

AAID NEWS

HOW TO Stay Competitive IN 2022

*Dental Industry Trends and
What They Mean to Your Practice*

INSIDE

- The Dental Medical History
—Are We Thorough Enough?
- How to Add 50 Implants (or More)
Per Year to Your Practice
- Five Things to Ponder When
Considering Implant Occlusion



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

EDITOR'S NOTEBOOK

JOI: Peer Reviewers Needed

The *Journal of Oral Implantology (JOI)* is published by the American Academy of Implant Dentistry. The mission of the *JOI* is to advance the knowledge base of oral implantology. The *Journal* is an important service provided by the AAID. The AAID is working to providing the highest credibility for the *JOI*. The *Journal* relies heavily on a rigorous peer review process.

Each manuscript submission is scrutinized first by the Editor. If the manuscript passes this scrutiny, it is sent to an associate editor for review by an appropriately selected reviewer. The reviewers evaluate the manuscript for accuracy, logical sequencing, grammar, and readability. Even when a submission is scientifically accurate, the information should be presented in a form that is as easy as possible to read and understand. Generally, manuscripts should be written so that a lay person can read and understand the text, needing only to consult a dictionary for unknown terms.

The review process is necessary to ensure credibility. The review is done routinely to increase and maintain the credibility and viability of *JOI*; thus, it is incumbent on our membership to make themselves available as reviewers. Kind and gentle critical evaluation is important for manuscripts sent to the *JOI*. The review process leads to publication of relevant and important information to edify our readership. The AAID will provide our membership with the most useful and believable information to implement in the practice of implant dentistry.

If you have the time and expertise, please volunteer to be a reviewer for *JOI*. For detailed information about how to become a reviewer, please visit <https://meridian.allenpress.com/joi/pages/Reviewers>.

“The review process is necessary to ensure credibility. The review is done routinely to increase and maintain the credibility and viability of *JOI*; thus, it is incumbent on our membership to make themselves available as reviewers. Kind and gentle critical evaluation is important for manuscripts sent to the *JOI*.”



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

PRESIDENT'S MESSAGE

Inaugural Address Presented November 13, 2021, at the 70th Annual Business Meeting

I would first like to say that I am honored to stand before a group of individuals who share the same professional values, and a common approach to healthcare. We embrace the ideology that “which doctor treats you matters.”

We share the belief that by acquiring more education, attending meetings, being board certified *matters* to our patients in helping them achieve better outcomes and meeting their expectations. Our Academy is full of *sharers*: We share our clinical experiences. We share our problems. We share our knowledge. We share how best to improve our patients' lives. We are not braggers, but sharers.

I would like to congratulate the newest credentialed members of our Academy. The Associate Fellow and Fellow credential symbolizes our Academy's highest commitment to implant education. We respect your hard work and enhanced knowledge.

I encourage you to keep working hard and I will share some advice from the great opera singer Mr. Placido Domingo, who responded to a reporter about why he performs more operas per year than his contemporaries: “I believe that if you rest you will rust.” I ask you to continue learning and share your voice with this Academy. We need you to make the AAID remain relevant in future decades.

The presidency of the AAID is an unanticipated professional achievement, but I take the position with great responsibility and am humbled that you elected me to guide it in the coming year. The primary responsibility of the AAID President is to discuss AAID matters with the Board of Trustees and to view the fiduciary duty to the Academy with the upmost importance. The Board of Trustees is the elected governing body of the organization and the final decision makers for our Academy.

My interest in implant dentistry was initiated during my General Practice Residency program, but became a life's passion after I met Dr. Frank Lamar Sr., a Past President of this Academy and a mentor. He gave me a very simple piece of advice 30 years ago: “Brian, don't be a dabbler.” Dr. Lamar encouraged me to complete a MaxiCourse® and join the AAID.

“Initially, I viewed the AAID as a place to make friends, share ideas, and learn something new. I know today that the AAID is the leader in implant education and credentialing implant professionals.”

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HOW TO Stay Competitive IN 2022

Dental Industry Trends and What They Mean to Your Practice

By Tyson Downs

Predicting future trends often requires checking the rearview mirror to get the right perspective. The largest visible object of course is COVID-19. Much like the rearview mirror in your car, objects viewed might appear larger than they actually are.

While not everyone had the same experiences, the American Dental Association (ADA) surveys conducted during the past two years (since the beginning of the COVID-19 pandemic) show that the dental profession didn't suffer as badly as was first expected.



The ADA has been tracking information from dentists around the U.S. every week. As of the week of December 13, 2021, 60.7% of respondents reported that their practices were open and busy, 38.0% said they were open but had fewer patient appointments than usual, while only 1% reported that their practices were closed as a result of the pandemic. Overall, dentists reported that their patient volume is about 90.2% and collections are at 89.9% of what they were prior to COVID-19. This compares well with initial predictions about the financial impact of the COVID-19 pandemic. The ADA anticipated a 38% decline in dental revenue.

Looking forward, the most significant beneficiaries of growth in the dental profession are expected to be increased demand for cosmetic surgery, dental implants, and new dental technology. When it comes to implants, a recent *Research and Markets* report as published in *Dentistry Today* projects the North American dental implants market to grow at a Compound Annual Growth Rate (CAGR) of 5.66% during the forecast period to reach \$6.711 billion by 2026 from \$4.566 billion in 2019.

The authors of an article entitled “The Development and Future of Dental Implants” published March 2020 in *Dental Materials Journal*, state that “dental implants are nowadays an indispensable part of clinical dentistry.” The authors predict that the global dental implant market is expected to reach \$13 billion in 2023.

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COVER STORY

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Because they are the patients in need of implants, the prime driver behind the market growth is the significant increase in the proportion of the aged population among the overall population. However, there is a predicted growth among younger patients, too: "Growing consciousness for oral health will increase the market growth. With increasing disposable income and changing beauty standards, youth are more focused on perfect teeth for better appearance which will bring in significant market share." Awareness of trends for 2022 can help you remain top of mind in the extremely competitive implant practice.

Here is a "baker's dozen" list of trends of which an implant dentist should be aware for 2022:

1. Creating and Maintaining a Trustworthy Persona

A Pew Research study from 2019 revealed that the tendency to trust medical and scientific experts is often affected by politics. Certainly, 2020 and

2021 proved that to be true and it is expected to continue to impact dentistry in 2022.

Dental practices must establish trust with patients and maintain that trust over time. Without trust, practices have difficulty attracting new patients, and given increased competition among dentists offering implant services, attracting new patients may be a real challenge for dental practices in 2022. One way to create and maintain that trustworthy persona is through bona fide credentials earned from a reputable, highly regarded organization that also markets directly to prospective patients the value of their implant dentist having a trusted credential.

2. Online Review Management

Patient referrals and reviews are some of the most powerful marketing tools you have. You need to use your online review system to its maximum potential and encourage patients to leave online reviews. Reviews are important

because they help you build authority and trust. Here are some important statistics about online reviews:

- 89% of consumers read online reviews before making a purchase or scheduling an appointment with a service provider.
- 30% of consumers younger than 40 read reviews for every purchase they make.
- 57% of consumers find reviews useful when evaluating products and services.
- 83% of consumers say that reviews must be recent to be relevant.
- 88% of all businesses monitor online reviews.

Some dentists don't bother monitoring online reviews because they think if a patient has a problem, they'll hear about it. But in today's business world, you need to be vigilant about how you treat your patients, or else they will end up complaining online.



Negative reviews can drive as many as 22% of consumers away. Ninety-four percent of consumers say that a negative online review has convinced them not to visit a business or service provider. There are no statistics available specific to dental practices, but it's a safe bet that negative online reviews could be driving patients to your competitors.

The same above survey found that 53% of consumers expect businesses to respond to negative reviews, and businesses that don't respond to negative reviews experience an increase of 15% in customer turnover as a result. In 2022, dentists need to think not only about negative reviews, but about how they'll be perceived if patients see no response given to negative feedback online. Fifty-six percent of consumers say that their views of a business changed based on how the business responded—or didn't respond—to reviews.

The takeaway here is that reviews matter and your engagement with those reviews in this new year will impact the success of your dentistry business. Patients are leaving reviews for medical providers more now than ever before, and you can take advantage of that by monitoring your reviews. For this reason, online review management for dentists is something that you need to include in your marketing strategy.

The bottom line: You should monitor your online reviews. Some of the most popular review sites are Google,

Facebook, and Yelp. For dental reviews, you should also check out 1-800 Dentist, CareDash, and Dentists.com.

You can even get ahead of the trend by getting in the habit of asking patients to review your practice when they check out after an appointment. Training your staff to ask this of patients can increase your positive reviews and help you monitor and improve patient satisfaction.

3. The Rising Value of Convenience

We have seen a burgeoning movement to treat dental patients like consumers. It's a recognition that, in most cases, patients have many options when they choose healthcare providers. For that reason, we anticipate that 2022 will continue the trend toward prioritizing convenience for patients. Today's patients expect to access services around the clock, get help when they need it, and communicate directly with dentists. Convenience for patients may come at the expense of convenience for you, but the reality is that there's a

reason convenience is one of the ongoing trends in dentistry. Your competitors are likely addressing convenience as the 800-pound gorilla in the room, and you'll need to do the same if you want to keep up.

Convenience in dentistry could mean any of the following things:

- An online portal that allows patients to schedule appointments online, ask questions, and fill out intake paperwork at their leisure.
- Keeping your website updated.
- Expanded office hours to allow patients to come in at the times that work best for them, including early mornings, evenings, and weekends.
- Allowing patients to pay online or from their mobile devices.
- Adding additional services to give patients an all-in-one stop for their dental and oral healthcare needs.

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COVER STORY

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4. The Continued Use of 3D Printing in Dentistry

Not only is 3D printing still on the rise in dentistry, but it's also up-and-coming in technological sectors and the business world alike. 2021 saw an increase in the use of 3D printing by dentists and that's a dental industry trend expected to continue throughout 2022. 3D printing uses innovative materials such as resins, and increases the speeds of creation for custom dentures, crowns, and more. With 3D printing, these can now be made in minutes instead of in days or weeks.

While 3D printing has been around for years, possible applications are still coming to light in the dental industry. What started as a lab tool has blossomed into something that can be used in all aspects of general dentistry, implantology, prosthodontics, and even to create custom devices to help patients with sleep apnea.

As of 2021, 3D printing was responsible for more than \$3 billion dollars of revenue in the dental industry. That number is expected to quadruple by 2028.

When it comes to 3D printing, a resin is commonly used in dental practices because it:

- Provides an excellent finish with the capability to produce the fine feature details that are required for dental devices.
- Has the potential to be used for both short-term and long-term dental solutions.

If you don't have a 3D printer in your practice, now may be the time to think about investing in one. Before long, dental patients will expect quick delivery of prosthetics made with 3D printers and you'll be better served once you embrace this technology in your dental practice.

5. Optimize for Voice Search

The dental industry is quick to embrace technology when it can be used in treatments—3D printers are an example—but the dental industry can also be notoriously slow in staying on top of digital trends. One of the most important ongoing trends in dentistry in 2022 is continuing to optimize for voice search.

Research shows that as of 2020, more than 50% of all searches were voice searches. Studies also reveal that 70% of consumers prefer to search using their voices over any other search method. Three-quarters of all U.S. households were expected to own at least one smart speaker by the end of 2021. This means that dentists must embrace voice search and find ways to optimize for it.

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* According to the ADA Health Policy Institute, on average, in 2017 a dentist retired at 68.9 years, while in 2001 a dentist retired around age 65. Source: www.ada.org/en/publications/ada-news/2018-archive/august/hpi-average-dentist-retires-later



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

The Dental Medical History—Are We Thorough Enough?

I recently gave a presentation for the American College of Legal Medicine, and in preparation for that I read many, many studies dealing with various medications and their real or potential effects on dental care. I also read numerous studies relating to dental treatment and its potential effects on the body. I then realized that, from a risk management standpoint, it's a good thing that I'm not practicing clinical dentistry!

First, every dental clinician should be prepared to understand not only the general purposes of a certain medication, but also the relationship of the dosage being taken by a patient and the medical significance of that dosage. Imagine an attorney asking you both the purpose of a specific medication being taken by the patient, and the significance, if any, of the amount being taken, as well as its potential interactions with the other medications prescribed for

the patient. All too often we are generally familiar with a certain medication, but lack the in-depth understanding of dosage, potential interactions with other drugs, and how it might affect or interact with medications we are about to prescribe.

Another interesting area I discovered concerned herbal supplements commonly consumed by a significant percentage of the American population. In retrospect, I never questioned any patient about whether they were currently consuming any over-the-counter herbal supplements, nor was I aware that this question was rarely, if ever, voluntarily disclosed by patients. But after my recent review of multiple studies, I would now never fail to ask that question of any dental patient.

“Imagine an attorney asking you the purpose of a specific medication being taken by the patient, and the significance, if any, of the amount being taken, as well as its potential interactions with the other medications prescribed for the patient. All too often we are generally familiar with a certain medication but lack the in-depth understanding of dosage, potential interactions with other drugs, and how it might affect or interact with medications we are about to prescribe.”

What possible connection would such supplements have on my treatment plan? The answer is potentially many. Commonly consumed, but rarely voluntarily disclosed herbal over the counter supplements include: black cohosh, boswellia, echinacea, fenugreek, which may lower blood glucose levels and pose a risk to patients with diabetes; ginger, which can have effects on antiplatelet or anticoagulant agents (aspirin/ibuprofen), may result in increased risk of bleeding when used with anticoagulant or antiplatelet drugs; green tea (same as above); horehound, which might lower blood glucose and be a risk to patient with diabetes; senna, which poses an increased risk of bleeding; turmeric, which can increase risk of bleeding when used with anticoagulant drugs; valerian, which has interaction potential with clarithromycin, clindamycin, erythromycin,

dexamethasone, hydrocodone, lidocaine, alprazolam, diazepam, midazolam, triazolam and can increase levels of drugs metabolized by enzyme CYP3A4.

From a risk management perspective, it seems like dental practitioners confront increasing risks with every dental-related study. The information we need about each patient appears to become broader reaching every day. For example, one article more than suggested that dental practitioners should ask an adolescent patient about their sexual activities while the dental practitioner performs an oral exam on the patient, and inform them of the risks of HIV and sexual contact and the signs and symptoms of related manifestations, such as genital warts, which can also manifest themselves virtually anywhere on the body. Naturally, since many of these signs appear

first in the oral cavity, dentists can be the first observers of these symptoms. But that places another risk management burden on the dental practitioner.

Of course, my current profession of practicing law also makes my advice to dental practitioners more expansive, but the ultimate burden is on my clients to implement a broader inquiry into the medical dental history of the patient and to understand the implications of the information gleaned therefrom.

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

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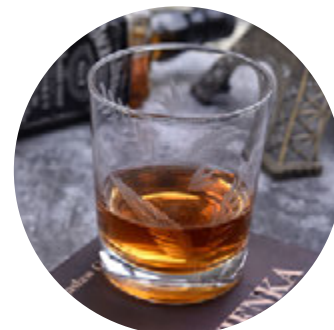
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By Roger P. Levin, DDS

How to Add 50 Implants (or More) Per Year to Your Practice

Practices can participate in implant dentistry at many different levels. The important element is to participate at whatever level is appropriate for your practice. In my observation, practices that participate in implant dentistry have higher overall production and revenue. Not surprisingly, practices that have a significant focus on dental implants will in turn increase revenue significantly. Production is the single most important factor in the success of any dental practice. If production is strong, the practice is in good shape and can weather challenges such as downturns in the economy or other changes.

As always, keep in mind that practice success, including implant services, is directly proportional to the quality of your systems.

“Practices need to develop an ongoing communication program for all past and current implant patients to keep them engaged with the practice and motivated to refer other patients.”

Increasing Implants in 2022

The following recommendations should help many practices to increase implant numbers. Many practices operate at a reasonably low level of implant placements and adding 50, 75, or 100 implants over 12 months will have a significant impact on increasing practice production.

1 The ambassador program

Communication and conversation are two of the most important factors in building powerful relationships. Patients who have undergone dental implant treatment successfully should have high regard for the practice if customer service was at the right level. These patients can then become ambassadors for the practice to their families, friends, and community; however, the key is you must actually ask them. Patients don't *automatically* spend time talking about implant dentistry, even if they have had an excellent result. Practices need to develop an ongoing communication program for all past and current implant patients to keep them engaged with the practice and motivated to refer other patients. This will help increase referrals and case acceptance because people referred by people who they know have had excellent experiences, are much more likely to accept treatment.

2 The complimentary implant consultation

As a derivative of the ambassador program, you can institute a complimentary first implant consultation and exam. It does not have to include expensive services, but it should include a basic consult and exam that lets a patient know that implant dentistry will improve the quality of their lives. By letting implant ambassadors know that you are offering a complimentary implant consult and exam to any referrals that they send, you will increase the likelihood that they will refer other people. We have repeatedly heard that there are tens of millions of Americans who are partially or fully edentulous; however, many of them don't run to have implant dentistry. There are many reasons for this that range from psychological to financial. The complimentary consult and exam—which should be well

communicated to every new patient who calls about dental implant services—will help encourage people to learn more about implant treatment.

3 30-day communication

Levin Group has been advising practices that they should be communicating with all patients every 30 days. We instituted this strategic concept as a recommendation early in the pandemic of 2020 to keep patients engaged with the practice during the shutdown. Responses and results have been so positive that we are continuing to recommend that practices communicate with patients with a short email update every 30 days. We suggest that you give the email update a name so that it furthers your brand and a tagline (underneath the name) that communicates some of your mission. For example, the 30-day update

could have a title such as “Smith Dental Update,” “Smith Dental Insights,” “Advances in Dentistry from Smith Dental,” or “Smith Family Dentistry and Dental Implants.” Whatever you choose we suggest that you keep the name short and very much to the point.

Underneath the name you can include a tagline that can change periodically, such as “Committed to excellence in dental care,” “Committed to keeping teeth for lifetime,” or “Creating beautiful smiles since 1990.” Next, keep your email no more than four short paragraphs that detail one to three topics. Topics can include dental implants, advances and updates of interest to all dental implant patients, or a call to action for referrals. You can also continue to mention the complimentary implant consult and exam.

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Business Bite

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4 Let all patients know about implants

Every new patient should learn about implant dentistry whether they have a specific need or not. People love to talk about new information that they have learned and can share with others. These patients should also be aware that implant consults and exams for new patients are complimentary as part of the practice's commitment to excellence in dentistry, creating beautiful and comfortable smiles, and helping the community. Patients enjoy this expression of caring from their healthcare professionals and may have parents, relatives, or friends that could benefit from implant dentistry.

5 Create a gift certificate for a complimentary implant consult and exam

When you give patients gift certificates it feels like they are receiving something of value that they want to pass on. Always include the monetary value of the complimentary implant consultation and exam on the gift certificate. Patients will feel that it holds great value and will be more motivated to disseminate it to others.

6 Implants and dental hygiene

Dental hygiene creates a wonderful opportunity to discuss implants with patients. Some patients will never need dental implants, others may have already had dental implants, and others are giving them consideration. By having scripting and messaging for every hygiene visit around the subject of dental implants, you further the message when the hygienist talks about advances in implant dentistry with every patient. This will help you reach the maximum number of people with a powerful and positive message that will create implant cases over time.

These recommendations represent an internal marketing program that will increase dental implant treatment acceptance. I still believe that your best referral sources are your patients who have great appreciation for the practice. This is not to suggest that an external marketing program will be ineffective, but in my observation, only about half of them create the results you want. We suggest you combine a powerful and consistent internal marketing program with all these recommendations to ensure

that you are maximizing the opportunity to increase implant referrals and implant placement by 100% in the next 12 months.

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with more than 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and more than 4,000 articles and regularly presents seminars in the U.S. and around the world.

To contact Dr. Levin or to join the 40,000 dental professionals who receive his Practice Production Tip of the Day, visit www.levingroup.com or email rlevin@levingroup.com.

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By Cody Gronsten,
MS, DDS, FAAID, DABO/ID

Five Things to Ponder When Considering Implant Occlusion

The occlusal mantra for my dental school prosthetic department was “Broad stable posterior support with effective anterior guidance.” I remember saying it over and over until it lost all meaning; however, dissecting the words provides significant information.

As a freshman dental student, this seemed like the perfect occlusal scheme in which the cuspids provide lateral guidance, the central incisors provide protrusive guidance, all while the posterior teeth are discluded. This is called “mutually protected occlusal scheme” where the anterior teeth protect the posterior teeth by providing guidance and the posterior teeth protect the anteriors by providing a stable vertical dimension. Now that I have been practicing dentistry for seven years, this is hardly ever the case—even after orthodontic therapy. If broad stable posterior support with effective anterior guidance is the gold

standard, then the amount of malocclusion present—at least in my community—is overwhelming. That said, the oral cavity is very dynamic and many of the malocclusions do not lead to acute crises. Although these malocclusions are not ideal in the long term, these patients have healthy dentition and will have (most of) their teeth at the finish line.

Taking this into account, which aspects should be assessed regarding dental implant occlusion? It is known that dental implants are not dynamic—at least not in comparison to the natural dentition. There is more to ponder with vectors of force and rigidity of dental implants. Below are some points to consider. (Note: A lot of these were taken from a lecture from Dr. Hilt Tatum Jr. while I attended the Puerto Rico MaxiCourse®.)

1. The value of shim stock

My preferred way of checking occlusion is 9 micron shim stock. For single-unit implant prosthesis (anterior or posterior), I do not want the implant crown to hold my shim stock on maximum intercuspation. Additionally, when I have the patient grind for excursive and protrusive moments, I do not want the shimstock to hold. The rationale is to avoid vertical and lateral forces on these single-unit prosthetics. The periodontal ligament is responsible for an apical movement of 25-100 microns and lateral

“Which aspects should be assessed regarding dental implant occlusion? It is known that dental implants are not dynamic—at least not in comparison to the natural dentition. There is more to ponder with vectors of force and rigidity of dental implants.”

“Many more considerations are taken into account when developing a stable occlusal scheme.”

movement of 55-110 microns of the natural teeth. By keeping the implant prosthetic out of occlusion by at least 9 microns, the implant is offered protection from the dynamic movement of the surrounding dentition. By checking the bite with the shim stock, we are offering a 9 micron buffer and protecting the implants from possible hyperocclusion.

2. The value of splinting on Kennedy Class III and IV fixed prosthetics

My preferred method of restoring anterior implant bridges is splinting the units to distribute rotational and (buccal/lingual) cantilever forces. This is especially true if the premaxilla has atrophied and the implants are placed parallel to the facial wall. On these atrophied cases, angled abutments are commonly used creating cantilevers in a buccal/lingual direction. When opposing natural dentition or fixed implants bridges, mutually protected occlusion is desired; however, due to skeletal relationships, esthetics, and amount of atrophy, the occlusal scheme of group function might be necessary. When the fixed bridge is opposing a removable denture, group function is desired for stability of the denture.

3. The value of no lateral forces on Kennedy Class I and II

When restoring posterior implants, it is important to remove the lateral forces from these implants—especially on single units. Many times in practice, there exists that ornery implant crown that keeps coming off or the screw keeps loosening. This is an indication that lateral forces are acting upon the implant crown. There are two ways of approaching lateral forces on posterior implant crowns. First, one can establish mutually protected occlusion. By having broad stable posterior support with effective anterior guidance, the posterior crown will be discluded and no lateral forces will be placed upon it. If this is not achievable due to skeletal relationship, amount of atrophy, and/or esthetics, the second option is to splint multiple prosthetics and place the prosthetics into group function.

4. The value of mutually protected occlusion

When full arches are replaced with fixed prosthesis (i.e., fixed/fixed), it is desirable to have mutually protected occlusion. Anterior guidance will limit posterior lateral forces and help prevent prosthetics from fracturing. Similarly, when a fixed implant arch opposes natural dentition, it is also desirable to have mutually protected occlusion. Both scenarios benefit on this occlusion scheme by discluding the posterior teeth.

5. The value of group function occlusion

When full arches are replaced with implant-supported dentures, it is desirable to have balanced group function. This scheme will limit lateral forces on individual denture teeth and help prevent denture teeth bonding failures. Similarly, when an implant supported denture opposes natural dentition, it is also desirable to have balanced group function occlusion. Both scenarios benefit on this occlusion scheme by distributing the forces amongst all the teeth.

The five concepts above are not rigid rules, but guidelines to consider. Many more considerations are taken into account when developing a stable occlusal scheme. As mentioned above, skeletal relationship, amount of atrophy, and esthetics play a major role in prosthetic development, as well. All therapy in dentistry is dependent upon and tailored to the specifics of each patient. Each patient has a unique scenario and treatment planning is multifactorial. These five guidelines are great fundamentals to build a solid occlusal foundation and have helped me develop predictable long-term health for my patients.

Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we selected a few articles that have broad applicability to the daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 47, Issue 6 (2021).



RESEARCH ARTICLE

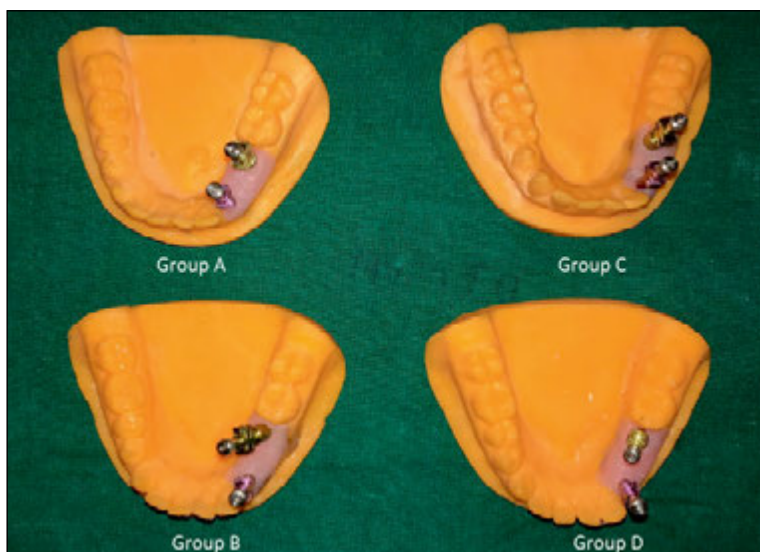
Effect of Implant Angulation and Depth on the Accuracy of Casts Using the Open Tray Splinted Impression Technique

Rehabilitation of partially and completely edentulous patients using endosseous dental implants is a proven and successful treatment modality. The importance of a passively fitting superstructure was first put forth by Branemark and colleagues. Deterrence of complications posttreatment is directly associated with minimizing the misfit of the prosthesis. This is one of the most important objectives of prosthodontic implant procedures. Though the causes of failure are multifactorial, an imprecise superstructure is one of the major contributing factors that result in mechanical and biologic consequences that disrupt the function of dental implants.

Literature is scant in providing information on the accuracy of master casts produced owing to the interplay of depth and angulation closely mimicking a partially edentulous clinical situation. This coupled with

the presence of natural teeth creates an interplay of physical and mechanical factors that influence the making of an impression. Hence, this research work was undertaken to evaluate the effect of implant angulation as well as depth on the accuracy of the implant impressions for a partially edentulous situation. The purpose of this study was to evaluate the accuracy of open tray dental implant impressions when the implants are placed with varying implant angulations and depths. Four partially edentulous models were fabricated using photopolymer resin, each having different angulation and depth of the implant analogs. A total of 40 open tray elastomeric impressions were made, which were poured in type IV die stone ($n=10$). These casts were evaluated and compared for accurate reproduction of the spatial orientation of the implant analogs in the models using digitization in 3 dimensions. The results were analyzed using the independent T test. Statistically significant differences were observed when the casts were compared with their respective master models. These casts had the implant replicas placed deeper within the replicated soft tissue. Making accurate impressions in partially edentulous situations with dental implants placed with varying depth and angulation is critical and clinically demanding. The authors determined that there is a need for future in vivo research to identify methods and materials, exploring digital impression techniques as well, in order to make precise impressions.

Thanmai Taduri, MDS, Somil Mathur, MDS, Snehal Upadhyay, MDS, Khushali Patel, MDS, Meena Shah, MDS, *Journal of Oral Implantology*. 2021;7(6):447-454.



FIGURES 1. Master models of the groups.

CASE REPORT

Medication-Related Osteonecrosis of the Jaw Subsequent to Peri-Implantitis: A Case Report and Literature Review

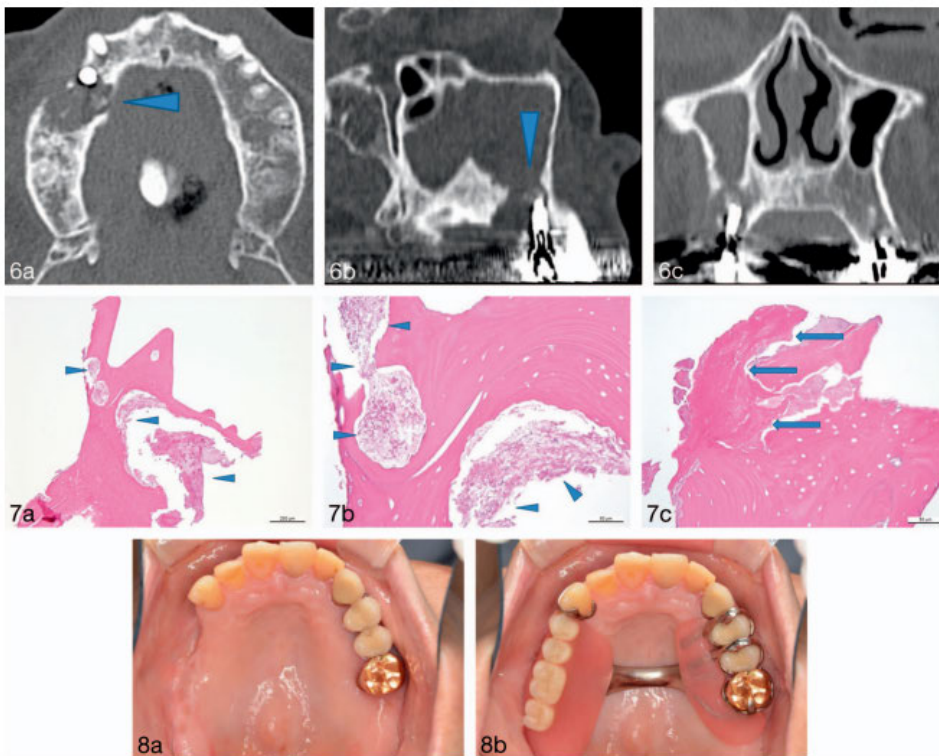
Bisphosphonates (BPs) are drugs that inhibit bone resorption by suppressing osteoclasts. They have been widely used to treat osteoporosis, malignancy-associated hypercalcemia, and osteodynia associated with bone metastasis of a solid cancer (eg, breast cancer), multiple myeloma-associated bone diseases, Paget's disease of bone, and osteogenesis imperfect BP-related osteonecrosis of the jaw (BRONJ), which has serious side effects in the jawbone. Subsequently, osteonecrosis of the jawbone associated with the anti-receptor activator of nuclear factor-kappaB ligand antibody denosumab and angiogenesis inhibitors was reported and has been renamed medication-related osteonecrosis of the jaw (MRONJ) in a recent

position paper of the American Association of Oral Maxillofacial Surgeons. MRONJ onset after starting a BP was slower in osteoporosis patients than in cancer patients. It was also reported that the incidence of ONJ in patients prescribed oral BPs for the treatment of osteoporosis ranged from 1.04 to 69.0/100 000 patient-years, whereas the incidence in patients with prescribed intravenous BPs ranged from 0 to 90/100 000 patient-years. The number of patients taking oral BPs for osteoporosis treatment has been increasing in recent years, and it is predicted to create serious dental problems. Local risk factors that cause MRONJ have been identified as dental infections, such as apical lesions and untreated periodontal disease. In addition

to surgical invasion due to tooth extraction, it has been reported that implant surgery during and after BP treatment is a risk factor for MRONJ. There have been only a few reports on the pathogenesis of MRONJ that develops around the already osseointegrated implants or that has been subsequent to peri-implantitis, and the details have not been clarified. We present a rare case of MRONJ subsequent to peri-implantitis in a patient who had been taking alendronate sodium.

Keisuke Seki, DDS, PhD, Shunsuke Namaki, DDS, PhD, Atsushi Kamimoto, DDS, PhD, Yoshiyuki Hagiwara, DDS, PhD, *Journal of Oral Implantology*. 2021;7(6):502-510.

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FIGURES 6–8. FIGURE 6. Dental cone-beam computerized tomography images of peri-implant medication-related osteonecrosis of the jaw. (a) Sagittal image, (b) Horizontal image. (c) Coronal image. Arrows indicate sequestrum around #14 implant. The bone resorption of #16 region extends to the bottom of the maxillary sinus and the palatal wall of the maxillary alveolar process. FIGURE 7. Hematoxylin and eosin staining of the hard and soft tissue specimens around #16 implant. (a, b) Arrowheads indicate necrotic tissue with bacterial accumulation in empty marrow space. (c) Arrows indicate epithelial and granulation tissue. Scale bar 200 μ m (a) and 50 μ m (b, c). FIGURE 8. (a) Intraoral photographs at 1 year postoperatively (August 2018). (b) Removable partial denture.

CASE LETTER

Therapy for Peri-Implantitis: Significant Radiographic Bone Fill After Keratinized Mucosa Augmentation Surgery With Supportive Implant Therapy: A Novel Approach

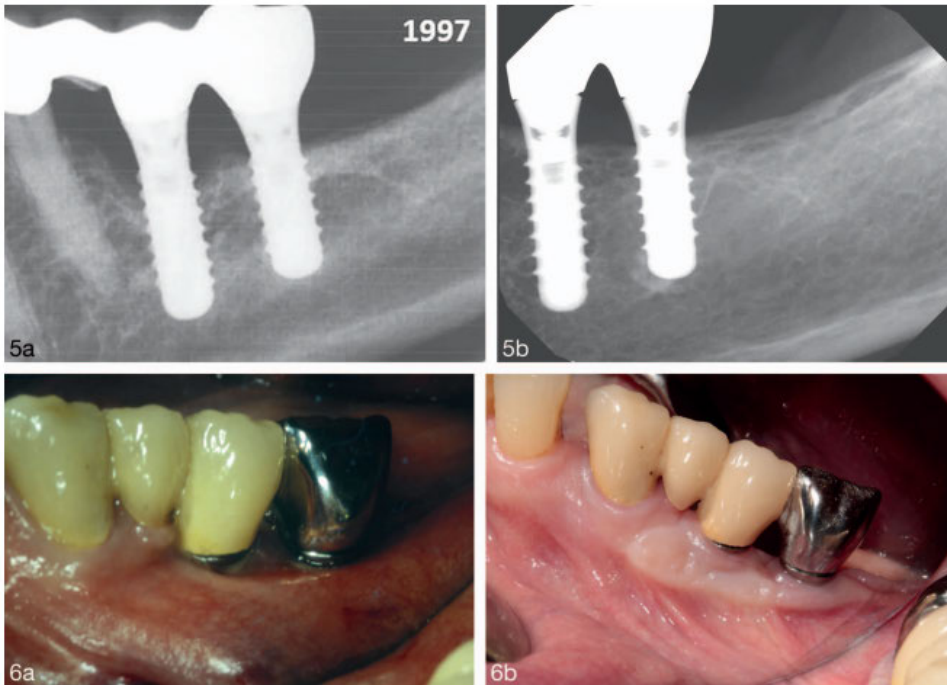
Scientific research aims to identify potential risk factors for the onset of peri-implant diseases. One potential risk factor is insufficient soft tissue quality, as indicated by the width of the keratinized mucosa (KM) and the mucosal thickness. Nonsurgical therapy of peri-implantitis comprises intensive mechanical debridement and biofilm removal of all accessible surfaces of the implant/abutment/denture, often followed by the application of antimicrobial agents and permanent biofilm control via supportive implant therapy (SIT). Several studies have reported that this approach can reduce the clinical signs of peri-implant inflammation (bleeding on probing [BOP]) and the peri-implant pocket depths (PDs).

However, in most cases of peri-implantitis, surgical treatment must be performed. This approach may lead to a significant decrease in inflammation, a reduction in PD and stabilization of the peri-implant bone level, which provides adequate support for the overlying soft tissues.

Currently, the possible effect of peri-implant soft tissue dimensions on the onset of peri-implant diseases remains controversial. Some studies have not revealed any correlation between a lack of KM and increased disease rates. However, it must be stated that these data have mostly resulted from well-maintained patients under SIT conditions. On the other hand, 2 system-

atic reviews concluded that a periimplant KM width of <2 mm is associated with more plaque and higher inflammation scores. Recommendations for the treatment of existing periimplantitis with soft tissue surgery are very rare. This case series presents four patients with unexpected results regarding the amount of peri-implant radiographic bone fill (RBF) after treatment consisting exclusively of soft tissue augmentation plus biofilm control via SIT.

Reinhard Strenzke, DMD, Petra Ratka-Krüger, DMD, Eberhard Frisch, DMD, MSc, *Journal of Oral Implantology*. 2021;47(6):530-534.



FIGURES 5 AND 6. FIGURE 5. Patient No. 4: female, age 66 years (at the time of keratinized mucosa [KM] surgery). KM augmentation surgery: free gingival graft [FGG]; implant system: ITI Bonefit (L, 12 mm; D, 4.1 mm); inserted October 1991; implant position: 036; affected regions: mesial + distal; observation period: 18.41 years. FIGURE 6. Patient No. 4. Implants 36 and 37 before KM augmentation surgery via FGG (a) and a 5-year control (b).

CLINICAL ARTICLE

Internal Hexagon vs Conical Implant-Abutment Connections: Evaluation of 3-Year Postloading Outcomes

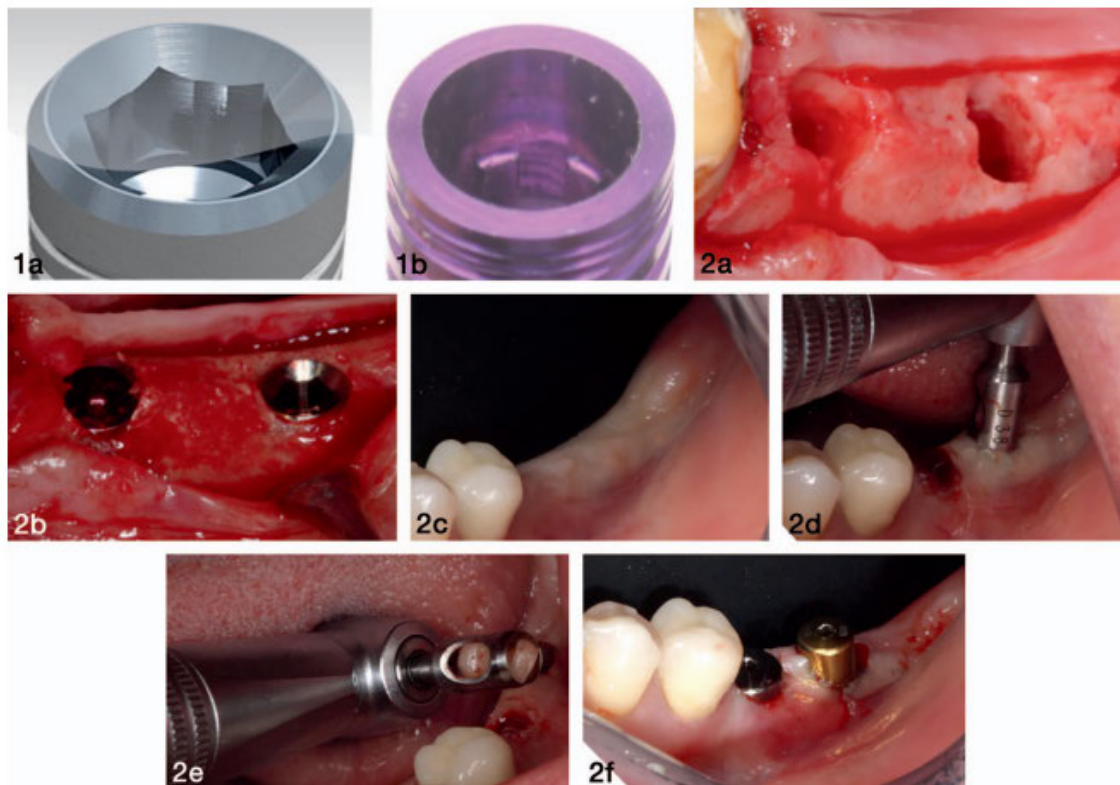
Different types of internal implant-abutment connections, namely hexagon and conical, have been used for implant restoration. However, data regarding the benefits of these internal connections in terms of clinical outcomes are scarce. Accordingly, the aim of this study was to compare radiographic marginal bone loss (RMBL) and associated implant complications between implants with internal hexagon (IH) connections and those with internal conical (IC) connections. Forty-nine patients with 98 implants (2 per patient) placed in the posterior mandible were recruited. All implants were inserted in pairs into solid D2 bone according to a randomized sequence; the

first patient received an IH connection implant on the mesial side, while the second patient received an IC connection implant on the mesial side. Each patient received 1 implant with an IH connection and 1 with an IC connection, placed side by side. Four months after placement, all implants were loaded with single screw-retained ceramic restorations with IH or IC connections. RMBL and complications, including implant/prosthesis failure, were recorded at the time of implant loading (baseline) and at 6, 12, and 36 months after loading. The results revealed no significant between-group differences in RMBL ($P=.74$), gingival bleeding on probing ($P=.29$), and

complications ($P=.32$). Thus, the type of internal implant-abutment connection did not affect clinical outcomes, including RMBL and implant/prosthesis failure. Future studies should additionally evaluate long-term prosthesis-related complications, such as screw loosening and fracture, between the 2 types of internal connections.

Sorin Gheorghe Mihali, PhD, DMD, Hom-Lay Wang, PhD, MSD, DDS, Olimpiu Karancsi, PhD, DMD, Emanuel Adrian Bratu, PhD, DMD, *Journal of Oral Implantology*. 2021;47(6):485-491.

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FIGURES 1 AND 2. FIGURE 1. The 2 types of internal implant-abutment connections used in this study. (a) Internal hexagon connection. (b) Internal conical connection. FIGURE 2. Illustration of implant insertion and uncovering procedures for implants with internal hexagon or conical connections. (a) Site after completion of the short-drilling protocol. (b) Implants with internal hexagon or conical connections are inserted to manage the free-end situation in the posterior mandible. (c) Clinical appearance of the crest during the 3-month osteointegration period. (d) Uncovered implant after the osteointegration period. (e) Gingival tissue in the tissue punch. (f) Healing screws.

RESEARCH ARTICLE

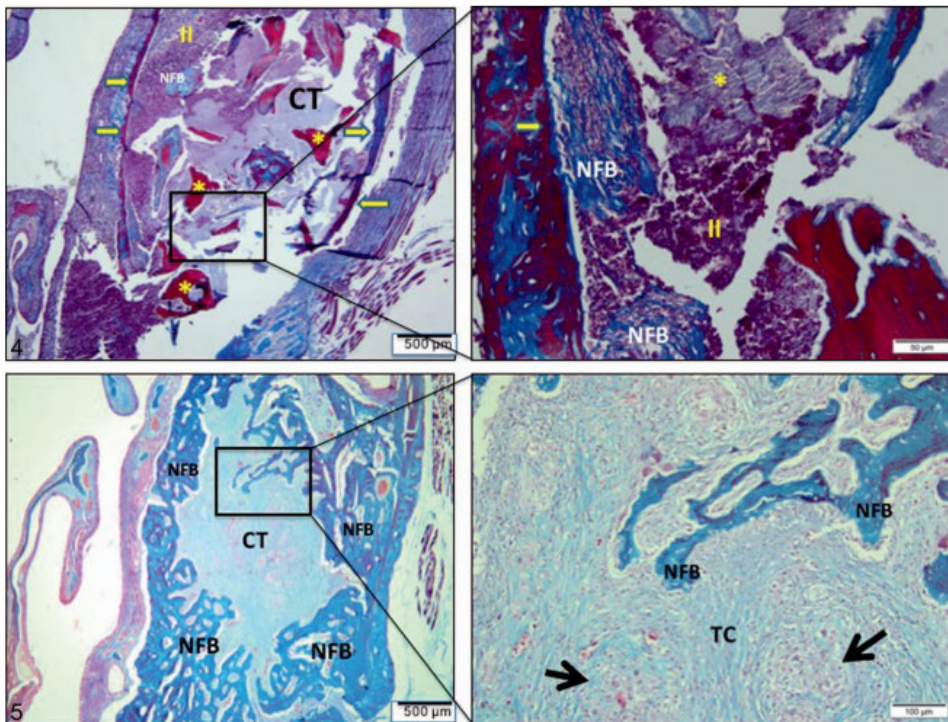
In Vivo Evaluation of Bovine Xenograft Associated With Oxygen Therapy in Alveolar Bone Repair

To preserve alveolar bone thickness and width after extraction, clinical strategies have been adopted to reduce or eliminate the need for future surgical interventions to increase the alveolar ridge. The use of xenogeneic biomaterials has been increasing for such application. The association of bone substitutes with active oxygen-based materials, which is essential in the wound-healing process, could accelerate bone repair, optimizing the maintenance of alveolar architecture after extraction. However, the truth of this hypothesis is not clear. The present study aimed to compare the biological response to inorganic bovine bone graft Bonefill (BF), associated

or not with active oxygen-based oral gel Bluem (BF+BM), in alveolar bone repair. Twenty female Wistar rats were randomly allocated. The left upper central incisor was extracted, and the dental sockets were filled with BF in the control group (n=10) and with BF+BM in the experimental group (n=10). The animals were euthanized at 7 and 42 days after implantation (n=5), and the samples were processed for descriptive histological and histomorphometric evaluations. The results showed no significant difference between the groups ($P > .05$). Both groups presented a time-dependent increase in newly formed bone and biosorption biomaterial ($P = .0001$). The

association between active oxygen-based gel and inorganic bovine bone graft did not interfere with or improve bone repair during the experimental periods of alveolar bone repair in rats.

Camila Saggiaro de Almeida, DDS, MSc, Suelen C. Sartoretto, DDS, MSc, PhD, Isabelle Martins Durte, DDS, Adriana T. N. N. Alves, DDS, MSc, PhD, Helder Valiense Barreto, Rodrigo F. B. Resende, Mônica D. Calasans-Maia, José Calasans-Maia de Albuquerque, *Journal of Oral Implantology*. 2021;47(6):465-472.



FIGURES 2 AND 3. FIGURE 2. Representative photomicrographs of the biological response to treatment placed in the alveolar socket after 7 days in the inorganic bovine bone graft Bonefill (BF) group. The small square is displayed at 20-fold magnification adjacent to the figure with lower magnification (43). Preexisting bone (yellow arrow); connective tissue (CT); newly formed bone (NFB); inflammatory infiltrate (ii); remaining biomaterial (*). Histological section stained with Masson's trichrome. FIGURE 3. Representative photomicrographs of the biological response to treatment placed in the alveolar socket after 42 days in the inorganic bovine bone graft Bonefill (BF) group. The small square is displayed at 20-fold magnification adjacent to the figure with lower magnification (43). Connective tissue (CT); newly formed bone (NFB); remaining biomaterial (*). Histological section stained with Masson's trichrome.

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AAID Announces

Opening of Award Applications

As the foremost organization in implant dentistry, the American Academy of Implant Dentistry (AAID) is the home of the most prominent leaders in the discipline. Every year, the AAID recognizes the accomplishments in the field of implant dentistry through various awards.

Terry Reynolds Trailblazer Award

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

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

- Demonstrating leadership in implant dentistry
- Achieving accomplishments and accolades as an innovative educator in the art and science of implant dentistry
- Embodying the spirit of inclusion, outreach, and selfless service through humanitarian efforts within the dental community, fostering training, know-ledge, and compassion for better patient care worldwide

The submission deadline is June 10, 2022.

Honored Fellows

The Honored Fellows Committee is seeking nominations of AAID members to be distinguished as AAID Honored Fellows in 2022. Members may self-nominate, nominate another member, or be nominated by their peers.

To be eligible, members must have been voting members (Associate Fellow, Academic Associate Fellow, or Fellow) in good standing for at least eight years.

In determining the 2021 Honored Fellows, the Committee will review nominees' AAID leadership and volunteer experience alongside their body of work in the dental community, as well as other leadership or volunteer roles.

Honored Fellows are selected based on the following criteria:

- Distinguished professional, clinical, research or academic endeavors. Examples include: speaker at AAID conferences and/or other meetings; teacher of AAID or other course; published author for *JOI* or other academic journals; as well as academic qualifications, research endeavors, leadership in other dental societies, and community efforts
- Noteworthy accomplishments within the field of implant dentistry, such as special awards or recognitions
- Demonstrated support of the AAID, including but not limited to District involvement, committee service, or AAID Foundation volunteerism

The submission deadline is June 30, 2022.

Please consider nominating an AAID member for these accomplishments. The AAID website www.aid.com/awards has the most current information for the nomination process including how to submit a candidate.



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Student and Large Research Grants

As part of its mission, the AAID Foundation provides grant funding to researchers who are discovering new and innovative ways to forward the field of implant dentistry. Through grant funding, researchers aim to discover and translate their findings into implant dentistry practice.

Student Research Grant Application

The David Steflik Memorial Student Research Grants are available to all dental students and those in post-graduate and residency programs.

The Student Research Grants are appropriate for new investigators, post-graduate students, or those resuming research careers.

Grants, as much as \$2,500, are awarded annually. Applicants may request as much as \$2,000 to fund the project up to a two-year grant period. The AAID Foundation will provide an additional \$500 for travel expenses to attend a future AAID Annual Conference.

The application deadline is June 15, 2022. Late applications will not be accepted.

Large Research Grant Application

The American Academy of Implant Dentistry Foundation Research Grants Program is intended to provide limited support for meritorious dental implant research projects which includes, but are not limited to, the following purposes:

- To conduct research that determines the feasibility of a larger research project.
- To develop and test new techniques and procedures.
- To conduct small clinical or animal research projects.
- To analyze grant data.

Applicants may request as much as \$25,000 to fund a project for as long as a two-year grant period. Successful applicants who require additional time to perform the proposed research may request an extension of the grant period without additional monetary support.

The application deadline is July 15, 2022. Late proposals will not be accepted. More information and the online application for both the Student or Large Research Grant can be found online at bit.ly/ApplyAAIDGrants.

Jacksonville University Launches Post-Grad Dentistry Programs

Jacksonville University is introducing a three-year Master of Science in Dentistry and Certificate in Comprehensive Oral Implantology, supported by the Comprehensive Oral Implantology Residency Foundation and using the American Academy of Implant Dentistry post-graduate core curriculum.

“This offering represents the next in-demand program born from ongoing, open discussions with our health industry partners and colleagues regarding where the market is headed and how Jacksonville University can best meet a very specific need for top-tier education and training,” Jacksonville University President Tim Cost said in a news release.

Named after two of its founders, clinicians, and patrons, the Alfred L. “Duke” Heller & O. Hilt Tatum Comprehensive Oral Implantology Residency Program will offer dentists training focused on proficiency in surgery, prosthetics and maintenance related to dental implants.

The program, part of the Brooks Rehabilitation College of Healthcare Sciences, also offers the opportunity to receive an online master’s degree from JU while receiving instruction through a paid, in-person residency at one of several U.S. implant dentistry practices.

The first group of dental residents is expected to begin their training this summer.

Visit ju.edu/implant for more information.

Isiah Lew Research Award

The Isiah Lew Memorial Research Award is presented by the AAID Foundation to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isiah Lew’s spirit and enthusiasm for implant dentistry. Dr. Lew was an implant pioneer. He was a founding member of the AAID and served as its president and the editor of the *Journal of Oral Implantology*.

In addition to publishing widely, he taught at New York, Columbia, Temple, and Farleigh Dickinson Universities, and the New Jersey College of Dentistry. He lectured to dental societies in the United States and around the world and produced a national television program on implants. Isiah Lew was born in Poland in 1915. After immigrating to the United States, he graduated from the University of Pennsylvania Dental School and then spent a lifetime conducting surgical and prosthetic clinical implant research. Dr. Lew was committed to the “where, why, and how” of implantology.

Each year this distinguished award honors an individual who has contributed significantly to research in implant dentistry and who has demonstrated singular leadership and/or responsibility in research that advances the science of implant dentistry. Nominations for the 2022 Isiah Lew Memorial Research Award will be accepted online at bit.ly/ApplyIsiahLew until May 15th.

Table Clinics at Annual Conference

The American Academy of Implant Dentistry has opened abstract submissions for Table Clinics to be presented at the 2022 AAID Annual Conference in Dallas, Texas on September 21-24. The theme for this year’s Annual Conference is “Zero in on Zero Complications: How to prevent complications by zeroing in on the challenges.”

AAID encourages anyone interested in sharing oral implantology research—including students and residents, as well as educators and practicing dentists—to submit an abstract for consideration. Complimentary 2022 Annual Conference registration is provided for up to

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newmembers

The AAID is pleased to welcome the following new members who joined between January 20, 2022, and March 6, 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

Jason Curtis, Prescott
Matthew Ricks, Tucson

California

W. John Acosta, Pacifica
Mariana Basha, Rancho Palos Verdes
Thomas Bramanti, Fresno
Shun Chien, Mountain View
Theodore Booth Haley, Berkeley
Asmaa Hassanein, East Palo Alto
James Kim, Salinas
Ronald Mak, Millbrae
Anu Mohan, Del Mar
Lisa Wu, Chino Hills
Xuyu Zhang, San Mateo

Colorado

Lakshmi Reddy, Denver

Connecticut

Madhumietha Arumugam, Coscob
Amit Kapoor, South Windsor

Florida

Rami Al Saidi, Jacksonville
Roderick Davies, Odess

Illinois

Eric Abreu, Bloomington

Indiana

Nikola Djorovic, St. John
Stephen Fairchild, Merrillville
Pawandeep Kaur, Indianapolis
Sreelakshmi Keesara, Avon
Joseph Ornelas, Crown Point

Kansas

Jaden Bailey, Kansas City

Maine

Marc DeLorenzo, Portland

Maryland

Kira Toulson, Owings Mills

Michigan

Derek Pflum, Northville

Mississippi

Keith Brown, Flora

Nevada

Simon Tsang, Las Vegas

New Mexico

Cassie Fede, Albuquerque

New York

Michael Erdos, Brooklyn
Samir Khalil, Rochester
Inessa Safarov, Brooklyn

Ohio

Cristian Chirla, Akron

Oregon

Alexander Hang, Hillsboro
Khoa Hoang, Portland

South Carolina

Jon Smith, Lexington

Texas

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Rishin Desai, Pflugerville
Rebeca Garcia, Helotes
Daniel Maldonado, San Antonio
Gilbert Price, Porter

Washington

David Johns, Puyallup
Meenali Khare, Richland

CANADA

Alberta

Johanna (Jose) Magathan

New Foundland

Kapil Kapoor

INTERNATIONAL

Bermuda

Alexis MacKenzie
Carl Mackenzie

Bahrain

Noufal Edappally
Reejo George
Charis Joseph

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INTERNATIONAL

India

Mohammed Areekat
 Srinivas Bagadi
 Amit Benjamin
 Jaspreet Deo
 Sheely Ibrahimkutty
 Vinita Joshi
 Rucha Kashyap
 Sneha Manoj
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Saudi Arabia

Tayseer Hamadeh
 Munse Katrangi
 Ghousia Khan
 Ahmad Zidan

South Korea

Changwoo Kim

Sri Lanka

Nasar Wadood

United Arab Emirates

Niharika Gupta
 Rajashree Roy
 Naresh Setty

Spread the Word About Your Dental Implant Expertise to Your Community

Marketing dental implant and full-arch treatment has become very competitive. With a **Gilleard Custom Magazine**, you can cut through the competition and make your practice stand out.

The magazines are distributed to key target areas in your community and beyond. They are designed to attract a steady stream of qualified new implant and full-arch patients.

“The magazine has created the ‘expert status’ necessary to attract patients for the procedures we most desire to perform.” –R.N. DMD



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COVER STORY

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Some of the key things you can do to get your website voice search ready include:

- Focus on natural-sounding language.
- Assume that most queries will be questions.
- Optimize for long-tail keywords, including questions.
- Answer questions clearly and concisely on your website.
- Think about user intent and provide the best user experience possible.

Remember that web users can be impatient. When they ask a question, they expect to find the answer quickly and easily. If your site doesn't provide the answers, they'll move on to one of your competitors' sites.

6. Emotional Dentistry

Implant dentists know that they are more successful presenting implant treatment options when they focus on patients' smiles and how their lives can improve as a result of dental care. People are emotionally attached to their smiles; when they are not confident in their smiles, patients have a tendency to be less expressive and less social.

Emotional dentistry is one of the most intriguing dental industry trends which continues to grow in importance. New technology is making it possible for dentists to engage in emotional dentistry, through which patients can, with the help of software, visualize their smiles as they will be after dental treatments are completed.

Emotional dentistry helps to improve the patient experience. Dentists who focus on implant dentistry, cosmetic dentistry, emergency dentistry, and orthodontics are the most likely to benefit from investing in emotional dentistry. When used properly, it can help calm patients' nerves and make the process of receiving dental care less stressful than it would be otherwise. And it clearly shows the value of implants to replace missing teeth rather than focusing on the process and cost.

7. Artificial Intelligence

Artificial intelligence (AI) use is on the rise in nearly every industry, and it's one of the dental industry trends expected in 2022 and beyond. While there are certainly some concerns about using AI with patient treatment, when implemented properly, it improves the patient experience. It can also help your dental practice provide top-notch patient service around the clock.

Patient interactions aren't the only potential use for AI in your dental practice. It can also be used for things such as diagnostics, virtual dental assistants, and even smart toothbrushes, which can give a dentist information about their patients' oral hygiene habits and point in the direction of potential treatments.

If you decide to incorporate AI into treatment and the patient experience, you'll need to prioritize HIPAA compliance, ensuring that you educate both existing and new patients about how you intend to protect their privacy when using artificial intelligence in your practice. The dental industry is expected to continue to embrace AI in 2022 and beyond.

8. Influencer Marketing

Influencer marketing is a dental industry trend that offers a new way to connect with patients on social media. A social media influencer is someone with a large following who, in return for payment, will mention and recommend your practice to their followers.

Here are some facts and figures to help you see the potential you could unlock with influencer marketing:

- 48% of all businesses have used influencer marketing.
- 49% of consumers rely on influencer recommendations when searching for products or services.
- Influencer marketing has a fantastic return on investment (ROI), with the average campaign earning \$5.78 for each dollar spent.
- The influencer marketing sector is expected to reach \$13.8 billion in 2022.
- 57% of all beauty and health brands use influencer marketing.

The key to using influencer marketing effectively is to know which influencers are suited to speak to your target audience. In general, you should look for influencers who are knowledgeable about dentistry, and who have a high degree of likeability and trust with their followers.

9. Text Message Marketing

Text message marketing, or smart message (SMS) marketing, was a dental industry trend in 2021 and it continues to be popular thanks to its convenience and high ROI. Text mes-

sages are far more likely to be opened than emails, with 90% of smartphone users reporting that they open texts within 90 seconds of receiving them.

One of the dental industry trends that we suggest you implement is using text messaging to send appointment reminders. 80% of patients say they prefer to confirm appointments via text, but only about 20% of businesses do so. The same is true of promotions, which only 17% of businesses send via text message.

Considering that one of the biggest headaches for dentists is canceled or missed appointments, it's surprising that more practices haven't adopted SMS marketing. You can capitalize on this dental industry trend by:

- Collecting mobile numbers from new and existing patients.
- Adding a field on your intake form to allow new patients to opt-in for text messaging.
- Implementing appointment confirmations and reminders via SMS messaging.
- Using new services such as Switchbird, which allow you to build your text recipient list and let patients and potential patients text you. You can also set up a chatbot to answer their most frequently asked questions.

10. Going Green—Natural Dental Products

Dentists and other healthcare professionals are as concerned about the environment as anybody else. One of the dental trends that gained momen-

tum in 2021 and is expected to continue throughout 2022 and beyond is green dentistry: the use of natural products that have a minimal impact on the environment.

The ADA has created a list of ways that dentists can make their practices more environmentally friendly. They include:

- Using organic or environmentally friendly scrubs
- Reducing or eliminating the use of aerosols
- Designing practice layouts to maximize natural light and ventilation
- Using eco-friendly sterilization products and procedures
- Using natural cleaning products in the office
- Stocking all-natural oral care products and encouraging patients to use them

A lot of patients, particularly those who are Millennials or in Generations Y or Z, are likely to prioritize businesses that align with their beliefs. Making your practice green can help you attract new dental patients to your dental office.

11. Patient Support Chatbots

It wasn't that long ago to think about chatbots as futuristic as flying cars. Estimates are that in 2022, between 75% and 90% of all healthcare queries will happen without a human agent by the end of the year. Forty percent of consumers are willing to use a chatbot to get quick service in an emergency.

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COVER STORY

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Many dentists have been slow to use chatbots because of concerns over patient privacy and HIPAA regulations; however, technology has kept up with the demands and it's now possible for dentists to launch a dental chatbot while still preserving their patients' privacy. Experts believe that the health-care chatbot market will be worth more than \$967.7 million by 2027. Chatbots can be used by dentists in a variety of ways, including:

- Appointment scheduling and cancellations
- Symptom reporting and early diagnostics
- Medication assistance
- Oral health guidance

Chatbots may be installed on your website and some patient portals come with chatbots included. You may also want to include a chatbot on your social media sites, especially on Facebook where Messenger continues to play an important role in patient support. They provide a safe way to enhance dental care and provide quality patient experience. Of course, you'll need to make sure that any chatbot you use is HIPAA compliant.

12. Emergence of Dentistry Apps

You already know that your dental website is the hub of your online presence, and no trends can change that. However, consumers increasingly expect the businesses they frequent—including dentists—to incorporate mobile apps into their digital marketing.

There are many reasons to create a mobile app for your patients. The app can help you:

- Provide information about oral health and dental care to your patients.
- Offer loyalty programs that incentivize patients to try new services or refer their friends to you.
- Inform your patients about new technology, including 3D printers and laser technology, that can help them receive better care.
- Streamline the process of booking appointments or rescheduling.
- Provide better overall service to new and long-term patients.
- Keep patients in the know about trends and other information that may be useful.

Creating a mobile app can help you connect with patients between visits, provide better care in and out of the office, and generally create an experience that is convenient to your patients' needs.

13. Growth of Geofencing

Geofencing uses mobile and GPS technology to push notifications, text messages, and offers to people based on their physical location in relation to a business. With smartphones and smart tablets now outpacing older mobile technology, it's easier than ever to reach out to patients where they are—and specifically, when they are in your area.

Here are some marketing statistics that are relevant to the rise of geofencing:

- Geofencing is compatible with 92% of all mobile devices.
- 75% of people prefer to receive offers via text.
- Response rates from texts are 209% higher than for phone calls.
- Texts have a 99% open rate.
- 81% of Android users opt in via push notification, while only 51% of iOS users do.

Geofencing can be useful for dental practices as a way of reminding people that they're due for a cleaning or advising them of new services that you offer at your practice.

If you want to achieve your dental practice growth goals in 2022, using this baker's dozen list of dental industry trends will help you reach a wider audience and attract new patients.

Tyson Downs, the owner of Titan Web Agency, (www.titanwebagency.com) has years of experience working with small businesses and helping them meet their revenue goals. Prior to starting Titan Web Agency, he freelanced in SEO and Web Design while working in the corporate world. Tyson is a graduate of Brigham Young University, the father of five, and enjoys spending time with his family, particularly on the baseball field.

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President's Message

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“Our Academy is full of *sharers*: We share our clinical experiences. We share our problems. We share our knowledge. We share how best to improve our patients' lives. We are not braggers, but sharers.”

The following year, I became a student of Dr. Norman Cranin's New York MaxiCourse®, where I met fellow AAID members Drs. Jason Kim, Robert Bagoff, and Winnie Lee. Dr. Cranin got me to think differently about dentistry, encouraged me to get credentialed, publish, and teach. His influence on my professional career was tremendous. I am proud of being a graduate of an AAID MaxiCourse and will support MaxiCourse expansions and curriculum development in the future. Initially, I viewed the AAID as a place to make friends, share ideas, and learn something new. I know today that the AAID is the leader in implant education and credentialing implant professionals.

Members, like my friends Drs. Mario Silvestri, Suheil Boutros, Jasmine Sung, Larry Bush, Andrew Kelly, Don Provenzale, and Jim Rutkowski, define the culture of our organization. I look to people like them to assist in guiding me within its mission. I feel strongly that the AAID culture is what has propelled this organization to our current global level of respect.

The last five years on the Executive Committee have been a learning experience. I have been lucky to follow in the footsteps of Drs. Shankar Iyer, David Hochberg, Bernee Dunson, and Duke Heller, as well as the fellowship with Drs. Shane Samy, Ed Kusek, and Matt Young. They are devoted individuals, and I am fortunate to have been included in their discussions concerning the AAID.

Our Academy is strong because of our central office team in Chicago. Carolina Hernandez, CAE, the Executive Director,

and Jamey Richardson, Chief Financial Officer, have been ambitious and dedicated leaders of an engaged Executive team for several years. Their knowledge and guidance concerning our strategic plan, mission statement and policies are critical to the efficient functioning of this Academy. Thank you, and I look forward to working closely with you this year.

I am very excited about the future of our Academy. The chairs of our committees are engaged and understand the AAID mission. The AAID is embarking on several initiatives to remain relevant as the leading sponsor of implant education. The new or enhanced programs will include:

1. University-based implant specialty programs
2. Master's degrees in Arts and Sciences
3. Expansion of AAID MaxiCourses
4. Welcoming members to once again attend district meetings post-COVID and continuing to offer a multi-layered, interactive annual meeting

We will continue to defend our credentials with the help of our lead counsel, Dr. Frank Recker. We will explore different approaches to increase and maintain membership. We will seek out future leaders in this Academy from various geographic regions and from diverse backgrounds. As we close our educational aspect of the 2021 Annual Meeting, I can confidently inform you that active planning for the 2022 Annual Meeting in Dallas was initiated two months ago. I am proud to recognize our Scientific Chairs for the 2022 meeting: Dr. John Minichetti and Karima Bapoo-Mohamed. These individuals have been my friends for more than 20 years,

and I thank them deeply for their support of our 2022 Annual Meeting.

I know that all in this room can agree that the discipline of dentistry is difficult, but rewarding for all of us in healthcare; however, having support at home makes our lives better. I would like to thank my wife Michele, and children Anna, Julia, and Grant for supporting the many hours that I spend at my practice and on Academy matters.

I would like to provide a special thank you to Dr. Bernee Dunson, who never received the recognition that he so deserved through the most turbulent times of this Academy. His determination and willingness to lead our Board of Trustees and membership was admirable for those of us intimately involved during those times. I personally thank you on behalf of the Board and Academy members.

As important, I want to thank Dr. Duke Heller for being a great president: A strong, enthusiastic, and brilliant individual who never missed a meeting or complained that they were lasting too long. I know a lot of people in my life and I will say that Dr. Duke Heller is “memorable.”

In conclusion, I am hopeful that everyone in this room will help me lead this Academy. This room is the American Academy of Implant Dentistry. Let's agree to continue to be sharers, lifelong learners, and never be just dabblers.

Thank you.



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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.mattds@gmail.com
 Website: www.youngdentalsf.com

Calderon Institute Study Club

Location: Queens, NY /Oceanside, NY
 Director: Mike E. Calderón, DDS
 Contact: Andrianna Acosta
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 Email: calderoninstitute@gmail.com
 Website: www.calderoninstitute.com

CNY Implant Study Club

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

Hawaii Dental Implant Study Club

Location: Honolulu, HI
 Director: Michael Nishime, DDS
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 Phone: 808-732-0291
 Email: mnishimedds@gmail.com
 Website: www.advancedrestoratedentistry808.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

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Other International

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Table Clinics

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two students per submission.

Each chosen table clinic, which consists of a 5-to-10-minute, pre-recorded and in-person presentation on the presenter's laptop, will be judged for the Table Clinic Competition on Friday, September 23. Winners will be announced during the Main Podium on Saturday, September 24 and will receive a cash prize ranging from \$200 to \$750.

Each submission must include an abstract containing a proposal title, purpose of study, methods, results, conclusion, and bibliography. The deadline for submissions is July 1, 2022.

To submit an abstract for consideration, visit the Abstract Submission Site - <https://bit.ly/2022TableClinics>. For more information about the Annual Conference, visit the aaid.com.

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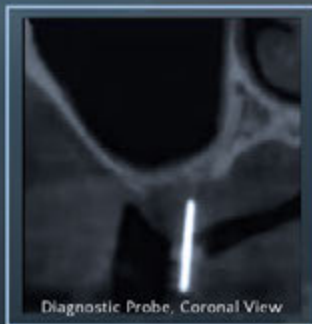
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