PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / 2022 ISSUE 3

AAID NEWS

The Future of Dentistry

Women and Minorities Represent a Demographic Shift

INSIDE

CONELOG® PROGRESSIVE

conical performance at bone level

CONELOG® connection benefits:

- long conus for reduced micromovements[1]
- superior positional stability in comparison to other conical systems[2,3]
- easy positioning with tactile feedback
- integrated platform switching
- "vertical fit feature" designed to minimize vertical discrepancy during workflow

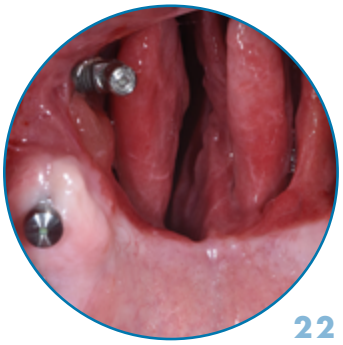
For more information, contact BioHorizons Customer Care: 888.246.8338 or shop online at www.biohorizons.com

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

BIOHORIZONS®

SPMP21097 REV A MAY 2021


6


22


26

31

AAID
AMERICAN ACADEMY OF IMPLANT DENTISTRY

contents

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / 2022 ISSUE 3

aaid.com

Lead Stories

AAID News

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

PRESIDENT'S MESSAGE

Dr. Brian Jackson Thrilled to Cap Off Year of Presidency With Largest AAID Annual Conference Ever

Q: What are you most excited for at the upcoming 2022 AAID Annual Conference, September 21-24 in Dallas, Texas?

Dr. Brian Jackson, DDS, FAAID, DABOI/ID: I have to say that I'm very excited because this is our largest annual meeting ever in the history of our Academy. We're offering 70 courses with more than 40 CE credit hours available. There's going to be more than 25 hands-on workshops, so attendees have a chance to "do" what they learn. Our Main Podium is packed with leaders in our field from around the world. We also have the brand-new All Star Lectures – presentations by some of the best and brightest AAID members.

And don't forget to bring your Team. It's an amazing lineup of presenters that include dental hygienists and assistants, as well as business leadership programs to implement at our front desks.

Dallas is one of the greatest cities in the United States. The Hilton Anatole is a beautiful hotel with amazing meeting space. It's structured for families as well as significant others. It's a spacious, beautiful facility that has a great feel for everyone that's going to be at the conference. We're going to have the Implant World Expo, featuring the most exciting dental exhibitors in the industry, and we're also going to have our Denim and Diamonds theme at the President's Celebration. I can't wait to see everyone in their jeans and jewels!

So come on, come have a little bit of fun and get a little bit smarter!

Q: For those that might not be able to come in-person, I know there's a virtual option. What can people expect from that?

Dr. Jackson: Unfortunately, some of our members and colleagues are just not going to be able to attend for a whole host of reasons. And we don't want to exclude anyone from having the opportunity to be part of the Annual Conference.

So what does that mean? Well, first, we're going to miss you. But if you can't make it, I want to let you know there is a virtual option. Our Main Podium is going to be streamed live, and our All-Star presentations are going to be available on-demand after the conference. That's more than 19 credit hours. So please consider the virtual offerings at this year's annual meeting.

Q: What can we look forward to at the 2023 AAID Annual Conference in Las Vegas, November 1-4?

Dr. Jackson: 2023 is going to be another very exciting annual meeting. It's going to be in Las Vegas, Nevada at the beautiful Caesars Palace. I know Dr. Shane Samy, who will be our acting president, has already built a great team to develop a thought-provoking conference. The theme is *Trends in Transformation*.

Again, I hope to see you in Dallas, and in Las Vegas next year, so mark your calendars!

THE MOST COMPREHENSIVE WARRANTY IN IMPLANT DENTISTRY

I place confidence in Glidewell for all my implant needs — from Hahn™ Tapered Implant to BruxZir® crown — knowing the entire restoration is covered by the lifetime warranty.

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

Predictable, **Flat-Rate Lab Fees** and **20% Off**
All Restorations Over Hahn Implants*

	Flat-Rate Price*	**Exclusive Hahn Price†**
BruxZir Screw-Retained Crown	$299	**$239**
Custom Abutment & BruxZir Esthetic Zirconia Crown	$438	**$350**
BruxZir Implant Prosthesis	$3,399	**$2,719**
Hahn Tapered Implant	**$168 per Implant**	

From implant to crown,
Glidewell stands behind you and your patients — for life.

DISCOVER OUR FULL RANGE OF SOLUTIONS

*Prices do not include shipping or applicable taxes. Flat-rate pricing available for most major implant systems. See Rx available at glidewell.com for specific implant systems covered by flat-rate pricing. †20% discount offered only at Glidewell and cannot be combined with any other special offers. Case must include an implant-level or multi unit abutment-level impression with a Hahn transfer coping or a digital scan with a Hahn Scan Body. Impressions over cementable abutments are not eligible for discount. Lifetime warranty applies to Hahn implant as well as custom abutments and BruxZir implant restorations produced by Glidewell. For more information, visit glidewell.com/policies-and-warranties.

The Hahn Tapered Implant System is manufactured by Prismatik Dentalcraft, Inc., a wholly owned subsidiary of Glidewell Laboratories.

Glidewell Implant Solutions
800-887-3580 • glidewell.com/implant-solutions

MKT-012970_1 GL-2148154-051622

The Future of Dentistry

New data on dental school applicants and enrollees suggest the dental profession is halfway through a seismic demographic shift that will see significantly more women and minorities comprising the dental profession by the year 2040.

Shifts in workforce demographics occur gradually throughout the course of a generation, and recent reports from the American Dental Education Association and the American Dental Association (ADA) Health Policy Institute (HPI) show that trends that started at the turn of this century have accelerated and demonstrate strong staying power. As of 2021, women comprise 56% of first-year dental students —the highest rate ever, according to the ADA Health Policy Institute, which studied the latest changes in demographics of first-year dental students in the Commission on Dental Accreditation's Survey of Dental Education.

continued on page 8

Women and Minorities Represent a Demographic Shift

By Chris Martin

continued from page 7

"As of 2021, women comprise 56% of first-year dental students—the highest rate ever, according to the ADA Health Policy Institute, which studied the latest changes in demographics of first-year dental students in the Commission on Dental Accreditation's Survey of Dental Education."

In 2000, there were 7,770 total dental school applicants and 4,234 first-year enrollees. Among first-year enrollees in 2000, 199 were Black or African American, 926 were Asian, and 227 were Hispanic. Among first-year dental school applicants in 2021, 435 were Black, 1,434 were Asian, and 695 were Hispanic.

Applicant demographics reflect similar shifts throughout this two-decade period, with 391 Black students applying in 2000 and 899 in 2021; while 506 Hispanic students applied in 2000 and 1,370 in 2021. Asian students represented 1,821 dental school applicants in 2000 and 2,676 in 2021. In 2000, there were 4,700 White student applicants, and 5,424 in 2021.

"The trends we see in enrollment are going to accelerate dental practice trends like the growth of large group practice and the decline in ownership," said Marko Vujicic, PhD, HPI chief economist and vice president in an article from the ADA. "We know from our research that, all else equal, women and non-White dentists are more likely to practice in larger groups, for example. They are also more likely to treat Medicaid patients."

Dentistry's shift mirrors what medicine and other professions are experiencing. According to a report from the Association of American Medical Colleges (AAMC), the percentage of women physicians rose from 28.3% in 2007 to 36.3% in 2021, according to the AAMC's Physician Specialty Data Reports from 2008 to 2020[1]

Year	Percentage Increase
2007	28.3%
2010	30.4%
2013	32.6%
2015	34.0%
2017	35.2%
2019	36.3%

1 *https://www.aamc.org/data-reports/workforce/report/physician-specialty-data-report*

The impact of STEM

Some experts suggest the nation's emphasis on exposing young girls and women to more science, technology, engineering, and math (STEM) curricula may be having an impact on the number of women who seek careers in dentistry and medicine. It is not a coincidence that 2022 is the 50th anniversary of Title IX, the federal statute that has helped girls and women advance in a variety of educational spheres, including athletics, scholarships, and STEM.

Educators note that students who take STEM classes in high school are more likely to pursue STEM degrees in college, according to a 2018 report by the National Science Foundation (NSF)[2].

"Educators—regardless of what level—should encourage girls to use their interests in technology to serve others because that's what is attractive to girls," said Michelle Kavanaugh, acting executive director of the Western New York (WNY) STEM Hub. The WNY STEM Hub is a 501c3 organization that works with schools to "develop, nurture and maximize interest in STEM learning."

Other groups have noticed that the number of women in STEM college and university programs is growing. According to the Society of Women Engineers, in 2018, 49.6 percent of degrees in science and technology were earned by women and women comprised 29.4 percent of science and technology jobs in 2019.

Dental schools and female students

As more female students attend medical and dental school, there are certain considerations that schools must now factor into their programs and curricula.

The Accreditation Council for Graduate Medical Education (ACGME), a group that oversees medical training, implemented an important policy update in 2022 when it began requiring all ACGME-accredited programs to offer six weeks of paid leave to all residents/fellows for medical, parental, and caregiver leave, with the right to take such leave effective on the individual's very first day in the program.

Policy changes like ACGME's will help, but Dr. Jasmine Sung, from Houston, Texas, said that dental schools also need to consider changes to the physical spaces where female students who may be pregnant can have access to accommodations they need, such as rooms or areas for nursing mothers.

"I think it would be reasonable to provide at minimum a private space or room for pumping breastmilk," she said. "I also think that these days people are more aware and thus more compassionate and understanding in that women sometimes need to step away to take care of their children's needs."

Dr. Chad Gehani, an endodontist and a past president of the ADA who practices in Jackson Heights in Queens, N.Y., is in a unique position to observe the gradual change in demographics. "My wife and daughter are dentists, and they work hard and are very competent," he said. Dr. Gehani urges that dentistry as a profession should do more to recruit and retain women while they are in dental school, beginning with basic accommodations from better and more bathrooms to eliminating the requirement that forces women to repeat an entire year of dental school as a result of taking time off to have a baby.

"What happens when a female dental student gets pregnant? She may not be able to go to school for three months and the schools often make that student repeat that entire year," he said.

Long-held gender stereotypes are slow to change, even with the increase in the number of female dentists. Dr. Sung also says that as much as the general public purports to support gender equality, the current culture has ingrained in most people that women will bear the burden of childcare, and in dentistry that has certain implications.

continued on page 10

2 *https://nsf.gov/statistics/2018/nsb20181/assets/901/science-and-engineering-labor-force.pdf*

continued from page 9

While gains among women, Asian students, and Hispanic students should be lauded, the dental profession still lags other professions in recruiting and retaining African American students and dentists.

Benefits and challenges female dentists may face

For AAID members and other dentists, this shift in gender demographics may have positive impacts on the profession, including addressing some patient preferences. "There are a number of patients who request female dentists due to cultural or religious considerations. In addition, some female patients find women dentists to be better listeners during consultations and have a somewhat more delicate touch with their work," said Sal Mati, DMD, an AAID member in Bingham Farms, Mich.

As a female dentist, Dr. Sung has also experienced the effects of gender bias from new patients. "Some patients tend to listen more and be less likely to dictate their treatment preferences to male [dentists]," she observed. "I have also seen they assume upon meeting me I am better at cosmetic dentistry over surgical cases."

The upshot is she has had to work harder to gain patients' trust and respect than the male associates who do surgical cases.

"Many female dentists opt to be associates versus practice owners because they need the flexibility to work shorter hours to pick up their children, make dinner, help with homework, take them to their extracurriculars, etc. It's not surprising that since the pandemic, the majority that left the workforce are women because they had to stay home to take care of their children and help with online learning," she said.

Despite advances, racial disparities still exist

While gains among women, Asian students, and Hispanic students should be lauded, the dental profession still lags behind other professions in recruiting and retaining African American students and dentists.

According to the ADA HPI report: "The percentage of enrollees who were African Americans was 4.7 % in 2000 but in 2019, it was 5.78% while blacks comprise 13.4 % of the entire population. A different ADA HPI on Racial and Ethnic Mix of Dental Workforce released in 2022 tells an even bleaker story. In 2005, African Americans made up 3.7% of the dentist workforce in the U.S. In 2020, that percentage was only 3.8%."

Writing in the April issue of the *Journal of the American Dental Education Association*, Romesh P. Nalliah states: "Very little progress has been accomplished in growing the enrollment of BAA [Black and African American] applicants to dental school in 20 years. As a profession, we also fail to grow interest among our graduates in careers that may support historically underrepresented and marginalized racial groups—public health, rural practice, population research, academic and health policy. This may be a contributing factor to the oral health disparities faced by Black Americans and have implications for dental education."

Dr. Gehani, who served as ADA President in 2020, said much more action needs to take place so the dental profession mirrors the demographics of the larger American population. "We need to ask questions of ourselves and our profession—how many African American students were recruited by each organization and dental school?" he said.

It is also important to consider how many Hispanic students are pursuing careers in dentistry. The number of Hispanic students enrolled in dental school increased over the last 20 years, but according to Manuel A. Cordero, DDS, CPH, MAGD, executive director & chief executive officer of the Hispanic Dental Association, it is extremely important to have both cultural competency as well as mirroring of the population.

"There is no way to provide enough native Spanish-speaking licensed professionals to serve the close to 60 million Hispanic community members already within our borders," he said.

Dr. Cordero believes the shifting demographics will create profound changes in the way dentistry is practiced.

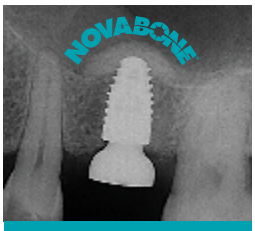
"The commercialization of dental practice will definitely change due to the increase of well managed DSOs [dental support organizations]," he said. "They provide the structure which is ideal to the part-time or selected time oral health professional. The purchase power as well as the negotiating power of a larger DSO will enhance the financial intake of those associated with large practices and then continue to grow in the future," he said.

The changing demographics of those who are pursuing careers in dentistry is an incredible thing to witness. The fact that the number of students of color and women choosing to attend dental school is increasing ensures that the face of dentistry is much more varied now than it has ever been. But there is still work to do, from program and curricula shifts to perceptions among patients and throughout the profession.

OSTEOGENICS

NOVABONE®
Bone Graft Putty

OSTEOSTIMULATIVE BONE GRAFTING PUTTY



Case image courtesy of Dr. Philip M. Walton

NovaBone® is 100% synthetic, fully resorbable, and bioactive. Disposable uni-dose cartridges simplify dispensing of the graft, especially in hard-to-reach areas, thus facilitating minimally invasive techniques like ridge preservation and ***crestal-approach sinus lifts.***

SPECIAL AAID OFFER:

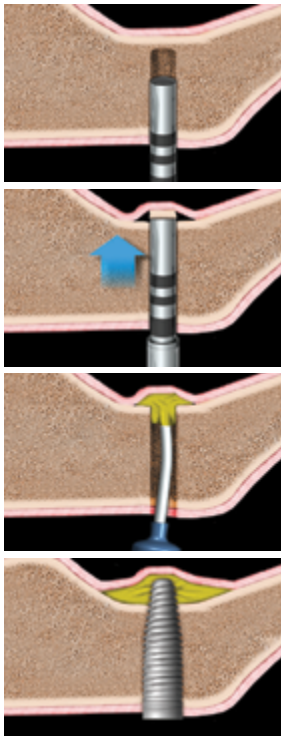
$25 OFF + FREE Cartridge Applicator Gun
+ FREE 2nd Day Shipping

Cartridge System

0.5 cc Cartridges x 2	NA3620	~~$196~~	**$171**
0.5 cc Cartridges x 6	NA3660	~~$480~~	**$455**
0.25 cc Cartridges x 4	NA4640	~~$205~~	**$180**
Cartridge Applicator Gun	NA4600	~~$50~~	**FREE**

expires **September 30, 2022** | offer code **AAID822**

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.

To order, call **1.888.796.1923** or go to **osteogenics.com/NovaBone** for product information

By Colin Callahan and Justin Withrow, Partners at Flannery | Georgalis

AAID Secures Landmark Specialty Advertising Settlements in Michigan and Oregon

For the past two years, we have had the privilege of representing the American Academy of Implant Dentistry (AAID) in litigation challenging unconstitutional state restrictions on members' ability to tout their expertise in implantology. The mission that our colleague, Frank Recker, JD, DDS, began years ago has resulted in a growing list of states repealing, revising, or suspending enforcement of their specialty advertising regulations. Now, two more states—Michigan and Oregon—have joined Texas, Iowa, California, and others in acknowledging AAID members' right to accurately advertise their experience and credentials in implant dentistry.

So, what do the settlements in Michigan and Oregon mean for providers in those states? This article briefly summarizes the course of litigation and the state of play post-settlement in both jurisdictions.

Pierre J. Tedders, DDS et al. v. Orlene Hawks, 1:20-cv-00251, United States District Court for the Western District of Michigan

Unlike prior constitutional challenges in other states, AAID initiated the Michigan litigation in March of 2020 to protect the rights of one of its individual members, ABOI/ID Diplomate, Pierre Tedders, DDS, against whom the State had already brought disciplinary charges earlier in the year. Dr. Tedders' violation, according to the State, was accurately describing himself as a board-certified implantologist on billboards, his practice's website, and other social media platforms. Specifically, Michigan contended that Dr. Tedders' assertion that he was a "Board-certified implantologist" was misleading to the public because implantology is not a recognized specialty in Michigan.

"After successfully defending Dr. Tedders in the administrative matter…Michigan ultimately agreed that Dr. Tedders and other similarly situated Michigan-licensed dentists were entitled to advertise themselves as a 'specialist' or 'Board Certified' or 'having a specialty' in implantology/dental implants, provided that such designation was accurate based on credentials awarded by the AAID, the ABOI/ID, or another organization recognized by the American Board of Dental Specialties."

"Oregon attempted to limit AAID members' ability to advertise in a somewhat different manner than past states. Specifically, instead of expressly limiting specialty status—and thus the ability to advertise—to fields recognized by the ADA, Oregon enacted regulations that also extended such rights to dentists that had "completed an advanced education program that is at least two years in length and is recognized by the United States Department of Education."

After successfully defending Dr. Tedders in the administrative matter—which the State dropped shortly after we filed our broader constitutional challenge to Michigan's advertising regulations and withstanding two motions to dismiss filed by the State—Michigan ultimately agreed that Dr. Tedders and other similarly situated Michigan-licensed dentists were entitled to advertise themselves as a "specialist" or "Board Certified" or "having a specialty" in implantology/dental implants, provided that such designation was accurate based on credentials awarded by the AAID, the ABOI/ID, or another organization recognized by the American Board of Dental Specialties.

As a result of the Michigan settlement, all current and future Michigan dentists who attain the same credentials are lawfully permitted to advertise themselves as a specialist or Board-certified in dental implants.

American Academy of Implant Dentistry, et al. v. Stephen Prisby, 3:21-cv-01182, United States District Court for the District of Oregon

The Oregon Litigation too was different from past constitutional challenges in other states. In seeming recognition of the landmark decision in *AAID v. Parker*[1], in which the Fifth Circuit unambiguously held that the Texas regulation restricting dentists from advertising as a specialist in practices areas not recognized by the American Dental Association (ADA) as a specialty was an unconstitutional restriction on Plaintiff's First Amendment right to free commercial speech, Oregon attempted to limit AAID members' ability to advertise in a somewhat different manner than past states. Specifically, instead of expressly limiting specialty status—and thus the ability to advertise—to fields recognized by the ADA, Oregon enacted regulations that also extended such rights to dentists that had "completed an advanced education program that is at least two years in length and is recognized by the United States Department of Education."[2] As a practical matter, however, the impact of Oregon's regulations was the same because the Department of Education relies on the ADA to decide which programs to recognize. Such that under Oregon's regulatory regime, the ADA, yet again, remained the sole arbiter of which dental specialties should be recognized in Oregon. And, relatedly, which dentists could lawfully advertise as specialists.

Oregon too filed a partial motion to dismiss. Unlike Michigan, however, Oregon did not even seek to dismiss AAID's core constitutional free speech claims. While awaiting a ruling by the judge on Oregon's limited motion to dismiss, an agreement was reached with Oregon, pursuant to which the State agreed:

1. Not to enforce its specialty advertising regulations against AAID members[3];
2. Repeal specialty advertising regulations prohibiting advertising as a "specialist" in specialty areas of dentistry not recognized by the Board; and
3. Recommend to the Governor the repeal of statutory specialty advertising restrictions in the Governors 2023 legislative agenda[4]

As a result of this settlement, Oregon providers who have attained Diplomate status are thus lawfully permitted to advertise themselves as a "Specialist." Additionally, AAID members who have not attained Diplomate status may advertise that they practice implant dentistry and are exempt from any requirement that they identify themselves as a general dentist or a specialist in another specialty.

Dentists should carefully review the advertising regulations in their state before publishing any advertising materials to the general public. As the AAID continues to work to protect its members' free speech rights across all 50 states, it will be interesting to see how, if at all, Dental Boards seek to regulate AAID members' accurate advertising of their experience and credentials. For now, let's enjoy the victories. Congratulations to those in Michigan, Oregon, and the organization as a whole.

References

1. 860 F.3d 600 (5th Cir. 2017)
2. See ORS 679.546.
3. OAR 818-015-0007-(1) and (3)
4. ORS 679.546

Colin Callahan and Justin Withrow are partners at Flannery | Georgalis. In addition to pursuing specialty advertising litigation on behalf of the AAID, Colin and Justin both have extensive experience representing healthcare professionals and entities in a variety of regulatory matters. Colin, the partner-in-charge of the Firm's Pittsburgh office and former healthcare fraud prosecutor in the Western District of Pennsylvania, has significant experience in criminal and civil healthcare-related matters. Justin, based in the firm's Cleveland office, regularly represents dentists and practice groups in regulatory matters and investigations.

By Roger P. Levin, DDS

The New Paradigm in Case Presentation

Case presentation has been through multiple levels of transformation based on a changing set of ethics, morals, and laws over the years. Until the middle 1980s, case presentation was never thought of as selling. The word "selling" was unacceptable and was considered unethical and unacceptable by the dental profession. It was the changing legal status that allowed dentistry to advertise for the first time and began the transformation of case presentation becoming a sales process.

The truth is that case presentation is always about selling. Regardless of what you want to call it, the fact is when you offer to give someone something for some type of remuneration, you are selling. However, we must also consider that there are many types of selling, which include a range from high-quality sales to the proverbial used car salesperson and everything in between. Dentists did not want to be considered in the used car salesperson category, so case presentation was always thought of something different than selling even though it still constituted sales.

Sales is one of the largest professions in the world. All major businesses have local, national, and/or international salesforces. There are telephone sales call centers, sales managers, sales vice presidents, and sales training departments. Sales is not just a job; it is a profession with incredible science behind it. Corporations spend millions of dollars every year researching how to improve salesforce performance and training of salespeople. This is not some small, isolated area on a used car lot. It is one of the biggest, most powerful, and most important factors in business today.

By the middle 1990s, dentists were getting on board. While many dentists were still uncomfortable with the idea of selling, they began looking for opportunities to increase practice production. Case presentation enhancement was one of the best opportunities, and education in this area began to increase as speakers and authors were teaching case presentation at seminars and workshops.

"Corporations spend millions of dollars every year researching how to improve salesforce performance and training of salespeople. This is not some small, isolated area on a used car lot. It is one of the biggest, most powerful, and most important factors in business today."

As I look back over time, I can break case presentation into three historical eras. The first was the pre-selling era when dentists never referred to case presentation as selling. The second era was the emergence of case presentation as a practice management factor. This is when dentists began to accept that they were selling services and began to learn more about how they could sell better. At first, they may not have thought of it this way, but as practices became more competitive and sought to improve productivity, dentists began to study and measure case presentation and case acceptance. We are still in the second era, and it is going well. Dentists are learning how to better communicate with patients, build the right scripting and verbal skills and, subsequently, improve case acceptance.

I would like to propose that we are now entering a third era that I refer to simply as "having a conversation." Patients are becoming more knowledgeable, savvy, cynical, and research-oriented. This has most definitely been brought about by the enormous amount of information found accessible on the internet. While much of that information is accurate, the fact is that people can research everything from the details of procedures to reviews of the practice or dentist. They come armed with questions and information, or they go home and research their questions and seek more information.

The paradigm shift in case presentation is to start having conversations with patients. In some ways I have even thought about changing my vocabulary and replace the term case presentation with case conversation; however, for purposes of this article, case presentation will remain the term. Still, I strongly urge you to consider that your "presentation" is now really a conversation, and dentists and staff members who do this best with their patients come out winners.

Remember, a conversation is not a one-way street; rather, it's a two-way street. You must start to include the patient in the case presentation. It is critical to ask questions about the patient's thought process and interest and identify the patient's questions so that you can answer them and create a high level of comfort. Even the discussion of money is a conversation. It is no longer about how much a case costs, it is about how the patient can pay for it using different financial options and this must be part of the conversation.

Just imagine if you could sit down with any patient in a calm, relaxed setting without interruptions and simply have a conversation with them about their dental status, dental needs, and dental wants. Imagine that you are still the expert at making clear recommendations for patients' needs—*but* by having a powerful, relationship-building conversation that usually results in case acceptance. Imagine having conversations with patients who appreciate the opportunity to be fully informed and begin

continued on page 16

Business Bite

continued from page 15

to trust you and your entire practice more. In the end, trust is the main factor in case presentation and conversations are the best way to build that trust.

Many dentists may think that they already have conversations with their patients, but they are probably fooling themselves a bit. Certainly, the patient gets to talk and ask questions. And, of course, the dentist will answer questions. But is it really a conversation? Is it back-and-forth? Does the patient participate all along the way? Is it really a two-way street?

There was a time when dentists and physicians were viewed as sitting in an ivory tower. Patients did what they were told if they could afford it. Today's patients are empowered. They respect their doctors, but they do not idolize them. They are more than willing to change practices, doctors, or insurance plans because they no longer believe that their doctor is the only doctor. Consider utilizing case conversations, especially with your larger treatment plans to increase your case acceptance and persuade more patients to accept the treatment you recommend for their ultimate oral health.

"Patients are becoming more knowledgeable, savvy, cynical, and research-oriented. This has most definitely been brought about by the enormous amount of information found accessible on the internet. While much of that information is accurate, the fact is that people can research everything from the details of procedures to reviews of the practice or dentist."

Discover a new esthetic **mindset**

Zi is designed for **immediate solutions** with a **comprehensive zirconia** prosthetic portfolio

Ceramic
Implant System

Learn more
neodent.us/zi

ifu.neodent.com.br/en

NEODENT®
A Straumann Group Brand

Hand-held Ultrasonographic Assessment in Dentistry

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

Ultrasonography (USG) is a non-invasive diagnostic imaging tool for quantitative assessment of anatomic structures. Intraoral ultrasonography uses high-frequency mechanical waves generally in the range of 7.5-15 MHz and can be used to identify anatomical landmarks. Intraoral sonography is portable and cost-effective and has no ionizing radiation.

There are many anatomical landmarks and diseases that can be examined and evaluated with USG. For example, the mental foramen contains the terminus of the inferior alveolar artery, nerve and vein. The mental foramen and mental nerve are clinically important landmarks for preoperative assessment to prevent intraoperative and postoperative complications. Avoiding this neurovascular bundle is important to preclude complications, altered sensation of the lower lip and inordinate bleeding. USG can help identify the location of this structure.

A USG device operates by generating ultrasound waves projected into a tissue via a probe and then receiving the reflected waves by a scanner for measurement. A transducer generates the ultrasound waves and directs them, through a probe, into a chosen tissue site. The waves encounter the tissue and bounce back to be received by a scanner and projected on a monitor screen. The screen continually changes as the probe is moved about the skin, directing the waves into the underlying tissue. Tissues of different composition and density will reflect the waves accordingly and be measured differently by the scanner.

These ultrasonic waves can also be used to assess blood flow though arteries and veins. The type of wave frequency used would vary according to the type of tissue being examined. A low frequency would be used for assessment of liver, but a higher frequency would be used to examine cervical arteries. A water-based gel is used as an intermedium on the skin to conduct the sound waves into the skin and into the underlying tissue. The probe is moved about the skin surface to provide different point wave sources for the scanner to receive and produce varying images on the monitor screen.

Ultrasound can identify the mental foramen from the facial aspect but not from the lingual due to bone thickness.

Ultrasound is useful in imaging soft tissue and osseous surfaces. It has no side effects and not uncomfortable for most patients and is cost-effective.

The sound wave is generally produced by a piezoelectric transducer. Frequencies are usually 1-18 megahertz (MGH) for clinical usage. The sound wave is focused to a desired depth of penetration. The sound wave is reflected back from blood cells and soft tissues—which are acoustic impedance structures—to the transducer for image creation. The transducer converts the received sound wave into electric impulses which are in turn converted to a digital image on the screen. The image reflects how long the wave took to be returned to the transducer and how strong the reflected wave was.

There are a variety of modes of USG that are used for various tissues and for diagnostics and therapeutics. A-mode is a therapeutic modality for treatment of neoplasms. B-mode or 2-d mode is used for scanning tissue planes and blood flow. C-mode is used in conjunction with A and B modes to scan a large area at a specific depth. M (motion)-mode is for video production by use of A and B modes. Doppler mode is used for evaluating blood flow by measuring the blood velocity towards or away from the probe. Pulse inversion mode is used to assess tissue gasses. Harmonic mode is for deep tissue penetration imaging. Biplanar USG can combine reflected waves to produce a three-dimensional image.

USG is useful for imaging soft tissue and osseous surfaces. It has no side effects, is non-invasive, not uncomfortable for most patients, and is cost-effective. USG does not generally penetrate bone. A hand-held USG unit that may have clinical use in dentistry is available (Lumify, Phillps Ultrasonics, Inc. Bothell, Wa. 98021).

USG: Oral Applicability With a Hand-held Probe

Bones of the Jaws

Bone is ultrasonically very different than soft tissues. The facial cortices of the maxilla and mandible can be very thin in the edentulous jaw. A cortex less than 2mm may allow deeper penetration of sonographic waves.

Enamel and Dentin

Some studies have employed a single transducer or an array of transducer elements to study enamel and dentin. The ultrasonograms clearly showed the cross-sectional morphological images of the hard and soft tissues. The enamel-dentin interface, dentin-pulp interface, and the cemento-enamel junction were clearly imaged.

Periodontal Tissue

USG of periodontal tissues can provide structural information of the gingival attachment. Periodontal USG is reliable for evaluating the attachment level of the dental junctional epithelium. An in vitro study was performed on porcine mandibles. The USG measurements were compared with direct dissection microscopy measurements. It was found that the computer processing of the ultrasound images slightly modified the contour of the gingival sulcus. Statistical analysis showed that with respect to the gingival sulcus height there was good correlation between the USG and direct microscopic measurement.

Mental Foramen

One study of 100 subjects that was reported in duplicate journals used ultrasonography to find mental foramina. A high frequency (8MHz) transducer (PLF.805ST) of a diagnostic ultrasound system (model SSA-510A) was used superior to the inferior border of the mandible and lateral to the mentum in the suspected area of the mental foramen. The marker of the transducer was directed cranially to locate the foramen that was then related to the closest mandibular premolar tooth. Most often the foramen was directly apically in line with the long axis of the second premolar on the right (44%) and between the first and second premolars on the left (44%).

continued on page 20

Clinical Bite

continued from page 19

Ultrasound is a sensitive modality to locate the mental foramen. With experience, the elapsed time for identification took about 10 seconds. Ultrasound imaging can identify the location of the mental foramen from the facial aspect but not from thick lingual cortex.

Bisphosphonate-Related Osteonecrosis of the Jaws

Seventeen patients with bisphosphonate (BP)-related osteonecrosis of the jaws (BRONJ) were studied with ultrasonography. The diagnosis of BRONJ was made based on clinical and radiographic findings. The bone architecture was imaged ultrasonically. The ultrasound bone profile index (UBPI), amplitude-dependent speed of sound (AD-SoS), bone biophysics profile (BBP), and bone transmission time (BTT) were measured. There were 17 BRONJ patients (62 ± 4.24; range: 45-82); 10 (58.8%) were male and seven (41.1%) were female, of whom 11 (64.7%) suffered from multiple myeloma, three (17.6%) from osteoporosis, one (5.8%) from prostate cancer, one (5.8%) from kidney cancer, and one (5.8%) from leukemia. Fourteen (82.3%) of them received intravenous BP whereas three (17.6%) received oral BP. Nine (9/17; 52.9%) patients developed a bone exposure: the maxilla in two patients and in the mandible seven patients. The UBPI score was significantly reduced in BRONJ patients with exposed bone when compared to controls (0.47 ± 0.12 vs. 0.70 ± 0.15; $p = 0.004$). Quantitative ultrasound can show bone microarchitecture alterations in BRONJ patients and may be able to detect of bone degeneration associated with BRONJ.

Jaw Lesions

USG can be useful in the diagnosis and monitoring of jaw lesions. Fifteen patients with intra-osseous jaw lesions of the maxilla or mandible were studied. Panoramic, computed tomography (CT), cone beam computed tomography (CBCT) and USG were performed and compared. In 12 cases, the size of the USG lesion measurements agreed with CT or CBCT. The size of 3 lesions could not be measured due to the thickness of buccal cortical plate. USG may be useful in monitoring osseous jaw lesions.

Temporomandibular Joint

The measurement of the maximal mouth opening has been regarded as a reflection of the mobility of the temporomandibular joint (TMJ), but this is not a reliable assessment. Sonography can be reliably used to assess TMJ disc displacement, mobility, to help manage temporomandibular disorders and assess treatment outcomes.

A resolution frequency of 7 to 15 MHz may be needed to appropriately assess the TMJ. USG can be used to detect joint effusions and assess the functionality of the joint.

USG was performed during routine TMJ examinations on 84 asymptomatic students with an Arcus Digma ultrasound device. Mandibular functional movement and the dynamic relationship of the incisors and condylar motion was studied. Unilateral mastication and limited jaw openings were found in 19 of the students. Thus, TMJ functional abnormalities can be found with USG in patients with or without symptoms.

Analysis of TMJ function can be done using condylar path tracings, but practically this may be difficult to perform, and the pattern may be ambiguous. Skin surface points marked over the TMJ region are arbitrary indications for the location of the condylar head. Arbitrary marks may not depict the actual anatomical locations of the condylar heads thus making subsequent pathway evaluation conjecture. SICAT Function is a software application that links CBCT scans with ultrasound-based, three-dimensional (3D) functional jaw movement recordings of the mandible made using the JMT+ Jaw Motion Tracker (SICAT, Bonn, Germany). Digital images of the dental arches acquired on an intraoral scanner (Cerec System, Sirona) can also be linked. This linkage generates a 3D virtual model of the bony mandible and TMJ. These combinations of technology depict the 3D dynamic movement of the condyles and the condylar paths. TMJ function can be visualized and assessed; thus, temporomandibular disorder complaints can be investigated with accurate readings of function correlated to the condylar positions and boney structures.

Ultrasound should not be used as a sole diagnostic tool but in conjunction with other diagnostic modalities.

USG also may be used to guide TMJ injections with greater accuracy. A cadaveric study showed that injection guided by USG had a high rate of accurate needle placement in a mouth closed position.

A recent device was made available that may have application for TMJ diagnosis. A hand-held device used with an appropriate cell phone may be used for sonographic imaging of the TMJ (Butterfly iQ, Phillips, Amsterdam Neth.). This device may have applications for sonographic imaging of other anatomical structures and aid in diagnosis.

Vascular Blood Flow

Color doppler ultrasound can be used to measure arterial flow. Systolic-peak maximum velocity (SPV), final diastolic velocity (FDV), resistive index (RI), pulsatility index (PI), acceleration, and flow direction of an artery can be measured. Local arterial obstructions can be identified as well.

Blood flow can be demonstrated with USG (Jahnke). Video images that show the direction of blood flow in colors for visual differentiation can be recorded. Vasculature as small as 0.5mm diameter can be identified. The vascular supply of lesions can be quantitively determined non-invasively. As such, lymphomas can be differentially identified from vascular tumors, malformations, and salivary gland disorders.

The mental artery is the terminus of the inferior alveolar artery. Its flow can decrease with age and may have an etiological role in alveolar bone volume and atrophy. Alterations of mental artery flow can be assessed with USG. A study was conducted on patients aged over 60 years. An intraoral B-mode Doppler USG was used to assess mental artery flow. The USG signal was deemed either as strong or weak/absent. Low bone-mineral density on dual-energy X-ray absorptiometry and mandibular cortical index on panoramic radiographs were analyzed for risk factors for weak/absent USG signal. Thirty ultrasound examinations—12 cases and 18 controls—were assessed. A weak/absent mental artery flow and alveolar bone height was significantly associated with edentulism. Edentulism is associated with diminished mental artery flow that affects alveolar bone height. An attenuated vascular flow may cause atrophy of a bone resulting in attenuated bone volume.

Surgery

Ultrasonic frequency is an audible frequency which can be used to cut tissue. Ultrasonic vibration can facilitate scalpels, needles, and trocars cut and cauterize; however, there is a small zone of associated tissue damage. An audible frequency applied to a needle reduces the needed puncture force and it does not cause significant tissue damage. Needle insertion force needed is lower and the needle diameter can be decreased.

Bone drilling is routinely done in oral surgery. Ultrasonics used with an osseous drill can dramatically reduce the force needed in bone drilling for minimal effort and decrease tissue damage.

An ultrasonic surgical system may be used instead of a surgical drill for decompression of the facial nerve. In patients with Bell's palsy and facial nerve tumors, a middle cranial fossa through-the-cranium approach has been used for nerve decompression. Nonetheless, this approach is difficult and there is a risk of injury of the facial nerve and to the cochleovestibular organs. Appropriate training is needed before using this modality. The ultrasonic system may also be used for inferior alveolar nerve decompression.

Surgical Healing Assessment

USG can be used to evaluate postoperative orthognathic healing progression. One study postoperatively evaluated orthognathic surgical healing progression in 10 patients. They assessed new bone formation after sagittal split osteotomies. The bone gap was measured and followed as healing progressed up to 4 months. The ultrasonography found the new bone to equal in situ bone at the 4-week mark which was confirmed with tomography. Ultrasonography may accurately assess postoperative osseous healing.

continued on page 32

JOISAMPLER

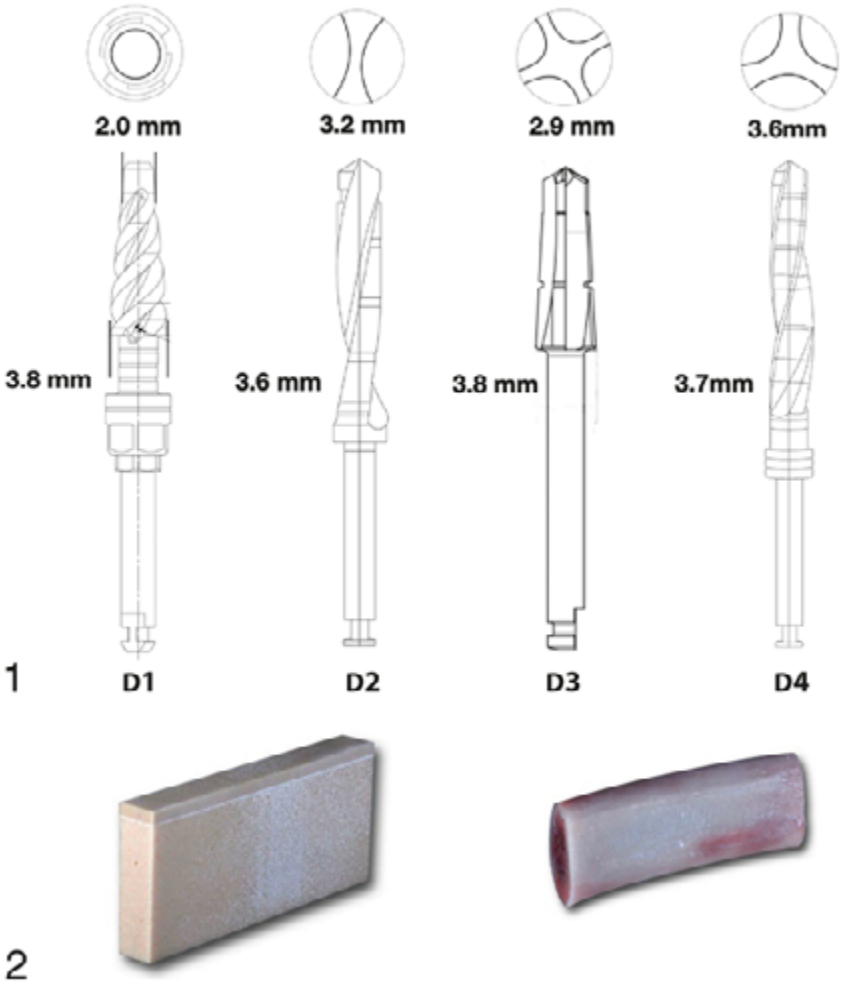
Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we selected a few articles that have broad applicability to the daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 48, Issue 3 (2022).

RESEARCH ARTICLE

Heat and Sound Generation During Implant Osteotomy When Using Different Types of Drills in Artificial and Bovine Bone Blocks

In this study, the researchers' purpose was to compare heat and sound generated during implant osteotomy when different types of drill were used in artifical bone and bovine bone blocks.

Sunee Limmeechokchai, DDS, MSD,
Joseph Y. Kan, DDS, MS
Kitichai Rungcharassaeng, DDS, MS
Charles J. Goodacre, DDS, MS
Jaime Lozada, DMD
Udochukwu Oyoyo, MPH, *Journal of Oral Implantology*. 2022;8(3):187-193.

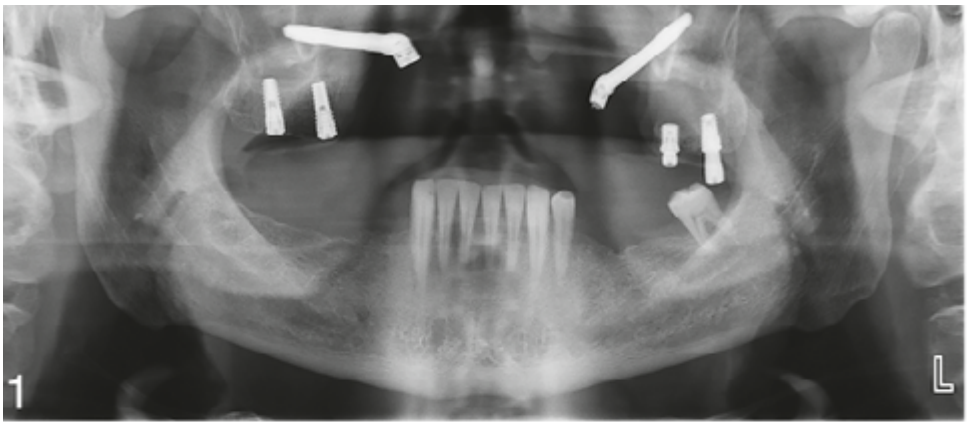


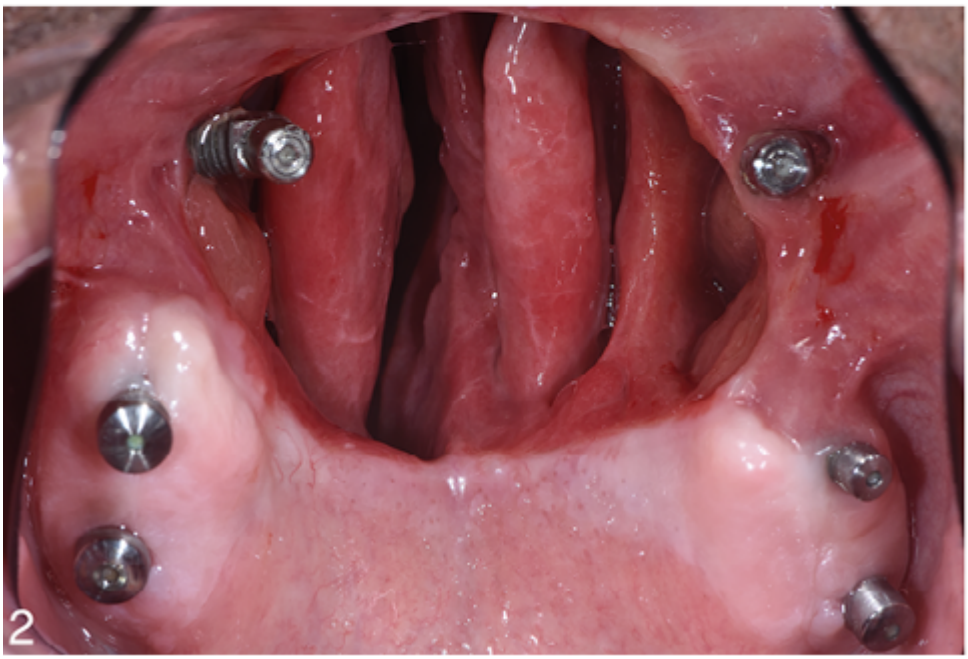
CASE REPORT

Implant-Supported Prosthetic Rehabilitation of a Patient With Squamous Cell Carcinoma: A Case Report

In this report, authors describe implant-supported prosthetic rehabilitation of a patient who underwent maxillary resection because of squamous cell carninoma.

Mustafa Gundogdu, DDS, PhD1, Sumeyye Cansever, DDS, Muhammed Salih Karaavcı, DDS, PhD, Umit Ertas, DDS, PhD, *Journal of Oral Implantology*. 2022;8(3):215-219.



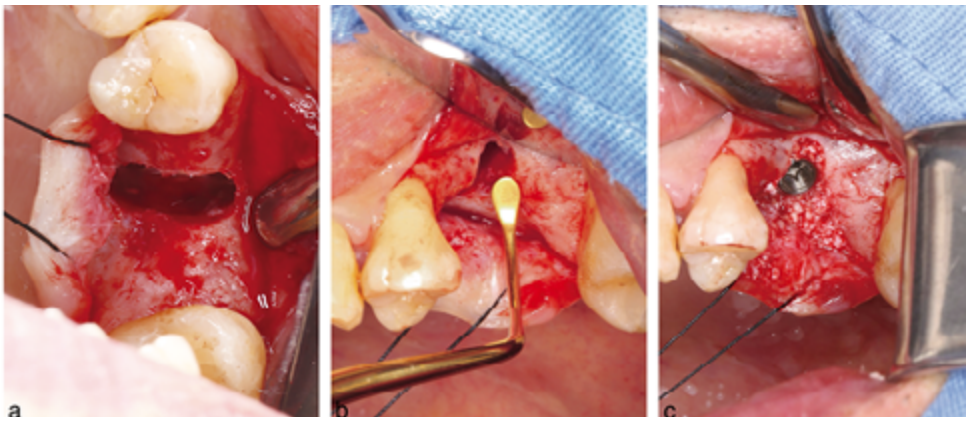


CASE REPORT

A Modified Transalveolar Sinus Floor Elevation Approach With a Bilaterally Enlarged Osteotomy

Researchers in this clinical report describe a modified transalveolar approach to elevate the Schneiderian membrane when placing implants on a severely resorbed maxillary posterior ridge with a buccal-palatal width of more than 8.0 mm.

Yuting Zhang, MDS, Xin Zhang, DDS, Jian Wang, DDS, PhD, Qianbing Wan, DDS, PhD, Lei Li, DDS, PhD, *Journal of Oral Implantology*. 2022;8(3):237-242.



continued on page 25

ALL-ON-4 & FULL-ARCH IMMEDIATE LOADING

LIVE PATIENT SURGICAL TRAINING

CALIFORNIA IMPLANT INSTITUTE

CURRICULUM HIGHLIGHTS

- Evidence-based protocols for proper treatment planning of full-arch immediate loading cases, including treatment planning for All-on-4 cases
- Biomechanics for the All-on-4 protocol
- Fabricating provisional and definitive prosthetic options
- Addressing potential complications & how to solve them
- Digital workflow

PROGRAM CURRICULUM

This 6-day comprehensive All-on-4® and Full-Arch Immediate Loading LIVE patient program covers the treatment planning, surgical, prosthetic, and laboratory phases of the full-arch immediate loading procedures for edentulous patients and those with terminal dentition.

Program Includes

- All implants and materials
- Certificate of attendance
- 48CE
- Pre-screened patients
- Learn guided placement
- All meals provided

6-DAY PROGRAMS

Multiple dates offered throughout the year.
Visit our website for details.

SPEAKER

Dr. Louie Al-Faraje

Clinical Director,
California Implant Institute

+1.858.496.0574

www.implanteducation.net

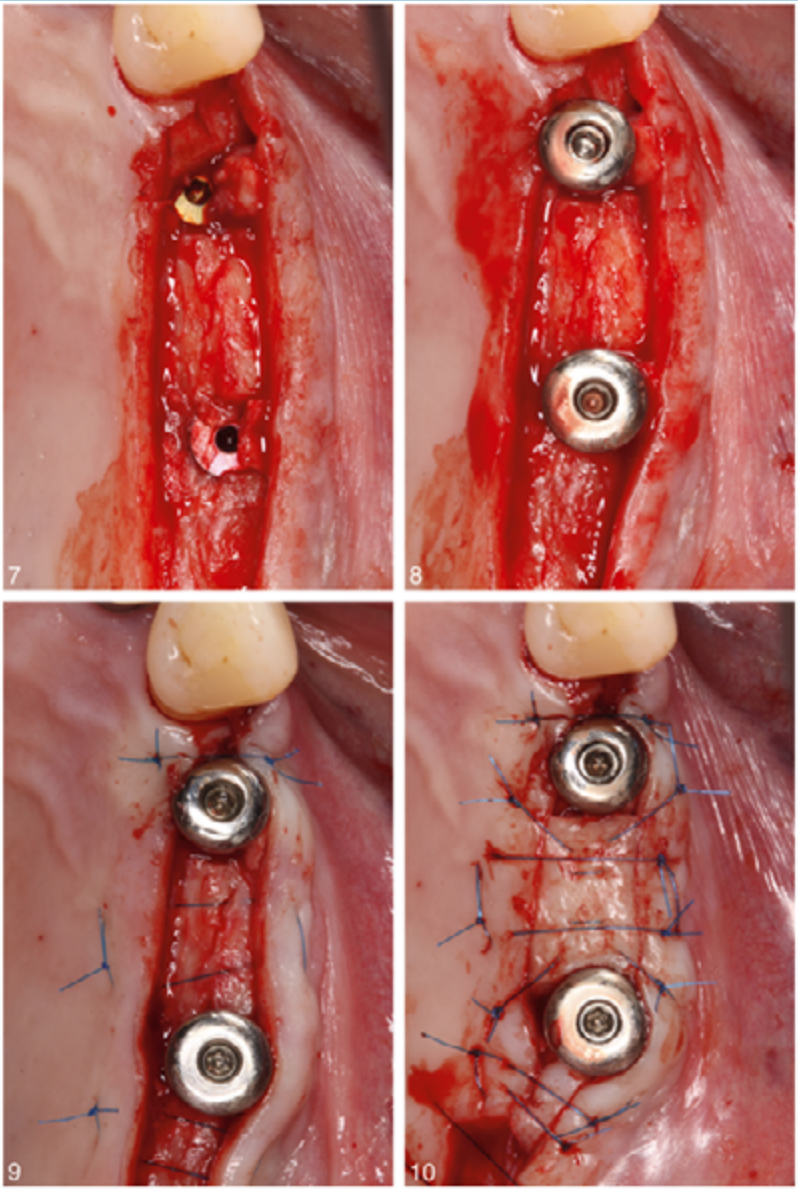
Rosarito Beach, Mexico

team@implanteducation.net

PACE
ACADEMY OF GENERAL DENTISTRY
PROGRAM APPROVAL FOR CONTINUING EDUCATION

JOI Sampler

continued from page 23



CASE REPORT

A New Technique for Second-Stage Surgery in the Posterior Maxilla to Enhance and Thicken the Keratinized Gingiva - A Case Report

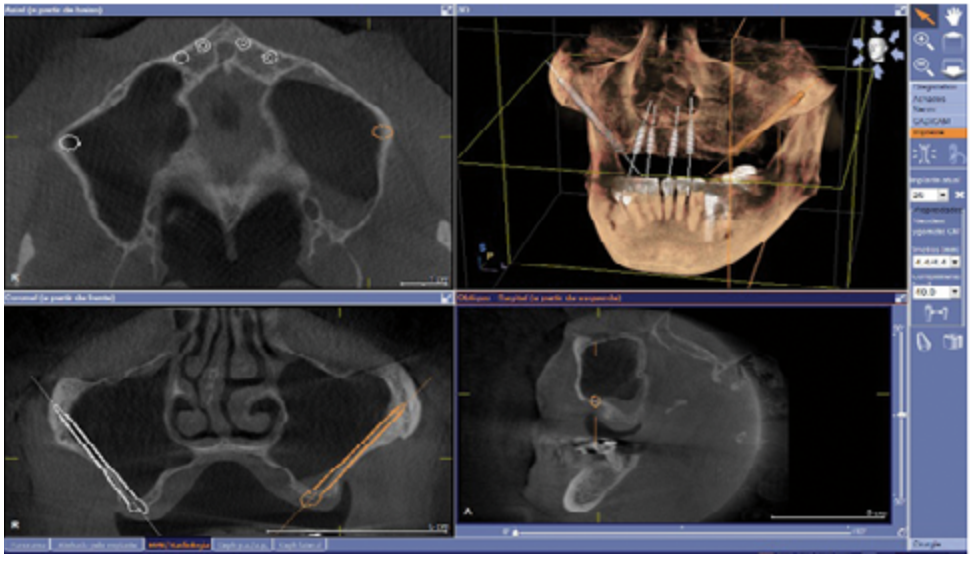
Researchers in this case report present a protocol that intends to offer a reliable strategy to relocate the mucogingival junction and to reestablish a sufficient amount of peri-implant soft tissue by second-stage surgical intervention at the time of the uncovering of implants.

Michael Stimmelmayr, Prof. Dr. med dent, Daniel Edelhoff, Prof. Dr. med dent, Jan-Frederik Güth, Prof. Dr. med dent, Gerald Krennmair, Prof. Dr. med dent, Insa Herklotz, Dr. med dent, *Journal of Oral Implantology*. 2022;8(3):243-250.

RESEARCH ARTICLE

A Zygomatic Bone Study Using Virtual Dental Implant Planning Software

In this study, authors evaluated the anatomical factors that influence the virtual planning of zygomatic implants by using cone-beam computerized tomography (CBCT) scans.



Sidnei Antonio Moro, DDS, MSc, Geninho Thomé, DDS, MSc, PhD, Luis Eduardo Marques Padovan, DDS, MSc, PhD, Ricarda Duarte da Silva, DDS, MSc, PhD, Rodrigo Tiossi, DDS, MSc, PhD, Flávia Noemy Gasparini Kiatake Fontaõ, DDS, MSc, PhD, *Journal of Oral Implantology*. 2022;8(3):171-176.

Special Announcement

AAID 2023 Slate of Officers

President
Shane Samy, DDS, FAAID, DABOI/ID
(Automatic succession from President Elect)

The AAID Business Meeting will take place at the 2022 Annual Conference on Saturday, September 24 from 2 pm to 4 pm.

Participation in the AAID Business Meeting will be limited to those in attendance. The meeting will NOT be broadcast.

The Slate of 2023 Officers was announced in *AAID News*, Issue 2022-2.

President Elect
Edward Kusek, DDS, FAAID, DABOI/ID

Vice President
Matthew Young, DDS, FAAID, DABOI/ID

Treasurer
Donald Provenzale, Jr, DDS, FAAID, DABOI/ID

Secretary
Bill Anderson, DDS, FAAID, DABOI/ID

CONGRATULATIONS TO THE
2022 Dental Student Award Winners

Every year accredited dental programs refer an outstanding pre- and/or post-doctoral dental student who demonstrates great interest, academically and clinically, in implant dentistry. The award serves as recognition of students' achievements, as well as provides the opportunity for the winner to advance their skills and knowledge within the field of implant dentistry. Winners receive complimentary membership and registration to an AAID educational meeting of their choice. Look out for these future dental implantologists!

2022 DENTAL STUDENT AWARD WINNERS

Fadi Addoum
Tufts University School of Dental Medicine

Ahmed Aldarraji
State University of New York at Buffalo School of Dental Medicine

Mazen Khaled Aly
University of Michigan School of Dentistry

Abdalla Asi
University of Pennsylvania School of Dental Medicine

Isabelle Ayngorn
Arizona School of Dentistry & Oral Health

continued on page 32

newmembers

The AAID is pleased to welcome the following new members who joined between April 27, 2022, and August 1, 2022. The list is organized by state, with the new member's city included. International members are listed by country, province (if applicable), and city. If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of *AAID News*.

PLEASE WELCOME THESE NEW MEMBERS IN YOUR AREA.

Alabama
Paul Gundian, Birmingham

Alaska
Todd Miles, Anchorage

Arizona
Edward Ahn, Lake Havasu City
Ryan Diquattro, Payson
Jesse Engle, Tucson
Chris Epperson, Mesa
Daniel Gold, Scottsdale
Jarred Hanley, Payson
Maxwell Johnson, Oro Valley
Gianira Lopez, Phoenix
Daniel Lyu, Tempe
Dustin Marshall, Phoenix
Matthew McClement, Sun City
William Walden, Chandler

California
Mohammed Alroshaidan, Windsor
Noel Ayala, Indio
Janice Chan, Richmond
Barinderpal Cheema, Sacramento
Trevor Chen, Sacramento
Michael Chung, Dublin
Aref El Natour, San Francisco
Anthony Ferrera, San Mateo
Kevin Frawley, Beverly Hills
Yvonne Goff, Pacific Palisades
Ruchi Goyal, Ripon
Kazem Hosny, Ontario
Bryant Hoyos, Loma Linda
Miguel Ibarra, Ceres
Paula Izvernari, Loma Linda
Mark Jamison, Beverly Hills
Anas Jebrini, Yuba City
Raymond Lee, LaCanada Flintridge
Jae won Lee, Loma Linda
Sunee Limmeechokchai, Redmonds
Rosario Lovejoy, Chula Vista
Adria Marcinkowski, Corona
Jeffrey McCardle, Bakersfield
Helena Minye, Los Angeles
Shawn Mohammed, Fresno
Shervin Moshashaei, Los Angeles
Justin Nichols, Yorba Linda
Angelica Nieto, La Quinta
Mitra Nikpour, Phillips Ranch
Pegah Pourrahimi, Calabasas
Jeries Qoborsi, Irvine
Maria Roces, Vallejo
Saurabh Sharma, Fremont
Michael Shirvani, Burbank
Samuel Soliven, San Diego
Maria Surdilla, San Diego
Majd Theodory, Loma Linda
Lawand Zada, Sacramento
Farid Zurmati, Sacramento

Colorado
John Lee, Denver
Soren Paape, Denver

Connecticut
Pranav Gandhi, Stamford
Kanwarpal Singh, Manchester
Lara Sokolson, Glastonbury

District of Columbia
Michael Miller, Washington
Abdullah Tikreeti, Washington

Florida
Alex Brao, Naples
Peter Brewer, Boca Raton
Xhoana Gjelaj, Trinity
Tracy Lewis, Jacksonville
Jordan Robbins, Melbourne
Inderpal Singh, Sarasota

Georgia
Brad Bynum, Valdosta
Clarence Cheek, Hawkinsville
David Fields, Dallas
Benjamin Higgins, LaGrange
Mark Martindale, Fayetteville
Clell Morris, Forsyth
Olubunmi Osunfisan, Acworth

Hawaii
Morgan Strawn, Wailuku

Idaho
Patrick Loftus, Post Falls

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

Indiana
Andrew Bloom, Indianapolis
Brett Henrikson, Lafayette
Scott Kapers, Walkerton
Adil Majid, Indianapolis
Matthew Martin, McCordsville

Kansas
Blair Edgington, Prairie Village
Jennifer Kirwan, Kansas City

Kentucky
Lauren Hernandez, Louisville

continued on page 30

Practice Consolidation Is Cresting

It's Time to Understand the Value of Your Practice

Silent Partners Buy Part of Your Practice

Dozens of Invisible Dental Support Organization (IDSO) silent partners, in all 50 states, are paying record values for partial interests in larger practices. Many of them are now very eager to partner with practices which have 50% or more of their collections from IMPLANT related care.

IDSOs purchase 51% to 90% of a practice for cash now at low tax rates. Doctors retain ownership and have significant upside in the equity value, some recently at 10x returns for the doctors over time.

Long-Term Wealth Building Partnership

Doctors continue to lead their practice with their brand, team and strategy for years or decades. Practices benefit from the resources of a larger partner, but are not micromanaged or homogenized.

IDSO partnership is not a short-term transition strategy, but rather a long-term wealth building partnership.

Six or More Choices in Partnership

Large Practice Sales clients have 6 to 10+ qualified bidders. LPS completed over $500 million of transactions for dentists of all types, in the last 12 months, with some doctors as young as 32. LPS' size and unique knowledge of the great IDSOs enables our clients to achieve record values, some as high as 4.6x collections in 2022.

Your Practice Value in Today's Consolidation Frenzy

Great practices with at least $1.5 million in collections have many options today. You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs leave millions on the table and are not exposed to ALL of their options.

Contact us to schedule a confidential, no obligation discussion to learn the value of your practice. You might be surprised.

833-463-6437
www.FindMyImplantIDSO.com
AAIDnews@LargePracticeSales.com

LPS | Large Practice Sales

New Members

continued from page 28

Louisiana
Randall Babin, Baton Rouge
David Carter, Zachary
Benjamin Duplantis, Jennings
Leneshia Haynes, New Orleans
Keleigh Lascari, Covington
Corey Robertson, Baton Rouge
Skye Smith, New Orleans

Maine
Shaun Janvier, Sanford
Audree Park, Bar Harbor

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
Xinyan Lucy Liu, Wellesley
Gary Login, Brookline
Pawandeep Singh, N. Attleborough
Jubin Zaboulian, Boston

Michigan
Khalil Abdallah, Dearborn
Daniel Ardelean, Sterling Heights
Alexander Bae, Grand Rapids
Ben Covington, Plymouth
Ted Degenhardt, Troy
Chris Degenhardt, Troy
MIchael DiRezze, Grosse Pointe Shores
Ziad Eskandar, Boston
Derek Pflum, Northville
Amanda Sheehan, Waterford Township

Minnesota
Kamal Ahmed, Plymouth

Missouri
Garret Guthrie, Grain Valley
Matthew Tinnel , Kansas City

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

New Jersey
Daniel Blau, Englewood
Nadine Darwiche, Wayne
Sara Ellaithy, East Windsor
Yitzchak Feigenbaum, Englewood
Justin Hou, Bogota
Hal Kimowitz, Montville
Richard Lee, Teaneck
Roxana Maciejeski, Cinnaminson
Roman Mogilevsky, Newark
Danielle Ruda, Metuchen
George Schmidt, Cedar Knolls
Mercedes Wert, Ridgefield

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

New York
Hajir Aldaod, New York
Ahmed Alshareef, Rochester
Dwayne Bodie, New York
Kristy Calderon, Oceanside
Benjamin Fruce, Fulton
Jiyun Han, Dobbs Ferry
Farzaneh Hosein Khezri, Astoria
Supriya Kazi, New York
Kayahan Kosar, Buffalo
Nicholas Magro, Saranac Lake
Ameen Mukhi, New York
Jaesue Park, Dobbs Ferry
Kami Sobey, Canandaigua
Mitchell Steinberg, Huntington
Genvieve Uzoaru, Brooklyn

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

Ohio
Reem Al Ameen, Aurora
Dania Alfathi, Solon
Vedanshi Amin, Powell
Matt Kowaleski, Dayton
Zachary Phillips, Findlay
Jordynn Pozzuto, Wadsworth
Bilal Sajid, Sheffield
Anna Visger, Mentor
Elizabeth Visger, Painesville

Oregon
Stefanie Beckley, Hillsboro
Brent Bitner, Eugene
Travis Hunsaker, Salem
Sean Sherry, Bend
Kyung Sunwoo, Hillsboro
Aaron Wikle, Sherwood

Pennsylvania
Chadi Bachour, Hermitage
Yiwei Gao, Philadelphia
Dylan James, Wexford
Rami Khoury, Bethlehem
Elwaleed Mustafa, Drexel Hill
Scott Salancy, Latrobe
Dilnoza Sobirova, Philadelphia

South Carolina
Ravi Patel, Daniel Island
Christopher Reynolds, Bluffton
Alton Thomas, Myrtle Beach

Tennessee
Christopher Daniel, Chattanooga

Texas
Ahmad Akram, Humble
Mitul Amin, El Paso
Elijah Arrington, Pennington
Michel Azer, Houston
Gordon Damon, Dallas
Esteban Garza, Houston
Kelsey Greene, Mansfield
Clara Griffey, Waco
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
Grace La, Burke
Punyawat Laohakanjanasiri, Ashburn
Maria Obregon Merlo, Woodbridge
Yamuna Devi Subramanian, Great Falls

Washington
Doosu Baik, Sammamish
Tanveer Buttar, Newcastle
Chun Yao Chuang, Everett
Suman Hothi, Renton
Maryam Keikhosro-Kiani, Auburn
Jonathan Morgan, Walla Walla
Kunal Narang, Bellevue
Kumudra Soe, Dupont
Greg Williams, Anacortes

West Virginia
Carson Henley, Charleston

Wisconsin
Ryan Yakowicz, Belleville

CANADA

Alberta
Morvarid Monfaredzadeh, Calgary

British Columbia
Abdulelah Aldahlawi, Vancouver
Payam Matin, North Vancouver

Ontario
Sheema Al-Samarrae, Ottawa
Mazen Dagher, Hawkesbury
Charif El-Hindi, Waterloo
Samer Jassar, Windsor
Kirill Khromov, Thornhill

Nova Scotia
Corey Felix, Bedford

Quebec
Josee Desrochers, St Jean Sur Richelieu

continued on page 36

Did you know...

September is Dental Implant Awareness Month?

AAID
AMERICAN ACADEMY OF IMPLANT DENTISTRY

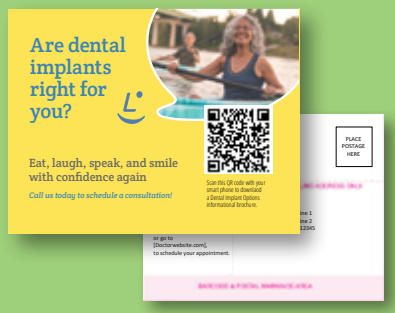
Go to **connect.aaid-implant.org** to download these resources to promote DIAM in your office.

Social Media Posts

Customizable Info Brochures

DIAM Logo for use

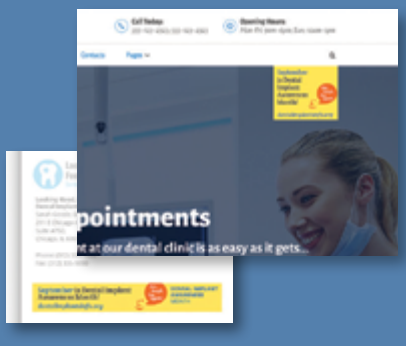
Appointment Reminder Postcards



Ice Breaker Button Packs

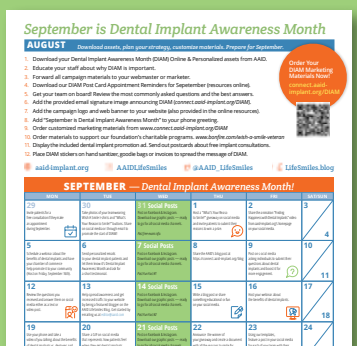
Counter Card & Window Cling

Add-on Web & Email Badges



Inspirational Sticker Sheet

Suggested DIAM Marketing Calendar



Add a link! Add **aaid-implant.org** to your website resources today so patients have access to current dental implant information!

Clinical Bite

continued from page 21

Ultrasound can be used to locate and monitor jaw lesions.

Caries Detection

High-frequency USG may enable conservative treatment of dental caries. Recent in vitro research has elucidated US imaging for cries detection. At 40 MHz USG may provide accurate morphologic resolution of caries imaging. USG imaging may be able to delineate depth of early onset dental caries.

Salivary Glands

Ultrasonic examination can contribute to the diagnosis of salivary gland tumors by differentiating intra-glandular lesions from extra-glandular lesions. Adding ultrasonic examination to diagnostic modalities can increase the accuracy of a diagnosis by 35%. USG can identify sialadenitis, salivary gland duct calculi, duct dilation, vascularity distribution, and submandibular lymph nodes. Internal anechoic cystic components can be seen in Warthin's tumor that can distinguish them from pleomorphic adenomas.

Neoplasms

USG penetrates tissue deeper with a lower frequency: less than 10 Hz. The tissue type influences the imaging that is produced. Thus, the operator may need to alter the frequency of the device produce the optimal image. Intraoral USG is useful in determining location and condition of tumors. The internal echo pattern of a tumor reflects the pathologic tissue structure that is imaged by the USG and preoperative evaluation can aid in improved treatment outcomes.

Conclusion

Hand-held USG has the potential to be useful in pre-operative, intra-operative, and post-operative patient assessment and treatment in dentistry. Interpreting the imaging requires training and experience that may consume an extended period; nonetheless, it should not be used as the sole diagnostic tool, but it can contribute to diagnosis and treatment.

2022 Dental Student Award Winners

continued from page 26

Richard Grant Berry
University of Louisville School of Dentistry

Lauren Anne Cuda
UT Health San Antonio School of Dentistry

Jack Desse
Southern Illinois University School of Dental Medicine

Daniel James Duvall
Virginia Commonwealth University School of Dentistry

Rebecca Farag
Case Western Reserve University School of Dental Medicine

Nicholas Ferrando
Columbia University College of Dental Medicine

Patrick Ryker Ferraro
Texas A&M College of Dentistry

Cody Groll
University of Utah School of Dentistry

Polina Gubareva
University of Illinois at Chicago College of Dentistry

Nathan Helfferich
Ohio State University College of Dentistry

continued on page 33

2022 Dental Student Award Winners

continued from page 32

Camille Herzog
Harvard University School of Dental Medicine

Ashley Howard
Midwestern University College of Dental Medicine-Illinois

Coralee Elizabeth Hueske
Indiana University School of Dentistry

Diana Keder
University of Connecticut School of Dental Medicine

Kawtar Salsabil Lakehal
Université Laval

Eunho Lee
Midwestern University College of Dental Medicine-Arizona

Joshua Massey
Augusta University, The Dental College of Georgia

John Evangle Morris
Augusta University, The Dental College of Georgia

Olivia GeorgiAnna Nillissen
University of North Carolina, Chapel Hill

Sarah Marie Powell
Missouri School of Dentistry & Oral Health

Christopher Pritchard
Creighton University School of Dentistry

Madison Victoria Smith
Nova Southeastern University College of Dental Medicine

Tyler A. Snow
University of Alberta

Clarimar Soto-Soto
University of Puerto Rico School of Dentistry

Gefei Wang
University of Michigan School of Dentistry

Rachael Alysanne Weiss
New York University College of Dentistry

Daniel S. White
University of Pittsburgh School of Dental Medicine

Yating Priscilla Young
University of California at San Francisco School of Dentistry

Tatum Surgical
A Division of Suncoast Dental Inc.

40 YEARS OF CLINICAL USE
Tatum Surgical SINCE 1981

INCLUDES 18 SQUARE-LOCK CONNECTION SCREWS

Tatum Bone Block EZ-Fixation Screw Kit

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

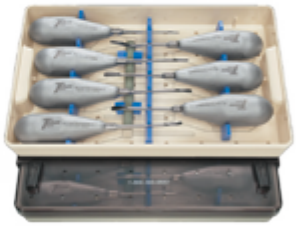
- Color coded screws to quickly identify length
- Squarelock friction fit connection
- Tapered, self-drilling, self-tapping screw design

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

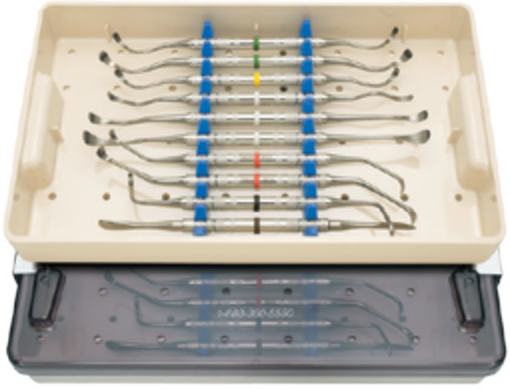
magnetic MALLET | powered by osseotouch

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

Tatum EZ-Out Periotome Kit



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



Tatum Sinus Instrument Kit

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

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

Use our Toll Free Number to PLACE YOUR ORDER

1-888-360-5550

www.tatumsurgical.com

AAID MaxiCourse®
PRACTICAL IMPLANT EDUCATION

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

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

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

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

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

Las Vegas AAID MaxiCourse®
Las Vegas, NV
Director: John Minichetti, DMD, FAAID, DABOI/ID
Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Jennifer Yang
Email: jenn.englewooddental@gmail.com
Phone: 866-586-0521
Website: www.dentalimplantlearningcenter.com

Nagoya, Japan AAID MaxiCourse®
Nagoya, Japan
Director: Yasunori Hotta, DDS, PhD, FAAID, DABOI/ID
Assistant Directors:
Hiroshi Murakami, DDS, PhD, FAAID
Koji Ito, DDS, PhD, FAAID
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
Director: John Minichetti, DMD, FAAID, DABOI/ID
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

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

Salt Lake City AAID MaxiCourse®
South Jordan, UT
Director: Bart Silverman, DMD, FAAID, DABOI/ID
Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Rachana Hegde
Email: rhegde@roseman.edu
Phone: 801-878-1257

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

Ti-MAX AAID MaxiCourse®
Waterloo, ON
Director: Rod Stewart, DDS, FAAID, DABOI/ID
Assistant Director: George Arvanitis, DDS, FAAID, DABOI/ID
Contact: Chantel Furlong
Email: info@timaxinstitute.com
Phone: 905-235-1006
Website: www.timaxinstitute.com

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

Washington, DC AAID MaxiCourse®
Washington, D.C.
Director: Bernee Dunson, DDS, FAAID, DABOI/ID
Contact: Keonka Williams
Email: dcmaxi@dunsondental.com
Phone: 404-897-1699

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: Jana Selimovic
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 Barker
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

New Members

continued from page 30

INTERNATIONAL

Australia
Dean Licenblat
Francois McDonald
David O'Dowling

Bahrain
Pierre Ghanem

Egypt
Mahetab Abdel Wahab

Greece
Panagiotis Papachristos

India
Irma Shaheen

Japan
Takenobu Warita

Poland
Michał Mikulski

Saudi Arabia
Yasser Alabdulbagi

South Korea
Youngmoon Choi
Dae Heung Kim
Jin Han 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

continued on page 37

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

Connecticut Dental Implant Institute Manchester, CT
Various Courses available
Dr. Joel L. Rosenlicht
Contact: Michelle Marcil
Email: michelle@jawfixers.com
Website: www.jawfixers.com

East Coast Implant Institute
- **— Implant Complications: "Solving Implant Problems Before They Happen"**
- **— Seminar in the Desert Sands; "Full Arch All on X"**
- **— Seminar Under the Royal Palms: "Immediate Implant Placement & Restoration"**

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

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

Introductory Implant Placement 6-Day Dental Implants Course 48 CE in 6 Days
Dr. Michael Shulman
info@shulmandds.com
201-840-7777

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

Pikos Implant Institute
Dr. Michael A. Pikos
Soft Tissue Grafting Sinus Grafting Alveolar Ridge Strategies: Single Tooth to Full-Arch Fully Guided Full-Arch Immediate Implant Reconstruction Contact: Kali Kampmann
Phone: 727-781-0491
Email: learn@pikosInstitute.com
Website: www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview

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

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

Canada

Pacific Implant and Digital Dentistry Institute
Dr. Ron Zokol
Contacts: Barbara Cox and Dr. Faraj Edher
Emails: barbara.cox@ddidental.com
faraj.edher@ddidental.com
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
Phone: 416-432-9800
Email: info@reversemargin.com
Link for AAID Group: www.reversemargin.com

International

Beirut Implant Dentistry Center Beirut, Lebanon
Dr. Jihad Abdallah & Andre Assaf
Contact: Mahia Cheblac
beirutidc@hotmail.com
+961-1-747-650 / +961-1-747-651
Fax: +961-1-747-652

Cancun Implant Institute: Comprehensive Oral Surgery Training for Modern Dental and Implant Practice
Dr. Joseph Leonetti & Dr. Bart Silverman
Emails: Jal3658@aol.com
Bsilver293@aol.com
Phone: 1-800-757-1202
Website: www.cancunimplantinstitute.org

Mini-Residency in Implants in Sri Lanka and Malaysia
Course Director: Dr. Shankar Iyer
Contact: Dr. Prasad Amaratunga, Sri Lanka
Email: pgdasrilanka@gmail.com
Contact: Dr. Ahmed Shugey, Malaysia
Email: shugey64@gmail.com
Website www.smileusacourses.com

New Members

continued from page 36

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

AAID News Staff

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

AAID Executive Director
Carolina Hernandez

AAID Marketing & Communications Director
Matthew S. Switzer

adindex

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

The acceptance of advertising in the *AAID News* does not constitute an endorsement by the American Academy of Implant Dentistry or the *AAID News*. Advertising copy must conform to the official standards established by the American Dental Association. Materials and devices that are advertised must also conform to the standards established by the United States Food & Drug Administration's Sub-Committee on Oral Implants and the American Dental Association's Council on Dental Materials and Equipment Acceptance Program.

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

Meet the office manager **you never had to hire.**

Get 25+ hours back every week by managing your business with Novadontics practice management software.

Practices who have made the switch have seen average increase of:

- **25%** Number of patients
- **50%** Number of appointments booked
- **65%** Annual revenue

NOVADONTICS®
We do it different™

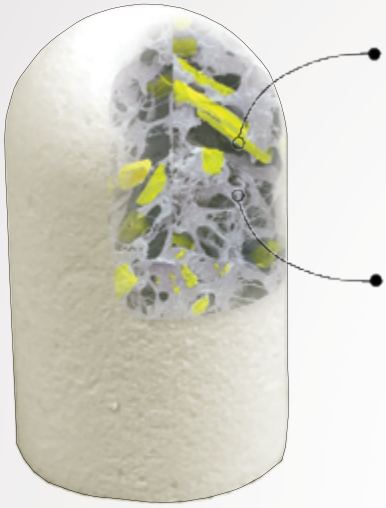
Request a demo today at:
www.novadontics.com

IMPLADENT LTD
REGENERATIVE SOLUTIONS

Contact 800-526-9343
or Shop Online at
www.impladentltd.com

OsteoGen® Plug

One Step Bone Grafting Solution For Socket Preservation Without The Need For a Membrane



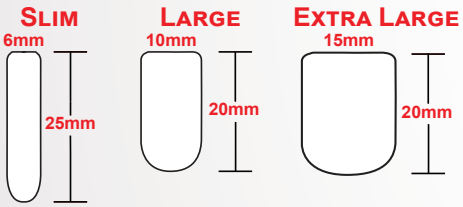
OsteoGen® Non-Ceramic Bioactive Crystal Bone Graft

Type I Bovine Achilles Tendon Collagen

Buy 5 Boxes Get 1 Free

CALL TODAY OR SHOP ONLINE & USE CODE OGX808

Available in Three Sizes



At only $50 per piece, the Impladent Ltd OsteoGen® Bone Grafting Plug combines bone graft with a collagen plug to yield the easiest and most affordable way to clinically deliver bone graft for socket preservation and ridge maintenance, all without the need for a membrane!

1. Spivak, J Biomed. Mater Research, 1990; 2. Ricci, J Oral Maxillofacial Surgery, 1992; 3. Valen, J Oral Implantology, 2002.

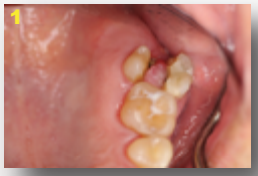
Scan Here For Product References

Scan Here For Product Videos

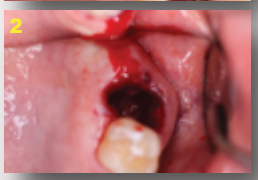
Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

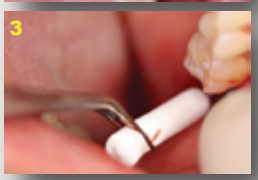
Tooth #15, set to be extracted.



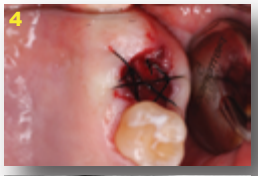
Remove the entire pathologic periodontal ligament and flush socket twice. Use #6 carbide bur, make holes through the Lamina Dura to trabecular bone and establish Regional Acceleratory Phenomenon.



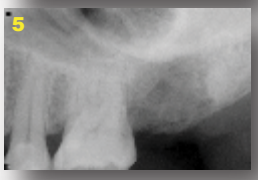
Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb.



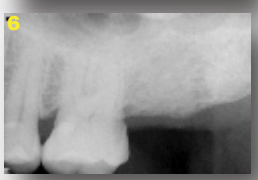
Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain Plug. Do not suture through Plug. No membrane is required.



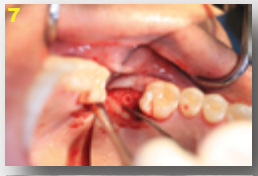
OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement.



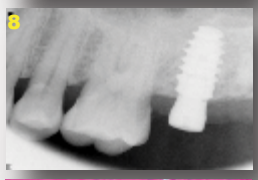
As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque.

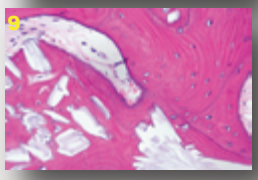


The collagen promotes keratinized soft tissue coverage while the OsteoGen® crystals resorb to form solid bone. In this image, a core sample was retrieved.



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





Contact 800-526-9343 or Shop Online at www.impladentltd.com