

AAID NEWS



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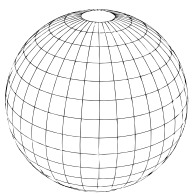
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contents

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Table of Contents

- 4 Editor's Notebook
- 6 Associate Editor's Notebook
- 8 President's Message
- 12 Executive Director's Message
- 14 Cover Story
The Challenges and Rewards for Women in Implant Dentistry
- 27 2024 Candidate for Credentialed Membership
- 22 Business Bite
Navigating Dentistry: How I Launched My Implant-based Startup
- 28 Legal Bite
Meet AAID's Specialization Recognition Legal Counsel
- 30 Feature Q&A
Advice for Passing the AAID Associate Fellow Exams
- 32 JOI Sampler

Academy News

- 36 MaxiCourse® Q&A
Q&A with Dr. Shankar Iyer, FAAID, FABOI/ID
- 40 New Members
- 43 Continuing Education Bite
- 46 Ad Index



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

EDITOR'S NOTEBOOK

Buffett, Merkel, and the Dentist

Sadly, our culture lost a Conch Republic enthusiast, Jimmy Buffett. He was a prolific singer songwriter of songs that told a story. He succumbed to a Merkel cell carcinoma.

Since these lesions, and other skin lesions, may occur on the head and neck, the dentist is in a position in the health care industry for early recognition. Any surface lesion may indicate a referral for biopsy. Many patients may be non-compliant, so appropriate documentation is important for protection in the case of a later pathologic determination.

Merkel cells are also known as Merkel-Ranvier cells or tactile epithelial cells. These mechanoreceptor cells are oval and located in the stratum basale of the epithelium. In addition to their tactile function, Merkel cells are thought to be involved with immunity and inflammation.

The lesions are painless, firm, light crimson or bluish-red and raised. They can enlarge quickly and be mistaken for a hemangioma or cyst or other lesion type. They tend to occur in the head and neck skin surfaces.

The Merkel cell carcinoma can also appear somewhat different than other skin neoplasms, squamous cell, basal cell and melanoma but indeed may resemble these lesions in some cases.

Merkel cell carcinoma is very rare but has a high fatality. Merkel cells are specialized neuroendocrine cells that are found in the dermis and convey light touch sensation to the brain. They are thought to arise from ectoderm and not the embryologic neural crest.

The carcinoma may resemble a benign hemangioma and may go unrecognized. Thus, it has been posited that all lesions should be biopsied to confirm a diagnosis and not rely on visual evaluation.

Merkel cell carcinomas can grow rapidly and are capable of metastasis.

The etiology is not well understood. Lengthy sun exposure and a compromised immune system are associated with the occurrence of Merkel cell carcinomas.

Treatment of these carcinomas typically involves surgical excision, radiation therapy and, at times, chemotherapy. A computer tomogram may be taken to determine the extent of advancement.

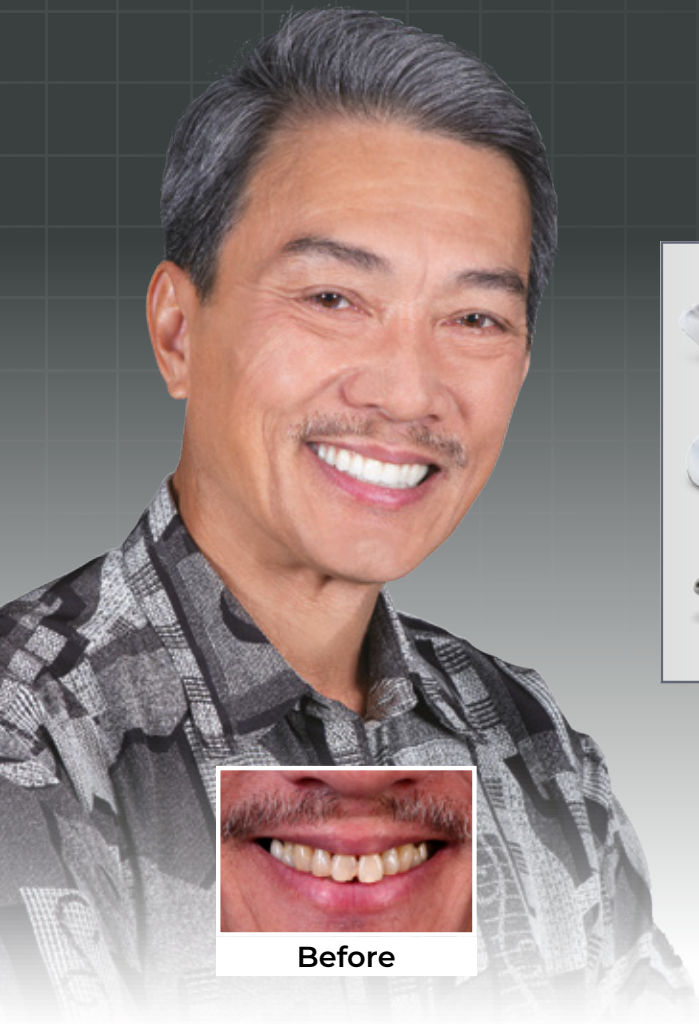
Merkel cell carcinomas are usually intrusive and destructive. Prognosis is determined by tumor staging, tumor size, metastatic status so early diagnosis is important for a better prognosis.

Prevention is uncertain but sun exposure minimization is important. People over age 50 should have an annual skin check to reduce the risk for missing the presence of a lesion. Prompt attention for any skin lesion or abnormality is key for appropriate successful treatment. Early detection and treatment will likely improve the clinical outcome.



Merkel Cell

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By Ed Kusek, DDS, FAAID, DABOI/ID, AAID President 2024

ASSOCIATE EDITOR'S NOTEBOOK

Meet AAID News Associate Editor, Dr. Swati Agnihotri, DMD, AFAAID

Earlier this year, *AAID News* added Dr. Swati Agnihotri, DMD, AFAAID as the Associate Editor of the magazine. I am very excited that Dr. Agnihotri has volunteered her time, and I think you'll see by reading this issue, her impact is being felt immediately. Below is a capture of a conversation we had after she accepted the role. Scan the QR code to watch the full video interview. The below transcript has been edited for clarity.

Kusek: Welcome, Dr. Agnihotri. Congratulations on the position. Give us a little bit of background information on yourself and how you got involved with implant dentistry.

Agnihotri: Thank you. I am very excited to take on this new role. I stepped into dentistry while transitioning from a master's program to a PhD in molecular genetics during graduate school. At the time, I was uncertain if continuing research or switching my direction would be the ideal choice. I wanted to consider dentistry, so I shadowed a dentist I knew in his Toronto, Ontario practice. This experience sparked my interest in dentistry.

My decision to pursue dentistry was not without its challenges. I decided to complete my DAT and apply to dental schools, and despite applying late, I was fortunate to gain acceptance at Boston University's Goldman School of Dental Medicine. However, the high tuition for dental school was a significant hurdle, especially coming from a middle-class family. The decision to take out student loans was a difficult one, but it was a choice that I knew would change my life for the better.

After completing my dental education, I joined a general practice residency in Pennsylvania. During this time, I received training

in implant dentistry, which was one of the main reasons I chose that residency. As residents, we were qualified to place implants under the supervision of an oral surgeon.

I then continued my journey in implant dentistry by enrolling in the Boston MaxiCourse® to deepen my knowledge and work towards credentialing. As a result of my dedication and commitment, I became involved with the American Academy of Implant Dentistry and was honored with the associate fellowship from AAID. I remain dedicated to pursuing my passion for implant dentistry, consistently seeking to improve and stay at the forefront of this evolving field.

Kusek: What are your goals as Associate Editor of *AAID News*?

Agnihotri: *AAID News* is such a great platform for so many members. It's a wonderful place for dentists to connect as well as apply and learn and get educated and advance their implant careers. I want this to be one a platform where people can really understand what it is that we are doing within this great Academy.

For example, in Issue 2, one of the topics we are covering is women in implant dentistry. I feel like women have come a long way, and not just in the dental profession itself, but in implant dentistry. I will be sharing the stories of some of their amazing work.



Dr. Swati Agnihotri, DMD, AFAAID,

AAID News Associate Editor

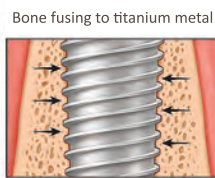
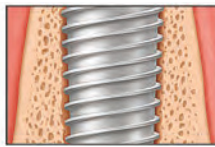
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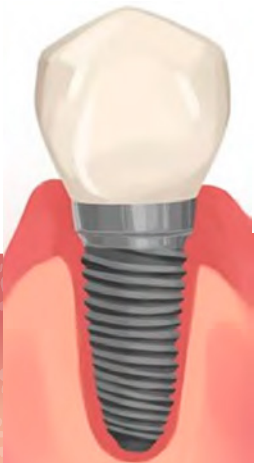
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By Ed Kusek, DDS, FAAID, DABOI/ID,
AAID President 2024

PRESIDENT'S MESSAGE

My AAID Presidency – A 6-Month Check-In



As of writing this letter, sitting in an airport lounge in Amsterdam, I realize that I am at the mid-term of my presidency. Since assuming this role, I have been able to attend three MaxiCourses®. It was great to see first-hand the excitement of young professionals learning techniques to become better clinicians.

The planning for this year's Annual Conference, *Reaching New Heights: Setting the Standards in Implant Dentistry*, is now well under way. We have received more than 100 abstracts to review and disseminate to ACE Committee on topics that Dr. Dunson and I think are pertinent to the flow of the program. Workshops will provide the opportunity for hands-on learning that you can only get at an in-person meeting. We have gotten a lot of feedback on the President's Celebration and, with that feedback in mind, this year's celebration will be less formal and more social in nature. There will be cocktails and appetizers instead of a sit-down dinner, and we'll have time to visit with friends before we all go back to our everyday profession. In previous years, new Associate Fellows and Fellows complained that they brought their families without realizing that everyone needs a

The AAID needs to keep adapting and evolving to maintain its pertinence in the field of implant dentistry, and that necessarily requires fresh ideas.



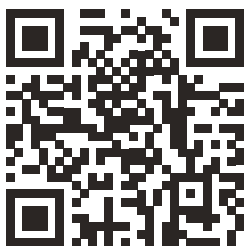
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President's Message

ticket to attend the celebration. This year it will be open to all and NO tickets will be required. Also, the annual awards will be presented after Main Podium sessions, thus limiting introductions and speeches. This change speaks to me personally; while I believe that it's important to be honored, we should avoid crossing the line into embellishment. I'm reminded of the lessons I learned growing up: NO ONE is better than anyone else and always be respectful of others' time.

While selecting committee assignments this year, I went through the list of CVs with the goal of matching members to the committees that would most benefit from their respective expertise. I am pleased to share that we have had better attendance at committee meetings this year, and the committees have put forth many great ideas. As I have learned in my own prac-

tice, CHANGE is a necessity. Just take a look at formerly successful businesses like Kodak, Blockbuster, and others that did not adapt to modern trends and thus are no longer relevant today. The same goes for dentistry - it has changed so much since my dental school graduation from Nebraska in 1984. In this same vein, the AAID needs to keep adapting and evolving to maintain its pertinence in the field of implant dentistry, and that necessarily requires fresh ideas.

To our new members, I have sought you out to personally welcome you to the Academy. I feel this outreach is necessary to show how the AAID is different from other organizations. I was once president of another national organization, but there I never experienced the energy, excitement, and comradery that makes the AAID so special. Our members are eager to share their

knowledge – we love to learn and teach and have a true passion for implant dentistry. Please take advantage of this passion by getting involved with the organization and meeting the past leaders and innovators that call AAID home.

Finally, I must highlight that this edition of *AAID News* is the first for its new Associate Editor, Dr. Swati Agnihorti, and also features her first articles: a piece on women in implant dentistry and a feature on AAID fellow, ABOI Diplomate, and Communication Committee Chair, Dr. Frank Caputo. I am thrilled that Dr. Agnihorti is bringing back the member focus of our quarterly magazine.

As always, thank you for all that you do for the AAID.

-Ed Kusek

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By Carolina Hernandez, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

Spruce up for summer Member Experience in 2024

The AAID consistently strives to elevate the user experience for our valued members. Last year, we unveiled a new look to aaid.com which brought with it the Member Compass. This new feature allows users to manage their profiles, view their account histories, set autorenewal, store payment methods and pay invoices. Now the Member Compass puts other exclusive member-only resources at your fingertips.

With this reimagined portal, members no longer have to search the website to find the resources they seek – these are now linked directly from the portal. The following resources are just a click away:

- the *Journal of Oral Implantology (JOI)*
- employee and patient release form templates
- patient education videos
- customizable print-ready brochures
- the AAID Member Directory
- use of the AAID logo

Additionally, we are so excited for the launch of Implant Institute this summer. Implant Institute features more than 50 e-learning courses from your computer and/or mobile device. Explore the AAID catalog which includes:

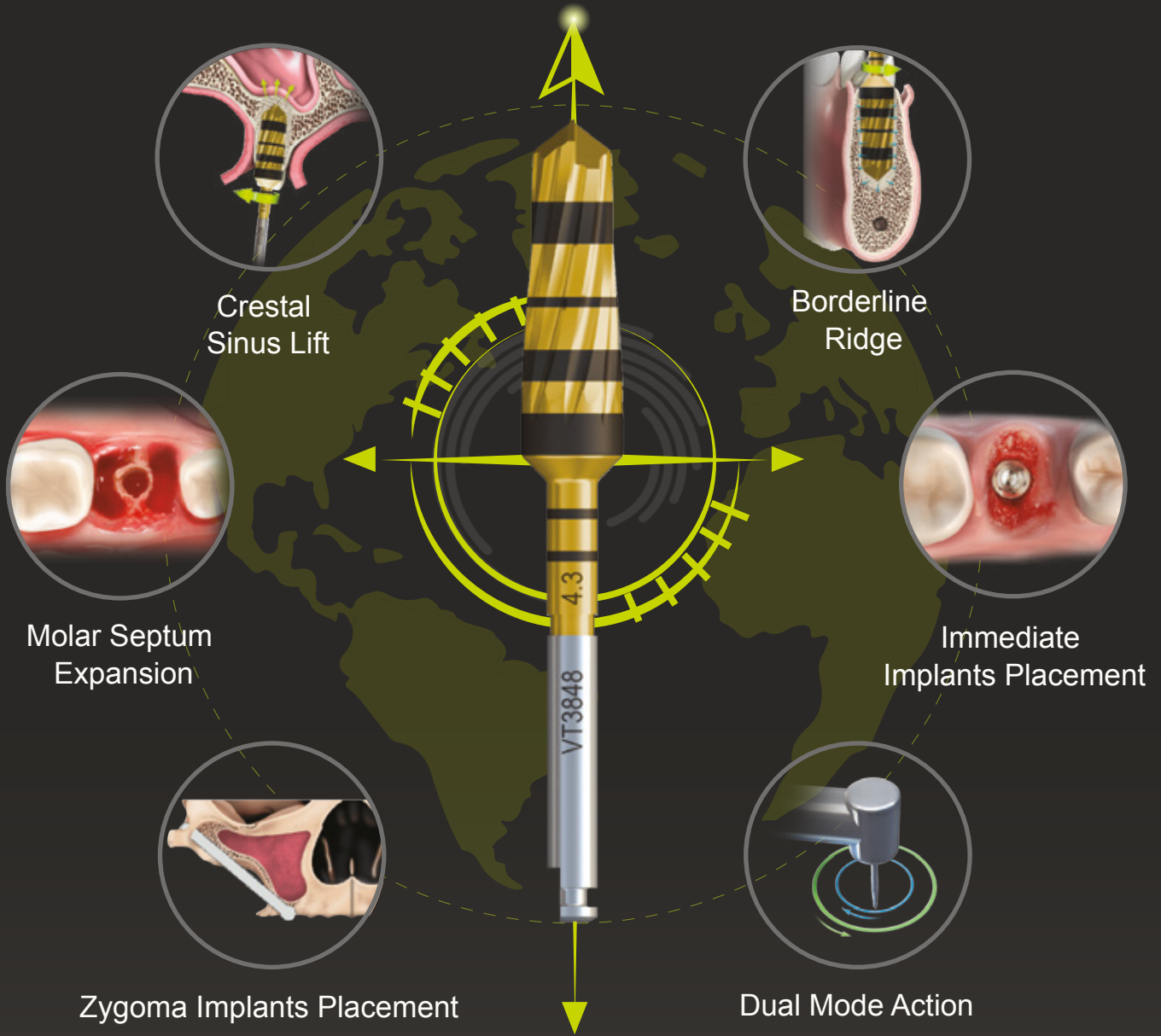
- Airway Fires - Understanding the Danger by Laura Braswell, DDS



- Immediate Loading for Full Arch Cases - Techniques, Do's, and Don'ts by Nakul Rath, DDS, MS
- Medication Related Osteonecrosis of the Jaw - Medication Effects on Bone Biology by Charles Shuler, DMD, PhD

Of course, Implant Institute courses have AAID member only rates, just like all AAID educational events.

And speaking of events, remember to save the date for the 2024 Annual Conference in Atlanta, Georgia November 13 – 16. This year's meeting will debut the AAID Studio, where we'll be filming onsite interviews with members, speakers, sponsors, and exhibitors about all things implant dentistry. We'd love for you to participate! Send your interview ideas to editor@aaid.com. The next AAIDnews (Issue 3) will include the full rundown of the conference program and events.



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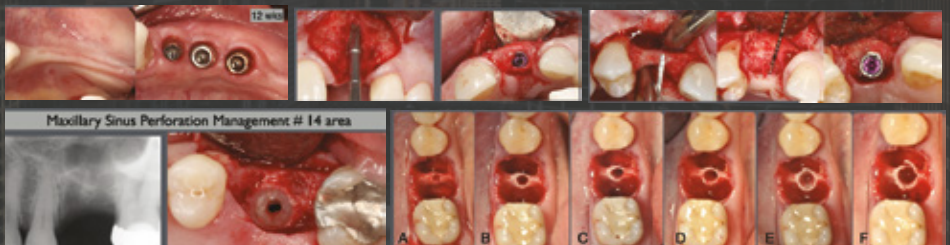


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The Challenges and Rewards for

WOMEN

in **IMPLANT
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The field of dentistry has undergone significant changes in recent years thanks to advancements in technology, procedures, and ideologies. One of the most noticeable changes is the increasing influence of women in implant dentistry. Their remarkable contributions have the power to shape the trajectory of the field, paving the way for a brighter future in dental healthcare.

In this article, we will explore the inspiring stories of three remarkable dentists: Dr. Jasmine Sung, Dr. Janice Wang, and Dr. Karen Kowalesik, who have become trailblazers in the field of implant dentistry. We will highlight the general and unique challenges they faced and how they persisted in overcoming them. This article aims to inspire women in implant and general dentistry by showcasing how these three women pursued their passions and developed leadership skills through determination and hard work.

Cover Story

Dr. Jasmine Sung: Overcoming Obstacles With Resilience

Dr. Jasmine Sung, DDS, AFAAID, DABOI/ID, is a highly accomplished implant dentist and a strong advocate for women in the field. She is the Vice President and Treasurer for the Southern District of the American Academy of Implant Dentistry (AAID) and has extensive experience and expertise in the field. However, her journey in implant dentistry has not been without its challenges. In this journal interview, Dr. Sung shares her experiences facing numerous obstacles and how she overcame them.



AAID

Please tell us about your journey into the field of dentistry.

DR. SUNG I considered pursuing various careers, such as becoming a secret agent or a house cleaner, because of my meticulous nature. However, my father's dedication to dentistry inspired me, and I discovered my true passion for dentistry. During my last year of dental school, my father redirected me from a Halloween party to an AAID conference in Las Vegas. This experience sparked my interest in implant dentistry, leading me to become involved with the AAID after graduation.

AAID

Dr. Sung, can you tell us about the challenges you faced during your journey in implant dentistry?

DR. SUNG Yes, certainly. One of the biggest challenges I faced was imposter syndrome. Despite my credentials and achievements, I found myself questioning my abilities and feeling like an imposter. This feeling was further exacerbated by the pressure to excel in the field and meet societal expectations. For example, in April 2020, my dad retired due to

the pandemic, and ownership of the practice officially switched to me. Initially, I worried about retaining patients without my dad, but they stayed and the practice expanded. I struggled with the idea that patients were there to see me, not just because of my dad's reputation. It took me a while to realize this, as I had been told otherwise.

Another significant challenge I faced was navigating a male-dominated landscape. Despite my skills and expertise as an implant dentist, I faced skepticism and prejudice from patients and peers because of gender stereotypes. Patients often assumed that I was better at cosmetic dentistry while my dad handled surgery. Some even questioned my physical strength for surgical procedures, assuming that women lacked the required strength. Overcoming this bias was challenging; I had to prove that surgery wasn't about brute strength but about finesse. This bias made it extremely difficult for me to establish myself in the field.

Finally, like many women, I had to balance my career aspirations with familial responsibilities. The demands of motherhood and family obligations periodically hindered my career progression.

While more than half of my dental class graduates were female, many didn't join professional organizations like the AAID due to time constraints. I was fortunate that my dad encouraged me to pursue implant dentistry, but for many of my fellow graduates paying off student loans or starting families took precedence. Between 2010 and 2017, I had multiple pregnancies, making it difficult to focus on professional development. Despite my efforts to stay active in dentistry, I missed out on some growth opportunities.

AAID

How did you overcome these challenges?

DR. SUNG To overcome imposter syndrome, I found mentorship and education to be crucial. My father's dedication to dentistry



Dr. Sung performs a dental implant procedure, highlighting the growing presence and contributions of women in implant dentistry.

influenced me, and I found my true calling in dentistry. Following his guidance, I enrolled in a program in England under the mentorship of Hilt Tatum, a pioneer in implant dentistry. Dr. Tatum's wisdom and experience left a lasting impact, and I consider him a mentor alongside my father. I also remained dedicated to learning and improving, guided by the mentorship I received from industry pioneers like Dr. Tatum.

To overcome biases and skepticism, I remained committed to achieving excellence. For the two years after I graduated, I worked full-time at a corporate Medicaid and Medicare office. My father insisted I gain enough experience elsewhere before working full-time at his private practice. These years were humbling, with constant reminders that patients preferred my dad's work. However, I remained determined to provide excellent patient care, which did not go unnoticed, and I eventually overcame these biases and succeeded in my career.

It was a long trust-building process that took me time, but I firmly believe these experiences strengthened me.

As time passed, I faced the challenge of my father phasing out of dentistry, leaving me with limited access to the latest advancements. However, I remained committed to staying updated and improving my skills, especially in soft and hard tissue augmentation procedures. I remain dedicated to learning and improving, guided by my mentors. I want to emphasize that my success is not solely due to familial connections but also the invaluable guidance I received from mentors in the field.

Finally, I learned to prioritize and manage my time effectively to balance my career and family responsibilities. It's not easy, but with determination and resilience, I was able to overcome these challenges.

AAID What advice would you give to other women facing similar challenges in their careers?

DR. SUNG I advise finding mentors and role models who can guide your journey. Mentorship and education are crucial in overcoming imposter syndrome and achieving success in your career.

I would also encourage women to speak up and challenge gender biases. It's not easy, but by breaking down these barriers, we can pave the way for future generations of female professionals. I also encourage women to join the AAID, attend meetings, and grow their networks.

Finally, learn to prioritize and manage your time effectively. It's essential to find a balance between your career aspirations and familial responsibilities. With determination and resilience, you can overcome any obstacle and achieve your goals.

AAID How has your experience shaped your approach to implant dentistry?

DR. SUNG My experience has taught me to approach implant dentistry with empathy and understanding. I understand women's unique challenges in the field and strive to create a supportive environment for my female colleagues and patients. I also prioritize continuing education and staying up to date with the latest advancements in the field. By combining my expertise with a compassionate approach, I can provide my patients with the highest level of care.

AAID What are your future aspirations in the field of implant dentistry?

DR. SUNG My future aspirations include continuing to advocate for women in the field and promoting diversity and inclusivity. I also aspire to continue my education and advance in soft and hard tissue augmentation procedures. Ultimately, my goal is to provide my patients with the best possible care and inspire future generations of female dentists.

Dr. Janice Wang: Pioneering Excellence Through Mentorship



Dr. Janice Wang, DDS, FAAID, DABOIID, is a well-known dental professional who has made significant contributions to the field of implant dentistry. She currently holds the position of Director at the American Board of Oral Implantology. Dr. Wang developed a passion for implant dentistry while working in a corporate setting after completing her dental education. In this interview-style journal, she shares her experiences, challenges, and strategies to overcoming obstacles and achieving success in her career.

AAID Please tell us briefly about your background and how you got into implant dentistry.

DR. WANG Sure. After completing my dental education, I started working as a general dentist in a corporate setting. However, after several years, I moved to a new practice where I encountered a patient who needed implant solutions. As I lacked sufficient experience in implant dentistry, I referred the patient to a local periodontist, Dr. Lawrence Lum, one of the pioneers in implant dentistry. This encounter sparked my interest in implantology, and Dr. Lum mentored me and guided me through the transition from general dentistry to implant placement.

AAID What were some of the challenges you faced during your journey in implant dentistry?

(Continued on pg. 18)

Cover Story

DR. WANG Although it has been a rewarding journey, I faced several challenges, including a lack of experience in implant dentistry, fear and apprehension about transitioning to implant placement, a perceived lack of credentials, and the challenges of being a woman in a male-dominated field.

AAID

How did you overcome these challenges?

DR. WANG Mentorship was instrumental in overcoming these challenges. Dr. Lum's mentorship was vital in broadening my understanding of implant dentistry and challenging my beliefs. My association with Dr. Lum began when I referred a patient to him for implant surgery and restorative treatment, which turned out to be a life-changing decision for me. After accepting the referral, Dr. Lum invited me to a lunch meeting to discuss the case in more detail. During the meeting, he challenged some of the traditional ideas I had learned about implantology in dental school. He emphasized the importance of shorter implants and proper sterile protocol. I was fascinated by Dr. Lum's ideas and began observing him weekly in his office. I eventually started assisting him with restorative procedures and surgeries. As I had experience with extractions, the transition to implants was comfortable for me. Dr. Lum guided me through hands-on experience and collaborative learning, which helped me gain confidence in my abilities. My journey highlights the significance of mentorship in nurturing talent and fostering growth within the field. I continue to give back to the community by mentoring other women in implant dentistry.

I discovered an effective strategy for overcoming challenges by intentionally embracing them and focusing on how they could help me learn and grow. This approach allowed me to develop resilience and become more adept at transforming obstacles into personal and professional development opportunities. To further my pursuit of growth, I joined the AAID which provided me with



access to valuable educational resources, networking opportunities, and exposure to new techniques and trends. I found the community of like-minded professionals at AAID meetings to be supportive and collaborative, with a shared focus on sharing techniques and problem-solving. Unlike local dental society meetings, where boasting about production was common, implant groups focused on sharing techniques and problem-solving. Even though I was the youngest in the group, the others were very welcoming and eager to share experiences and learn from each other, creating a supportive environment. These meetings became my 'professional tribe,' offering essential reinforcement of knowledge and introducing new ideas. The main lectures were valuable, but the discussions with colleagues were equally enriching, providing new approaches to problems. By attending these meetings, I was able to enhance my skills and knowledge, gain exposure to new ideas, and build a network of peers. AAID meetings offered a welcoming and supportive environment where I could explore new techniques and

methods in my field. As a result, I expanded my knowledge and became more confident in my abilities as a dental professional.

AAID

Can you tell us about your experience with mentorship and how it has impacted your career?

DR. WANG Dr. Lum's mentorship challenged me to think outside the box and explore new techniques and methods in my field. For example, acquiring an implant-focused practice was quite challenging, especially since I needed more experience in that area. However, I had been acquainted with Dr. Lum for about a year and a half, and I approached him about buying his practice, as he was planning to retire. Although I was hesitant at first and felt unqualified and uncertain, Dr. Lum assured me and urged me to buy the practice. I wanted more referrals, experience, and credentials, and Dr. Lum supported me



throughout the first year, transferring his knowledge and assisting whenever needed. Initially, my progress was slow and patients tested my abilities. However, as I consistently delivered reliable, high-quality results, my referral base grew more robust.

Dr. Lum not only provided me with his knowledge but also helped me bring a different approach to patient care, offering a more gentle and sympathetic touch than his straightforward demeanor. Since taking over in 2003, I have grown stronger as a clinician and enjoy my work every day. I attribute my success to Dr. Lum, who taught me to be open-minded and focus on personalized treatment plans.

Owning a private practice brought challenges, particularly balancing work with family life. I emphasize the importance of family support and setting boundaries to maintain that balance. For me, success means a thriving practice and a fulfilling personal life. With Dr. Lum's support and guidance, I gradually became a leading implant dentist in my community, overcoming initial doubts and

apprehensions. I now give back to the community by mentoring other women in implant dentistry and being a leader in the field.

AAID

Could you provide more details on how you are giving back to the community in implant dentistry?

DR. WANG I have always been a strong advocate for the diversity and inclusion of women in the field of implant dentistry. I share my experiences and insights to inspire the next generation of implant dentists to pursue their passions and overcome any obstacles they may face. I believe that encouraging female colleagues is essential. I was inspired by Dr. Lum, who emphasized the importance of being a supportive colleague to general dentists interested in implants. He noticed that many dentists lacked knowledge and felt intimidated by specialists who kept trade secrets. He encouraged me to be approachable, offering myself as a resource for questions and support. By helping teach and building a network of dentists interested in implants, I could contribute to expanding the field. I took Dr. Lum's advice to heart, and I strive to educate and support my colleagues, making time for them just as I do for my patients and family. I recognize the value of peer assistance and emphasize the importance of mutual support in the field. I also acknowledge the barriers women face in entering implant dentistry and aim to provide the necessary support for them to succeed. Although the field has been traditionally male-dominated, I believe more women can thrive in implant dentistry with the proper support. If women express interest but don't know how to get started, I suggest joining the AAID.

AAID

What advice would you give to aspiring implant dentists?

DR. WANG For aspiring implant dentists, my advice is to embrace challenges head-on and prioritize continuous learning and

self-improvement. They should also seek mentors who can help them transition from general dentistry to implant placement. I strongly advise seeking help from someone who will encourage and support you is crucial, rather than someone who will scold or reprimand you. Finding the right colleague to coach and motivate you can help build your confidence and lead to better outcomes. Joining professional associations such as the American Academy of Implant Dentistry is highly recommended, as it offers access to educational resources, networking opportunities, and exposure to new techniques and trends. Overall, the key is to remain determined, curious, and committed to growth.

Dr. Karen Kowalesik: Support Systems and a Commitment to Excellence



Dr. Karen Kowalesik, DMD, AFAAID

Dr. Karen Kowalesik, DMD, AFAAID, is an accomplished implant dentist based in Downers Grove, Illinois, just west of downtown Chicago. She has agreed to share her journey, experiences, and insights into the challenges and rewards of being a woman in implant dentistry. In this interview-style journal, Dr. Kowalesik offers detailed answers to questions about her experiences, challenges, and strategies to overcome them.

AAID

Can you tell us about your journey in implant dentistry and how you became interested in this field?

DR. KOWALESIK I began my educational journey at Midwestern University in Downers Grove, where I earned a master's degree before entering dental school. After completing my studies, I joined a practice led by AAID Fellow and ABOI Diplomate Dr. Donald Provenzale, who is also a member of the AAID Board

Cover Story

of Trustees. It was here that I first began to take an interest in the world of implant dentistry, with Dr. Provenzale as my mentor. Before this, I had limited knowledge of implants, but working with him revealed the potential of implant dentistry for general practitioners. Under his guidance, I completed the Chicago MaxiCourse® in 2018, which helped me to expand my knowledge and skillset in the field. My passion for surgery drew me to the diverse range of procedures in implant dentistry. Unlike the routine nature of other specialties, like orthodontics or crown work, implants offered a dynamic mix of treatments that appealed to me.

AAID

What were some of the challenges you faced as a woman in implant dentistry, and how did you overcome them?

DR. KOWALESIK Balancing my professional commitments with my family life was one of my foremost challenges. As a mother of young children, I juggled my career with childcare responsibilities. This balancing act often required me to prioritize tasks, manage my time efficiently, and ensure that neither my family nor my career suffered. Having a supportive spouse was crucial in managing these challenges. My husband played a vital role in sharing household duties and childcare responsibilities, allowing me the flexibility to focus on my career while also being present for my family.

Advancing my skills and knowledge in implant dentistry also presented challenges. Attending advanced courses and workshops posed logistical challenges, and coordinating time away from work, managing childcare, and dealing with the financial implications of attending these courses were significant hurdles. Moreover, the lack of representation of women in advanced implant dentistry courses and professional events can be intimidating for female dentists, making it harder for them to enter advanced areas of dentistry.

AAID

What were your strategies to overcome these challenges?



DR. KOWALESIK Building a support system was crucial for me in managing my professional and personal responsibilities. Having a helpful spouse and family provided me with the support I needed to focus on my career while also being there for my family. Continued learning was also essential in advancing my career in implant dentistry. Despite the challenges of attending advanced courses, I remained dedicated to expanding my knowledge and honing my skills. Through workshops, seminars, and mentorship programs, I continuously improved my expertise in implant dentistry.

I also stress the importance of fostering diversity and inclusivity in professional organizations and educational institutions. By encouraging more women to pursue careers in dentistry and providing support and mentorship, the field can become more diverse and inclusive. Recognizing the need to reach out to dental students, I emphasize the importance of promoting education and professional development opportunities. By offering mentorship programs and educational resources, professional organizations can encourage dental students to explore careers in implant dentistry.

AAID

What advice would you give to women who aspire to become implant dentists?

DR. KOWALESIK My advice to aspiring implant dentists, particularly women, is always to remain dedicated to learning and achieving excellence. Implant dentistry is a dynamic and rewarding field, but it requires a commitment to continuous learning and professional growth. Building a support system, whether it be through supportive family members or professional organizations, can also be crucial in managing the challenges of balancing professional and personal responsibilities. Finally, promoting diversity and inclusivity in the field is essential to encouraging more women to pursue careers in implant dentistry.

As you can see, Dr. Wang's, Dr. Sung's, and Dr. Kowalesik's journeys exemplify the resilience and determination required to succeed in implant dentistry. Through mentorship, family support, commitment to excellence, and advocacy, they have overcome numerous obstacles and paved the way for future generations of implant dentists, particularly women, to thrive in the field.



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Dr. Swati Agnihotri, DMD, AFAAID,
AAID News Associate Editor

BUSINESSBITE

Navigating Dentistry: How I Launched My Implant-based Startup

In the dynamic world of dentistry, practitioners often find themselves at a crossroads, navigating through various career paths and opportunities. Today, we're privileged to hear about the inspiring journey of Dr. Frank Caputo, who transitioned from a large group practice to establishing his implant-based practice amidst the challenges of the pandemic.

Dr. Agnihotri: What inspired you to pursue dentistry, and how did you navigate dental school?

Dr. Caputo: I was initially unsure of what healthcare career to pursue until I shadowed a dentist and was taken aback by the world of dentistry. Although I didn't come from a family of dentists, I pursued dentistry, as it encapsulated everything I was passionate about. Despite financial challenges, dentistry offered a unique combination of personal fulfillment and professional satisfaction.

Dr. Agnihotri: Can you tell me how you decided to start your own practice?

Dr. Caputo: Over the past decade, I was part of a large group practice, which was an incredible experience. I began as an associate and eventually became a partner. It was



Dr. Caputo in Brazil taking a live surgery CE course on zygomatic implants

a group practice with many senior dentists preparing to retire in the next five years. A few of us bought into the practice and became partners, which was a great opportunity. It was a huge practice, mainly focused on general dentistry and insurance-driven. I learned a lot about implant dentistry and surgery during my time there. It was like a crawl-before-you-walk scenario. I started by getting used to taking out teeth surgically and eventually became skilled at it.

I learned and mastered procedures like dentures and alveoloplasty. During my first day at the MaxiCourse[®], I learned about the AAID, which was eye-opening. I enjoyed learning about the battle the AAID is fighting on behalf of its members, namely for credentials to be legally recognized, and about attaining ABOI Diplomate status. After enrolling in

Although I didn't come from a family of dentists, I pursued dentistry, as it encapsulated everything I was passionate about.

the Las Vegas MaxiCourse with Dr. Shankar Iyer and Dr. John Minichetti, I began grafting sites for future implants for my patients and moved on to placing single implants. Each case felt more fulfilling than the last, and I grew to love this side of dentistry.

Amidst the pandemic, I felt ready to start my own implant-based practice. I moved on from the general dental practice and opened my own office, solely focused on implants. We don't offer hygiene or general dentistry services; it's all implant-based. Making this decision was a giant leap, but I was mentally prepared.

Over the years, I have established strong relationships with other dentists in the area, attending continuing education courses and getting to know everyone in the community. Referrals for implants started trickling in, along with self-referred patients seeking solutions for their dental issues. It was a tremendous leap, but one that felt right.

Dr. Agnihotri: How did you transition from working part-time to starting your startup practice?

Dr. Caputo: I left my group practice and started working part-time. My business partner, Dustin, and I spent nine months laying the groundwork for our dental practice. We decided to work together instead of going solo since Dustin had expertise in the marketplace and in marketing. During the pandemic, we started consultations from a friend's hygiene room in Milwaukee. With laptops and a diverted phone line, we began our practice.

During this time, I also worked one day a week at another office, performing surgeries while our practice was built. Once our doors opened, I assembled the rest of our team, and we officially moved in. Though I had initial concerns about the financial aspects of owning a business, my experience as an owner at my previous practice helped mitigate some of those worries. I was determined to prioritize patient care and, eventually, patients started coming to our practice.

Dr. Agnihotri: Can you share the methods you used to market your practice?

Dr. Caputo: My business partner played a crucial role in advertising our dental practice. We experimented with different strategies, including online ads and targeted search terms in the Milwaukee area. This investment in marketing paid off, generating inquiries and consultations. Although referrals from fellow dentists formed a significant portion of our patient base, our focus on advertising helped expand our reach and attract new patients who were seeking specialized dental solutions.

Our transition from part-time work to establishing a startup practice was successful due to strategic partnerships, resourcefulness, and marketing efforts. We primarily focused on online marketing to reach potential patients searching for dental health-related terms like "dental implants in your city." However, online marketing can be expensive, which might deter some from pursuing it extensively. To attract potential patients looking for specialized dental solutions, we offered a complimentary CT scan to assess their candidacy for dental implants. This allowed us to have an informed discussion with them about their treatment options and next steps.

Dr. Agnihotri: Can you talk about the initial costs of setting up an implant-only practice?

Dr. Caputo: I had to consider various costs in the new office. Initially, I started with a conservative inventory, gradually expanding as more patients accepted treatment. This included implants, instruments, healing abutments, and other prosthetic essentials. I didn't splurge on fancy equipment immediately but, instead, focused on the basics. The initial investment can vary greatly depending on factors like the scale of the practice and the equipment needed. Some start with nearly a million dollars, while others manage with a few hundred thousand. I opted for a more budget-conscious approach, focusing on cleanliness, organization, and functionality rather than extravagant aesthetics. Building something on a strict budget is feasible, but you still need an inventory of implants and instruments. You must have backup contingencies for different scenarios, ensuring you're well-stocked to handle any situation.

Dr. Agnihotri: Have you enrolled in multiple insurance plans at your new workplace? Can you share insights on navigating coverage costs and financing options for patients, particularly with implant treatments?

Dr. Caputo: In my previous practice, we participated heavily in PPO insurance plans, so we had processes to verify benefits and determine copays. However, I opted to be completely out of network with insurance plans in the new implant-focused practice. This often leads to the number one question from potential patients: "What will my insurance cover?" While it can sometimes deter patients, especially if they're accustomed to relying on insurance coverage, the reality is that insurance coverage for implant procedures is often minimal.

We intentionally set fair fees that align closely with what patients would pay if we were in-network with their insurance. This approach ensures transparency and helps manage patient expectations regarding insurance coverage. While it comes with challenges, such as careful overhead management and ensuring profitability, it allows us to prioritize patient care and maintain financial sustainability.

Dr. Agnihotri: Can you share your approach to managing lab costs? Have you considered outsourcing labs, and do you have a network of trusted labs with which to work?

Dr. Caputo: Managing lab costs in implant dentistry requires careful oversight and strategic partnerships. The cost of lab work in dentistry can be pretty high and requires careful consideration to ensure that it does not become a financial burden. Even a regular dental lab charges a substantial amount of money for every step involved in offering dentures, particularly immediate ones. Therefore, it is essential to establish a good relationship with a lab that can help control costs. Although I used to have a lab technician who made dentures in-office, it became challenging as I transitioned to digital dentures and design. As a result, I now have some partnerships with labs within my network that help with cost-cutting. I also perform as many procedures as possible

Business Bite

in my office, such as using a 3D printer to save costs. Rather than having someone handset the teeth, I print out a 3D try-in and modify it if necessary. This approach has proven to be more cost-effective and efficient. However, I still have some positive relationships with labs, and the more volume I bring them, the more they're willing to help out cost-wise. It is critical to analyze every lab bill, whether for a denture setup or implants, and plan for those costs on the front end. Although this can be challenging, it is essential to establish a groove where the lab bill is no more than, ideally, 10% of your revenue. In implant dentistry, the cost can be high, particularly with full-mouth rehabs and fixed teeth. To price my full arches at a fair fee, I must be mindful of the labs I use. Some labs charge too much money. As everything becomes more digitalized, there are many ways to make prostheses, which adds to the cost.

Dr. Agnihotri: As you mentioned, some dental labs are more expensive because they produce high-quality work. However, it can be difficult for dentists to manage the increased costs. One solution is increasing the patient's fees, which may make patients less likely to accept treatment plans. How do you typically address this type of situation?

Dr. Caputo: Absolutely. Finding the right balance between cost, service, and quality from a dental lab is indeed challenging. You want the best outcome for your patients without compromising aesthetics or durability. For a good lab, consider three things: price, service, and quality. All three are equally important for a wise decision. Early in my practice, I experimented with various labs, some of which provided exceptional work but at a higher cost.

I eventually discovered the value of investing time and effort into nurturing a partnership with a lab that aligned with my practice's needs. While it required clear communication and guidance on my part, the results were well worth it. By collaborating closely with my partner lab, providing detailed instructions, and sharing feedback, we were able to achieve consistently high-quality outcomes while keeping costs manageable.



Training doctors in a cadaver lab as co-director for the AAID Chicago MaxiCourse®

Indeed, the relationship with the lab is symbiotic. As I grow and refine my skills as a practitioner, I also contribute to the growth and improvement of the lab's work by providing valuable insights and feedback. This collaborative approach ensures better outcomes for my patients and fosters a sense of mutual respect and partnership with the lab.

Rather than blaming the lab for any discrepancies in the final outcome, I believe in taking a proactive approach by providing comprehensive information, including photos and detailed notes, to facilitate their understanding of my expectations. This level of communication and collabo-

ration ultimately leads to greater efficiency, reduced errors, and overall cost savings for both parties involved.

Dr. Agnihotri: What is a partner lab?

Dr. Caputo: Within our network of dental implant practices, we've established a unique arrangement with a lab that goes beyond the traditional client-lab relationship. My business partner and I, along with other dentists in our group, have collaborated closely to create what we refer to as a partner lab. This lab exclusively serves our set of practices, offering specialized services tailored to our specific needs.

While it may resemble an in-house lab model, it operates independently and serves as a separate entity. We pay for the services rendered, but there are cost benefits associated with this arrangement due to the volume of work generated collectively by our practices.

The term "partner lab" reflects the collaborative nature of our relationship with the lab. We work closely with the technicians, providing detailed instructions, feedback, and guidance to ensure optimal patient outcomes. This level of communication and collaboration has been instrumental in achieving consistent quality and efficiency in our prosthetic work.

Dr. Agnihotri: Typically, dentists tend to practice solo or form partnerships with other dentists when setting up dental practices. I noticed that you chose to create a partnership with a non-dentist. I wanted to know if this decision was because you were interested in something other than the business aspects of running a practice. In other words, you might prefer someone else to handle the financial, accounting, and other administrative tasks, allowing you to focus on what you enjoy most. Is this indeed why you set up your business this way?

Dr. Caputo: Absolutely 100%. Initially, I planned to start the practice independently, with my LLC registered and all set to go. However, my perspective shifted after a conversation with a colleague who suggested I talk to Dustin, who was assisting another doctor with a practice. The idea of expanding that model intrigued me. Despite our geographical distance, we decided to implement a similar model in our respective locations, eventually forming a network of eight practices.

Having a business partner like Dustin was a game-changer for me. His numbers, analytics, and business management expertise filled a significant blind spot for me. While I understand the basics of running a business and making sound decisions, Dustin operates at a much higher level, allowing me to focus more on patient care and professional development.



Performing a full-arch surgery

Our partnership extends beyond managing the practice's financial aspects. Dustin handles market analytics, financials, and other management tasks at a level that far surpasses what a traditional front desk role would entail. He's deeply involved in measuring different metrics for our practice's performance, coaching our team, and ensuring operational efficiency.

The decision to partner up was driven by the realization that, while I excel in clinical dentistry, I needed someone with solid business acumen to complement my skills. Having Dustin as a partner not only frees up my mental bandwidth but also ensures that our practice operates smoothly and efficiently.

Partnering with someone who excels in areas where you may have blind spots is crucial for long-term success in dentistry. It allows each partner to focus on their strengths while collectively steering the practice towards growth and excellence.

Having a business partner in my practice is indeed a departure from the traditional solo practitioner model. However, our partnership has been incredibly beneficial, allowing us to combine our dentistry and business management expertise to create a successful implant-focused practice.

(continued on pg. 26)

Business Bite

Dr. Agnihotri: What advice do you give to those who want to get into implant dentistry or surgery?

Dr. Caputo: I advise aspiring doctors to first learn how to diagnose and understand prosthetic principles before diving into surgery. Nowadays, I see many doctors opting for advanced procedures early on in their careers, which is alright for some but not for everyone. In doing so, they sometimes overlook fundamental prosthodontic principles that are well-defined by evidence and literature. Therefore, I advise them to master prosthodontics first and then focus on surgery. This will enable them to plan cases better. As a MaxiCourse instructor, I always emphasize the importance of occlusion and processor, which is more than students generally expect.

As you develop and grow in implant dentistry, you realize it all comes back to the fundamentals. It's best to have the end goal in mind before starting the surgery. Creating a denture and setting teeth are just as crucial as surgery. It is essential to understand this fact.

My best advice would be to focus more on prosthodontics initially and then gradually develop surgical acumen. Start with surgical extractions, move on to grafting, then to basic implant placement, and finally, to full arch.

Dr. Agnihotri: What qualities should a dentist who performs implants possess to be successful, and how can someone distinguish themselves from someone who's only marginally successful or acceptable but not quite there?

Dr. Caputo: A successful dentist who performs implants should possess crucial skills such as the ability to self-assess and learn from less-than-optimal outcomes; also, adaptability, and willingness to unlearn and relearn. To distinguish yourself from someone who is only marginally successful or acceptable but not quite there, one must put in the work, read the literature, and spend time in a proper educational atmosphere, such as an AAID MaxiCourse.

Dr. Agnihotri: How do you stay up-to-date with the latest trends in implantology?

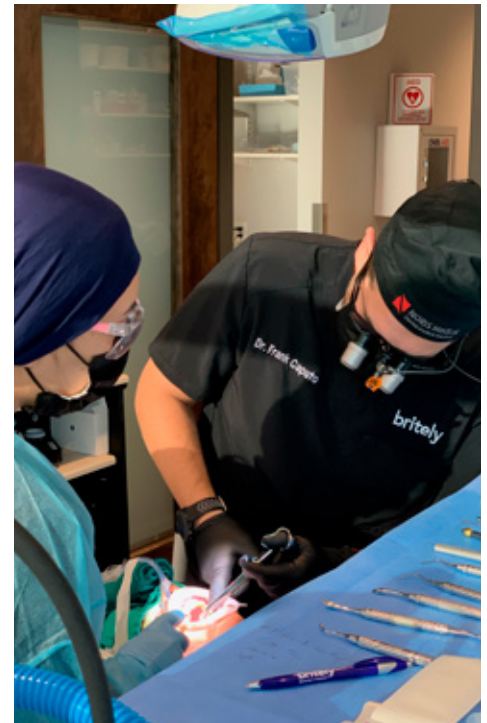
Dr. Caputo: Attending CE courses is a significant part of keeping myself up-to-date with the latest changes in the field of implant dentistry. In addition, I enjoy reading a lot of literature; it's a bit of a guilty pleasure for me. However, I must admit that I'm not very quick to adapt to new things. I do adapt and evolve, but not at a cutting-edge pace. I'm cautious and tend to adapt slowly. I believe in researching thoroughly and ensuring that any new advancement or technology is well-documented and has shown results before implementation. I cross-check and ensure that there is enough evidence before proceeding. In short, I take a careful and diligent approach to new advancements and technologies.

Dr. Agnihotri: How do you budget for CE courses?

Dr. Caputo: Budgeting for CE courses can be a challenge, especially since it's not something we're typically taught in dental school. Many of us are focused on practicing dentistry and may not have a natural inclination toward managing finances. Personally, I recognize that financial management is a blind spot for me, so I rely on setting annual spending limits for CE courses to ensure I continue my professional development.

Setting limits on the practice's annual spending is crucial, but it's also important not to set the limit so low that it restricts investing in quality CE. I aim to allocate a significant portion of the practice's budget towards CE, typically starting with a minimum of around \$10,000 annually. However, many high-quality courses can exceed this, so flexibility is critical.

Investing in myself through CE is a priority, even if it means taking home less income in some quarters. It's about balancing the practice's needs with personal and professional growth. If a desired course exceeds the budget, I'm willing to spend out of pocket to pursue it, weighing the value it brings to my skills and knowledge.



Performing a full-arch surgery

Ultimately, budgeting for CE requires careful consideration and planning within the practice's financial framework. It's about prioritizing ongoing education and professional development while ensuring the sustainability of the practice.

Dr. Agnihotri: What are your thoughts on the future of implant dentistry, and how are you preparing for it?

Dr. Caputo: I think the future of implant dentistry has two components. First, there will be a focus on revising implant procedures, whether salvaging or completely revising failed cases. This is where we are heading, and we need to understand how to salvage, restore, repair, and revise cases. Second, implant dentistry will continue to evolve with digital technology and AI involvement. It will be exciting to see how prosthetic designs come together more efficiently, and how data acquisition becomes more convenient for patients. The AI side of it will only get better and better. It will be interesting and exciting to witness how AI advances the implant dentistry field.

2024 CANDIDATES FOR CREDENTIALLED MEMBERSHIP

As per the AAID policy, the Admissions & Credentials Board publishes the list of candidates and invites comments from the voting members concerning the candidates that would bear upon their credentialing by the Board.

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By Max G. Moses,
JD, CPA, MBA

LEGALBITE

Meet AAID's Specialization Recognition Legal Counsel

Editor's note: Justin Withrow serves as legal counsel for the American Academy of Implant Dentistry's efforts to seek broad recognition of implant dentistry as a specialty in various states. Following is an interview with him about his role and efforts on behalf of the AAID.

AAID: How did you become involved with the AAID's legal efforts for specialty recognition?

Withrow: My first introduction to AAID was through Frank Recker. I first met Frank around 2012 when we co-counseled the representation of an Ohio dentist in a multimillion-dollar insurance fraud investigation. Frank and I immediately hit it off and that was the first of many cases Frank and I worked together representing dentists in investigations across the country.

Frank frequently told me stories of the legal battles he fought on behalf of the AAID in Florida, California, and Texas. My first opportunity to work on behalf of AAID began in Ohio in 2018. Over the past six years, we reached successful results in Oregon and Michigan, with pending matters in Ohio, Pennsylvania, and South Dakota.

I consider it an honor and privilege to continue the work begun by Frank and the AAID several years ago.

AAID: The AAID won its lawsuit against the State of Texas over specialty recognition and that decision was upheld by the United States 5th Circuit Court of Appeals. So why don't all states recognize implant dentistry as a specialty and ABOI/ID diplomates as specialists?

Withrow: The Tenth Amendment of the Constitution provides that those powers not delegated to the federal government are reserved to the states. Each state is empowered to regulate the practice of dentistry as they see fit. While there is not much variance from one state to the next as to conduct that can subject a dentist to disciplinary action,

each state has the authority to create its own rules and regulations. It is because of this that AAID's specialty litigation efforts continue state by state.

Although the result in Texas does not require other states to recognize ABOI/ID diplomates right to advertise as a "specialist", it continues to serve as a benchmark in discussions with other states to revise advertising regulations consistent with AAID's objectives without the need for initiating litigation.

AAID: Is it okay for AAID Credentialed Fellows or Associate Fellows to advertise their credentials even if they are not an ABOI/ID diplomate? What about general members? Is there anything they can advertise?

Withrow: While advertising regulations vary from state to state and members should review their state board's advertising regulations, members are permitted to truthfully advertise their AAID credentials. AAID Associate Fellows and Fellows are equally entitled to advertise their credentials as are ABOI/ID diplomates. Importantly, advertisement of credentials must be truthful and cannot be misleading. AAID will continue its efforts to obtain specialty recognition in all 50 states so that ABOI/ID diplomates can advertise as a "specialist" in dental implants / implantology.



Justin Withrow

If any AAID credentialed member has questions about the advertising regulations in their state, they are encouraged to contact legal counsel or take advantage of AAID's one-hour free consultation service.

AAID: *If I'm being hassled by my state dental board about advertising my credentials, what should I do?*

Withrow: Notify the AAID. The AAID tries to monitor the activity of the state dental boards in all 50 states, but it is important that AAID members monitor and keep AAID informed of any activity that could impact the memberships rights in a particular state. Members are also encouraged to reach out to me with any issues they face with their state dental board – advertising-related or otherwise.

AAID: *The AAID recently announced that you will be providing at no cost one hour of your time and legal expertise to AAID Credentialed members who have questions or if situations arise in their dental practice. Can you give some examples of the types of matters you can help with?*

Withrow: I'm a partner at Flannery Georganis. Our firm has five offices – Cleveland, Columbus, Pittsburgh, Detroit, and Charlotte. Our firm is largely comprised of former federal and state prosecutors and former federal agents. Because of our experience and skillset, we represent clients in matters

all over the country. We handle a wide variety of sensitive matters – white collar criminal defense, internal investigations, professional licensure defense, regulatory compliance, complex business litigation, and asset protection. I'm proud to lead the firm's dental practice group. In addition to representing AAID in specialty advertising litigation across the country, we also regularly represent dentists and practices in state or federal criminal investigations, board matters, public and private payor audits, practice transactions, and business disputes.

AAID: *How does someone take advantage of this new free service?*

Withrow: If ANY AAID credentialed member has a legal issue in which they'd like to have a complimentary 1-hour conversation, they should contact me via email or phone. In some situations, it may be my firm is positioned to assist and, if the member is interested, we can be hired. In other situations, my firm may not be a good fit for the matter, but I can assist in making sure the member gets connected to a quality lawyer / law firm that can help. Any member that contacts me through this service can rest assured that all communications are confidential and neither the member's identity nor the matter will be disclosed to AAID.

AAID: *What about you as a person? What do you do for fun?*



Justin (center) and from left, his wife, Ashley and their children, Will, Harper and Peyton just competed in the 2023 City of Aurora (Ohio) 5K and Mashed Potato Mile.

Withrow: I'm the proud father of three children – my daughters Peyton (9), Harper (7), and son, William (4) – and two border collies, Cooper and Chloe. The kids keep my wife Ashley and I very busy and always on our toes! When I'm not wearing my lawyer hat, I am either coaching Peyton's travel soccer team, watching Harper at gymnastics, or William at soccer. There is rarely a night when Ashley and I are not shuttling the kids to/from their activities. On the rare days when the kids do not have an activity, I try to sneak out to play golf. I'm also an avid sports fan. Growing up in Detroit, I'm an avid Lions, Tigers, and Red Wings fan, and over the past 14 years living in Cleveland I've also adopted the Browns and Cavaliers.

AAID CREDENTIALLED MEMBERS SPECIAL ASSESSMENT TO SUPPORT LEGAL FIGHT

There are a few dozen dental boards in the United States that have not yet recognized dental implants as a specialty or allowed diplomates of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID) to advertise their specialty credentials.

The AAID and the ABOI continue to fight the good fight on behalf of credentialed members who have earned and deserve specialty recognition.

The AAID's and ABOI's efforts to expand the criteria for specialty recognition beyond the specialties recognized by the American Dental Association (ADA) were recognized by the United States 5th Circuit Court of Appeals. However, such recognition does not auto-

matically extend to each state as each is empowered to regulate the practice of dentistry as they see fit. Each state has the authority to create its own rules and regulations. It is because of this that AAID's specialty litigation efforts continue state by state.

This fight unfortunately costs money... lots of money. Over two decades, the AAID has spent several million dollars pursuing the right to advertise AAID credentials and for dental implant specialty recognition.

When considering taking on a new state, the AAID needs to be ready, willing, and able to litigate in the federal courts of that state should the state not voluntarily change statutes or regulations as appropriate.

A minimum of \$250,000 must be available just to begin the process. Depending on the discovery required, litigation can cost upwards of \$1 million. If successful, the court can order the state to reimburse the AAID for some of its expenditures in litigation.

To have funds to pursue recognition in more states, the AAID Board of Trustees authorized a one-time \$100 assessment on credentialed members of the AAID. Although this won't cover the full cost of litigation, it does help make a dent in the cost of potential litigation to achieve specialty recognition for implant dentistry.



Advice for Passing the AAID Associate Fellow Exams

The AAID Associate Fellow exam can be daunting for many young dentists. To better help those interested prepare for the exam, *AAID News* Editor, Dr. Dennis Flanagan, DDS, MSC, FAAID, DABOI/ID sat down with two dentists who recently earned their Associate Fellow credential. Read on to hear their take on exam preparation, managing anxiety, and the guidance that helped them succeed.

Flanagan: *How did you prepare for the Associate Fellow exam?*

Dr. Cara Minichetti, DDS, AFAAID: At the time I was completing my MaxiCourse® and I was excited to try to get credentials with the AAID. There was anxiety involved, just like with any other testing. I think most of us dentists are by far used to dealing with test anxiety. To help prepare, I used the materials that had been provided by the MaxiCourse, and I felt like I was well prepared for the written exam. Going into the oral exam, it was a new challenge because I hadn't really had any oral exams before in my life. It's a little bit of a new challenge answering questions live. But once again, the examiners were all very kind with their method of testing. It's very professional, and I felt like I was well prepared. It was a great experience.

Dr. Stephen Kondorossy, DMD, AFAAID: I certainly experienced the normal emotions leading up to an important



Dr. Cara Minichetti,
DDS, AFAAID



Dr. Stephen Kondorossy,
DMD, AFAAID

exam. I was excited that the day had come but also apprehensive on how it would go. Luckily for me, during the oral exam the first examiner put my mind at ease, and it became more of a conversation between colleagues.

Flanagan: *Describe the methods and strategies you employed while studying for the exam? How did you structure your studying schedule and manage your time effectively?*

Minichetti: I used some of the PowerPoints that had been provided from the MAP course on basic sciences, medical conditions, basic surgical techniques, and some review questions that have been provided for the exam ahead of time. I'd say I started maybe two months before the written exam, balancing that with working and studying at night. Going into the written exam, I did the same thing. I had known that I needed to be able to diagnose, describe how medical conditions could play a role in my treatment for each case, the complications, the prosthetics. I went through each topic's PowerPoint. Additionally, I practiced with colleagues ahead of the oral exam, which I think was super important, just asking each other questions about cases that we came up with and critiquing each other.

Kondorossy: I would try to block out time during the day to review textbooks, articles, and cases. My wife and I have four young children, so that doesn't always make studying easy. I had to be creative with when I studied.

Flanagan: *How did you balance your existing professional commitments with your exam preparation efforts?*

Minichetti: That was tough because, after working a full day, it's hard to then sit down and study. But I set a start time for myself about two months ahead of the exam, and then I knew how much stuff I needed to go through. I would try to split it up so that it was manageable. Spent some Sundays doing longer periods of studying and just calling upon those old dental school time management skills.

Kondorossy: Time management is challenging. I was able to study in between patients and at home with the help of my supportive wife.

Flanagan: *As you approached the exam date, did you feel confident in your level of preparedness or were there areas where you felt less certain?*

Minichetti: I found the questions on traditional non-root-form implants to be most challenging because, while I've learned about them in course, I haven't placed them in real life. As for the oral exam, for any questions I didn't know the answer to, I was able to tell the examiners I didn't know and just move on.

Kondorossy: Just as in walking into an exam in dental school I felt like I had prepared as much as I could have. I felt confident afterwards that I gave it my best effort.

Flanagan: *Reflecting on the exam questions, did you find them representative of the knowledge and skills expected of an associate candidate?*

Minichetti: I think that the two exams really focus on a comprehensive scope of implantology, from the services of implants all the way to management of surgical complications, all of which an Associate Fellow should be well-versed in. I got credentialed, which was fabulous, but then the process of studying for the exams was helpful for my career and my day-to-day practice to refresh myself on those things.

Kondorossy: Absolutely, the questions were fair and straightforward.

Flanagan: *Did earning your Associate Fellowship impact how you practiced afterward?*

Minichetti: Education helps me to be more confident and know that I'm doing the right thing for patients, and they can sense that for sure.

Flanagan: *Did you seek any support or guidance from colleagues, mentors, or professional networks during your exam preparation journey?*

Minichetti: I talked to a lot of my colleagues and mentors, some colleagues that I had who had just taken the exam the previous year. They were able to give insight on how everything went, how the process works with all this virtual stuff; as well as practicing with mentors and colleagues like I mentioned, especially for the oral exam, going through cases that would be super helpful. Trying to figure out what kind of cases would be on the exam to be prepared to speak in the way that you need to articulate your answers on an oral exam. Because, I mean, I wasn't used to speaking exactly like that, and I had never done an oral exam, so that was very helpful. I think that leads into other stuff. I'm lucky to have great mentors, including my father who practices, too.

Kondorossy: I received guidance from mentors and peers who have taken the exam before. They helped me prepare for the structure of the exam and what areas to focus my studies. We would also create mock exams to review our personal cases.

Flanagan: *Looking back on your experience, what advice would you offer to individuals who are preparing to take the Associate Fellow exam in the future?*

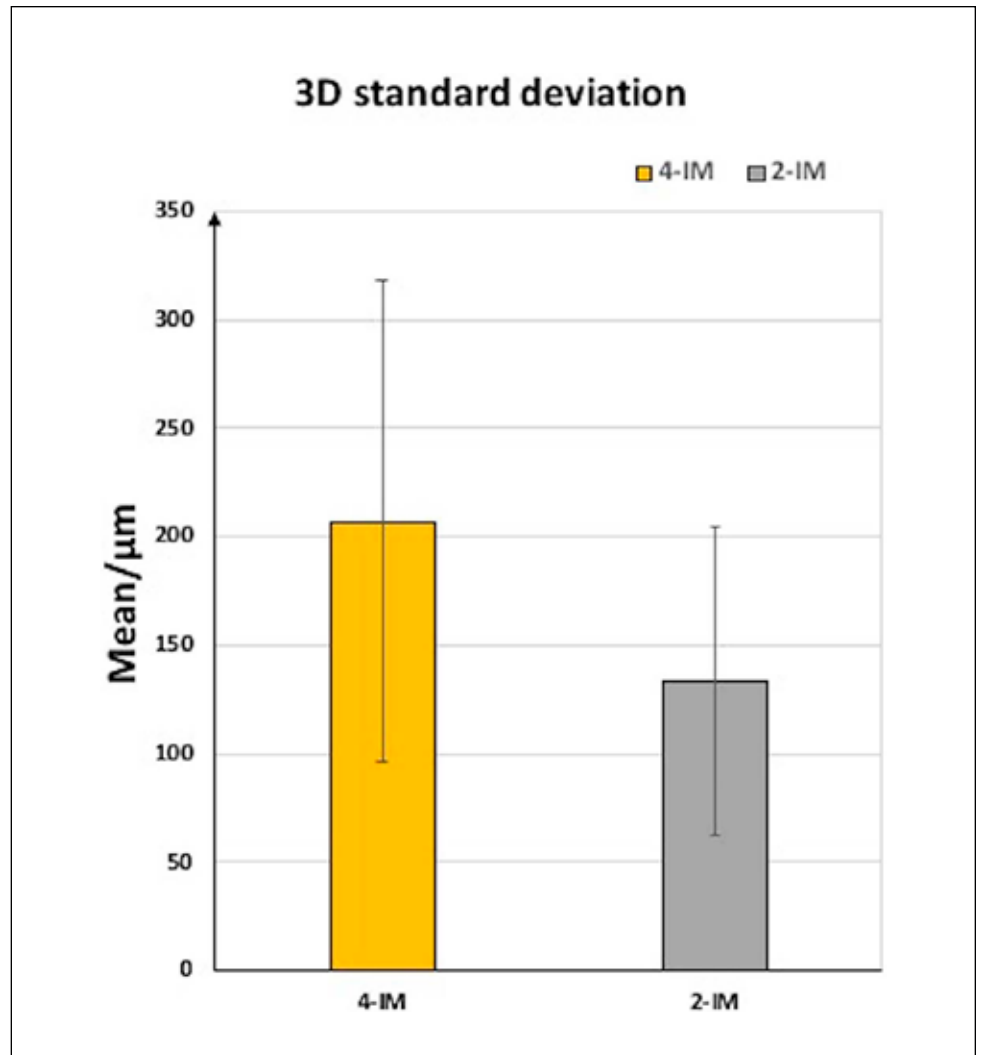
Minichetti: I would say to follow the guidance of your MaxiCourse instructors. Really lean on the resources that you have access to through that experience and connect with your fellow students to study together and compare what you guys are doing for preparation and practicing ahead of time, budgeting your time. I would encourage them to go through with taking these exams and getting credentialed because it's a really great experience and something good to have under your belt.

Kondorossy: Utilize the resources the AAID has to offer. Find a mentor through the organization. Take a deep breath, you got this.



JOISAMPLER

Editor's Note: Because of your busy schedule, 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 select a few articles that have broad applicability to 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 50, Issue 2 (2024).



CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

Influence of the Number of Scan Bodies on Full-Arch Implant Scanning: A Comparison of 2 vs 4 Implants

In this article, authors purpose was to examine and evaluate the impact of the number of ISBs on scanning accuracy and precision. This was accomplished by comparing scans of 2 and 4 implants.

TABLE 3

Analysis of variance results showing the influence of the size of the field of view (FOV), arches, and their interaction

Factors	Degrees of freedom	F value	P value
Angular deviation			
Size of FOV	1	1.79	.198
Maxilla vs mandible	1	0.10	.757
Interaction size of FOV: maxilla vs mandible	1	1.95	.180
3D deviation at crest			
Size of FOV	1	0.75	.395
Maxilla vs mandible	1	0.30	.590
Interaction size of FOV: maxilla vs mandible	1	6.41	.019*
3D deviation at apex			
Size of FOV	1	1.72	.206
Maxilla vs mandible	1	0.00	.991
Interaction size of FOV: maxilla vs mandible	1	4.01	.060

*Significantly different in multivariate analysis.

CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

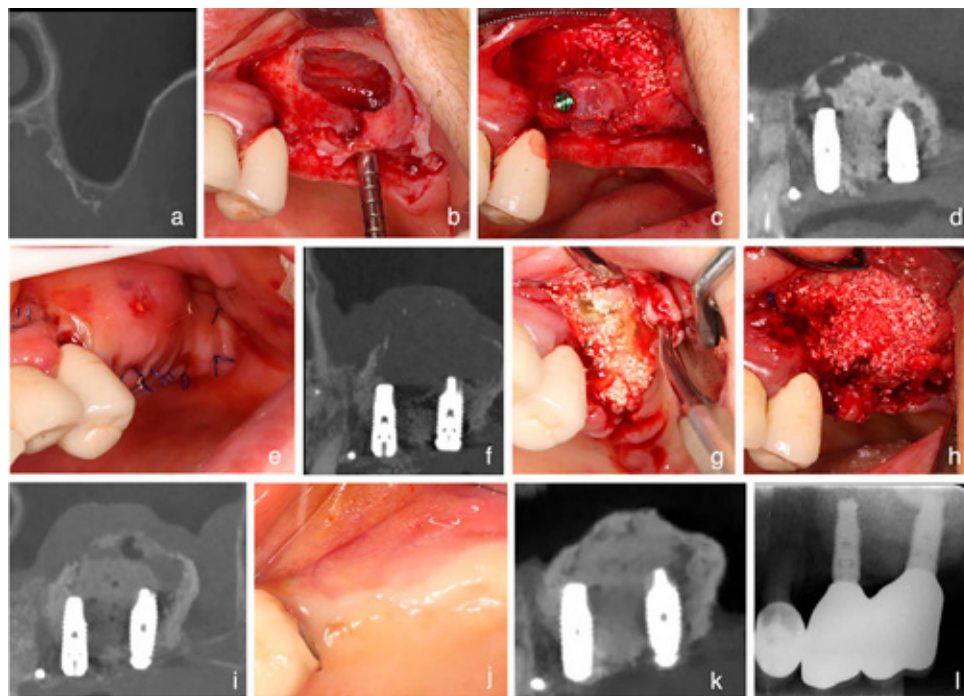
The Accuracy of Guided Implant Surgery with Different Fields of View of Cone-Beam Computerized Tomography

Authors had two goals when conducting this study, the first goal was to determine whether the size of the FOV had a significant influence on the accuracy of the implant position with s-CAIS. The second goal was to evaluate if the influence was affected by the arch.

CLINICAL CASE REPORT

Treatment of Sinus Graft Infection After Sinus Floor Elevation: A Series of Four Case Reports

In this case report, researchers presented their treatment experiences in regards to 4 sinus graft infection cases, all happening after sinus floor elevation and simultaneous implant placement.

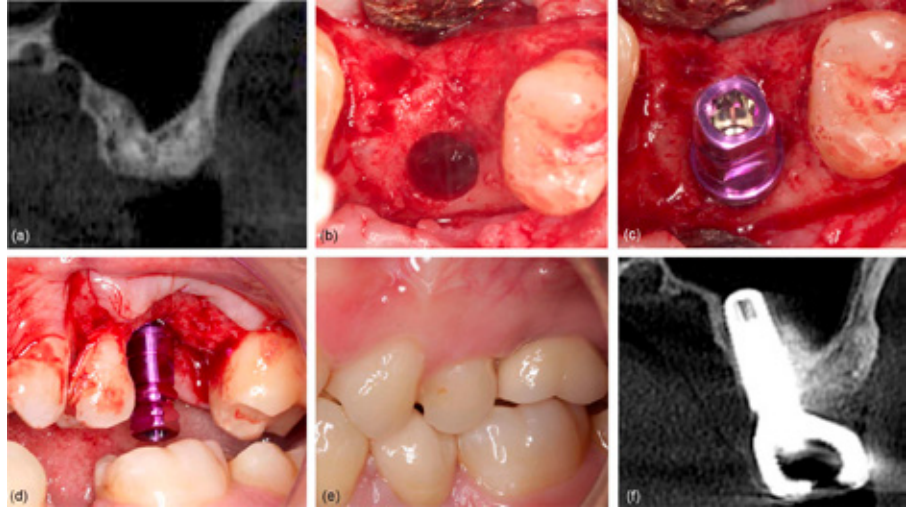


JOI Sampler

CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

A Novel Dental Implant Approach for Crestal Sinus Elevation: A Case Series Study

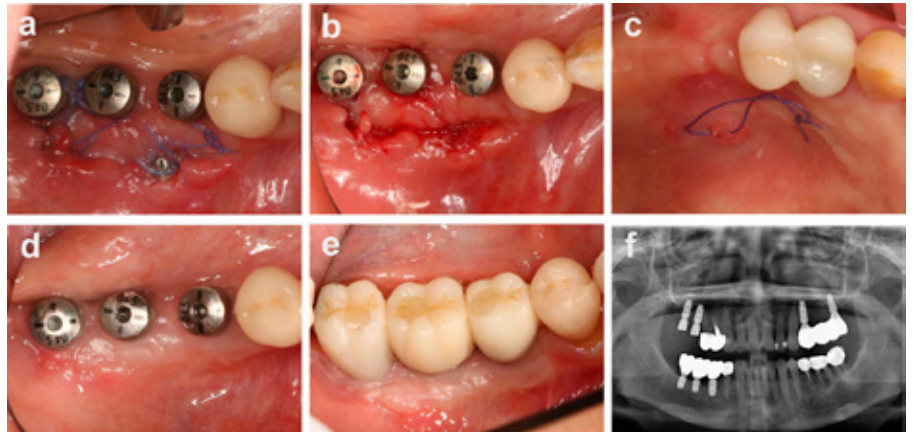
In this study, researchers objective was to determine the radiographic and clinical outcomes of patients who underwent sinus membrane elevation through a minimally invasive crestal approach.



CLINICAL CASE REPORT

A Novel "Microscrew With Tie-Down Sutures" Technique for FGГ Anchorage: A Case Report

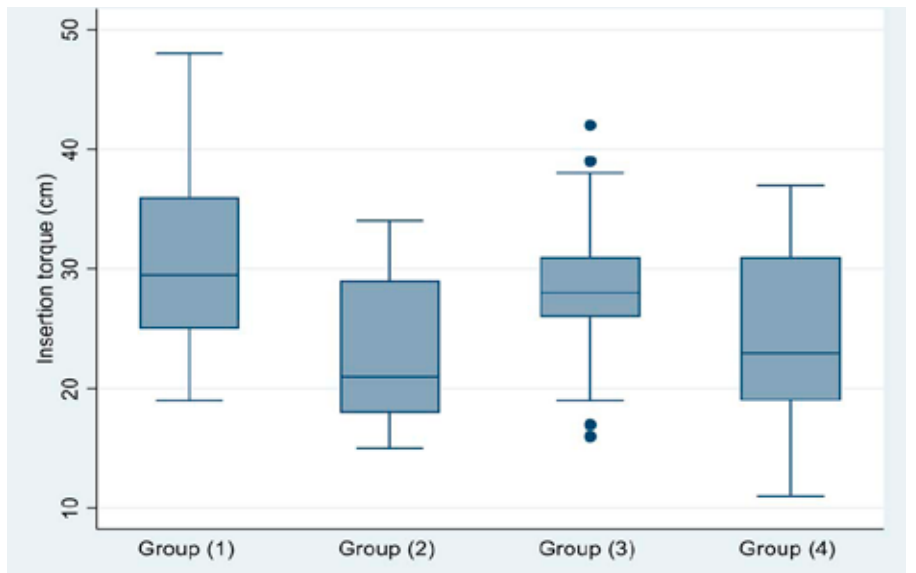
In this article, authors offer an alternative feasible and straightforward novel technique called the "microscrew with tie-down sutures" to anchor the FGГ to a recipient site, instead of performing the traditional trans-perosteum suture.



CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

Measurement of Implant Insertion Torque in Intentionally Undersized Osteotomy Site Preparation in the Posterior Maxilla: A Prospective Clinical Study

In this article, researchers investigate the effect of intentionally undersized osteotomy sites on the insertion torque of implants that were placed in type 4 bone density in the posterior maxilla.





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Dr. Daniele Cardaropoli (Italy)

Dr. Richard Miron (USA)

Dr. George Pynadath (USA)

Dr. Saj Jivraj (USA)

Dr. Aman Bhullar (USA)

Dr. Hardeek Patel (USA)

Dr. Rajiv Patel (USA)

Dr. Takashi Kaneda (USA)

Dr. Yutaka Kitamura (USA)

Dr. Ryuhei Yamanaka (Japan)

And many more...!
to be announced soon...

*Proposed Speakers

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Q&A with **Dr. Shankar Iyer** FAAID, FABOI/ID





On the 20th Anniversary of the launch of the AAID MaxiCourse®, we sat down with the father of the program, Dr. Iyer to learn about how it started, and what it will become.

AAID

What inspired you to start a MaxiCourse®?

DR. IYER: I was in the United States looking at the New York MaxiCourse® and the Augusta MaxiCourse. Those were the only two programs at the time and neither had made any changes in their curriculum for almost 15 years. I saw this as an opportunity to bring this program abroad where overseas dentists can benefit from the education and the credentialing part. I was part of the AAID Global committee at that point, where Dr. Frank Lamar was the chair. The committee appointed me as the course director for the India MaxiCourse. At that time, it was called the Asia MaxiCourse because there was no other country that had it. It took about two years to bring it to fruition. We did this in conjunction with the Indian Academy of Interdisciplinary Dentistry. They were the co-sponsors of the program, and they helped us launch the program in Chennai with Dr. Charles Weiss.

I am originally from India, and I saw this as a means to give back what I had learnt over the 13 years that I had spent in the United States finishing my graduate studies in Prosthodontics and having a successful implant practice. There were a lot of dental implant experts in the U.S. but not too many in Asia. I wanted to provide the dentists in Asia an exposure to current concepts in education and state of the art technology. Implants at that point were not very popular in India and it was viewed with much skepticism. Implants were considered a luxury at a time when even crown and bridge was not very common. There were just one or two companies in the whole country marketing and distributing implants. Education was driven by private distributors, primarily through these companies. I said to myself, "Why not have this concept of unbiased education brought to India? WE can then have people from all over Asia come to attend."

AAID

How did you grow the MaxiCourse®?

DR. IYER: In its first year in 2003, the Asia MaxiCourse immediately sparked interest and we had about 45 registrations. We had dentists from several surrounding countries attending the program: we had participation from Iran, Jordan, Malaysia, Singapore, and UAE. They all came to India because this was not offered anywhere else in Asia. It quickly grew to three cities in a couple of years: Chennai, Mumbai, and Delhi. Thanks to the efforts of Drs. Nitish Surathu (AF), Dandapani Arunachalam, Yohan Chacko and Venkat Rao who formed the Indian Academy of Interdisciplinary Dentistry to co-sponsor the MaxiCourse.

After India, we launched the course in Abu Dhabi, UAE and continued to expand in Saudia Arabia and Kuwait. By 2010 I was running programs in four countries including Kuwait. It certainly was a lot of work to secure faculty in multiple countries. Another key feature was the inclusion of the clinical component of the MaxiCourse, the first of its kind anywhere in the world. The India (Chennai) MaxiCourse has hosted dentists from over 20 countries from all over the world including the USA.

AAID

Do you have any mentors or individuals who guided you along the way?

DR. IYER: This was only possible because of the efforts of the AAID leaders who really give themselves to education to broaden the knowledge of our participants. It could not be one single handedly. The inspiration came from leaders like Dr. Charles Weiss, Dr. Norman Crain, Dr. Hilt Tatum, and Dr. Leonard Linkow. I also must thank the faculty. Dr. Jim Rutkowski has taught for us



for the last 20 years. He is the consummate implant dentistry educator. During COVID when travel was restricted, he taught online classes that ran from 1 am until 8 am U.S. time. That is true dedication. The other notable faculty without whom this would not be a reality. The list also includes many current course directors - Dr. John Minichetti, Dr. Hilt Tatum, Dr. Duke Heller, Dr. Bernie Dunson, Dr. Jerry Soderstrum, Dr. Frank Lamar, Dr. Matt Young, Dr. Shane Samy, Dr. Roderick Stewart, Dr. Robert Miller, Dr. William Laconte, dr. Dennis Flanagan, Dr. Bart Silverman, Dr. Rachna Hegde, Dr. Leonard Machi, Dr. Brian Jackson, Dr. Mohammed Sharawy, and Dr. Jason Kim.

Feature Q&A

AAID What makes a MaxiCourse® different from other implant dentistry educational programs out there?

DR. IYER: What sets the MaxiCourse apart is the fact that you have a team of dedicated professionals whose core value is to share knowledge. They are real-life clinicians who have excelled in their area of expertise, and they're now willing to share their knowledge without any hesitation. The course is not predicated upon a product or sponsorship. And that is what is pure about the knowledge derived from these MaxiCourses. We don't have any exhibitors in any of the courses in Asia.

AAID Do you have any guidance for dentists that are looking at taking a MaxiCourse® but are on the fence about whether or not to take it?

DR. IYER: In today's world, people want information rapidly. They watch a YouTube video, and they want to capture bits and pieces to perform a procedure that they have not learnt before, but that is not education. That is pure acquisition of knowledge. If you want education, it is a sum total of absorbing all the fundamental principles and creating a workflow to help patients. It shouldn't be product or skill based planning. Instead at the Maxi-Courses we teach protocols that will help

the clinician to design a plan that is customized to a patient with an analysis of benefits and risks. There's a roadmap that you have to create in order to understand the discipline to the fullest depth. This continuum that we have created in AAID through the MaxiCourse has produced some of the finest clinicians and leaders in the U.S. and abroad.

The AAID credentialing pathway is easier if you take a MaxiCourse because you are packaging all of the information into the module format, which is easier to assimilate. The course makes the learner stay connected with the process. And you will certainly turn out to be a better clinician. It may feel a little arduous to come back multiple times for the course, but the amount of effort you put in will be rewarded when



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With over 20 years of combined experience, The Las Vegas and New York AAID Maxicourse has provided many of its graduates a pathway for successfully becoming Credentialed as Associate Fellows and Fellows of the AAID and Diplomates of the ABOI. Our Maxicourses provide in-depth 300 CE hours of evidence-based education which qualify and prepare participants to take the written portion of the AAID Fellowship Examination. With over 100 CE hours of immersive hands-on educational activities, our participants develop the essential clinical skills in Implant Dentistry.



Dr. John Minichetti, Director | Dr. Joseph D'Amore, Assistant Director



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you see the growth in your practice and when you see how your practice gets transformed. And its not always about implants in these courses.

AAID **If you are in the US how are you able to run this program in India and UAE?**

DR. IYER. I am physically present in almost all of the modules making about 6 trips to India and UAE every year. I am deeply indebted to my co-director Dr. Vadivel Kumar who stood by me all these years. He is a staunch advocate for implant education. He is an alumnus from the first batch of our participants, and I

am proud to state that he is one of the most influential speakers in the Orthodontic and Implant community. For two decades we have been the beneficiaries of dedicated coordinators and clinical directors, and I will be remis if I did not mention the vison and hard work of Dr. Mahesh Verma, Vice Chancellor of Indraprastha University, New Delhi, Dr. Brij Sabherwal, Dr. Syed Khalid and Dr.Akmal Ariff and recently Dr. Kevin Samuel. In the UAE I rely heavily on the wisdom and dedication of Dr. Ninette Bandy who been the anchor singlehandedly coordinating the program.



AAID ANNOUNCES NEW MAXICOURSE®

The Oklahoma City MaxiCourse® is taking place in almost as central a location as it gets. We are at the crossroads of I-35 and I-40, halfway between the East & West Coasts and the neighboring borders of South America below and Canada above. We are situated in a rejuvenated metropolitan area that offers all the amenities of a big city while staying true to its welcoming country roots.

Ours is a start-to-finish live surgery curriculum with instructional and mentorship guidance by nationally recognized and CERP certified implant dentistry specialists. Regardless of whether you have never placed a dental implant, you are placing but not seeing optimal results,

or your goal is to become an ABOI/ID diplomate, this MaxiCourse program will improve the trajectory of your career.

Our director, Dr. Eric Hopkins, believes his completion of a MaxiCourse almost three decades ago was instrumental to his achievements since. Through this next-level educational opportunity focused on excellence, immersion, and getting to know your AAID colleagues, you will achieve the caliber of confidence that only an AAID MaxiCourse can provide.

We are proud offer a discount of gratitude to our active-duty military dentists, fourth-year and newly graduated dentists, and those who pay their tuition in full. We also have payment options and third-party financing. Our Program Coordinator welcomes texts, emails, and calls to discuss the program and will answer any questions you may have after reviewing the information on our website:

www.aidmaxicourseokc.com



newmembers

The AAID is pleased to welcome the following new members who joined between February 8, 2024 and May 5, 2024. The list is organized by state, with the new member's city included. International members are listed by country and province (if applicable). 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

UNITED STATES

Arizona

Joshua Clark, Gilbert
Alexander Zaykof, Tolleson

California

Shaily Aggarwal, Fremont
Rika Ashraf, El Dorado Hills
Luiz Carvalho, Clovis
Lindsay Costantino, Los Angeles
Bassam Fargo, Riverside
Joanne Fernando, Tustin
Caitlin Kemper, Marina del Rey
Kerolos Khalil, Tracy
Chang Lee, Glendale
Sui Leung, Alameda
Scott Oh, Los Altos
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Jorge Rocha, Chula Vista
Hoss Rohani, Fullerton
Harinder Singh, Lathrop
Radhika Tijoriwala, Los Angeles

Colorado

Sondus Alkadri, Aurora
Danah Alradwan, Aurora
Blake Ballenger, Thornton
Eric Benefield, Grand Junction
Jacob Beus, Cañon City
Jordan Brenner,
Steamboat Springs
Kegan Brenner, Steamboat Springs
Elena Ciobanu, Aurora
Lori Clifford, Thornton
Esraa Salem, Aurora
Samuel Tanner, Grand Junction
Nermin Tawfik, Brighton
Shital Tayde, Boulder
Brett Walker, Salida

Connecticut

Deepthi Racha, West Hartford

Florida

Vijay Agarwal, Melbourne
Gregory Chace, Melbourne
Roberto Gil, Winter Garden
Juan Izquierdo, Miami
Erikson Karacheban, DeLand
Kevin Lujan, Miami
William Nerestant, Lakeland
Sajan Parag, Sarasota
John Pasqual, Delray Beach
Richard Rampi, Orlando
Karissa Rumble, Miramar Beach
Michelle Sanger, Lehigh Acres
Joshua Tillinger,
Palm Beach Gardens

Georgia

Christopher Childs, Gainesville
Tatiana Shifrin, Duluth

Idaho

Caleb Edward, Eagle

Illinois

Drew Gripentrog, Glenview
Nishant Makadia, Buffalo Grove
Austin Mohs, Wilmette

Indiana

Satyanarayana Kakarala,
Fort Wayne

Kansas

Michael Estivo, Smithville

Kentucky

Rinto Adeniran Louisville
Brandon Taylor Owensboro

Louisiana

Katelynn McVay, Metairie
Samuel Mullen, Lafayette

Maryland

Bradly Green, Rockville
Sooyeon Park, Columbia



Massachusetts

Micheal Abboud, Boston

Michigan

Pranav Bhide, Troy
Jesse Johnson, Royal Oak

Minnesota

Deepika Kumar, Maple Grove

Missouri

Sai Duddu, Joplin
Ken Ngo, St. Louis
Chintan Shukla, Ballwin

Montana

Joshua Kabins, Billings
Ronny Rodriguez, Missoula

Nevada

Tanya Stevens, Las Vegas
Brigham Yang, Las Vegas

New Jersey

Ruojun Huang, East Brunswick
Remi Lerch, Jersey City
Hung Luong, Cherry Hill
Cindy Merlino, Montvale
Condra Oniwinde, Orange
Pradeep Sukumar,
Middletown Township

New Mexico

Jeremy Chen, Santa Fe
Tony Nguyen, Albuquerque
Jake Wolf, Las Cruces

New York

Moses Datson, New York
Jennifer Henkin, New York
Hayleen Moran, Bronx
Sandra Scibetta, Brooklyn
Erin Sweeney, Hamburg
Flor Vivar, Bellmore

Ohio

Phillip Chirla, Stow
Hyeon Kwon, Dayton

Pennsylvania

John Coolican, Wilkes Barre
Kimberly DeWire, Hellertown
Matthew Maropis, Irwin
James Slattery, Kennett Square

Tennessee

Connor Denison, Memphis
Andrew Kim, Nashville
Jean Pak, Dover
Aaron Pryor, Lebanon
David Wickness, Nashville
Bradley Winn, Chattanooga

Texas

Patrick Campbell, Austin
Rafael Carrales, Weslaco
William Jeong, Lubbock



Ola Kourani, Katy
 Christopher Mathew, Argyle
 Evan Matthyse, Austin
 Michael Nguyen, Sherman
 Tri Nguyen, San Antonio
 Joon Oh, Longview
 Junior Osinde, Arlington
 Smit Patel, Friendswood
 Vishala Patel, Dallas
 Srinivasa Pathagunti, Hutto
 Husnain Shahid, Mt. Pleasant
 Ruasha Shrestha, Haslet
 Karen Yen, Houston

Utah

Solomon Nair, Syracuse
 Jarron Tawzer, Providence

Virginia

Kristina Bosworth, Chesterfield

Washington

Abhimanyu Sharma, Richland

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adindex

BioHorizons2
 Glidewell Laboratories5
 MediNiche International, Inc7
 ROE Dental Laboratory9
 Gilleard Dental Marketing10
 Tatum Surgical, Inc11
 Versah, LLC13
 AAID Conference21
 AAID Global Conference35
 Englewood Dental38
 Impladent, Ltd47
 ASI Medical48

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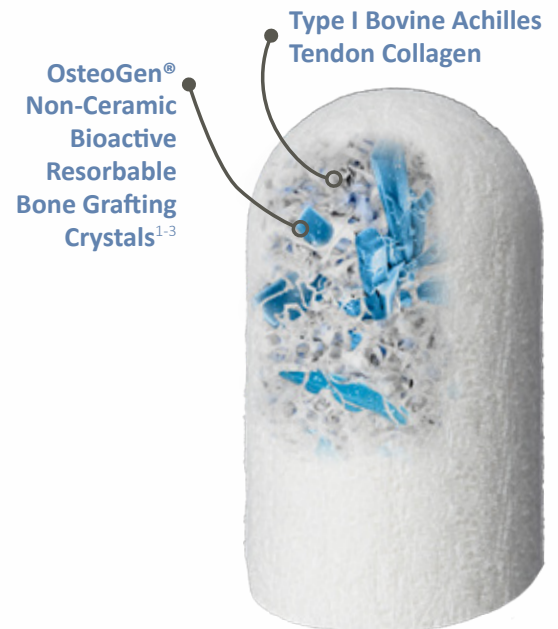
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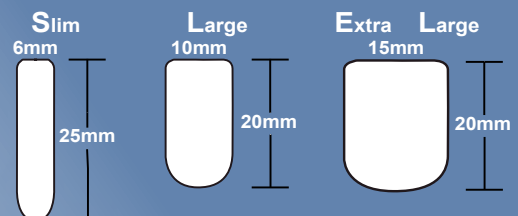
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