – 5:30 PM CT
Dental Implant Team Network:
Administrative Track

8:00 AM - 5:30 PM CT
Dental Implant Team Network:
Dental Assistant Track

8:00 AM - 5:30 PM CT
Dental Implant Team Network:
Dental Lab Track

8:00 AM – 5:30 PM CT
Dental Implant Team Network:
Hygiene Track

FRIDAY (continued)
SEPTEMBER 23, 2022

8:00 AM – 5:30 PM CT
Main Podium Programs
In Person and Livestream

9:30 AM – 5:30 PM CT
Implant World Expo

10:00 AM – 11:00 AM CT
Networking Break

12:00 PM – 1:30 PM CT
ABOI/ID Diplomate Induction Lunch

12:00 PM – 1:30 PM CT
Lunch with Exhibitors

1:30 PM – 5:30 PM CT
Friday Afternoon
Workshops & Seminars

3:30 PM – 4:30 PM CT
Networking Break

3:30 PM – 4:30 PM CT
Table Clinics

5:30 PM – 6:30 PM CT
Dental Team Network Reception

5:30 PM – 6:30 PM CT
Women in Dentistry Reception

SATURDAY
SEPTEMBER 24, 2022

7:00 AM – 12:00 PM CT
Registration

7:00 AM – 8:00 AM CT
Breakfast

8:00 AM – 12:00 PM CT
Main Podium Programs
In Person and Livestream

8:00 AM – 12:00 PM CT
Saturday Morning
Workshops & Seminars

10:00 AM – 11:00 AM CT
Networking Break

2:00 PM – 4:00 PM CT
AAID Business Meeting

6:00 PM –12:00 AM CT
President's Reception & Celebration

Main Podium Programs

Top presenters, outstanding implantologists, and complete coverage of how to prevent complications by zeroing in on the challenges make the Main Podium programs the headliner of the AAID Annual Conference. Attend in person or stream later while participating in some of the other offerings–it's your choice!

Debate 1: Guided vs. Free-hand

Justin Moody, DDS, AFAAID, FAAID, DABOI/ID, and Nathan Glenn, DDS, AFAAID

Over the past decade, implant surgical planning and placement have benefited from dental implant technology, allowing guided implant placement to become more widely utilized. With any new technology, there are some limitations to conventional freehand implant placement, such as proprioceptive bone density recognition and the inability of less experienced surgeons to handle guide inaccuracies. This presentation will give a point-counterpoint to the advantages of guided vs free-handed implant surgical placement.

Debate 2: The Risks and Benefits of Immediate vs. Delayed Implant Therapies

George Arvanitis, DDS, FAAID, DABOI/ID, and JB White, DDS

This lecture will help attendees understand the reasons why delayed implant placement is sometimes the preferred treatment option, the pros and cons of delayed implant placement, and how to profitably perform delayed placement treatments.

After attending the presentation, the attendee should be able to:

- Understand the reasons why delayed implant placement is sometimes the preferred treatment option
- Learn the pros and cons of delayed implant placement
- Understand how to profitably perform delayed placement treatments

Debate 3: Zygomatic vs. Sinus Lift

Jose Pedroza, DMD, MSC, and Alvaro Gracia, DDS, FAAID, DABOI/iD

As implant dentistry becomes more mainstream, more patients with severe maxillary resorption are seeking fixed treatment. Although technology has allowed for the development and placement of zygomatic implants, the surgery is challenging and possible complications can be difficult to correct. For years, regenerative technology development has allowed for safe and predictable bone sinus grafting, notwithstanding morbidity and prolonged treatment times. This debate will discuss the pros and cons of zygomatic implant placement vs. sinus augmentation to restore the severely resorbed maxillary arch.

Debate 4: Titanium Implants vs. Zirconia Implants

Aman Bhullar, DMD, DABOI/ID, and Paresh Patel, DDS

Titanium dental implants have been the standard of root form implant placement since they were introduced more than four decades ago. Concerns with titanium host allergic response and esthetic issues have initiated alternative materials. Newer technology with the development of zirconia dental implants has propelled their utilization into the forefront of implant esthetic dentistry. This presentation is designed to inform the attendee of the advantages and disadvantages of titanium vs. metal-free implants.

Avoiding and Managing Maxillary Sinus Lift Complications

Suheil Boutros, DDS, MS, FAAID, DABOI/ID

Maxillary sinus augmentation is a predictable surgical procedure to regenerate bone for implant placement in the posterior maxilla. Obtaining a pre-operative CT is essential for modern sinus surgery, since the anatomy of the maxillary sinus, surgical techniques, and the biomaterials used in the sinus augmentation could impact complications. Patients with pre-existing sinusitis are poor candidates for sinus lift until such conditions are dealt with. This presentation will describe potential intra and post-operative complications and the ways to prevent them and manage them when they occur.

After attending the presentation, the attendee should be able to:

- Identify patients at high risk of complications for sinus augmentation
- Discuss possible intra- and post- operative complications and how to manage sinus surgery complications, including sinus infection and the treatment of sinus graft infection
- Describe sinus lift limitations and contraindications and the indication for short implants

The Smile Business Formula

Christian Coachman, DDS, CDT

Digital has been one of the main topics in dentistry for a while, but the question remains: how to implement these technologies to allow professionals to enjoy the benefits and get the return on investment? How can digital processes become the best and most realistic way of performing dental treatments? Better quality of care and

financial results with less stress are the ultimate goals; however, individual technologies without systems mean little. Systems without routine also mean little. Effective results happen through the construction of complete smart systems and not with fragmented sophisticated tools. This lecture will summarize the presenter's 10 years of experience as a consultant for companies and clinics, including information about the implementation challenges of effective systems. The presenter will address the strategies that, from his perspective, can overcome these challenges and create real, modern, and technological dental clinics, truly transforming the patient experience, team behavior, and the comprehensive treatment outcomes.

After attending the presentation, the attendee should be able to:

- Learn the realistic advantages of adopting technologies and the investment gap of opportunity
- Understand the key motivators to embrace change and generate perceived value and differentiation with new trends
- Discover where the bottleneck of digital implementation lies and build efficient and smart systems

Management of the Terminal Dentition–Graftless Solutions, Myths, and Realities: Diagnosis and Treatment Planning Protocols for a Predictable Outcome

Saj Jivraj, BDS, MS

Graftless solutions to treat the edentulous patient have become mainstream in the dental world. The advantages of this procedure are speed, reduction in surgical procedures, and the ability to provide the patient with fixed permanent teeth the very same day. There are many misconceptions related to this procedure, which may result in a compromised end result. The purpose of this course is to critically review the All-on-4®, and present solutions to the misconceptions that exist. The speaker will discuss rationale for alveolectomy, occlusal considerations in full-arch implant rehabilitations, biomechanics of prosthesis design, the importance of the immediate load provisional restoration, and how digital planning can assist in delivery of care.

After attending the presentation, the attendee should be able to:

- Learn the rationale for alveolectomy, including when to conserve and when to remove bone
- Understand occlusal considerations in full-arch implant rehabilitations, specifically science vs. dogma
- Learn the biomechanics of prosthesis design with a discussion on cantilevers and crown/implant ratio

Full-Arch Planning and Stress Control in Implant Dentistry

Mo Koutrach, DDS

This presentation focuses on the treatment plan for a complete arch implant prosthesis, focusing on the biomechanical principles inside the oral cavity and the differences between dental implants and natural teeth during occlusion. Attendees will also learn the most appropriate design for the implant prosthesis to minimize the incident of peri-implantitis. Finally, the audience will learn how to decide when to perform removable implant prosthesis versus fixed ones for their patients.

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Main Podium Programs

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After attending the presentation, the attendee should be able to:

- Decide whether fixed or removable implant prothesis is more appropriate for patients
- Choose the appropriate dental materials and designs for their implant prosthesis
- Choose the best occlusal scheme for implant cases

Bone Augmentation for Dental Implant Placement: Can Biologics Such as PRF, rhBMP-2, and rh-PDGF-BB Improve Outcomes and Replace the Need for Autograft?

Craig Misch, DDS, MDS

There are several techniques and materials available for implant site development. The choice may depend on a number of factors including size of the defect, osseous morphology, costs, and surgeon or patient preferences. Autogenous bone has long been considered the gold standard of graft materials. The trend today is to reduce patient morbidity but still provide predictable outcomes. This lecture will discuss the use of various methods for hard-tissue augmentation using both autogenous bone, bone substitutes, autologous growth factors, and exogenous growth factors.

After attending the presentation, the attendee should be able to:

- Understand the biologic basis of bone regeneration
- Understand how bone defect morphology influences bond formation
- Review the use of existing growth factors, including PRF, rhBMP-2, and rh-PDGF-BB

Zygomatic and Pterygoid Implant Utilization in Full-Arch Dental Implant Treatment

Dan Holtzclaw, DDS, MS

In this lecture, you will learn the indications for zygomatic and pterygoid implants for full-arch dental implant treatment. Participants will understand anatomy pertinent for the placement of zygomatic and pterygoid dental implants, as well as possible complications of zygomatic and pterygoid dental implant treatment.

After attending the presentation, the attendee should be able to:

- Learn the indications for zygomatic and pterygoid implants for full-arch dental implant treatment
- Learn anatomy pertinent for the placement of zygomatic and pterygoid dental implants
- Learn possible complications of zygomatic and pterygoid dental implant treatment

Immediate Implants, Socket Shield, Partial Extractions

Howard Gluckman, BDS, PhD

The loss of teeth will lead to resorption of the buccal plate with its resultant need for extensive augmentative procedures (both bone and soft tissue) as well as the risk of poor long term aesthetic stability. Partial extraction therapies (PET) are techniques that allow us to maintain the buccal bone plate and hence prevent the collapse of the alveolar bone creating a platform for ideal soft tissue and bone which is stable in the long term. This is a greater problem in the esthetic areas. This lecture will take you through the different

options with regards to immediate implant placement, as well as the most cutting edge PET in a step-by-step fashion.

After attending the presentation, the attendee should be able to:
- Learn partial extraction therapies
- Understand socket shield technique
- Learn rotated palatal flap and suture techniques

Impact of Medical Comorbidities on Implant Therapy
Husom Batal, DMD

In this lecture, attendees will understand how different medical comorbidities affect implant therapy outcomes, as well as how to modify treatment to decrease risk and improve outcomes. Also, attendees will learn how to review patient-centric risk factors and how to better understand patients' risks.

After attending the presentation, the attendee should be able to:
- Understand how different medical comorbidities affect implant therapy outcome
- Learn how to modify treatment to decrease risk and improve outcomes
- Review patient-centric risk factors and how to better understand patients' risks

Anterior Esthetics Surgery in Implant Dentistry
Sebastiano Andreana, DDS, MS

The presentation will focus on anterior esthetics surgery in implant dentistry. The rationale and the indications will be presented. Several techniques will be showed illustrating clinical cases, including vascularized interpositional periosteal connective tissue grafts, connective tissue grafting, and free gingival grafting, with the purpose of increasing anterior esthetics of soft tissue on implants. The presentation will use illustrated data from the literature to support the different techniques.

After attending the presentation, the attendee should be able to:
- Distinguish different rationale for soft tissue grafting in the anterior zone for esthetics surgery
- Learn different surgical techniques for anterior esthetics surgery
- Implement different techniques, including vascularized interpositional periosteal connective tissue grafts

How to Avoid Implant Failures
Hilt Tatum, DDS, FAAID, DABOI/ID
For complete information about this course, please visit aaidannual2022.com.

Digital vs. Analog Workflow and Surgery Guides
Ghadeer Thalji, DDS, PhD
For complete information about this course, please visit aaidannual2022.com.

Review of Current and Past Implant Prosthetic Materials, Connections, and Restorations– Solutions to Minimize Short- and Long-Term Complications
Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Practitioners have a plethora of options when it comes to implant prosthetic choices. The explosion of technologically driven materials has flooded the clinical practice of implant dentistry. The combinations sometimes can be cost prohibitive or confusing. Ultimately, the clinician often relies on the lab's expertise to help them with the cases. A scientific basis and clinical rationale should be the guiding factors to choose one biomaterial over the other. Factors such as strength, durability, stability, and integrity will be discussed to provide some clarity on biomaterials like acrylics, polymers, ceramics (including zirconia), and combinations with titanium and other alloys. Causes of failures along with an algorithm to avoid such failures will be elaborated.

After attending the presentation, the attendee should be able to:
- Understand the various prosthetic bio materials used in implant dentistry
- Prescribe the optimal restorative choice based on biological and technical factors
- Choose the right workflow to amalgamate digital and analog interfaces

Updates in Digital Impressioning and CAD-CAM for the Implantologist
Michael Scherer, DMD, MS

This program includes the latest updates in digital dentistry technology from scanners, 3D printers, milling machines, and much more. This program aims to be a review of digital workflows and technologies, focusing on what works and what is still considered emerging technology. Dr. Scherer aims to dispel fact from fiction and emphasis is placed on clinical applications for the implantologist and workflows that work well in the author's clinical practice.

After attending the presentation, the attendee should be able to:
- Understand the role of intraoral scanning in implantology
- Gain exposure to 3D printing, milling, and CAD/CAM technology
- Recognize the role of in-office CAD-CAM workflows specific for the implantologist

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VISIT THE ANNUAL CONFERENCE WEBSITE.


POLICE

Main Podium Programs

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Full-arch Model-less Digital Workflow Utilizing Intra-oral Scanning and Photogrammetry for an Immediate Temporization Utilizing Chair-side Printing With a Composite Resin

Joe Leonetti, DMD, FAAID, DABOI/ID, and Joe Mehranfar, DDS

This discussion on full-arch reconstruction for a digital model-less workflow will also include the role of CBCT imaging, diagnosis, and implant treatment planning. This presentation will review pre-operative, intra-operative, and post-operative phases of the full-arch procedure. In addition, learn about photogrammetry, intra-oral scanning, and chairside printing.

After attending the presentation, the attendee should be able to:

- Learn about digital equipment and software in implant dentistry
- Understand the digital workflow for full-arch digital dentistry
- Learn about merging conventional and digital technologies when fabricating a full-arch, implant-supported prosthesis

An Approach to Step-by-Step Interpretation of Cone-Beam Computed Tomography That Helps Determine the Next Best Step in Patient-Centered Care

Aruna Ramesh, BDS, DMD, MS

The presentation will outline a general overview of CBCT technology, how it is similar and different from medical CT, and provide radiation safety and dose considerations. This will be followed by case discussions that adhere to a systematic approach to description of imaging features using consistent radiographic terminology, categorization of the abnormalities followed by generation of differential diagnosis. The final step, based on the above, is determining the "next best step" for the patient. The case discussions are designed to be interactive through engagement of the participants.

After attending the presentation, the attendee should be able to:

- Review CBCT technology and basic principles
- Understand the clinical applications of CBCT and systematic interpretation of CBCT data
- Compare conventional CT and CBCT, and radiation dose considerations

Implant-Related Complications: Mandible

Len Tolstunov, DDS, DMD

Implant location plays a very important role and mandible will be examined from the risk-benefit ratio in terms of implant success and failure. Bleeding and nerve injuries will be examined as possible risks of mandibular implant surgery in anterior and posterior mandible. Implant success will be defined as a dynamic process related to the host's health, as well as local factors, including bone and soft tissue quality around the implant, implant design, and maintenance protocols.

After attending the presentation, the attendee should be able to:

- Analyze implant failures by quadrant: location, location, and location
- Understand anterior mandible and risks associated with implant surgery with this location
- Understand posterior mandible and risk associated with implant surgery in this location

Peri-implantitis: Save or Remove the Implant?

Hom-Lay Wang, DDS, MS, PhD

Treatment of peri-implantitis defects is unpredictable and has become a major challenge for many dentists who placed implants. At this moment, no standard protocol available to figure out how to predictably treat this emerging problem. One of the main challenges is to determine if the affected implants can be saved or not. This presentation provides the decision tree and rationales about why some implants deserved to be saved and some may be better to be removed. Cases will be shown throughout the presentation to illustrate the concept.

After attending the presentation, the attendee should be able to:

- Learn how to properly use decision tree to determine when to save or to remove peri-implantitis affected implants
- Know the pros and cons of either saving or removing peri-implantitis affected implants
- Learn how to properly apply regeneration surgical procedure to save peri-implantitis affected implants

Main Podium Programs

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Salvaging the Failing Full-Arch

Ramsey Amin, DDS, FAAID, DABOI/ID

The wave of failing full-arch dental implant cases has sadly already arrived. In this fast-paced, multimedia presentation, a multitude of unique ways to salvage the failing full-arch will be presented. This will include when to try to save existing implants or when to remove and redo. Options for grafting and creating a "slow failure" will also be discussed. Explantation methods and implant fixture submergence will be discussed, as well. An array of prosthetic and surgical complications will be presented and how to rescue these types of cases! Keeping the patient in a fixed prosthesis throughout treatment will be a focus of the presentation. The full spectrum of remote anchorage implants will be discussed, such as pterygoid, zygomatic, trans-nasal, trans-sinus, vomer, and piriform rim. Nerve reposition, nerve bypass, and techniques where implants are purposely placed outside of the alveolar housing will also be shown. These clinical pearls will help in management for the novice or expert implantologist.

After attending the presentation, the attendee should be able to:

- Understand whether to keep or explant existing implants/abutments for a failing full-arch implant case
- Be able to identify a revision vs. a complete redo of a failing full-arch implant case
- Learn how to determine if a case can be saved using remote anchorage implants, grafting, and/or alveoloplasty

Keynote: Are You Relevant? Grasping the Realities of an Evolving Practice, Business, and Societal Need

Gary F. Grates, MS

The world is changing rapidly driven by technology and the resulting impact on expectations, beliefs, and opinions. For the practice of dentistry--specifically implant dentistry--the growing need for technology, safety, comfort, and results is a moving target. This 50-minute presentation will approach the future from the perspective of Relevance or your ability to evolve quickly and clearly with your customers, your community, and your profession by recognizing the digital, social, and analytic methods necessary to grow. Key focus areas include:

– The shifting comprehension of dentistry as part of well-being
– The invisible discussions affecting reputation
– Employing new methods of engagement
– Humanizing your practice for long-term relationship-building
– Understanding relevance as a business necessity

The goal of the discussion will be to encourage new thinking, generate strong insights, and prepare attendees with the ability to shape their respective futures.

After attending the presentation, the attendees should be able to:

- Understand the shifting comprehension of dentistry as part of well-being and the invisible discussions affecting reputation
- Learn how to employ new methods of engagement and how to humanize your practice for long-term relationship-building
- Encourage new thinking, generate strong insights, and leave with the ability to shape the future

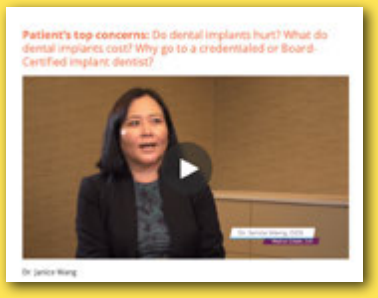
Did you know...

AAID has a website for patients to provide them with resources to support them on their dental-implant journey?

AMERICAN ACADEMY OF IMPLANT DENTISTRY

Add **aaid-implants.org** to your website resources so your patients can learn more.

Videos



Patients Questions Answered

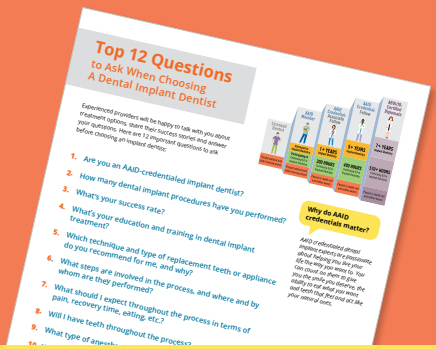
Ask a Dental Implant Expert

AAID Credentials Explained

Blog Posts

Patient Information Brochures

Patient Information Checklist



Explainer Videos

Quizzes

Eat, laugh, live again!

DENTAL IMPLANT AWARENESS MONTH

Watch for emails in early summer regarding Dental Implant Awareness Month information.

To make dental implant information more accessible for you and your patients, add **AAID-IMPLANT.ORG** to your website today.

Hands-on Participation Courses

AAID is known for offering practical, participation courses that allow attendees to learn by doing. The 2022 Annual Conference is no exception, offering 28 different hands-on courses. Space is limited and these courses fill up quickly. At only $249 for a half-day course, the early bird rate is an exceptional value to learn new skills or enhance existing ones.

Dynamic 3-D Navigation (X-Guide) for Implant Positioning and Placement: Includes Planning, Software, Full-Arch Protocols, Component Fabrication, Temporization, and Hands-On Workstations

Ira Goldberg, DDS, FAAID, DABOI/ID

There are many tools available to place dental implants with accuracy: Free-hand, partially guided, fully guided, robotics, stackable guides, and static guides are some examples. X-Guide is a Dynamic 3-D navigation system that combines the versatility of free-hand techniques with the accuracy of GPS. Whether you need to place a single implant, multiple implants, or perform a full-arch case with alveloplasty, versatility and accuracy are the names of the game. X-Guide allows you to do this. Temporization for full-arch cases is simplified. Ideal spacing between implants is improved. Planned implant angulation and positioning is maintained. Better A-P spread can be achieved. Patient home care accessibility can be provided. Limited visibility and limited accessibility cases are also simplified. This session will allow the attendee to understand how Dynamic 3-D Navigation allows for this accuracy and versatility, and be able to compare-and-contrast their own experiences with other techniques and technologies. You will have the opportunity to plan implants with the software, fabricate an X-Clip which is a key component to the system, have the chance to drill into a model and experience the system in real time, and evaluate a full-arch case with temporization.

After attending the course, the attendee should be able to:

- Compare static guides, stackable guides, and free-hand surgery to dynamic 3-D navigation for implant placement (single implants, multiple implants, and full-arch scenarios)
- Plan implant positioning with intuitive and user-friendly software
- Experience hands-on implant placement, as well as fabricate an "X-Clip"

The Modern Clinician: The Role of Digital Dentistry in Comprehensive Interdisciplinary Dentistry

Virgilio Gutierrez, DDS

Protocols that increase efficiency in clinical workflows, eliminate inconsistencies in clinical outcomes, and bring predictability to clinical excellence for our patients are simplified through the integration of digital dentistry. The interdisciplinary approach of dealing with comprehensive challenging cases for specialists and GPs is defining the modern clinician, and digital technology is leading the way. The empowerment of clinicians to further their understanding in being a solo "one-stop shop," interdisciplinary clinician or group practice is changing the way we are able to treat our patients and communicate with our colleagues. The ultimate goal for clinicians is to attain control of every aspect of their clinical work; digital dentistry is paving the way to help clinicians achieve that goal.

After attending the course, the attendee should be able to:

- Understand the value and power of integrating digital dentistry into every day workflows
- Identify and learn protocols for key components of technology used in digital dentistry, such as clinical photography, intra-oral scanning, 3D facial scanning, smile design concepts/planning center, and 3D printing and milling used in digitally driven perio and implant surgeries
- Understand and determine how each piece of technology in digital dentistry is used and how it can be integrated into any in-office digital workflow in order to facilitate and improve clinical excellence

Analog vs. Digital

Justin Moody, DDS, FAAID, DABOI/ID

For complete information about this course, please visit aaidannual2022.org.

Full-Arch, Guided, Immediate Load Cases

Bart Silverman, DMD, FAAID, DABOI/ID

Almost one-half of all adults in the United States have missing teeth, and approximately 37 million are edentulous. Placing four to six implants and immediately loading with a fixed denture is a viable and predictable treatment option. A scientific-based, step-by-step technique, including treatment planning, workup, surgical guide fabrication, implant placement, and restorative conversion of a premilled prosthesis will be discussed. This course will include a hands-on portion, during which participants will place implants on models using their own guided surgical stent, as well as learn and perform the steps necessary for a full-arch denture conversion of a digitally premilled prosthesis. Laboratory fees, setting cost, and marketing will also be discussed.

After attending the course, the attendee should be able to:

- Identify the ideal full-arch patient and obtain proper dental records using a digital workflow
- Understand CBCT-based, fully guided surgery with guided prosthetics and full-arch treatment planning in contrast to an analog method
- Acquire the knowledge of an efficient, scientific-based approach to full-arch implant dentistry and learn the benefits of full-arch, immediate loading

Digital Workflows for Restoring Full Arch

Daniel Domingue, DDS, FAAID, DABOI/ID

Full-arch planning for both surgical and restorative concepts needs to be simplified. Everything from treatment planning, case presentation, and implement both phases of treatment (surgical and prosthetic) can be simplified if you keep in mind cost considerations, how to deal with complications, etc. Learn ways to generate thick, attached tissue around implants without grafting, and even discern which type of full-arch restoration is best for a given patient's situation. We will review useful technologies for carrying these cases out in-house to increase long-term predictability/success using digital workflows.

After attending the course, the attendee should be able to:

- Understand treatment planning aspects in full-arch rehab
- Learn full-arch reconstruction concepts and immediate loading protocols
- Review useful technologies for handling these cases in-house

Autologous Platelet Concentrates for PRF/CGF and the BABE Graft

Jason Kim, DDS, MDS, FAAID, DABOI/ID

The use of biologics is increasingly becoming a part of clinical dentistry, improving healing and maturation in both hard- and soft-tissue surgeries. With the use of autologous platelet concentrates, particulate bone graft material can be converted to a biologically activated, bone-enhanced (BABE) graft complex. This program will introduce the clinical benefits of using PRF/CGF to enhance grafting procedures. This graft complex is now modified with growth factors and allows for graft stability, and easy handling and allows for better predictability for long-term success for our patients' benefit. Case presentations will be discussed, followed by hands on exercises to prepare PRF/CGF membranes as well as the BABE graft.

After attending the course, the attendee should be able to:

- Understand how to simplify grafting procedures with the use of PRF and the BABE graft
- Understand the clinical benefits of autologous platelet concentrates and how it allows for minimally invasive surgery
- Prepare PRF/CGF membranes as well as the BABE graft through hands-on exercises

Understanding the Biology of Guided Bone Regeneration and Choosing the Appropriate Biomaterials to Achieve Predictable Results in Alveolar Ridge Preservation

Thomas Nguyen, DMD, MS

The purpose of this presentation is to advance the understanding of soft and hard tissue preservation after tooth extraction for dental implants. We will cover the physiology of the alveolar ridge, as well as the biological principles of bone graft materials and membranes. This course will enable attendees to perform alveolar ridge preservation in a predictable way.

After attending the course, the attendee should be able to:

- Learn the rationale and indications for alveolar ridge preservation
- Understand the biology of bone graft material
- Understand material selection for sutures and membranes

Dental Pharmacology Applied to the Dental Implant Patient: Evidence-Based Considerations for Analgesics, Antibiotics, and Newer Medical Drugs Affecting Implant Patients

Art Jeske, DMD, PhD

This presentation focuses on the impact of selected medical drugs (e.g., biologic agents) on the dental implant patient and the safe and effective use of opioid and non-opioid drugs for the control of acute postoperative pain from an evidence-based perspective. Additionally, the course will explain the evidence-based role of antibiotics in the management of orofacial infections, along with current evidence-based considerations for the use of antibiotic prophylaxis prior to dental treatments. Topics will be summarized with appropriate prescriptions of various drugs for the management of pain and the treatment and prevention of dental infections.

After attending the course, the attendee should be able to:

- Understand the impact of newer medical drugs (e.g., monoclonal antibodies and anti-resorptive drugs) on dental implants and dental implant patients
- Apply safe and effective pharmacologic strategies for the management of acute postoperative pain
- Review the evidence-based indications for antibiotics for dental infections and antibiotic prophylaxis prior to dental procedures

Free Gingival and Connective Tissue Versus Allograft and Xenograft

Suheil Boutros, DDS, MS, FAAID, DABOI/ID

The program will describe the difference between free gingival grafts and connective tissue grafts. Step-by-step harvesting techniques will be shown. The timing of gingival grafting during implant therapy will be highlighted and discussed. The hands-on workshop will demonstrate how to harvest the gingival graft from the donor site and how to prepare the recipient site. The suturing techniques will be demonstrated step-by-step on a pig jaw.

After attending the course, the attendee should be able to:

- Demonstrate the difference between free gingival graft and connective tissue graft including the harvesting techniques on a pig jaw
- Describe the difference in the suturing techniques when performing gingival grafts vs. allografts
- Discuss treatment complications and how to prevent and manage them

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Hands-on Participation Courses

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Anterior Implant Soft-Tissue Esthetics

JB White, DDS

The striving dentist is aiming for tooth replacement strategies that mimic nature and are undetectable even to the most discerning patients. The challenge is developing the soft tissue around implants prior to the impression or scan, capturing it for the lab without it quickly distorting, knowing how to evaluate the model for abutment selection, and delivering an abutment and crown that has both an ideal pink esthetic score and white esthetic score. In this workshop, a brief presentation on the why and how will be given, followed by participants placing a central incisor implant, fabricating a screw-retained provisional with ideal contour, transferring that contour to a tabletop analog, and then fabricating a screw-retained, custom impression coping with the contour of their provisional.

After attending the course, the attendee should be able to:

- Fabricate a screw-retained implant provisional restoration with ideal contour to sculpt soft tissue emergence profile
- Understand how to predictably transfer a patient's soft tissue profile to the laboratory technician by means of a screw retained custom impression coping, which mimics the contour and emergence profile of their provisional restoration
- Communicate with their dental lab in regards to the soft tissue profile, the management of the soft tissue on the working model, the custom abutment options that exist, and the selection criteria for esthetic and functional success

Grafting With Intent: Your Guide to Predictable Guided Bone Regeneration

Frank Caputo, DDS, FAAID, DABOI/ID

This lecture will diagnose alveolar ridge deficiencies and develop an appropriate treatment plan to facilitate a proper implant restoration. Attendees will choose regenerative materials (graft material and barrier membrane) with confidence in knowing the scientific properties of respective materials. At the end of this lecture, attendees will understand how to surgically execute alveolar ridge augmentation in a predictable way, and how to handle the most common complications.

After attending the course, the attendee should be able to:

- Diagnose alveolar ridge deficiencies and develop an appropriate treatment plan to facilitate a proper implant restoration
- Choose regenerative materials (graft material and barrier membrane) with confidence in knowing the scientific properties of respective materials
- Surgically execute alveolar ridge augmentation in a predictable way, and understand how to handle the most common complications

Allographic Block Graft for Horizontal Ridge Defect

Joe Leonetti, DMD, FAAID, DABOI/ID

The use of allograph block for implant site development in sites with horizontal ridge deficiency will be the focus of this presentation. The lecture will be followed by a hands-on workshop. Attendees will have the opportunity to perform the allograph block graft procedure on anatomic models, including site preparation, screw fixation, and closure of soft tissue. Participants will be provided instrumentation and materials for the workshop.

After attending the course, the attendee should be able to:

- Understand different methods to perform a ridge augmentation
- Learn surgical techniques, including preparation of recipient site, contour and fixation of block allograph
- Learn post-operative management of graft site

Transcrestal Approach Sinus Augmentation: Overcoming Common Vertical Ridge Deficiency in Posterior Maxilla

Jehyun David Chong, DDS

In the posterior maxilla, residual bone height is limited by the presence of the sinus and often plays a key factor in the placement of dental implants. A sinus lift is the ideal approach (when evaluating an atrophic maxillary ridge with deficiency in vertical height) to build additional bone in order to place a solid and stable implant. The gaining popularity of the transcrestal sinus lift makes this option more accessible than ever. The transcrestal sinus approach to sinus lift surgery is a less invasive technique than traditional approaches of elevating the sinus membrane for dental implant placement in the maxillary region. New techniques and tools help the clinician to minimize perforation of the sinus membrane. Patients benefit greatly from the transcrestal sinus approach as this less traumatic method promotes a shorter healing time than lateral window approaches. This presentation provides an opportunity for participants to expand their knowledge base and clinical skills to allow for management of simple maxillary sinus cases. Through the use of lecture and participation activities, doctors will learn how to perform the transcrestal augmentation technique and build up bone in the posterior maxilla. Emphasis will be placed on simple and practical approaches to place dental implants simultaneously with sinus lift on flat or inclined sinus floor.

After attending the course, the attendee should be able to:

- Develop proficiency in the anatomy of the sinus
- Become familiar with the indications and contraindications of transcrestal approach sinus lift
- Learn the implications of minimal invasive methods to separate sinus membrane safely from the floor of the sinus via hydraulic lift

The Treatment of Inadequate Ridge Height

Stuart Orton-Jones, BDS

This course will focus on ways to correct the position of an alveolar ridge in one visit while maintaining the blood supply to the section being moved. This procedure may also be used to correct the position of implants. Each participant will learn the flap design, the procedure for sectioning the block to be moved, how to move, and secure the block and the final suturing technique for the procedure. The treatment of inadequate ridge height is one of the most unpredictable tasks in the treatment of ridge deficiency. There are several options available. The most common of the procedures available involves the use of bone blocks either taken from the patient or using irradiated bone taken from a donor. The bone blocks do not initially have a blood supply. There is tendency for tissue to breakdown over the block to occur resulting in bone exposure and partial loss of the graft. The use of particulate graft materials only succeeds if a framework is used to protect the graft during the maturation period as particulate grafts tends to move after being positioned. The Tatum Vascularised Sectional Osteotomy procedure involves the sectioning of the patient's ridge and movement of the section into the correct position. Mucosa over the bone block remains attached therefore the blood supply to the bone block is maintained during and after the procedure. The mucosa over the repositioned bone block is unlikely to break down exposing the bone block. This results in a lower risk of complications and a more stable result. The lecture content will cover in detail the step by step stages of the procedure. There will also be case presentations of several ridge repositioning procedures. The practical session will involve incision making, flap reflection, block sectioning, repositioning, and stabilization of the bone block using irradiated bone and finally the suturing technique for the procedure. This will be performed on specially designed models. All instruments and materials required for the procedure will be demonstrated.

After attending the course, the attendee should be able to:

- Develop an understanding of the clinical applications of clinical ridge repositioning procedure
- Learn how to diagnose and treatment plan ridge repositioning cases
- Understand how to perform clinically the ridge repositioning procedure including flap closure

Maximize the Use of Dental Lasers to Increase Surgical Skills for Implant Surgery

Edward Kusek, DDS, FAAID, DABOI/ID

In this course, clinicians will use erbium lasers for both soft and hard tissue with use of pig jaws. Attendees will also use a 10600nm CO2 laser for soft-tissue procedures to increase surgical skills. They will also perform numerous procedures and reproduce later.

After attending the course, the attendee should be able to:

- Learn how to use erbium lasers for both soft and hard tissue with use of pig jaws
- Utilize 10600nm CO2 lasers for soft tissue-procedures to increase surgical skills
- Perform numerous procedures today and replicate when they return to their offices

Step-by-Step Surgical Implant Overdentures for the Implantologist

Michael Scherer, DMD, MS

Curious about how to maximize surgical procedures for implant overdentures? This workshop reviews the step-by-step protocols for extraction cases, immediate loading, and site preparation for implant overdentures. Emphasis shall be placed on simple and predictable surgical procedures to maximize clinical productivity and streamline efficiency.

After attending the course, the attendee should be able to:

- Acquire knowledge and confidence in surgical and restorative procedures for implant overdentures
- Understand the role of implant overdentures in a implantology practice
- Become familiar with planning implant overdentures for future fixed restorations

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Hands-on Participation Courses

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Socket Preservation/Bone Grafting

Lawrence Nalitt. DDS, FAAID, DABOI/ID and Craig Aronson, DDS, FAAID, DABOI/ID

The usage of dental implants has gained acceptance as a mainstream treatment modality, and as such, the number of implants placed in patients is increasing dramatically. Many of these implant procedures are being performed by general dentists. It is no longer acceptable to just have an implant integrate, but esthetic excellence is now expected. One of the main considerations in achieving a favorable surgical and prosthetic outcome is the presence of abundant, if not adequate bone, in which to place the implant fixtures. It therefore behooves the clinician to preserve as much bone as possible during extraction of failed teeth. In addition to atraumatic extraction techniques, the placement of a socket preservation bone graft at the time of extraction is critical to maintaining the alveolar volume. This model-based workshop will introduce the clinician to many of the critical concepts, techniques, and materials necessary to competently provide these essential services. An introduction to atraumatic tooth removal and various instrumentations will be demonstrated. An analysis of the various classifications of extraction sockets will help the participants to understand the reasoning behind the selection of a particular grafting protocol. The myriad of available grafting products will be examined and the characteristics and rationale for each will be explained. The participants will be exposed to a variety of barrier membranes, their necessity, and properties of each. A demonstration of autologous platelet concentrate will be done and the use of PRF in grafting procedures explained. Several membrane fixation methods will be reviewed and demonstrated.

After attending the course, the attendee should be able to:

- Explain and understand the rationale for socket preservation grafting
- Understand various categories of grafting materials and indications for each
- Understand the need for barrier membranes and various types and indications for each

Suturing Workshop: Simple Techniques to Eliminate Complications

Michael Fioritto, DDS, FAAID, DABOI/ID

The number one complication for every implant and grafting procedure is incision line opening. In many instances, prematurely losing a suture may lead to patient discomfort, but in some cases, it may cause you to lose your graft and implant. This course is intended for doctors and staff unsure of which suture technique to use in different surgical situations. It will also review the pros and cons of different suture materials and sizes. The course will begin with a lecture to explain and demonstrate all of the techniques and rationale and conclude with a hands-on workshop.

After attending the course, the attendee should be able to:

- Understand which suturing techniques are appropriate for each case
- Learn the indications for suture material and size
- Improve techniques to eliminate complications

Ridge Split With Piezosurgery

Christopher Petrush, DDS, FAAID, DABOI/ID

The ridge split procedure can be an effective way to treat edentulous ridges with deficient horizontal width. A piezosurgery unit is a valuable part of an implant surgeon's armamentarium and can be used to facilitate a ridge split.

After attending the course, the attendee should be able to:

- Learn why the ridge split procedure can be an effective method to deal with inadequate horizontal bone width and how a piezosurgery unit can be an effective instrument for this procedure
- Understand how to select cases that are appropriate for a ridge split procedure
- Learn how to utilize the piezosurgery unit during a ridge split procedure

Full-Arch Restoration

Paresh Patel, DDS

This course will focus on guided full-arch implant placement and the use of multi units. Attendees will learn how to create impressions for a lab-fabricated PMMA provisional and a final zirconia full-arch bridge. The presenter will compare the advantages and disadvantages of fixed full-arch prostheses vs. implant overdentures and will review techniques for successful placement of full-arch prosthesis. Finally, attendees will learn how to identify key clinical and laboratory considerations.

After attending the course, the attendee should be able to:

- Learn when to consider fully guided implant placement
- Understand the use of multi-unit abutments to correct for angulation and tissue level prosthesis
- Learn the use of a PMMA provisional and the benefits of a zirconia final prosthesis

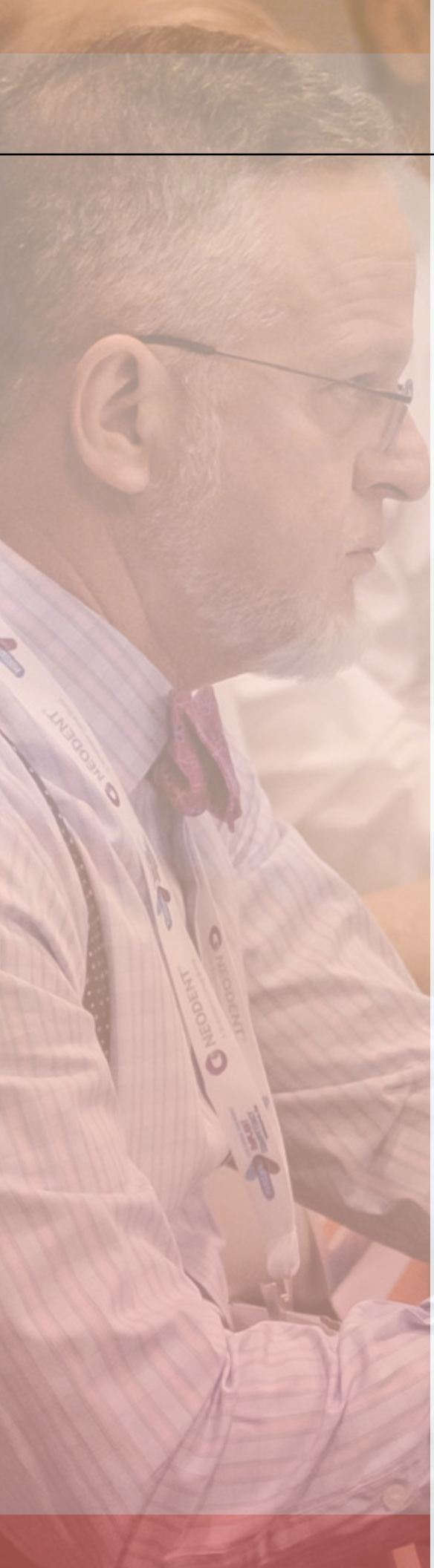
3D Printing In Implant Dentistry: Application From the Single Tooth- to Full-Arch Immediate Load With Hands-On Workshop Demonstration

Mark Bishara, DDS

Current applications of 3D printing in dentistry are evolving with increasing numbers of dentists bringing this technology in-house. The focus of this presentation will be on applications of 3D printing in implant dentistry, ranging from single-tooth to full-arch immediate load application. Case examples will be shown to illustrate the use of this technology, along with an in-person workshop demonstration.

After attending the course, the attendee should be able to:

- Understand applications of 3D printing in implant dentistry applications ranging from single tooth- to full-arch implant dentistry
- Understand the limitations in current technology and future trends in 3D printing
- Learn how 3D printing fits into a digital workflow for implant dentistry



Analogous vs. Digital Impression Techniques for Implant Dentistry: Which One Is Best?

Alvaro Gracia, DMD, FAAID, DABOI/ID

Knowing the different techniques to take impressions for osseointegrated implants resolves issues of inaccuracy and misfeeding of prostheses. Participants in this session will learn about analogous and digital impression techniques, how to select one or the other as appropriate, and how to transfer peri-implant soft tissue with the modified impression technique.

After attending the course, the attendee should be able to:

- Describe how to use analogous and digital impression techniques in implant dentistry
- Evaluate when to use either the analogous or impression technique, as appropriate
- Explain how to use the modified impression technique in the esthetic zone

Treating the Terminal Dentition of Multiple Implant-Supported Treatment Modalities/Locators vs. AOX vs. Crown and Bridge

Michael Wehrle, DDS, AFAAID

Treating patients with terminal dentitions can be the most challenging and rewarding cases in your practice. They should be life-altering for your patient—in a positive way! This course will review three different implant-supported solutions: crown and bridge, AOX utilizing the chrome guided implant system, and locators with overdentures. These techniques will allow you to make the happiest patients out of the worst dentitions in your practice.

After attending the course, the attendee should be able to:

- Learn how to utilize locators with overdentures to restore their patients with terminal dentitions
- Understand how to diagnose and properly plan how to perform an AOX procedure utilizing the chrome guided implant system to restore their patients with terminal dentitions
- Learn how to utilize crown and bridge to restore their patients with terminal dentitions

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Choose from 28 hands-on/ participation courses.

SEE MORE INFORMATION.

Hands-on Participation Courses

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Full Facial Esthetic Implant Treatment

Mike Calderón, DDS, DABOI/ID

This overview will demonstrate the treatment plan, phases for dental implants, bone grafting for lip support, lip enhancement, and facial thread lift with the use of biologics for a complete youthful appearance. In addition, the participant will take home an understanding of the science and limitations behind all procedures in this presentation. Knowledge of all phases FFE will enlighten a participant to see not only the teeth but the whole story with facial esthetics.

After attending the course, the attendee should be able to:

- Understand why and how increasing bone volume can help with lip support
- Learn how to finalize the esthetic view of dentition with lip fillers
- Learn the use of PDO threading for lifting of the jowls and labial folds in order to improve jaw line definition

Basic Implant Placement

Kirk Kalogiannis, DMD, FAAID, DABOI/ID

Attendees will learn implant placement in non-aesthetic zones, flap design, and suturing during this lecture.

After attending the course, the attendee should be able to:

- Learn implant placement in non-esthetic zones
- Understand flap design
- Learn proper suturing

Clinical Photography: Guidelines for Clinical Imaging and Lab Communication

Lokesh Rao, DDS, DABOI/ID

The overall purpose of the lecture is to increase the quality of the clinical photographs. The presentation is designed to give participants a general knowledge of macro/clinical photography concepts for the purposes of case acceptance/presentations, communication, and legal documentation. Participants will be able to distinguish composition and lighting quality to achieve optimal contrast and sharpness while using any camera—DSLR/mirrorless cameras in particular. The participants will also learn which components are necessary for clinical photography and how/where to purchase these items. There will be a hands-on component to practice the particular shots needed for an effective case presentation/submission for credentialing purposes with critique. This course is designed for members looking to become credentialed in the future with the AAID or other organizations.

After attending the course, the attendee should be able to:

- Explore various camera options and the armamentarium needed to produce high-quality intraoral/extraoral photography
- Improve the quality of your photography for marketing and case documentation needs, including settings to adjust on the body, lens, and flash
- Enhance laboratory communication/prescription components for smoother results

Introduction to Injectable Pharmacologics—Facial Fillers and Neurotoxin and the Use of Neurotoxin for TMJ

Bruce Freund, DDS

During this lecture, attendees will learn to recognize the names and uses for neurotoxins, uses for facial fillers, and how to treat TMJ with neurotoxins.

After attending the course, the attendee should be able to:

- Recognize the names and uses for neurotoxins
- Recognize the names and uses for facial fillers
- Learn how to treat TMJ with neurotoxins

SPONSORED HANDS-ON

Presentation Fee $149

Full-Arch Rehabilitation Utilizing Tilted Implants From Surgical and Prosthetic Perspectives

Sponsored by Neodent (not eligible for CE credit)

Alex Molinari, DDS, MSC, PhD

This course will include an introduction for a full-arch implant placement and rehabilitation technique in the first hour, detailing the general basic topics. After that, participants will work in a hands-on session starting with a model from which they extract all the remaining teeth, make an alveoloplasty (bone reduction), and select the best areas to place four implants looking to have an ideal A/P spread. Straight and/or angled abutment are placed and titanium copings over that to make the denture conversion as a final step.

After attending the course, the attendee should be able to:

- Learn upper and lower key anatomic points related to a full-arch rehabilitation
- Learn how to increase the implant primary stability
- Understand prosthetic pre-plan and patient evaluation and prosthesis design and different delivery methods


Hilton Anatole

Extend Your Learning Through Seminars

Want to drill deeper into a topic and have an interactive learning experience with the presenter? Then seminars are for you. Attendance is limited, so register as soon as possible for these 90-minute presentations, priced at only $149 each.

The Horizontal and Vertical Evolution: Merging Biology With Graft Containment Techniques for Predictable Ridge Augmentation

Tamir Wardany, DDS

Successful horizontal and vertical ridge augmentation presents as one of the most common challenges of bone regeneration in implant dentistry. From the use of collagen membranes to 3D-Ti-Mesh to contain the graft material and the mastery of primary tension-free closure, successful gain of bone volume becomes predictable. A proficient understanding of clinical techniques related to various defect and resorption scenarios will aid the selection of biomaterials and graft containment options to optimize the gain of regenerated bone volume for implant placement.

After attending the presentation, the attendee should be able to:

- Discuss the current perspectives on horizontal and vertical ridge augmentation and describe detailed surgical options in guided bone regeneration
- Review bone grafting principles and biology and discuss indications and materials available for ridge augmentation procedures in various bone defect and resorption scenarios
- Explain the importance of graft containment and understanding the techniques for ideal tension-free closure of the flap

Facially Driven Full-Arch Implant Surgery–A Novel Approach Using BDS Magnetic Guide System and Other Digital Technology to Simplify Surgical and Prosthetic Full-Arch Implant Workflows

Virgilio Gutierrez, DDS

The key factors that bring success in full-arch implant surgery are planning, planning, planning! The integration of digital technology using a facially driven approach for full-arch implant surgery has facilitated the blueprint for minimizing frustrations in common surgical and prosthetic errors. Advancements in both surgical and prosthetic technology/techniques like photogrammetry and the use of BDS magnetic guides in full-arch implant surgery allow clinicians to achieve more predictable desired outcomes and overall better experience for the patients.

After attending the presentation, the attendee should be able to:

- Identify and learn the different types of digital technology available to help clinicians simplify surgical and prosthetic workflows of full-arch implant surgery
- Understand how to implement components of facially driven smile design principles in order to achieve more predictable outcomes
- Understand and learn the diagnostic, planning, manufacturing, surgical, and prosthetic essential constituents of facially driven full-arch implant surgery

Implant Esthetic Failures: Prevention and Treatment

Lorenzo Tavelli, DDS, MS

Esthetic complications of dental implants can have a major negative impact on patients' quality of life and satisfaction of implant therapy. Peri-implant soft-tissue deficiencies are common conditions in the esthetic zone. Their treatment requires a proper understanding of the etiological factors and the type of peri-implant soft-tissue deficiencies. This lecture will discuss the rationale, treatment planning, and soft-tissue grafting techniques for the correction of implant esthetic failures.

After attending the presentation, the attendee should be able to:

- Recognize risk indicators for peri-implant soft tissue dehiscences when planning for implant placement
- Classify the different type of peri-implant soft-tissue dehiscences
- Learn how to plan the most ideal surgical/prosthetic-surgical approach for the treatment of implant esthetic complications

Dominate Your Marketing Online

Len Tau, DMD

Marketing one's practice online can take a lifetime to master and sometimes can leave you very confused. There are so many options from which to choose when it comes to website design, paid advertising, online reviews, and search engine optimization. Things like Facebook Funnels, how to respond to negative reviews, and how to determine if you are actually getting a return on investment can leave you scratching your head. The first step to determining what to do is analyzing how your practice currently looks online, what your competition is doing, and ways in which you can improve. In this seminar, Dr. Len Tau, a practicing dentist who has been helping his fellow colleagues navigate through the world of online marketing for more than 12 years, will take you on a journey to help you determine what needs improvement and where you can actually begin.

After attending the presentation, the attendee should be able to:

- Analyze your website to see if you violate some of the most common design elements
- Determine whether you are ready to ramp up your marketing
- Make sure you are actually getting return on investment in your current marketing plan

Patient Management of Dental Implant Complications: My Approach After 10,000 Implants

Steven Vorholt, DDS, DABOI/ID

As surgical director for Implant Pathway in Tempe, Arizona, the presenter has overseen the placement of more than 10,000 dental implants. In such a volume, he has had his fair share of implant complications to manage! In this course, he will share his approach to dental implant complications management. He will discuss the importance of understanding the biological, biomechanical, and emotional categories of dental implant complications and how to take a complex set of problems and systematically approach complications management with patients to maintain trust, rapport, and good outcomes with patients undergoing treatment. Most complication management starts with patient management; the biology does not change, but how clinicians communicate it to patients matters. The speaker will also discuss how to grow as an implantologist through complications by being self-reflective and documenting failures even better than documenting successes. Join the speaker to learn from his experience treating hundreds of cases that fell in the 2 to 5% of complications implantologists try so hard to avoid, but inevitably affect everyone.

After attending the presentation, the attendee should be able to:

- Maintain rapport and trust with patients being treated for implant complications
- Approach implant complications systematically, rationally, and empathetically
- Grow as an implantologist through proper diagnosis, communication, documentation, and treatment of implant complications

Anterior Implants: The When, Where, and How

Hesham Nouh, BDS, DScD, MD/MS

This course will cover treatment planning, provisionalization, and restoration of dental implants in the anterior region, as well as potential failures. This course provides both technical and practical information using an evidence-based approach that can be implemented into your practice.

After attending the presentation, the attendee should be able to:

- Plan for dental implant placement in the anterior (esthetic) zone
- Understand different techniques for provisionalization and when to use them
- Learn about different restorative materials and techniques

VISIT THE ANNUAL CONFERENCE WEBSITE.

Peri-Implantitis and Implant-Related Complications: Surgical Management

Len Tolstunov, DDS, DMD

This presentation will discuss implant success and failure from the holistic approach and the biological balance that always exists between local and systemic factors. Loss of this balance and deterioration of key local factors and systemic conditions will inevitably lead to peri-implant bone loss and peri-implantitis. Surgical and some prosthetic considerations in implant failures will be discussed and clinical indices of implant success will be reviewed. Case presentations will help to review apical and marginal peri-implantitis. The inflammatory nature of peri-implantitis will be compared with atrophic non-inflammatory conditions that can be classified as "peri-implantosis." Treatment of peri-implantitis will be presented. Implant success will be defined as a dynamic process related to the host's health, as well as local factors, including bone and soft tissue quality around the implant, implant design, and maintenance protocols. Finally, biological principles of implant success at the time of implant placement and with age will be suggested.

After attending the presentation, the attendee should be able to:

- Understand the holistic (local and systemic) approach in the treatment of a failing implant
- Analyze early and later failures of dental implants: peri-implantitis and peri-implantosis
- Understand hard- and soft-tissue surgical repair techniques of peri-implantitis

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Seminars

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Demystifying Biologics in Periodontal Regeneration

Thomas Nguyen, DMD, MS

The purpose of this presentation is to advance the understanding of the use of biological materials in periodontal regeneration. Attendees will learn the mechanisms of action of currently available biologics and their clinical applications. This course will help clinicians to achieve better and more predictable results in periodontal and bone regeneration.

After attending the presentation, the attendee should be able to:

- Understand the clinical applications for commercially available and autogenous biological materials
- Recognize the indications and limitations of each biological material
- Comprehend the biology and mechanisms of action of currently available biologics

Low-Speed Centrifugation Concept for Blood Concentrate, Platelet-Rich Fibrin in Oral-Maxillofacial Surgery

James L. Rutkowski, DMD, PhD, RPH, FAAID, DABOI/ID, and Shahram Ghanaati, DMD, MD, PhD

Regeneration of osseo-defects in the oral cavity can be challenging for the clinician. Biomaterials can be used to support the regeneration process for both soft and hard tissue regeneration. Biomaterials can serve as: (i) scaffolds to achieve a 3-dimensional structural support or (ii) as barriers to prevent early soft tissue infiltration, or (iii) as guidance for cell migration and penetration. However, implantation of foreign materials such synthetic, xenogenic, or allogenic materials can bear the risk for an unwanted cellular response. Additionally, the material may not perform sufficiently for the intended use. A possibility to minimize the risk of unwanted side effects and to optimize the body's regenerative capacity is the biologization of such biomaterials. Biologization can be achieved by using autologous blood concentrates like platelet-rich fibrin (PRF), which is obtained by the centrifugation of a patient's peripheral blood and processed without additional anticoagulants. The combination of any biomaterial with solid or liquid PRF matrices (composed of platelets, leukocytes, and plasma proteins) stimulates the body's self-regenerative capacity. Growth factors released from the cellular components of a platelet can stimulate cell proliferation and migration from the surrounding proximal tissues into the defect area. The fibrinous structure of PRF can act as a guide for cell migration. These autogenous growth factors support and accelerate bone and/or soft tissue regeneration. The development of a low-speed centrifugation concept (LSCC) protocol allows for the preparation of a highly bioactive PRF matrix. LSCC involves the reduction of the applied centrifugal force (RCF) during PRF preparation process. To better understand the beneficial hard and soft tissue regeneration effects found with the use of various PRF protocols, these investigators performed three controlled randomized clinical trials examining the treatment of extraction socket defects. The studies investigated: (i) the effect of treatment with different PRF preparation protocols compared to natural healing, (ii) the effect of LSCC-PRF added to either bone substitute material or sealing collagen membrane compared to biomaterials w/o LSCC-PRF, and (iii) hybrid bone substitute material (a) with and (b) without LSCC-PRF in comparison to natural healing. Early experimental soft tissue regeneration demonstrates there is: (i) a clinical difference regarding

the type of PRF preparation protocols used, (ii) regarding LSCC-PRF, there is a clinical difference regarding treatment of premolar or molar extraction sockets; therefore, PRF preparation protocol used, site location, and defect size might be significant in determining clinical results.

After attending the presentation, the attendees should be able to:

- Understand the unwanted cellular responses to allograft bone grafting materials
- Learn how autogenous growth factors accelerate bone and soft-tissue regeneration
- Discover the benefits of low-speed centrifugation concept PRF, as well as how PRF preparation protocol, site location, and defect size significantly affected clinical results

Complications and Treatment of Aspiration or Swallowing Dental Implants or Instruments

Richard P. Szumita, DDS

This presentation will review the dreaded complication of when dental implants/instruments disappear behind the tongue. The key elements to be discussed are pertinent anatomy of the pharynx, larynx, and esophagus as it relates to swallowing and aspiration; how to reduce the risk of swallowing/aspirating dental devices; how sedation can increase the risk of aspiration; what to do if dental paraphernalia disappears into the abyss of the pharynx and beyond; complications that can arise from foreign bodies in the airway or gastrointestinal tract; and management strategies for retained foreign bodies. Questions and open dialogue will be encouraged.

After attending the presentation, the attendees should be able to:

- Discuss relevant anatomy of the oropharynx, hypopharynx, larynx, esophagus as it relates to swallowing and aspiration
- Learn potential complications related to swallowing and aspiration of foreign bodies
- Discuss management strategies in patients who have swallowed or aspirated dental implants/instruments

SPONSORED SEMINARS

Achieving Synergy in Surgery: From One-Step Ridge Preservation Without a Membrane to Enhancing the Implant Site by Combining Novel Biomaterials With Autologous Growth Factors

Sponsored by Impladent LTD

(not eligible for CE credit)

Timothy Kosinski, DDS, FAAID, DABOI/ID, and Robert Miller, DDS, FAAID, DABOI/ID

This course will demonstrate a series of simple, cost-effective and predictable and clinical uses for bone regeneration focused on one step alveolar ridge preservation using novel composite graft/collagen materials. The speaker will review cost-effective surgical techniques for both everyday tooth extractions as well as innovative surgical procedures for ridge preservation, sinus lift as well as grafting around immediately-placed implants. The speaker will also discuss current clinical guidelines and the scientific rationales behind them. After attending the presentation, the attendee should be able to:

- Understand alveolar ridge preservation and why it is important to graft sockets as well as recognize the clinical indications and benefits of grafting extraction sites
- Demonstrate simple, predictable and cost-effective socket grafting techniques without the use of a membrane
- Review additional surgical applications covering post-extraction grafting around immediate implant placement, including filling interproximal and facial gaps after extraction

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AMERICAN ACADEMY
OF IMPLANT DENTISTRY

Team Up to Overcome Complications

If you bring your team to only one conference this year, make it the AAID Annual Conference! The AAID offers 27 courses through tracks for each member of your team from hygiene, administrative, and dental assistants, to those working with the dental lab.

Team specific presentations are available on Thursday and Friday, September 22 and 23, 2022. The low registration fee not only provides more than 40 hours of continuing education, but also includes breakfast and lunch Wednesday, Thursday and Friday, admission to the Welcome Reception and Implant World Expo reception and more.

Check out the presentations offered at this year's annual conference.

DENTAL IMPLANT TEAM NETWORK GENERAL SESSIONS

Team Synergy and Culture Secret Sauce

Mark Hyman, DDS

This session will evaluate what differentiates the top practices from the average. We'll also review the five keys to their "secret sauce." Attendees will learn the formula that leads to extraordinary production, collection, overhead control, team retention, and fun! Let's laugh and learn as we reveal the formula, discuss action steps that can be used today, and see your team re-engage and thrive! After attending the presentation, the attendee should be able to:

- Evaluate what differentiates the top practices from the average
- Review the five keys to the top practices' "secret sauce"
- Learn the formula and discuss how to incorporate these keys into dental practices today

How to Use Social Media to Consistently Attract High-Value Implant Patients

Alyssa Ege

Learning surgical implant placement is a critical first step. But once you're loaded with the knowledge, how do you go about getting new cases in the door? This presentation will show you exactly how to become known as "THE" implant dentist in your area through cutting-edge marketing campaigns on social media. If you're looking for a method to catapult your practice to the next level, look no further. We'll discuss what social media channels attract high-value patients (and which are a waste of time), how to keep up with trends, how to track results from every marketing campaign, tactics to reduce no-shows from your marketing efforts, and more.

After attending the presentation, the attendee should be able to:

- Identify the best social media channels to be using right now and what kind of advertising works to attract high-value implant patients and limit no-shows
- Why you should be building a personal brand on social media and how to keep up with the latest trends
- Learn how to track results and return on investment (ROI) from all your marketing efforts to ensure a positive ROI

Help Stop the Stigma: The Role of the Dental Team in Mental Wellness

Jessica Woods, MPH, RDA, RDH

Dental practitioners are likely to encounter the one in five U.S. adults who are currently living with mental illness, including people who may be at risk for suicide. This course will increase understanding on the prevalence of mental health related conditions, help to identify the warning signs of suicide and other mental illnesses, and build confidence in discussing and providing resources to these individuals. Additionally, the importance of personal wellness and self-care in the workplace will be discussed. By challenging current attitudes that inhibit open talk about mental health and suicide, you can help stop the stigma.

After attending the presentation, the attendee should be able to:

- Learn the warning signs, risks, and protective factors for suicide and other mental illnesses
- Learn best practices for connecting individuals to community-based resources
- Recognize the importance of self-care and personal wellness

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Team Programs

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The Team Role in Talking Treatment–Learn How to Communicate Effectively to Improve Case Acceptance and Increase Patient Satisfaction

Debra Engelhardt-Nash

The dental team has great influence in the way patients perceive the quality of care being provided. They way team members treat their patients is a defining moment in how the patients feel about the doctor, their treatment, and the way the practice operates. They validate (or invalidate) the patients' decision to choose the care we seek to provide. This program will explore how we can genuinely improve our communication effectiveness when presenting treatment to patients. Learn specific steps for how to engage patients in treatment discussion. Each team role will be reviewed as it relates to engaging in treatment discussion: the dental assistant, the hygienist, the business team. All team members all have a significant responsibility in initiating the right conversation with patients about their care. This program will detail the key ingredients to this important conversation.

After attending the presentation, the attendee should be able to:

- Learn how to present treatment plans in a way that will increase acceptance
- Increase confidence and improve communication skills of all team members
- Discover how to establish the right atmosphere and protocols for treatment discussion

Recipe for Success: Must Haves to Reduce Accounts Receivables and Increase Collections

Lois Banta

If you've ever experienced the myriad of excuses when attempting financial arrangements for your patients, you know the frustrations. Dental offices have, for years, allowed patients to control the negotiations regarding patient financing. In this lecture, the speaker will help your office design appropriate financial arrangement guidelines taking into consideration third-party financing, insurance reimbursement, and those wonderful cash paying patients. All dental offices are unique and should have available to them flexible payment options to assist patients in accepting their needed dentistry. Attendees will uncover the mysteries surrounding this complex issue, as well as design "fool-proof" financial policies.

After attending the presentation, the attendee should be able to:

- Reduce accounts receivable with key systems
- Increase collections using proven strategies
- Communicate with effectiveness and efficiency

Dentists and their team members have a great time learning at the AAID Annual Conference.

Ergonomics, Preventive Medicine for the Dental Team–Discover How You Can Take Better Care of Yourself

Tija Hunter, CDA

Women suffer higher rates of work-related musculoskeletal disorders. Because our jobs are so physically demanding in dentistry, we are seeing a higher rate in back, neck and shoulder issues. This course talks about the common problems we face ergonomically, and changes we can make to correct these issues. Dental team members take care of others all day; in this course they will learn how to focus on self care so that they can reduce work-related musculoskeletal disorders.

After attending the presentation, the attendee should be able to:

- Identify the common physical problems women face in dental roles
- Learn ways women can improve their self care
- Learn better techniques for posture and positioning

DENTAL IMPLANT TEAM NETWORK HYGIENE TRACK

Optimal Patient Care Acceptance: Hygienists' Role in Providing Value-Based Solutions to Patients' Perceived Dental Problems Using a Six-Step, Systematic Process

Karima Bapoo-Mohamed, MBA, DH

Research shows that 68% of the population leaves an establishment because they did "not feel they were understood." Dental teams who invest time, effort, and energy in sincerely understanding and providing value-based solutions to patients' perceived problems will have long-term success in case acceptance. This course will provide an overview of the hygienists' role in supporting patients' needs, wants, and desires. Each member of the dental team has a unique role and responsibility for patient care; however, the hygienist code of ethics adds another layer of responsibility to the patient care sessions in the clinic. Together we will explore a step-by-step, proven model of implementing value-based solutions for patients that is grounded in evidence and integrity. The end outcome is to make patients feel supported and heard by offering customized, patient-centered education to unique situations with the overarching objective of providing compelling benefits to achieve optimum oral and overall health.

After attending the presentation, the attendee should be able to:

- Review the components of communication and opportunities in the hygiene exam
- Discuss strategies for patients' emotional engagement in their oral and overall health
- Introduce six steps of integrity-based solutions to patients' perceived problems

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Team Programs

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Management of Screw- vs. Cement-Retained Prosthesis

Thaisa Bordin, DDS, DMD, MS, PhD

Maintenance of both implant prosthesis and peri-implant tissue health are critical to the long-term survival, success, and benefit of implant therapy. It is therefore important to have a comprehensive evidence-based protocol to ensure optimal and regular care by both the patient and the implant team from the moment of prostheses delivery. The prosthesis can be secured to implants either with screws or through cementation. Although there is no consensus on the superiority of one method over the other, the type of prosthesis retention does affect the type of complications encountered as well as the ideal protocol for maintenance. This presentation will discuss the details of prosthesis, including contours and working components/material that require regular inspection and proper maintenance to ensure optimum material survival and peri-implant health.

After attending the presentation, the attendee should be able to:

- Reconize the most common complications found during maintenance visits specific to screw- and cement-retained prosthesis
- Outline intervation strategies to minimize technical and biologic complications
- Conduct effective maintenance visits for both screw- and cement-retained restorations

Predictable GBR and Bone Graft Outcomes

Matthew R. Young, DDS, FAAID, DABOI/ID

Implant dentistry is becoming increasingly popular as a first choice for replacing missing teeth. Many patients present with bone loss, including hard- and soft-tissue defects. Developing the skills to manage these defects through guided bone regeneration is essential for implant surgeons and their surgical teams. This presentation will discuss how to augment atrophic ridge defects to prepare for Implant surgery and the final restoration. We will discuss how to diagnosis with a clinical exam, radiographs, photos, and CT scans. We will review surgical techniques with high quality photos and videos to discuss techniques and practical procedures. We will review methods to discuss treatment with patients including the importance of consent forms, clear post operative care and medications. This presentation is meant for the entire implant team.

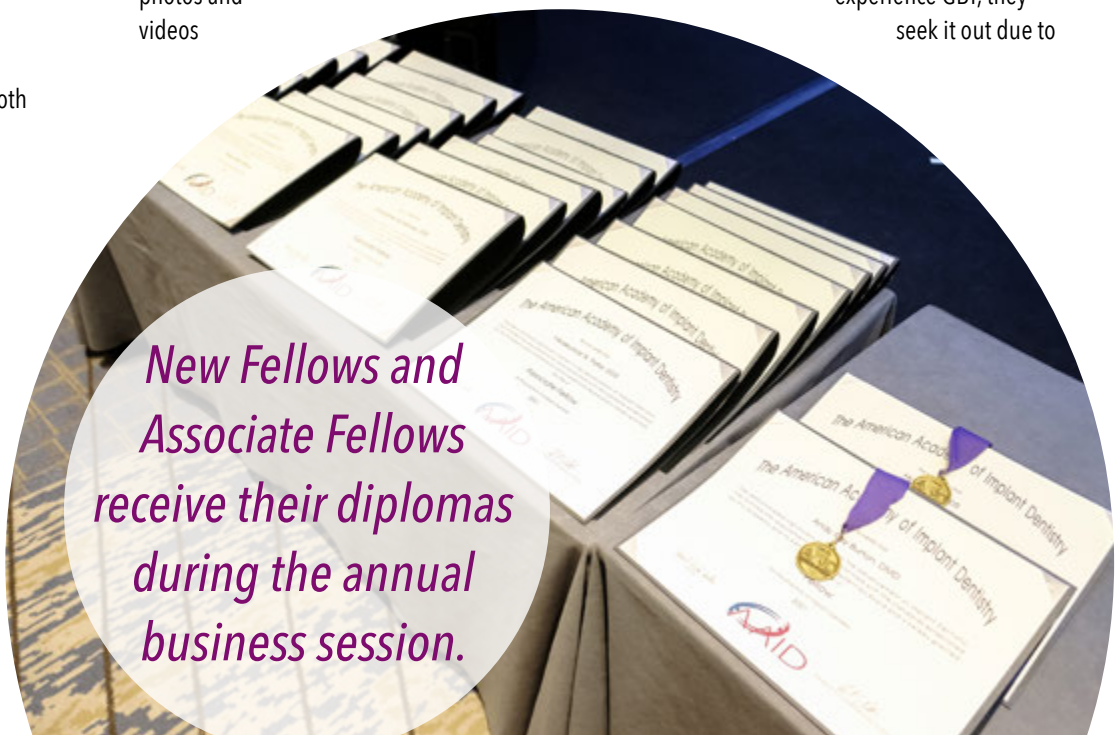
After attending the presentation, the attendees should be able to:

- Learn about diagnosis and treatment planning ridge defects
- Understand surgical procedures for guided bone regeneration with photos and videos
- Learn the staff's role in presenting cases, consent forms, and chairside surgery

Biofilm Management for Teeth and Implants Your Patients Will Love–Integration Workshop

Karen Davis, RDH

Dysbiotic biofilm promotes disease inside and outside the oral cavity and this course reveals how to eradicate it efficiently, safely, and comfortably. Guided biofilm therapy (GBT) is a system that patients prefer and clinicians find transformational. Prevention of oral diseases and therapeutic management of periodontal and peri-implant disease are simplified with the eight-step process of GBT, and sets clinicians up to save "magical minutes" each visit due to its efficiency. Preservation of the array of vulnerable surfaces where pathogenic biofilm lives is accomplished via the use of erythritol plus powder and airflow, completely eliminating the need for abrasive polishing pastes and minimizing the need for mechanical debridement. Preservation and maintenance of implants can be challenging due to dysbiotic biofilm accumulation and accessibility to remove it, but the synergy of air, powder, and water with airflow enhances physical accessibility, making biofilm removal simple. Once patients experience GBT, they seek it out due to



New Fellows and Associate Fellows receive their diplomas during the annual business session.

its effectiveness, comfort, and efficiency. Clinical evidence confirms patients prefer this novel method of biofilm management compared to traditional methods, and data confirms how gentle and effective it is, while also providing ergonomic advantages to clinicians. This course equips attendees to join the GBT movement and enjoy patient, practice, and provider benefits as a result.

After attending the presentation, the attendee should be able to:
- Identify five immediate advantages of incorporating GBT into patient care
- Appraise clinical and patient benefits for long-term implant maintenance with GBT
- Recognize why airflow and piezon technology provide no pain outcomes

Diagnosis of Gingival Health Around Implants and Predicting the Prognosis of Peri-Implantitis–The Pivotal Role of the Hygiene Team

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

The importance of implant maintenance to avoid and control periimplantitis cannot be overemphasized. The hygiene team becomes an integral part of the long term survival of dental implants. This presentation will review principles to diagnose early onset of periimplantitis so that conservative measures can be implemented to prevent further progression of the disease. Techniques to evaluate gingival health by being able to remove the prosthesis, assess the hygiene practices of the patient and to ensure the integrity of the fine retaining screws will be elaborated. The use of chemotherapeutics will also be discussed.

After attending the presentation, the attendee should be able to:
- Evaluate clinically and objectively the onset of peri-implantitis
- Establish a protocol to address various stages of peri-implantitis
- Create a system to ensure proper maintenance procedures for implant restorations

DENTAL IMPLANT TEAM NETWORK ADMINISTRATIVE TRACK

Rock Your Practice–Not "Bitter Baby"

Penny Reed

Dental teams who create optimal, consistent results work together daily to get and stay in alignment. These teams understand that in order to deliver the ideal patient experience and achieve their goals they must keep friction to a minimum in their work environment. They have "cracked the code" on reducing conflict. High-performing teams strive to build and maintain healthy work relationships and work through their differences quickly and effectively. This happens when very team member is dedicated and committed to not only positive communication skills, but also avoiding negative patterns when they experience frustration with one another. In this energetic and entertaining program, attendees will learn how to identify the primary bad habits team members must avoid in order to minimize frustration and stress, as well as effectively deal with and work through workplace conflict in a healthy way.

After attending the presentation, the attendee should be able to:
- Understand the productivity cost of unresolved conflict in the practice, and how to be proactive to reduce and resolve it
- Learn how to own your part in miscommunication and increase your leadership skills
- Discover quickly when disempowering thoughts creep in, and how to avoid "rocking them"

From the First Phone Call–Making Patient Connections That Differentiate Your Practice and Inspire Patients to Choose Your Office

Debra Engelhardt-Nash

The patient decision to choose your office began before they picked up the phone to make an appointment. The critical responsibility of the first phone call is to validate they made the right decision. It is the initial connection–and will set the tone for patients and how they will respond to the practice culture. Eighty percent of the reason patients choose an office and why they choose dental treatment is based on establishing rapport and building a relationship. In this presentation, the dental team will learn how to differentiate their practice from the first phone call. Discover how to create an amazing patient experience from the moment they call your office. This program will also review how to answer the "difficult" questions comfortably and confidently.

After attending the presentation, the attendee should be able to:
- Learn how to make the right impression in the first 15 seconds of patient connection
- Discover how establish rapport and relationship
- Acquire exceptional telephone skills to set the practice apart

Collections and Reducing Write-Offs

Lois Banta

Dental offices have, for years, been frustrated with patients trying to control the negotiations regarding patient financing. The speaker teach how to design appropriate financial arrangement guidelines, taking into consideration write-offs for insurance reimbursement, and those wonderful cash paying patients. All dental offices are unique and should have available to them flexible payment plans to assist patients accept their needed dentistry. Attendees will uncover the mysteries surrounding this complex issue as well as designing "fool-proof" financial guidelines while preserving the patient relationships.

After attending the presentation, the attendee should be able to:
- Learn key communication skills for in-person collection conversations
- Prevent unnecessary write offs
- Increase collections with key diaglogue techniques

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Team Programs

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Successful Traits of the Implant Treatment Coordinator

Tess Dearth

For complete information about this course, please visit aaidannual2022.com.

Taming the Beast: How to Schedule Your Day and Leave Happy

Tija Hunter, CDA

Scheduling can sometimes be one of the hardest things to accomplish in your day. Getting it right makes the day flow so much better.

After attending the presentation, the attendee should be able to:

- Discover ways to manage that beast of a schedule
- Explore options in how to deliver the best patient care in your timeframe
- Learn how keep both patients and the back office happy

Medical Billing in Dentistry

Christine Taxin

Help your biller learn how and why to bill either dental or medical. Since we have updates every year (with insurance companies changing rules of billing all the time), the why and how will be discussed. We need to be on track with these changes in order to overcome the challenges we face dealing with the plans, and the requirements and the legal issues that each state has added to the laws that must be followed by both the insurance companies and dental offices. This course will allow the team to be able to bill medical when the patient requires a medical necessity. The best referral you could have uses an updated medical history with permission to contact the medical provider to share their notes and advice.

After attending the presentation, the attendee should be able to:

- Understand the difference between a medical necesstiy and the need for medical billing
- Learn the different types of medical billing for office, outpatient hospital
- Be able to use template of questions that must be asked when making an appointment for the patient before they come into the office

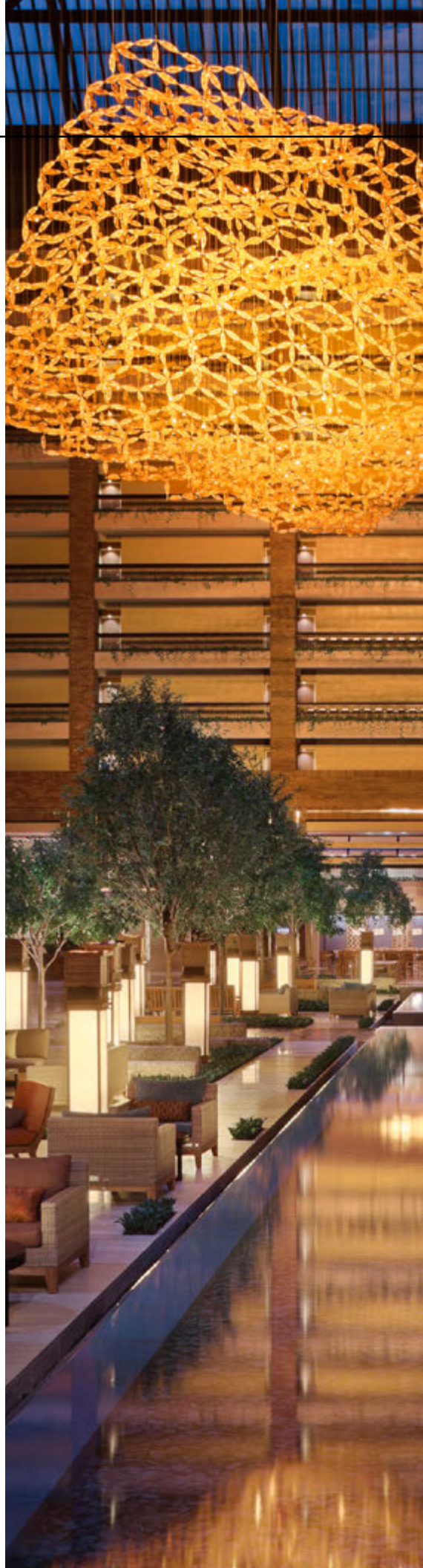
Top 10 Drugs Affecting Dental Implants

James L. Rutkowski, DMD, PhD, RPH, FAAID, DABOI/ID, Adjunct Professor

Demographics demonstrate that the typical age of dental implant patients is increasing, and these patients present with multiple systemic diseases treated with numerous medications. Medications can exert positive or negative side effects on dental implant clinical results; therefore, clinicians must have an in-depth understanding of drug effects on implant treatments. Drug effects maybe observed immediately or become evident years later. Clinicians must consider the positive and negative effects of the patient's prescribed or perioperative medications. Medications to be discussed include (1) cannabis/tobacco; (2) NSAIDs; (3) DMARDs; (4) PPIs; (5) anti-neoplastic agents; (6) statins; (7) SSRIs; (8) bone anti-resorptive medications; (9) melatonin; and (10) vitamin D and other dietary supplements. This presentation will separate "evidenced-based" information from "anecdotal hypotheses" regarding the use of dietary supplements. Team members can assist busy clinicians with the process of collecting relevant drug information prior to initiating implant treatments. This program will provide a detailed drug search algorithm for the entire staff.

After attending the presentation, the attendees should be able to:

- Understand how to use an algorithm for gathering drug information necessary for making treatment decisions to improve clinical outcomes
- Learn which systemic medications used by patients are likely to improve or interfere with survival of dental implants and how to clinically manage medications that may interfere with implant treatment success,



- Understand when to suggest or prescribe medications or supplements that will enhance implant treatment results

Venipuncture for the Collection of Platelet-Rich Fibrin

Mike Calderón, DDS, DABOI/ID

Knowledge is power! This lecture will make participants a team leader. Dr. Mike Calderón will empower attendees to become an expert in handling venipuncture for the collection of platelet-rich fibrin. From setting up the room and patient for blood collection to handling the tubes and centrifuge to the process of developing platelet-rich plasma (PRP) membranes, all procedures are to be explained in detail during this hour.

After attending the presentation, the attendee should be able to:

- Learn how to perform blood collection by venipuncture and skin puncture to obtain high quality specimens for PRF
- Differentiate between serum and plasma
- Demontrate the steps in accurate specimen collection procedures

Dental Photography

Paresh Patel, DDS

In this course, attendees will develop an understanding of clinical photography and its importance to practice marketing. They will identify the requirements and equipment for perfect portrait and intraoral photography. Attendees will leave with knowledge of different camera settings (F-stop, ISO, shutter speed, flash power, etc.) required for clear and customized photographs. They will know how to create stylistic photographs to use for marketing, as well as learn simple techniques to capture esthetic intraoral shots.
After attending the presentation, the attendee should be able to:

- Understand F-stop, ISO, and shutter speed
- Learn how to create stylistic patient photos for instagram and Facebook
- Discover how to use an iPhone for intraoral, portrait, and product photos

Parts and Pieces of Implant Dentistry

Preeti Iyer, DDS and Jessica Woods, MPH, RDA, RDH

Attendees will develop an understanding of the different components involved in implant restorations, while examining and identifying the various parts needed after the uncover of implants related to different systems. At the end of this session, attendees will learn how to apply this knowledge to everyday practice.

After attending the presentation, the attendee should be able to:

- Develop an understanding of the different components involved in implant restorations
- Examine and identify the various parts needed after the uncovery of implants related to different systems.
- Apply this knowledge to everyday practice

Digital Impressions and Scanning–Common Errors

Thaisa Bordin, DDS, DMD, MS, PhD

Digital technology is currently being extensively utilized in implant dentistry as research has demonstrate its improved accuracy. In addition, the digital workflow allows better adaptation to the patient needs and increased treatment efficiency. Digital implant impressions symbolize the link between the interface of oral surgery and prosthodontics. Therefore, intraoral scanning plays a major role in the development of a complete digital implant workflow. The appropriate 3D detection of the implant platform position and the transfer of the supra-implant mucosa architecture are crucial for a successful treatment with predictable outcomes. This presentation will highlight the benefits of intraoral scanning and discuss digital techniques that allow an improved

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treatment of patients in a digital environment, with efficient and accurate recordings.

After attending the presentation, the attendee should be able to:
- Recognize the benefits and understand the role of the scanner as a part of a digital dentistry workflow in our daily practice
- Learn scanning strategies and workflows for partially and fully edentulous applications
- Understand limitations of the scanners and learn hints and tricks to go around these limitations

DENTAL IMPLANT TEAM NETWORK DENTAL LAB TRACK

Implant Surgical Guide Design and Fabrications
Nathan Glenn, DDS, AFAAID,
and Daniel Domingue, DDS, FAAID, DABOI/ID
For complete information about this course, please visit aaidannual2022.com.

Simplifying the All-on-X Conversion
Ryan Napolitano

This presentation will review the Smart Denture Conversion process,and highlight the workflow for in-office conversions. This course should set you on the path towards confidently treating All-on-X cases in your practice with minimum outside support needed. This course will outline the workflow, best practices to converting appliances, all materials needed for the process, as well as advanced tips and tricks to maintain accuracy and speed up the process.

After attending the presentation, the attendee should be able to:
- Learn the key metrics are for a full-arch conversion
- Understand the workflow for converting an appliance to a fixed hybrid temporary chairside
- Know the ordering process and components associated with the Smart Denture Conversion system

Dental Triad: Dentist, Patient, Laboratory Technician
JB White, DDS

Being in sync with patients' expectations and the lab's understanding of prosthetic components and their capabilities regarding contour and materials is vital to success. Because the success of an implant and the associated bone stability are measured in the long term, the prosthetic factors are just as important as the surgical factors. Communication from the clinician, discussions with the patient, and finally conversations with the technician can lead you astray. Often, clinicians are relying on the technician to determine the best prosthetic option, and technicians don't have the opportunity to see the long-term effects on soft tissue and crestal bone. This course will be an in-depth look at which prosthetics–and the way they are handled–will give the best outcomes given different clinical scenarios.

After attending the presentation, the attendee should be able to:
- Learn the custom abutment options, materials available, and the fabrication process of each
- Gain a thorough understanding of angled screw channel abutments and their application in practice from a single restoration to restoring a full arch
- Describe and discuss the best materials for supra and subgingival margins in implant restorations with labs

Anterior Implant Soft-Tissue Esthetics
Michael Webberson, DDS

The striving dentist is aiming for tooth replacement strategies that mimic nature and are undetectable even to the most discerning patients. The challenge is developing the soft tissue around implants prior to the impression/scan, capturing it for the lab without it quickly distorting, knowing how to evaluate the model for abutment selection and delivering an abutment and crown that has both an ideal pink esthetic score and white esthetic score. In this workshop, a brief presentation on the why and how will be given, followed by participants placing a central incisor implant, fabricating a screw-retained provisional with ideal contour, transferring that contour to a tabletop analogue and then fabricating a screw-retained custom impression coping with the contour of their provisional.

After attending the presentation, the attendee should be able to:
- Learn how fabricate a screw retained implant provisional restoration with ideal contour to sculpt soft tissue emergence profile
- Understand how to predictably transfer a patient's soft tissue profile to the laboratory technician by means of a screw retained custom impression coping, which mimics the contour and emergence profile of their provisional restoration
- Learn how communicate with their dental lab in regards to the soft tissue profile, the management of the soft tissue on the working model, the custom abutment options that exist, and the selection criteria for esthetic and functional success

Panel Discussion
Nathan Glenn, DDS, FAAID, and Daniel Domingue, DDS, FAAID, DABOI/ID

Come and get all your dental lab questions answered in a one-on-one setting with our esteemed panel of content experts. With their cumulative wide and varied experience, you will gain insights to your questions so you can ultimately enhance and improve your daily workflow to reduce stress. See you there!

AAID All-Stars–Something Extra for Nothing Extra

Thanks to the generosity of AAID member presenters, we are able to offer 13 additional 90-minute seminars at no additonal cost. However, since space is limited, be sure to reserve your spot as soon as possible.

Use of Dental Lasers as an Adjacent in Implant Surgery

Edward Kusek, DDS, FAAID, DABOI/ID

Lasers can provide clinician a new avenue of success. Photobiomodulation (PBM) is an untapped device, especially with use of narcotics diminishing. PBM allows the use of patients' own endorphins to aid in pain management. Erbium lasers are the best device to disinfect infected sites for implant placement. This course will show participants how to use simple procedures to increase implant success and allow clinician to do cases that they would normally stage. 10600nm CO2 laser is the best laser to treat for peri-implantitis, flap preparation, and biopsy procedures. The course will discuss safe uses of each of these lasers.

After attending the presentation, the attendee should be able to:

- Learn how the use of photobiomodulation aids in healing, decrease post-op pain, and decrease swelling
- Learn how to use erbium laser for detoxification, decortication for successful implant surgeries
- Learn the use of 10600nm CO2 laser for soft-tissue procedures to make implant surgery easier

Prosthodontics Concepts in Full-Arch Implant Restoration–Replacement of the Terminal Dentition With a Fixed, Implant-Supported Restoration

Jack Piermatti, DMD

Replacement of the terminal dentition with a full-arch implant restoration has become common in prosthodontics. Important considerations must be taken into account during treatment planning and treatment sequencing of this restoration. Choices of dental materials and techniques should be carefully considered for each patient, thus avoiding a one-technique-for-all approach. With proper evaluation of presenting conditions and a cogent plan, this complex restoration can be predictable and satisfying for both doctor and patient.

After attending the presentation, the attendee should be able to:

- Develop an understanding of the prosthodontic considerations in treatment planning a full-arch implant restoration
- Learn the steps necessary to sequence a full-arch implant restoration
- Understand the different materials used in the full-arch implant restoration and the indications for each

Optimal Anterior Implant Esthetics: A Combination of Biology, Science, and Art

Samantha Siranli, DMD, PhD, DABOI/ID

Optimal anterior implant esthetics is a combination of biology, science, and art. In this presentation, the speaker will focus on the diagnosis, treatment planning, surgical, and prosthetic management of soft and hard tissues for optimal anterior implant esthetics. Attendees will also learn the biologic and physiologic limitations of the soft and hard tissues that affect the predictability in simple to complex esthetic situations. We will also look at how to optimize the esthetics outcomes starting with pre-surgical augmentation, fixture position, and advanced implant prosthetic techniques to make success predictable.

After attending the presentation, the attendee should be able to:

- Demonstrate interdisciplinary treatment planning for anterior esthetics
- Develop prosthetic management of anterior implant site
- Learn how to apply surgical management for optimal esthetics

Sub-Periosteal Implants: No More Augmentation Complications

Mohamad Bissar, MSC, PhD, AFAAID

This lecture will cover the understanding of dilemma of alveolar ridge resorption. Participants will also learn different techniques to deal with alveolar ridge deficiency, review the history and new innovations of sub-periosteal implants.

After attending the presentation, the attendee should be able to:

- Understand the dilemma of alveolar ridge resorption
- Learn different techniques to deal with alveolar ridge deficiency
- Review the history and new innovations of sub-periosteal implants

Basic to Advanced Treatment Planning Concepts with Software–With Links to 3D Printing

Scott Ganz, DMD

Replacing missing teeth with an implant-supported restoration represents both a surgical and restorative challenge. Proper pre-surgical prosthetic planning involves understanding the patient's bony anatomy, adjacent teeth, vital structures,

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occlusion, and desired esthetics. Cone beam CT imaging modalities provide necessary 3D information when combined with state-of-the-art, software-driven tools. This provides clinicians and dental laboratory technicians with the new digital workflow and 3D printing technology, helping to avoid complications and achieving successful implant reconstruction for single-tooth to full-arch restorations.

After attending the presentation, the attendee should be able to:
- Learn diagnosis using 3D CBCT imaging and computer software applications
- Understand the "triangle of bone" concept to assess implant receptor sites
- Learn concepts to determine screw or cement-retained restorations, surgical templates, and guided surgery protocols

How to Ace the Associate Fellow or Fellow AAID Oral Exam

Christopher Hughes, DMD, FAAID, DABOI/ID

This presentation details how to ace the AAID Associate Fellow or Fellow exam. Two experienced AAID examiners will explain the oral exam process. They will also review proper case documentation and how to answer questions during the exam to ensure the best grade possible. At the end of the presentation, an actual oral exam simulation between examiner and candidate will be given in order to give attendees insights as to what the oral exam is really like.

After attending the presentation, the attendee should be able to:
- Learn what the AAID Associate Fellow and Fellow Oral Exam is all about and how to pass
- Learn the case requirements and how to document cases properly for successful oral exam presentation
- Participate in a live simulation of how the Associate Fellow and Fellow Oral exam is given and what to expect during the one-on-one examination process

Common Implant Dentistry Complications

Gilbert Tremblay, DMD, FAAID, DABOI/ID

When a clinical condition is predetermined prior to treatment, it becomes part of a plan; otherwise, that same condition becomes a complication if not determined in advance. It is essential to anticipate when a complication can arise—preoperatively, intraoperatively, and postoperatively. Sources of complications can vary—from patient selection, medical conditions, and/or drug-related interactions. Preoperative conditions such as anatomy, inadequate alveolar width, and insufficient or excess vertical restorative space will be addressed. Intraoperative complications can occur in the following situations: implant angulations are incorrect, irregular crest, extensive resorption of the mandible and/or maxilla, curved extraction socket, infections at the implant site, sinus floor perforations, implant fracture, and inadequate initial stability. Postoperative complications can include: incision line reopening, cover screw exposure during healing, inadequate bone graph result, bone loss or tread exposure during healing period, implant mobility, implant fracture, low RFA test, and finally, biomechanical structural deficiency. This presentation will be based on clinical cases and management of their related conditions.

After attending the presentation, the attendee should be able to:
- Identify potential sources of complications
- Understand how to prevent complications
- Manage complications

Three Ways to Gain Confidence and Clarity in the All-on-X Realm

Frank Caputo, DDS, FAAID, DABOI/ID

You are likely seeing more patients with terminal dentitions that are asking about solutions. Instagram and Facebook might have shown you a variety of ways practitioners are managing their incredible cases. But somehow, your last conversion might have looked totally unacceptable. The tensions rise as you try to explain "It's only your temporary prosthetic." I firmly believe that reviewing the fundamentals of case engineering will be the path to success with your cases, both surgically and prosthetically. I can't wait to share with you three facets of the full-arch world that will result in conquering your cases!

After attending the presentation, the attendee should be able to:
- Demonstrate the evidence-based case engineering involved to go from consult to final prosthetic
- Apply detailed intra-operative pearls to keep your surgical plan on track and overcome complications during the procedure
- Understand there are several paths to get to an optimal prosthetic outcome, but knowing the guidelines, materials, and occlusion principles for predictability in the full-arch world will be your key to success

Digital Workflow for Fully Guided Full-Arch Implant Reconstruction

Tarek Assi, DMD, FAAID, DABOI/ID

This course will detail the ways in which following a digital workflow will help improve precision and predictability. We will also learn how to reduce treatment chairside time significantly and increase patients' satisfaction.

After attending the presentation, the attendee should be able to:
- Comprehend digital workflow for fully guided full-arch implant surgery, immediate loading provisionals, and final prosthesis
- Compare the benefits of applying the digital workflow vs. the conventional workflow
- Understand treatment options for terminal dentition and fully edentulous patients

Zero in on Zero Complications in Implant Dentistry: A Novel Approach

James W. Fennell, DDS, AFAAID, DABOI/ID

Participants in this lecture will understand the novel approach called Zero in on Zero Complications (ZIOZ). They will learn how and why it drives complications toward zero and how AAID members and their patients can profit from its implementation. They will also learn practical steps in the day-to-day practice of implant dentistry that will greatly diminish the complications encountered by dentists and their patients by employing ZIOZ concepts.

After attending the presentation, the attendee should be able to:

- Understand the novel approach ZIOZ and how and why it drives complications toward zero
- Discover practical steps to apply to the day-to-day practice of implant dentistry that will greatly diminish the complications encountered by dentists and their patients by employing ZIOZ concepts
- Understand the 4 seminal complications targeted: inadequate pain control, perioperative infections, bone loss, and prosthetic complications and how evidence-based literature is being applied to develop multi-model problem-solving methods and integrated clinical pathways to achieve near zero complications

Lab Challenges to Become a Modern Implant Practice

C. Edgar Davila, DDS, MS, CDT, FAAID, DABOI/ID

There are many dental laboratory challenges that the clinician has to overcome in order to establish a modern implant practice. Understanding the laboratory digital workflow in implantology, from impression-taking to final restoration becomes very crucial to be efficient and predictable. Learning how to implement the right digital technology to establish, use, and apply it in your practice is very important to obtain efficient and predictable results. This lecture will help to clarify the dental laboratory digital process and being able to communicate and provide the necessary digital files to the laboratory technician to achieve excellent results.

After attending the presentation, the attendee should be able to:

- Learn how to establish, use, and apply digital technology to your implant practice
- Learn how to communicate with a digital lab to obtain predictable results in oral implantology
- Learn how to overcome the lab challenges to be a succesful modern implant practice

Special Considerations in Implant Dentistry: Cancer/Leukemia, Rheumatoid Arthritis/ Autoimmune Disease, Sickle Cell Disease, Osteoporosis, Cleft Palate

Donald Provenzale, DDS, FAAID, DABOI/ID, and Joe Leonetti, DMD, FAAID, DABOI/ID

This presentation will focus on considerations involving important but less common medical issues which may present in patients undergoing dental implant treatment. The commonly-prescribed medications for these conditions will be discussed, as well as related precautions. Lastly, recommendations will be made regarding adjustments to protocols involving dental implant treatment.

After attending the presentation, the attendee should be able to:

- Understand important but less common medical issues which may present in patients undergoing dental implant treatment
- Identify commonly-prescribed medications for these conditions, as well as related precautions
- Understand the recommendations made regarding adjustments to protocols involving dental implant treatment

SEE MORE INFORMATION.

newmembers

The AAID is pleased to welcome the following new members who joined between March 7, 2022, and April 26, 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.

Arizona
Edward Ahn, Lake Havasu City
Ryan Diquattro, Payson
Jesse Engle, Tucson
Gianira Lopez, Phoenix
Daniel Lyu, Tempe

California
Mohammed Alroshaidan, Windsor
Janice Chan, Richmond
Trevor Chen, Sacramento
Michael Chung, Dublin
Ruchi Goyal, Ripon
Kazem Hosny, Ontario
Mark Jamison, Beverly Hills
D Bruce Laurie, Ramona
Jae won Lee, Loma Linda
Rosario Lovejoy, Chula Vista
Adria Marcinkowski, Corona
Jeffrey McCardle, Bakersfield
Helena Minye, Los Angeles
Shawn Mohammed, Fresno
Justin Nichols, Yorba Linda
Angelica Nieto, La Quinta
Mitra Nikpour, Phillips Ranch
Pegah Pourrahimi, Calabasas
Jeries Qoborsi, Irvine
Maria Roces, Vallejo
Saurabh Sharma, Fremont
Samuel Soliven, San Diego
Maria Surdilla, San Diego
Lawand Zada, Sacramento
Farid Zurmati, Sacramento

Connecticut
Pranav Gandhi, Stamford
Lara Sokolson, Glastonbury

District of Columbia
Michael Miller, Washington
Abdullah Tikreeti, Washington

Florida
Alex Brao, Naples
Peter Brewer, Boca Raton

Georgia
Clarence Cheek, Hawkinsville
David Fields, Dallas
Mark Martindale, Fayetteville
Stephen Matlaga, Peachtree City
Olubunmi Osunfisan, Acworth

Illinois
Michael Kelly, Chicago
Anjum Khan, Romeoville
Philip Moorad, Northfield
Pamela Reynolds, Elmwood Park
Connie Woo, Park Ridge
George Zehak, Berwyn

Indiana
Andrew Bloom, Indianapolis
Brett Henrikson, Lafayette

Kansas
Blair Edgington, Prairie Village
Jennifer Kirwan, Kansas City

Kentucky
Lauren Hernandez, Louisville

Louisiana
Randall Babin, Baton Rouge
David Carter, Zachary
Benjamin Duplantis, Jennings
Leneshia Haynes, New Orleans
Skye Smith, New Orleans

Maine
Marc DeLorenzo, Portland

Maryland
Priyanka Agarwal, Salisbury
Floyd Bagwell, Temple Hills
Yoochan Hong, Baltimore
Amanda Hurley, Baltimore
Michael Park, Elliott City
Lilia Voloshyna, Potomac

Massachusetts
Dara Darabi, Florence
Pawandeep Singh, N. Attleborough
Jubin Zaboulian, Boston

Michigan
Khalil Abdallah, Dearborn
Alexander Bae, Grand Rapids
Ted Degenhardt, Troy
Chris Degenhardt, Troy
MIchael DiRezze, Grosse Pointe Shores
Derek Pflum, Northville

Minnesota
Kamal Ahmed, Plymouth

Mississippi
Keith Brown, Flora

Nevada
David Kelly, Reno
Dilan Munaweera, Reno
Saliha Younis, Las Vegas

New Jersey
Daniel Blau, Englewood
Sara Ellaithy, East Windsor
Yitzchak Feigenbaum, Englewood
Justin Hou, Bogota
Richard Lee, Teaneck

New Jersey
Cara Minichetti, Englewood
Roman Mogilevsky, Newark
Danielle Ruda, Metuchen
Mercedes Wert, Ridgefield

New Mexico
Priscilla Leary, Albuquerque
Monica Dahiya Sahara, Santa Teresa
Janice Salazar, Albuquerque

New York
Ahmed Alshareef, Rochester
Hajir Aldaod, New York
Dwayne Bodie, New York
Benjamin Fruce, Fulton
Jiyun Han, Dobbs Ferry
Supriya Kazi, New York
Kayahan Koser, Buffalo
Nicholas Magro, Saranac Lake
Ameen Mukhi, New York
Jaesue Park, Dobbs Ferry
Kami Sobey, Canandaigua
Genvieve Uzoaru, Brooklyn

North Carolina
Ronald Davis, Arden
Ryan Griffith, Apex
Adam Roberts, Hampstead

Ohio
Bilal Sajid, Sheffield
Zachary Phillips, Findlay
Reem Al Ameen, Aurora
Dania Alfathi, Solon
Anna Visger, Mentor
Elizabeth Visger, Painesville
Matt Kowaleski, Dayton

Oregon
Stefanie Beckley, Hillsboro

Pennsylvania
Chadi Bachour, Hermitage
Yiwei Gao, Philadelphia
Elwaleed Mustafa, Drexel Hill
Dilnoza Sobirova, Philadelphia

South Carolina
Christopher Reynolds, Bluffton
Alton Thomas, Myrtle Beach

Tennessee
Christopher Daniel, Chattanooga

Texas
Mitul Amin, El Paso
Kelsey Greene, Mansfield
Ashraf Harhash, Sugar Land
Ayesha Igbal, Houston
Jonathon Mendoza, El Paso
Juliana Monje, Houston
Sowmya Rajagopal, Irving
Loi Ta, Odessa
Dalila Valdez, Cypress

Virginia
Yusur Al-Tekreeti, Herndon
Nicholas Bottorff, Charlottesville
Vikram Chauhan, Vienna
Nada Elsadig, Woodbridge
Stephen Fraites, Charlottesville
Mary Anne Haley, Virginia Beach
Wanda Hall, Richmond
Maria Obregon, Woodbridge

Washington
Brian Baik, Sammamish
Tanveer Buttar, Newcastle
Chun Yao Chuang, Everett
Suman Hothi, Renton
Maryam Keikhosro-Kiani, Auburn
Kumudra Soe, Dupont

West Virginia
Carson Henley, Charleston

Wisconsin
Ryan Yakowicz, Belleville

CANADA

Alberta
Johanna (Jose) Magathan, Edmonton

Nova Scotia
Corey Felix, Bedford

OTHER INTERNATIONAL

Bahrain
Pierre Ghanem

India
Irma Shaheen

Japan
Takenobu Warita

Poland
Michał Mikulski

Saudi Arabia
Yasser Alabdulbagi

South Korea
Dae Heung Kim

United Arab Emirates
Maha Abdelmonim
Salma Abdo
Noor Abdullsatar
Jasia Abid
Husam Aineia
Emad Akbeek
Asma Al Balushi
Rasha AlBuqaen
Ali Al-Kourwe
Zaid Alshafi
Baraa Alsheikh
Tasnim Beni
Nidhi Beri
Ginu Daniel

United Arab Emirates
Swami Dappili
Mona Ezzat
Zaid Jallow
Srijith Mnnooramkandathil
Khalid Mohamed
Walaa Mohamed
Abdullah Mudallal
Mustafa Numan
Nehali Patel
Moheb Silwadi
Anis Tabrizi
Gagan Thakur
Sudhir Varma

Venezuela, Bolivarian Republic of
Harold Castaneda

NEW STUDENT MEMBERS

Please welcome the following new students who joined between January 20, 2022 and April 26, 2022.

Thank you for your support!

Rambod Abedini
Nisha Abhilash
Taylor Anderson
Milena Arakelyan
Heather Athon
Brandon Barnett
Alexa Brown
Cory Callahan
Sarath Chandran-Srinivasan
Haley Christians
Charles Clawson
Jordan Dobbin
Dina Elsebaii
Matthew Flaherty
Matthew Gamache
Claudia Garces
Jeremiah Holt
Jason Huang
Cameron Hyer
Tohidul Islam
Natalya Jones
Alaa Kabbarah
Benjamin Kelley
Urvashi Keswani
Sylvia Lee
Ryan Levy
Kevin Major
Gabriel Milgrom
Andrew Monell
Jackson Partin
Whitney Reiakvam
Raquel Markie Ross
Sonia Santoyo
Jeremy Schwartz
Gurinder Singh
John Stewart Sarria
Blake Vidrine
Thieu Vo
Connor Wasylucha
Haley Whalen
Jason Wong

COVER STORY

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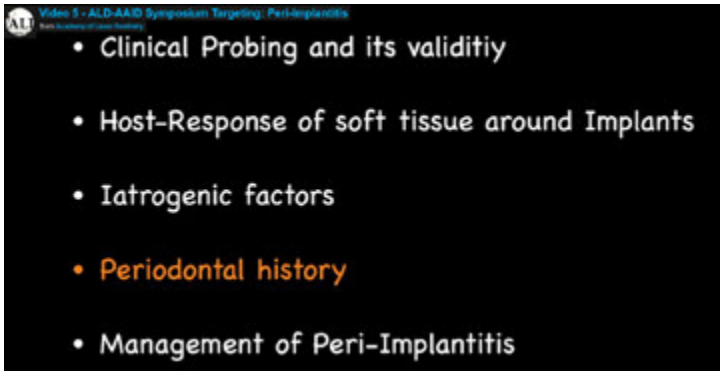
The prevalence of inflammatory diseases of bacterial origin around dental implants has been very well reported in literature making it an essential component of clinical implant care. Two clinical conditions are described: peri-implant mucositis and peri-implantitis. The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions adopted them as a diagnosis for peri-implant diseases. The treatment of peri-implantitis on the other hand is still disputed and arguable.



The presentation focused on the pharmacological prevention and treatment component of Cumulative Interceptive Supportive Therapy (CIST) for peri-implantitis. Coverage included medication-related causes of peri-implantitis and evidence-based, localized, and systemic drug therapies used to prevent and treat peri-implantitis. How implant surface characteristics affect pharmacological treatment selections and impact successful outcomes is addressed. Effective treatment algorithms for the use of pharmacological agents in the management of peri-implantitis were shared.

Peri-implant disease affects a significant number of dental implants and patients. It is important to understand difficulties in diagnosis of these disease states and associated risk factors. This understanding provides a significant impact on the health of implant cases. This presentation reviewed relevant literature and provides insight into the perceived causes and the appropriate therapy. Treatment from conventional methods to different types of lasers was explored and discussed.

Many services performed in the dental office are being recognized as medically necessary and billable to health insurance plans and policies. Dental practices are recognizing the significant benefits to offering medical insurance reimbursement such as increased case acceptance, expanded referral networks, and increased revenue. Dental practices that utilize the patient's medical insurance are maximizing the patient's benefits, thus providing access to much-needed care. In this presentation, attendees learned how to incorporate cross-coding and medical billing into their office for such treatment modalities as bone grafts, implants, peri-implantitis, mucositis, and the use of laser technology.

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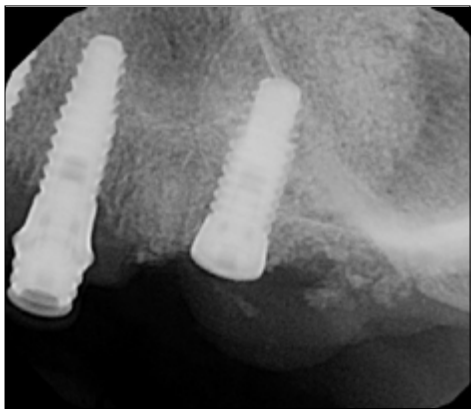

FIGURE 24. Periapical radiograph #14 area implant showing sinus graft.

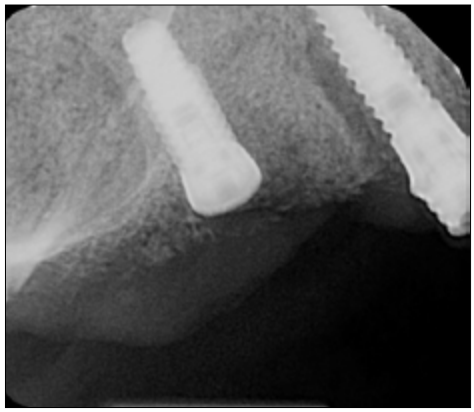

FIGURE 25. Periapical radiograph #3 area showing sinus graft.

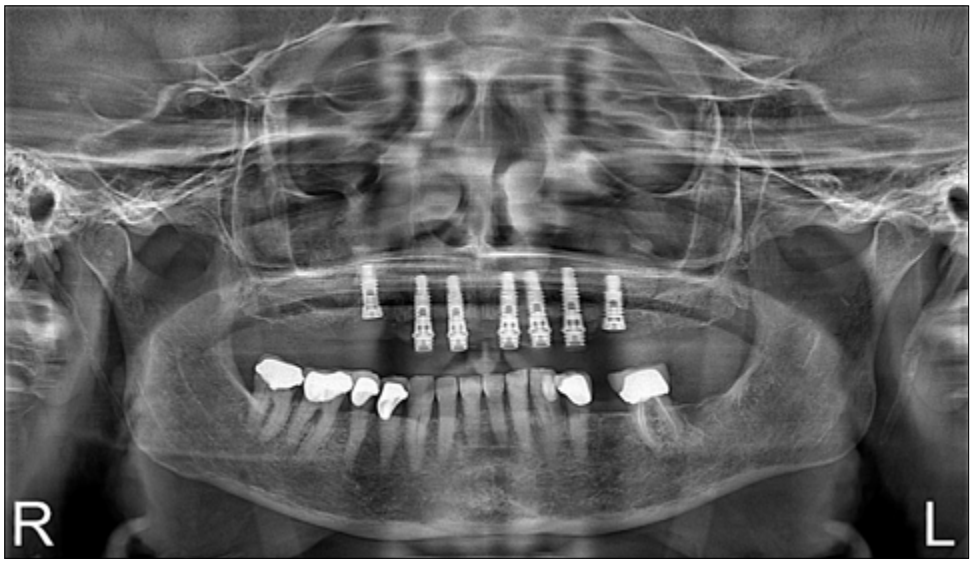

FIGURE 26. Panoramic radiograph showing all healing of the new two implants.

With this patient, four months was allowed for complete healing. Then the second phase surgery was done: conservative full thickness flap was elevated for both implant #3 and #14 area; implants were fully integrated into the bone. A healing abutment was placed the flap was sutured around it.

In March 2020 (four weeks later), multi-unit abutments were placed on the new implants to bring them to the tissue level. The impression work was completed for the final full-arch implant bridge. In the summer of 2020, the final full-arch prosthesis was completed and delivered. During several follow-up appointments since, the patient has expressed satisfaction and the bone-level around the implants have been very stable and remain solid and healthy.

FIGURE 27. Panoramic radiograph showing the final upper prosthesis.

FIGURE 28. Final smile photo.

FIGURE 30. Final full-face smile photo.

Discussion

Today, dental implants are one of the predictable restorative methods for missing teeth. Improvements in implant design, surface characteristics, and surgical protocols made implants a secure and highly predictable procedure with a mean survival rate of 94.6 % and a mean success rate of 89.7 % after more than 10 years. Implant survival is initially dependent on successful osseointegration following placement. Any alteration of this biological process may adversely affect treatment outcome. Subsequently, as an implant is restored and placed into function, bone remodeling becomes a critical aspect of implant survival in responding to the functional demands placed on the implant restoration and supporting bone. The critical dependence on bone metabolism for implant survival leads us to evaluation of certain risk factors.

One of the controversial discussed diseases is diabetes mellitus. Diabetes mellitus is a chronic metabolic disorder that leads to hyperglycemia, which raises multiple complications caused by micro- and macroangiopathy. Patients with diabetes have increased frequency of periodontitis and tooth loss, delayed wound healing, and impaired response to infection

Dentists treating patients with diabetes should review literature to ensure the choice of implant and process comport with generally accepted guidelines. Uncontrolled diabetes can interfere with wound healing. So, whenever there is uncontrolled diabetes, a wound may not heal as well or as quickly as it might in a patient without diabetes. It can be concluded that patients with poorly controlled diabetes suffer from impaired osseointegration, elevated risk of peri-implantitis, and higher level of implant failure.

One of the systemic reviews suggests that the number of implant failure does not differ between control patients with diabetes and those who do not. In addition, comparing patients with type 1 and 2 diabetes showed no difference. Regarding marginal bone loss, there was a statistically significant difference favoring non-diabetic patients. The influence of duration of the disease is not fully clear. The supportive administration of antibiotics and chlorhexidine seems to improve implant success. When diabetes is under control, implant procedures are safe and predictable with a complication rate similar to that of healthy patients.

While patients may press for procedures that can be done more quickly, when dealing with implants placed in elderly patients with medical complications (diabetes and periodontal disease that complicate the implant), it may be worthwhile to take a longer, more patient approach and use a bone-level implant. The tradeoff of time and additional surgeries, in this case, for a better clinical outcome, were well worth the decision.

Conclusion

Implant failure is multifactorial; the recommendation in this case is to keep A1C below 6 to avoiding immediate loading of the implants; use tissue-level implants; or use bite force measuring devices like T scan (which was not available in this case).

ADDITIONAL RESOURCES

Agustín-Panadero R, Bermúdez-Mulet I, Fernández-Estevan L, et al. Peri-Implant Behavior of Tissue Level Dental Implants with a Convergent Neck. *Int J Environ Res Public Health*. 2021;18(10):5232. Published 2021 May 14.

Dubey RK, Gupta DK, Singh AK. Dental implant survival in diabetic patients; review and recommendations. *Natl J Maxillofac Surg*. 2013;4(2):142-150.

Moraschini V, Barboza ES, Peixoto GA. The impact of diabetes on dental implant failure: a systematic review and meta-analysis. *Int J Oral Maxillofac Surg*. 2016;45(10):1237-1245.

Naujokat H, Kunzendorf B, Wiltfang J. Dental implants and diabetes mellitus-a systematic review. *Int J Implant Dent*. 2016;2(1):5.

Legal Bite

continued from page 15

I approve any reasonable modifications in design, materials, or surgical procedures, if my dentist, in his/her professional judgment, decides it is in my best interest to do so.

10. To my knowledge, I have given an accurate report of my health history. have also reported any past allergic or other reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my physical or mental health or any problems experienced with any prior medical, dental or other health care treatment on my medical history questionnaire. I understand that certain mental and/or emotional disorders may increase the risk of failure or contraindicate implant therapy and have therefore expressly circled either YES or NO to indicate whether or not I have had any past treatment or therapy of any kind or type for any mental or emotional condition.

11. I authorize my dentist to make photos, slides, x-rays or any other visual aids of my treatment to be used for the advancement of implant dentistry in any manner my dentist deems appropriate. However, no photographs or other records that identify me will be used without my express written consent.

12. I realize and understand that the purpose of this document is to evidence the fact that I am knowingly consenting to the implant procedures recommended by my dentist.

13. I agree that if I do not follow my dentist's recommendations and advice for post-operative care, my dentist may terminate the dentist-patient relationship, requiring me to seek treatment from another dentist. I realize that post-operative care and maintenance treatment is critical for the ultimate success of dental implants. I accept responsibility for any adverse consequences, which result from not following my dentist's advice.

14. Questions I have to ask my dentist: _____
_____
_____
_____Initial

15. I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION AND CONSENT TO IMPLANT PLACEMENT AND ANESTHESIA, AND ALL MY QUESTIONS, IF ANY, HAVE BEEN FULLY ANSWERED. I HAVE HAD THE OPPORTUNITY TO TAKE THIS DOCUMENT HOME AND REVIEW IT BEFORE SIGNING IT. I UNDERSTAND AND AGREE THAT MY INITIAL ON EACH PAGE, ALONG WITH MY SIGNATURE BELOW, ESTABLISHES THAT I HAVE GIVEN MY INFORMED CONSENT TO PROCEED WITH TREATMENT.

_____ Dentist Signature

_____ Patient Signature

_____ Witness Signature

_____ Parent or Guardian, if Patient is a Minor

_____ Date

Remember, a plaintiff's (patient attorney) only needs to hear that his client (patient) didn't realize or wasn't informed of the risks of periodontal post-operative complications, in to argue a lack of informed consent. And whether or not such is true is almost irrelevant, as the defending insurance carrier would rather settle for, as an example, $35,000, than spend $55,000 in litigation and related costs to litigate and 'win.' But the informed consent above would go a long way in that attorney's deciding whether or not to even take the case.

Frank R. Recker, DDS, JD, is Chief Legal Counsel, Specialty Recognition for the AAID. He can be reached at recker@ddslaw.com.

AAID MaxiCourse®
PRACTICAL IMPLANT EDUCATION

Abu Dhabi AAID MaxiCourse®
Abu Dhabi, UAE
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Assistant Director: Ninette Banday, BDS, MPH
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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Jennifer Yang
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Phone: 866-586-0521
Website: www.dentalimplantlearningcenter.com

Nagoya, Japan AAID MaxiCourse®
Nagoya, Japan
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Assistant Directors:
Hiroshi Murakami, DDS, PhD, FAAID
Koji Ito, DDS, PhD, FAAID
Komatsu Shinichi DDS, PhD, FAAID
Takashi Saito, DDS, PhD, FAAID
Contact: Yasunori Hotta, DDS, PhD, AFAAID
Email: hotta-dc@ff.iij4u.or.jp
Phone: +81-52-794-8188
Website: www.hotta-dc.com

New York AAID MaxiCourse®
Bronx, NY
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Assistant Director: Joseph C. D'Amore, DDS, AFAAID, DABOI/ID
Contact: Jennifer Yang
Email: jenn.englewooddental@gmail.com
Phone: 866-586-0521
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: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Linnette Dobbs-Fuller
Email: dentalce@nova.edu
Phone: 609-314-1649
Website: www.dental.nova.edu/ce

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Vancouver AAID MaxiCourse®
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Washington, DC AAID MaxiCourse®
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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

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

Bay Area Implant Synergy Study Group
Location: San Francisco, CA
Director: Matthew Young, DDS
Phone: 415-392-8611
Email: young.mattdds@gmail.com
Website: www.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

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: bjjddsimplant@aol.com
Website: 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.advancedrestorativedentistry808.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: 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

Mid-Florida Implant Study Group
Location: Orlando, FL
Director: Rajiv Patel, BDS, MDS
Contact: Director
Phone: 386-738-2006
Email: drpatel@delandimplants.com
Website: 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: www.malosmileusa.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

Other International

Aichi Implant Center
Location: Nagoya, Aichi-Ken, Japan
Director: Yasunori Hotta, DDS, PhD
Phone: 052-794-8188
Email: hotta-dc@ff.iij4u.or.jp
Website: 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

Courses presented by AAID credentialed members

United States

The Dental Implant Learning Center-Basic to Advanced Courses in Implant Dentistry
Dr. John C. Minichetti
Contact: Jennifer Yang
Phone: 866-586-0521
Email: jenn.englewooddental@gmail.com
Website: www.dentalimplantlearningcenter.com/ce-courses/register-online

California Implant Institute
Dr. Louie Al-Faraje, Academic Chairman
Phone:858-496-0574
Email: master@implanteducation.net
Website: www.implanteducation.net

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Contact: Michelle Marcil
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Website: www.jawfixers.com

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Dr. Brian J. Jackson
Contact: Jana Selimovic
Phone: 315-922-2176
Email: education@bostonmaxicourse.com
Website: www.eastcoastimplantinst.com/upcoming-courses

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Dr. Daniel Domingue
Dr. Jerome Smith
Contact: Maggie Brouillette
Phone: 337-235-1523
Email: maggie@jeromesmithdds.com
Website: www.blackwhiteimplants.weebly.com

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info@shulmandds.com
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Website: www.midwestimplantinstitute.com

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Soft Tissue Grafting Sinus Grafting Alveolar Ridge Strategies: Single Tooth to Full-Arch Fully Guided Full-Arch Immediate Implant Reconstruction Contact: Kali Kampmann
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Email: learn@pikosInstitute.com
Website: www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview

Stanley Institute for Comprehensive Dentistry
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Contact: Megan Carr, Interim Director of Continuing Education
Phone: 919-415-0061
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Website: www.stanleyinstitute.com/

Train For Success: Live! Dental Implant Continuum
Dr. Joseph A. Leonetti
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949-257-5696
scottlauer@implantedco.com

Canada

Pacific Implant and Digital Dentistry Institute
Dr. Ron Zokol
Contacts: Barbara Cox and Dr. Faraj Edher
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Website: 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
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Other International

Beirut Implant Dentistry Center Beirut, Lebanon
Dr. Jihad Abdallah & Andre Assaf
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Cancun Implant Institute: Comprehensive Oral Surgery Training for Modern Dental and Implant Practice
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Emails: Jal3658@aol.com
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Phone: 1-800-757-1202
Website: www.cancunimplantinstitute.org

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