

AAID NEWS



TRANSFORMING ORAL IMPLANTOLOGY

INSIDE

Smile, Veteran![™]: Supporting Veterans Through the AAID Foundation

AAID's Legal Efforts: Valuable for Members, the Profession, and the Public

Proposed Bylaws Amendments, 2025 Slate of Officers, and Candidate for Board Secretary

Tapered Pro Conical

streamlined clinical performance



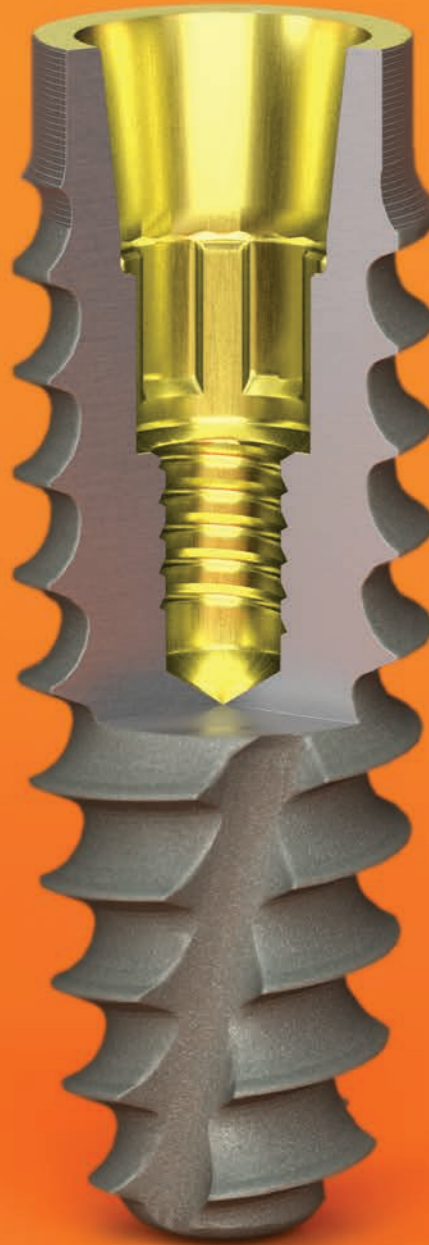
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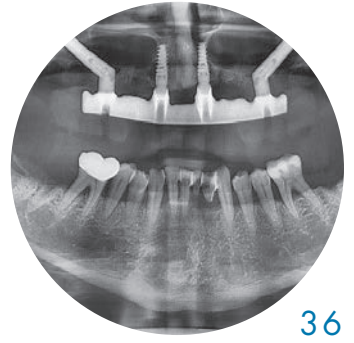
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By Dennis Flanagan,
DDS, MSc, FAAID, DABOI/ID,
AAID Editor

EDITOR'S NOTEBOOK

Why You Can't Skip the 2024 Annual Conference

Attending the 2024 AAID Annual Conference November 13-16 in Atlanta is an invaluable opportunity for dental professionals specializing in implant dentistry. Here are just some of the most compelling reasons to attend, along with speaker, topic, and event highlights.

Key Reasons to Attend

1. GAIN CUTTING-EDGE

KNOWLEDGE AND SKILLS

The AAID Annual Conference is renowned for its comprehensive curriculum that covers the latest advancements in implant dentistry. Attending this conference ensures that you stay at the forefront of the field, gaining insights into new techniques, technologies, and best practices.

2. NETWORKING OPPORTUNITIES

With hundreds of dental professionals, industry leaders, and experts in attendance, the Annual Conference is an excellent platform for networking. Sharing experiences and ideas with peers can foster collaborations, provide new perspectives, and enhance your professional network.

3. CONTINUING EDUCATION CREDITS

The conference offers numerous sessions that qualify for Continuing Education (CE) credits. These sessions help you meet your licensure requirements while expanding your knowledge base and skill set.

4. EXPOSURE TO INNOVATIVE PRODUCTS AND SERVICES

The Implant World Expo exhibition hall features the latest dental implant products, tools, and technologies from leading manufacturers. This is an opportunity to explore new innovations, compare products, and make informed purchasing decisions for your practice.

Featured Speakers

ZIV MAZOR

Dr. Mazor, DMD, is one of Israel's leading periodontists. Since 1993, Professor Mazor has been engaged in clinical research in the field of bone augmentation and sinus floor elevation. He is currently participating in the quest for improving new grafting materials, using various growth factors as well as researching "osseodensification"—a paradigm shift in dental implantology. Professor Mazor is a renowned author in dental implantology, and is known worldwide for his innovative approaches in cutting-edge procedures and technologies.

MICHAEL PIKOS

Dr. Pikos is an oral maxillofacial surgeon who graduated Summa Cum Laude and Phi Beta Kappa from The Ohio State University. He is founder and CEO of the Pikos Institute. Since 1990, he has been teaching advanced bone and soft tissue grafting courses with alumni that now number more than 6,500 from all 50 states and 67 countries. Dr. Pikos maintains a private practice limited exclusively to implant surgery in Trinity, Florida.

MICHAEL SONICK

Dr. Sonick, DMD, is an internationally known, highly regarded authority in the field of dental implantology and periodontology. A full-time practicing periodontist in Fairfield, Connecticut, he is also a frequent guest lecturer in the international program at New York University School of Dentistry and the UCONN School of Dental Medicine. He lectures worldwide on the subject of esthetic implants, periodontal plastic surgery, guided bone regeneration, and the delivery of exceptional customer service.

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Editor's Notebook

Notable Topics

1. FULL-ARCH IMPLANT SOLUTIONS

Sessions on full-arch implant solutions will cover the latest techniques, patient selection criteria, and case studies. These sessions aim to improve outcomes for patients requiring full-arch restorations.

2. IMMEDIATE IMPLANT PLACEMENT

Speakers will delve into the protocols and success rates of immediate implant placement. Learn about the latest research and clinical practices that can enhance patient satisfaction and reduce treatment times.

3. COMPLICATION MANAGEMENT

Managing complications is crucial for any dental practice. Sessions on this topic will provide insights into recognizing, preventing, and addressing complications associated with implant procedures.

Special Events

WELCOME RECEPTION

Kick off the conference with a welcome reception where you can meet fellow attendees, speakers, and industry representatives in a relaxed, informal setting.

HANDS-ON WORKSHOPS

Participate in hands-on workshops that offer practical, experiential learning. These workshops cover various aspects of implant dentistry, from surgical techniques to prosthetic solutions.

AAID AWARDS

Celebrate the achievements of your peers as the 2024 AAID Awards are presented, recognizing outstanding contributions to the field of implant dentistry.

NETWORKING LUNCHEONS

Attend networking luncheons designed to facilitate meaningful connections and

discussions among attendees. These events provide opportunities to exchange ideas and discuss the latest trends in implant dentistry.

Conclusion

The AAID 2024 Annual Conference November 13-16 is an essential event for any dentist involved in implant dentistry. With its rich lineup of speakers, diverse topics, and engaging networking events, it offers a unique opportunity to enhance your knowledge, skills, and professional networks. Don't miss this chance to be part of a dynamic community dedicated to advancing the field of implant dentistry. Register now and secure your place at the forefront of dental innovation.



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With over 20 years of combined experience, The Las Vegas and New York AAID Maxicourse has provided its graduates a pathway for successfully becoming Credentialed as Associate Fellow / Fellow of the AAID and Diplomate of the ABOI. 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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10/1/2023 to 9/30/2027.
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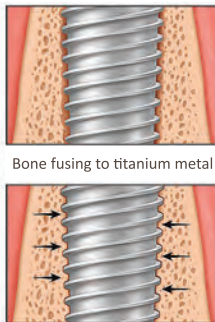
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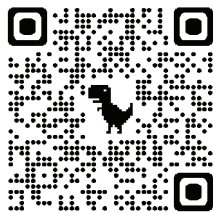
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By Ed Kusek, DDS, FAAID, DABOI/ID,
AAID President 2024

PRESIDENT'S MESSAGE

Looking Back... Looking Forward



As I write this letter, I've just returned from the Academy of General Dentistry's annual meeting. There, I received my fourth Lifelong Learning Service and Recognition (LLSR) award. The number of recipients for LLSR, Master, and Fellowship awards seemed lower compared to when I received my third LLSR in 2022. This might be attributed to the meeting's location in Minneapolis, as opposed to Orlando.

Given the awards and the similar pursuit of Associate Fellow or Fellow status in the American Academy of Implant Dentistry (AAID), it's worth considering why we seek these distinctions. I come from an era when dental students had to prove themselves daily. Consequently, I've become a lifelong learner in dentistry, thoroughly enjoying the exploration of new procedures and the intricacies of the oral cavity. I personally dedicate 200 hours annually to continuing education and, in my fourth decade as a dentist, still relish the challenge of staying at the forefront of knowledge, technology, and techniques.

At the AGD meeting, I was repeatedly recognized as AAID president by fellow members. Many of these individuals, also lifelong learners, had recently earned their Associate Fellow designation from AAID and were now pursuing AGD Fellowship. When I inquired about their attendance at the AAID Annual Conference, the response was overwhelm-

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President's Message

ingly positive. In-person meetings remain invaluable for accessing world-class instruction from top dental clinicians and benefiting from hands-on workshops.

Our theme for this year's Annual Conference is "Reaching New Heights, Setting the Standards in Implant Dentistry." Dr. Bernee Dunson, the Scientific Chair, has organized the meeting to present concepts in a logical daily flow. Wednesday afternoon will focus on cardiology considerations in implant dentistry, followed by soft tissue regenerative procedures and photoacupuncture for pain control on Thursday morning. Complex surgical procedures like trans-nasal implants, socket shielding, and non-guided and guided sinus lifts will be covered Thursday afternoon. Friday's sessions will explore surgical approaches for atrophic jaws, and Saturday will delve into treating the atrophic maxilla with allogenic block grafts. This is just a glimpse of the Main Podium presentations.

Education is paramount at an implant dentistry annual meeting. The field evolves rapidly, necessitating continuous learning to stay abreast of the latest techniques, technologies, and best practices. This year, we've assembled some of the top clinicians, including Ziv Mazor, Issac Tawil, Richard Miron, Grace Sun, Steve Shuffelbarger, and Michael Sonic, who will also conduct workshops. To meet the DEA license requirement of eight hours of continuing education, we've curated courses such as dental emergencies and light energy for post-operative pain management.

The auxiliary program is equally exciting. Dental assistants will learn surgical photography, surgical sterility, and asepsis. Hygienists will discuss instrumentation for hybrid and subperiosteal implant cases and the oral-systemic health link through bacterial testing. The administrative track will feature experts on full arch restorations, medical

billing, leadership, communication, cybersecurity, and social media marketing.

Doctor workshops encompass a wide range of topics, including tissue regeneration, venipuncture, overdentures, medical emergencies, soft and hard tissue grafting, laser therapy, regenerative PRF, 3D printing, ridge splitting, photoacupuncture, and artificial intelligence in treatment planning.

Our Annual Conference aims to offer a comprehensive and up-to-date overview of implant dentistry. By attending, you and your staff can enhance skills, expand knowledge, and ultimately improve patient care. The camaraderie among clinicians, sharing experiences and insights, is an invaluable aspect of the meeting. Please encourage your study club members, MaxiCourse participants, and district members to join us in Atlanta November 13-16.

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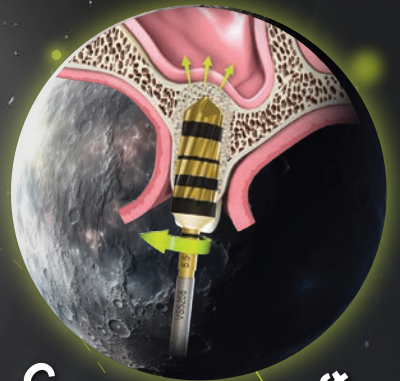
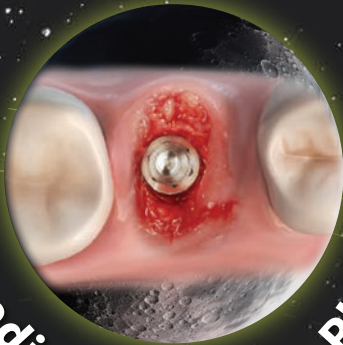
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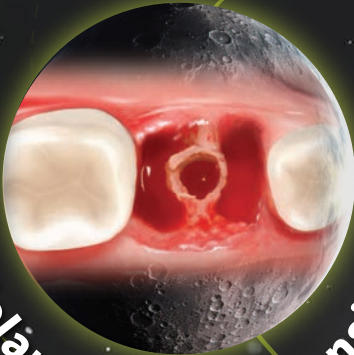
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By Carolina Hernandez, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

Shaping Our Future: Contribute Your Talents, Nominate New Leaders

As we near the 2024 Annual Conference in Atlanta, the season of change and transitions begins for the AAID. This is an exciting time for the Academy, and I urge each and every one of you to get involved and actively participate.

Your first opportunity is to serve on an AAID committee. By joining a committee, you'll have the opportunity to shape the AAID's future, connect with other members, and collaborate on impactful projects. It's a great way to expand your professional circle and learn from others. Whether you're passionate about dental students, dental research, patient outreach, or education, there's a committee where your energy and enthusiasm can shine. You can find the Call for Volunteers at aaid.com/call-for-volunteers.

Participate at your district caucus during the Annual Conference. Each year, a new Trustee is elected to join the Board of Trustees, a crucial role in steering the direction of our organization. Comprised of a diverse group of nationally elected officers, regionally elected Trustees, and a Past Presidents' Council representative, the Board is responsible for establishing official policies, overseeing administration, and guiding overall management, with their decisions significantly influencing the success and trajectory of the AAID.

Similarly, our District leadership plays a vital role in fostering a vibrant and connected membership experience at the local level. District leadership organizes educational events, facilitates networking opportunities, and serves as a key link between members and the national organization.

By actively participating in the nomination and election process at your caucus, you have the power to shape the direction of the Academy. This is your chance to be a part of the decision-making process and select leaders who share your vision for the future of implant dentistry. By actively participating, you can ensure that the Academy continues to serve its members at the highest level and solidify its position as the premier global organization for implant dentistry.

While not as glamorous as the election process, this year's Business meeting will present voting members with several important Bylaw amendments to review. Take the time to carefully consider these amendments, as they will shape the future of our organization. If you have any questions or need clarification, please reach out to me directly at chernandez@aaid.com. You will also have the opportunity to discuss the amendments at your district caucus.

Your involvement, whether through volunteering or voting, is vital in cultivating a thriving and dynamic Academy. Together, we can shape a future that benefits not only the AAID but also the entire implant dentistry community.

Sincerely,
Carolina Hernandez, MBA, CAE
Executive Director, AAID

By joining a committee, you'll have the opportunity to shape the AAID's future, connect with other members, and collaborate on impactful projects. It's a great way to expand your professional circle and learn from others.



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2025 SLATE OF OFFICERS

The AAID Nominating Committee, chaired by Shane Samy, DMD, FAAID, DABOI/ID, presents the following slate of officers for consideration at the AAID 2024 Annual Business meeting, to be held November 16, 2024 at 2pm.

President: Matthew Young, DDS, FAAID, DABOI/ID
(automatic per Bylaws)

President – Elect: Donald Provenzale, DDS, FAAID, DABOI/ID

Vice President: Bill Anderson, DDS, FAAID, DABOI/ID

Treasurer: Mario Silvestri, DDS, FAAID, DABOI/ID

Secretary: Daniel Domingue, DDS, FAAID, DABOI/ID
(Secretary nominee biography available on page 34)

In accordance with Article IX, Section 7 of AAID's Bylaws, members not nominated by the Nominating Committee may be nominated by petition as follows:

- 3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chair of the Nominating Committee or that person's designee at least 30 days in advance of the election [i.e. October 17, 2024] at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election.
- 4) A nominee not announced by the Nominating Committee must include the signatures of at least 5 percent of the voting membership on the petition [i.e. 53 signatures].
- 5) The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and make this information available to the voting members.



Proposed Bylaws Amendments, 2025 Slate of Officers, and Candidate for Board Secretary

The AAID Bylaws Committee and Board recommend the following amendments be adopted:

AMENDMENT 1: (lines 96-98)

Amend Article III, Membership, Section 6., Life Member, B), Rights of Life Members.

CURRENT WORDING	PROPOSED AMENDMENT	IF ADOPTED WILL READ
Life Members shall continue to enjoy all rights and privileges of their previous member classification. Life Members may be appointed to chair or serve on any committee, unless otherwise limited by these Bylaws, but they may not hold elective office.	Life Members shall continue to enjoy all rights and privileges of their previous member classification. Life Members are eligible to vote, to receive all Academy publications, and such other benefits as the Board of Trustees may authorize. Life Members may be appointed to chair or serve on any committee, unless otherwise limited by these Bylaws, but they may not hold elective office.	Life Members are eligible to vote, to receive all Academy publications, and such other benefits as the Board of Trustees may authorize. Life Members may be appointed to chair or serve on any committee, unless otherwise limited by these Bylaws, but they may not hold elective office.

Rationale: Life Members retain the rights of voting AAID membership, but allows flexibility to adjust benefits to better support their career status change of no longer providing care to patients. The amendment reflects the practice of reduced registration fees for Life members and omission from the AAID provider list accessible by the general public.

Bylaws Committee Recommendation: The Bylaws Committee recommends that this amendment BE ADOPTED.

Board of Trustees Recommendation: The Board of Trustees recommends that this amendment BE ADOPTED.

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Proposed Bylaws Amendments, Slate of Officers, and Candidate for Board Secretary

AMENDMENT 2: (lines 135-137)

Amend Article III, Membership, Section 10., Retired Member, B), Rights of Retired Members.

CURRENT WORDING	PROPOSED AMENDMENT	IF ADOPTED WILL READ
Retired Members shall continue to enjoy all rights and privileges of their previous member classification. They may chair or serve on committees unless otherwise limited by these Bylaws, but they may not hold elected office.	Retired Members shall continue to enjoy all rights and privileges of their previous member classification. Retired Members retain <u>voting rights of their previous membership classification, receive all Academy publications, and such other benefits as the Board of Trustees may authorize.</u> They may chair or serve on committees unless otherwise limited by these Bylaws, but they may not hold elected office.	Retired Members retain voting rights of their previous membership classification, receive all Academy publications, and such other benefits as the Board of Trustees may authorize. They may chair or serve on committees unless otherwise limited by these Bylaws, but they may not hold elected office.

Rationale: Retired Members retain all rights of AAID membership, but allows flexibility to adjust benefits to their career status change of no longer providing care to patients. The amendment reflects the practice of reduced registration fees and omission from the AAID provider list accessible by the general public.

Bylaws Committee Recommendation: The Bylaws Committee recommends that this amendment BE ADOPTED.

Board of Trustees Recommendation: The Board of Trustees recommends that this amendment BE ADOPTED.

AMENDMENT 3: (line 254)

Amend Article V. ORGANIZATION OF THE ACADEMY, Section 5. Past Presidents' Council.

CURRENT WORDING	PROPOSED AMENDMENT	IF ADOPTED WILL READ
None.	<u>C) In the event of the inability of the Past Presidents representative to attend an upcoming Board of Trustees meeting, the current representative may appoint a member of the Council to serve as proxy with voting rights for that meeting only. If the representative is unable to appoint a proxy, the AAID president will appoint the proxy from members of the Council.</u>	C) In the event of the inability of the Past Presidents representative to attend an upcoming Board of Trustees meeting, the current representative may appoint a member of the Council to serve as proxy with voting rights for that meeting only. If the representative is unable to appoint a proxy, the AAID president will appoint the proxy from members of the Council.

Rationale: The AAID Bylaws include a provision that allows a substitute District Trustee to attend one meeting with voting rights when the elected Trustee is unable to attend a Board meeting. No such provision exists for the Past Presidents' representative.

Bylaws Committee Recommendation: The Bylaws Committee recommends that this amendment BE ADOPTED.

Board of Trustees Recommendation: The Board of Trustees recommends that this amendment BE ADOPTED.

AMENDMENT 4: (line 254)

Amend Article V. ORGANIZATION OF THE ACADEMY, Section 5. Past Presidents' Council.

CURRENT WORDING	PROPOSED AMENDMENT	IF ADOPTED WILL READ
None.	<u>D) Vacancies. In the event of a vacancy in the Past President representative position, the AAID President will appoint a member of the Council to fill the balance of the term with the consent of the Board of Trustees.</u>	D) Vacancies. In the event of a vacancy in the Past President representative position, the AAID President will appoint a member of the Council to fill the balance of the term with the consent of the Board of Trustees.

Rationale: The AAID Bylaws do not address how to fill a vacancy in the office of Past Presidents' Representative if such a vacancy occurs between elections.

Bylaws Committee Recommendation: The Bylaws Committee recommends that this amendment BE ADOPTED.

Board of Trustees Recommendation: The Board of Trustees recommends that this amendment BE ADOPTED.

3 Easy Ways to Increase Awareness for Your Practice

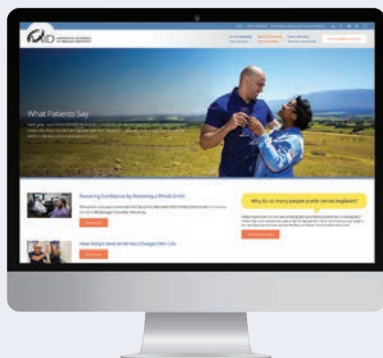
Check out the dental implant success stories your AAID colleagues are sharing on our public-facing website: aaid-implant.org/category/what-patients-say



Attracting new patients is vital for your continued success as a practitioner. AAID offers members three easy solutions to help AAID reach the public and help you promote your practice.

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Scan the QR Code to the left to access instructions and templates for creating these marketing resources that will be featured on AAID's public-facing website (aaid-implant.org) and can be posted to your practice website. We've streamlined the development process for these resources so it doesn't take you a lot of time or effort. Once completed, you will have marketing materials that are personalized, relevant and engaging.

Strengthen your practice promotions and gain more from your AAID membership by being featured on aaid-implant.org and tapping into these marketing resources now.

AAID-IMPLANT.ORG



Follow AAID LifeSmiles on social media, too!



Ruben Arebalo
General Manager, Preat

IMPLANTINSIGHT

Managing the Rising Restorative Complexities of a Modern Implant Practice

Clinical predictability has increased as implant dentistry has matured, but new restorative challenges have arisen for the practical restoration of implant cases. Traditionally, dental implant treatment in the United States focuses on the aging population and acceptance of dental implants as a treatment option. There is an increase in the two types of patients who may challenge even the most mature practice: 1) patients who had implants placed years ago but never received delivery of the definitive restoration, and 2) those who received their restoration—at a different practice—and require continued care.

Patient acceptance of the implant treatment plan allows the restorative team to plan the final restoration, abutment needed, tissue management, bone augmentation and modeling, and ideal implant positions necessary for the optimum result.

The initial step with the “inherited patient,” regardless of the restorative need, is identifying the implant system placed. This was relatively simple decades ago but has

become progressively more difficult. The proliferation of implant systems in the United States, plus an increase in dental tourism and implants placed out of the country, challenge even the most experienced implantologists.

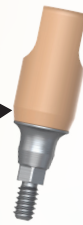
Once the implant has been identified, the challenge of determining a restorative treatment plan with a potentially unfamiliar manufacturer and abutment portfolio remains. If the implant system has become obsolete, then you must hope a compatible alternative can be found to salvage the case. In either scenario, considerable time, effort and frustration may be expended to care for these patients appropriately.

No practice is immune to these complexities. Even a large group practice with a formulary restored 15 different implants systems in the past year. However, the process can be simplified—even routine—if your primary restorative provider is one that has extensive restorative expertise, supports multiple implant systems, and has proven longevity.

This is why partnering with a company like Preat is so important to the success of an implant practice. Our 45 years of restorative expertise is critical for identifying implants and providing feasible solutions. When abutment options, indications, ordering process and the CAD library are consistent—regardless of the implant system—it creates an efficient and predictable workflow in the practice and lab, providing optimum patient satisfaction.

The process can be simplified—even routine—if your primary restorative provider is one that has extensive restorative expertise, supports multiple implant systems, and has proven longevity.

THIS IS WHERE IT ALL BEGINS
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 SCAN BODY FORM



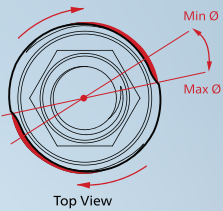
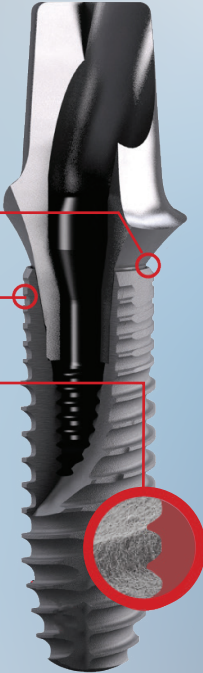
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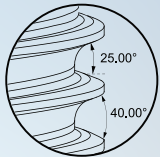
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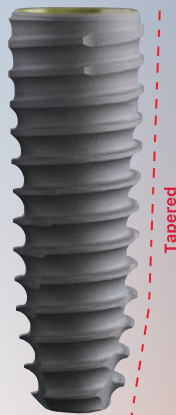


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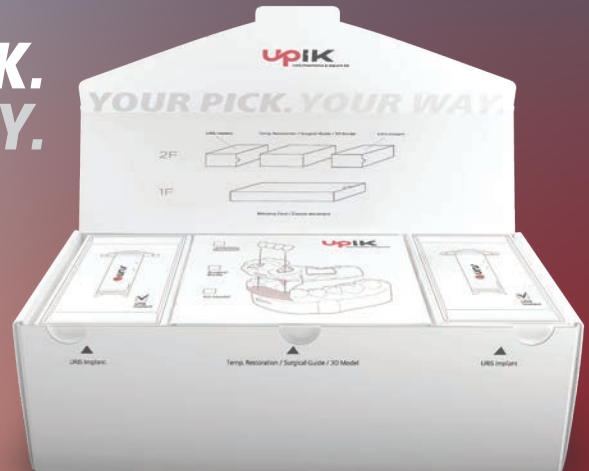
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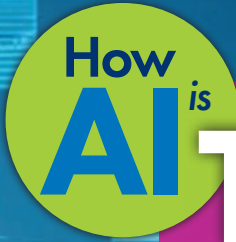


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TRANSFORMING ORAL IMPLANTOLOGY

Artificial Intelligence (AI) has become an integral part of our daily lives. OpenAI ChatGPT is a well-known example of AI technology that utilizes natural language processing to engage in human-like conversations. However, the capabilities of AI extend beyond simple tasks, and it excels at handling highly complex projects. The integration of AI technologies is poised to revolutionize implant dentistry by significantly reshaping the landscape of the field. This development promises to transform the delivery of implant care and has attracted considerable attention, especially in the healthcare sector, where AI shows significant promise for high returns on investment. Patients who witness their dentists using AI technology are highly impressed and more willing to accept the proposed treatment.

Cover Story

AAID

What is Artificial Intelligence?

AI is a branch of computer science that refers to the ability of computer systems to perform tasks that typically require human intelligence, such as understanding natural language, recognizing patterns, and making decisions. The AI field includes machine learning (ML), deep learning (DL), convolutional or artificial neural networks (C/ANNs), and robotics. In implant dentistry, ML, DL, and robotics are valuable for diagnosis, decision-making, predicting treatment outcomes, and treatment planning. A typical convolutional neural network (CNN) processes input data through convolution and a specific neuron-like architecture. Typical input data in dentistry include text (case records, laboratory reports), images (clinical images, x-rays), and sound. AI operates in two phases: training and testing. During training, the AI model learns features, relationships, and patterns of the data to make accurate predictions or decisions. In the testing phase, the trained AI model provides predictions for new data. In dentistry, AI is increasingly utilized to enhance diagnostic accuracy, streamline workflows, and improve patient outcomes.

AAID

What makes dentistry an ideal domain for implementing AI?

Dentistry presents an ideal domain for implementing AI due to several key factors:

STRUCTURED DATA: Dental records typically include organized patient histories, treatment plans, and diagnostic codes. This data is ideal for processing and analysis by AI algorithms, enabling tasks such as predictive analytics and personalized treatment planning. AI can rapidly analyze large amounts of patient data, including medical histories, dental records, and imaging results. This facilitates more comprehensive and efficient treatment planning, especially for complex procedures like dental implants.



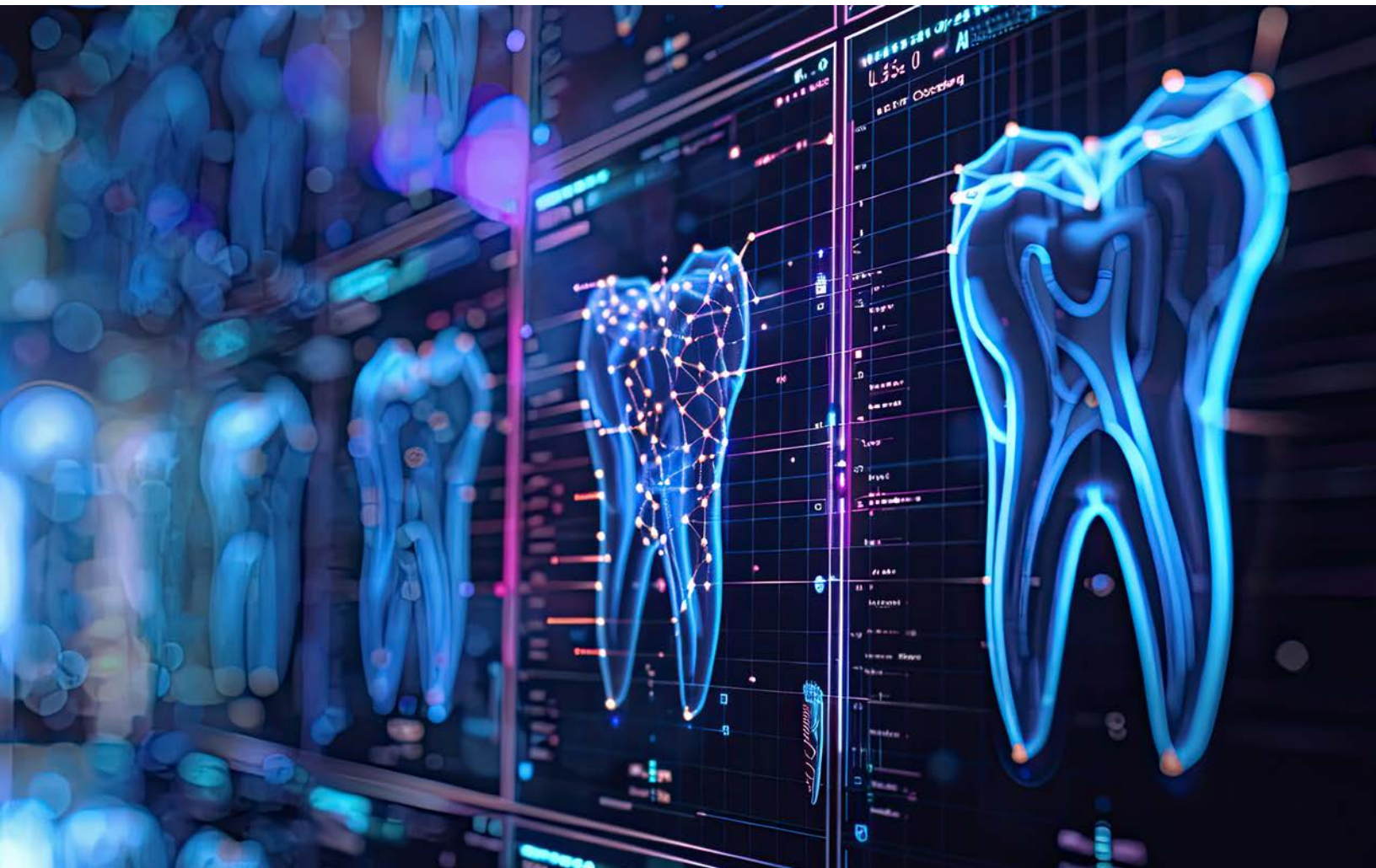
IMAGE-INTENSIVE FIELD: Dentistry depends on visual diagnostics such as X-rays, CT scans, and intraoral images. AI is highly effective at analyzing images and pattern recognition, making it well-suited for tasks that include detecting cavities, periodontal disease, and oral lesions with high accuracy. AI can also analyze bone density for implant planning and identify the best implant placement sites.

EFFICIENCY IS A KEY need in dental practices, which often face time constraints and high patient volumes. AI can significantly improve efficiency by automating repetitive functions such as administrative tasks, quickly analyzing images, and offering prompt diagnostic support, implant placement, and even robotic-assisted procedures. This enables dental professionals to

concentrate on patient care and complex decision-making, relieving them of some of the burdens of their workload. AI can offer impartial, data-driven insights that complement the dentist's expertise, potentially reducing human bias and enhancing diagnostic accuracy.

AI can help create personalized treatment plans by analyzing patient-specific data, including custom implant designs optimized for each patient's physiological needs. This emphasis on personalized care reassures both dental professionals and their patients that they will receive the individualized attention they deserve.

PROVISION FOR PREDICTIVE ANALYTICS: AI models can predict treatment outcomes and potential complications for



dentists, improving decision-making and patient care. It also enables virtual planning and simulation of implant procedures for practice and refinement before surgery.

These factors collectively make dentistry an excellent candidate for AI implementation, offering opportunities to enhance diagnostic accuracy, treatment planning, patient care, and overall practice efficiency.

AAID What are the current applications of AI in Implant dentistry?

AI is not a distant dream but a present reality in implant dentistry. Its integration leads to advancements that enhance precision, efficiency, and patient outcomes. From

recognizing implant types to predicting their success, and optimizing design to facilitating comprehensive assessments and treatment planning, AI is already making its mark in every aspect of implant dentistry.

IMPLANT TYPE RECOGNITION: AI models can be used to recognize different types of dental implants from radiographic images such as periapical and panoramic X-rays. These models have achieved high accuracy rates, ranging from 93.8% to 98%, making it easier for dental professionals to identify and select the appropriate implant type for each patient [1][3][4].

IMPLANT SUCCESS PREDICTION: AI models can predict the success of dental implants by analyzing various patient risk factors and clinical data. These models use

input data such as bone density, oral health, and medical history to forecast outcomes like osseointegration success. The accuracy of these predictions varies, with studies reporting success rates between 62.4% and 80.5% [1][3][4].

IMPLANT DESIGN OPTIMIZATION: AI is also employed to optimize the design of dental implants. By integrating finite element analysis (FEA) with AI models, researchers can improve implant designs to minimize stress at the implant-bone interface, optimize porosity, length, and diameter, and accurately determine the elastic modulus of the implant-bone interface. This optimization can reduce stress by up to 36.6% compared to traditional methods [1][3][4]. AI algorithms also assist in selecting the most suitable implant type and size based on patient-specific



Cover Story

data. These predictive tools help dentists choose implants that offer the highest chances of success, significantly influencing the overall outcome of the procedure [2][5].

COMPREHENSIVE ASSESSMENT AND TREATMENT PLANNING: AI-driven software enables comprehensive assessments of the implant site, analyzing bone structure and identifying potential challenges. This allows for more informed treatment decisions and personalized treatment plans that consider unique patient factors such as bone density and oral anatomy [2][5].

VIRTUAL IMPLANT PLACEMENT AND SIMULATION: AI facilitates virtual implant placement and simulation, allowing dentists to practice and refine their surgical approach before the actual procedure. This virtual planning helps ensure optimal results and minimizes the risk of errors during surgery [2][5].

REAL-TIME SURGICAL GUIDANCE: AI-powered augmented reality (AR) systems provide real-time guidance during implant placement. Dentists can use AR glasses that overlay critical information onto their field of view, ensuring precise implant positioning. Additionally, AI-integrated robotic systems can assist in the placement process, offering a level of precision that is difficult to achieve manually [2][5].

POST-OPERATIVE MONITORING: AI extends its benefits to post-operative care by facilitating continuous monitoring of the implant and overall oral health. This ongoing assessment helps in the early detection of potential issues and ensures the long-term success of the implant [2].

AAID How does AI contribute to personalized treatment plans in dentistry?

AI significantly enhances personalized treatment plans in dentistry by leveraging several key mechanisms. It analyzes extensive patient data—including medical histories, dental records, imaging results, and genetic



information—to identify patterns and tailor treatment plans to individual risk factors and needs. Predictive analytics allow AI to forecast treatment outcomes and potential complications based on unique patient characteristics, enabling customized plans that optimize success and reduce risks. AI systems also create virtual simulations of treatment outcomes, helping visualize various options, particularly in orthodontics and cosmetic dentistry. In implant planning, AI algorithms simulate implant placements and optimize positioning based on bone structure and density.

Additionally, AI incorporates genetic and environmental factors into treatment strategies, suggests personalized preventive measures, and prioritizes treatments based on urgency and patient preferences. Continuous learning from treatment outcomes allows AI to refine recommendations while integrating data from multiple dental specialties and general health information, which results in more holistic care. Finally, AI considers patient preferences, lifestyle, and compliance to propose treatment plans that are both clinically effective and practically acceptable, ultimately leading to more effective treatments and improved patient outcomes.

AAID What are the primary ethical concerns with AI in dentistry?

Integrating AI in dentistry brings several ethical concerns that must be addressed to ensure responsible and effective use. Here are some of the significant ethical concerns.

PRIVACY AND DATA PROTECTION AND INFORMED CONSENT: AI systems often use large datasets containing sensitive patient information. Protecting this data is crucial for maintaining patient trust and adhering to HIPAA-related legal standards. Unauthorized access must be prevented, and patients should be fully informed about AI's role in their treatment, including its benefits, limitations, and risks, with informed consent obtained.

TRANSPARENCY, ACCOUNTABILITY, AND RESPONSIBILITY: Understanding how AI-driven recommendations are made is essential for patients and practitioners. Concerns about algorithmic bias and accountability arise, mainly when errors occur. Clear lines of responsibility are needed to address who is liable—the AI developer, the practitioner, or both.

EQUITY AND ACCESS: While AI can potentially improve dental care access, it could also exacerbate existing disparities. Ensuring that AI technologies are accessible to all patients, regardless of socioeconomic status, is vital for promoting equity in dental care.

PROFESSIONAL INTEGRITY AND PATIENT INTERACTION: AI should support, not replace, the human elements of care.

Maintaining empathy, communication, and the doctor-patient relationship is crucial for patient trust and satisfaction.

ETHICAL USE AND PRUDENCE: AI must be used to enhance patient care rather than just for technological advancement. It should comply with existing healthcare regulations and undergo rigorous testing to ensure safety and effectiveness, with careful consideration of its long-term impact on patient health and the dental profession.

AAID Why has the adoption of AI in dentistry been relatively slow?

HIGH INITIAL COSTS AND INTEGRATION CHALLENGES: The significant upfront investment in hardware, software, and training for AI systems can be prohibitive, particularly for smaller practices. Additionally, incorporating AI into existing dental practice management systems and workflows presents technical challenges, complicating the adoption process.

COMPLEXITY, LEARNING CURVE, AND RESISTANCE TO CHANGE: AI technologies can be complex and require significant time and effort for dental professionals to learn and integrate into their workflows, creating a daunting learning curve. Additionally, some practitioners may resist adopting AI due to a preference for traditional methods and concerns about AI replacing their expertise. Limited awareness of

Cover Story

AI's potential benefits and applications further exacerbates this resistance.

LACK OF STANDARDIZATION AND CONCERNS ABOUT ACCURACY: The absence of industry-wide standards for AI in dentistry creates uncertainty about which systems to adopt and how to integrate them effectively. Additionally, skepticism regarding the accuracy and reliability of AI systems, particularly for critical diagnostic and treatment planning tasks, further complicates their adoption.

LIMITED LARGE-SCALE STUDIES AND REGULATORY HURDLES: Despite growing evidence of AI's effectiveness in dentistry, there is a need for more comprehensive, long-term studies to fully demonstrate its benefits and safety. Additionally, evolving regulations for AI in healthcare contribute to uncertainty and can slow down adoption. Ensuring transparency in how AI algorithms make decisions is essential for building trust and meeting regulatory requirements. "Black box" AI models that are not easily interpretable pose challenges for clinical acceptance and regulatory approval.

DATA PRIVACY, SECURITY CONCERNS, AND ETHICAL CONSIDERATIONS: The use of AI in dentistry involves handling large amounts of patient data, raising significant concerns about privacy, security, and compliance with regulations like HIPAA. Additionally, there are ongoing ethical debates about AI in healthcare, including accountability issues and the potential for bias in algorithms.

LIABILITY AND ACCOUNTABILITY: Determining who is legally responsible when AI systems make errors or lead to adverse outcomes is a major challenge. Clear frameworks need to be established to address liability issues when AI is involved in clinical decision-making.

PATIENT ACCEPTANCE: Although patients are generally more accepting of treatments planned with the assistance of AI systems, some individuals may feel uneasy about AI involvement in their dental care and may prefer traditional human-only approaches.

Addressing these challenges through education, improved interfaces, more affordable solutions, clear regulations, and demonstrated benefits will be crucial for accelerating AI adoption in dentistry.

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- [2] <https://www.mdpi.com/2306-5354/11/8/778>
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- [4] https://www.researchgate.net/publication/352449998_Artificial_intelligence_applications_in_implant_dentistry_A_systematic_review
- [5] <https://hallmarkdds.com/role-of-artificial-intelligence-in-dental-implant/>

LIST OF FEW INDUSTRY LEADERS IN THE AI APPLICATIONS IN IMPLANT DENTISTRY:

- 1 **Pearl:** Develops AI solutions for dental imaging analysis, including detection of pathologies and restorations in x-rays.
Pearl - The future of dentistry, powered by dental AI. (hellopearl.com)
- 2 **Overjet:** Received FDA clearance for AI technology used in dental imaging, including applications for younger patients.
- 3 **Dexis:** Developed DTX Studio Clinic, an AI-powered dental imaging and diagnosis software.
- 4 **VideaHealth:** Created AI software for dental imaging analysis and periodontal disease assessment.
- 5 **Apteryx:** Offers AI solutions for dental imaging.
- 6 **V7Labs:** Provides AI tools for dental applications.
- 7 **Denti.ai:** Develops AI solutions for dental diagnostics.
- 8 **DentBird:** Offers cloud-based AI-powered CAD solutions for dental prosthetics.
- 9 **3Shape:** Incorporates AI in their dental CAD/CAM software, including automated design features for restorations.
- 10 **SprintRay:** Integrates AI features in their RayCloud software for 3D printing applications in dentistry.
- 11 **iTero:** Implements AI diagnostics for 2D X-rays in their intraoral scanner software.
- 12 **ORCA Dental AI:** Provides AI-based imaging solutions and diagnostic reports for various dental specialties, including implantology.
- 13 **Align Technology:** While not explicitly mentioned in the search results, Align Technology is known to incorporate AI in its clear aligner and digital dentistry solutions.
- 14 **Straumann:** Although primarily an implant manufacturer, they have invested in AI technologies for treatment planning and diagnostics.
- 15 **Nobel Biocare:** Similar to Straumann, they are exploring AI applications in implant dentistry.
- 16 **Planmea:** Develops AI-enhanced imaging solutions for dentistry, including implant planning.
- 17 **Carestream Dental:** Offers AI-powered software for dental imaging and diagnostics.
- 18 **Dental Monitoring:** Utilizes AI to monitor dental treatments, including implant cases, remotely.
- 19 **Dentlytix:** Provides AI-powered analytics for dental practices, including implant treatment planning.
- 20 **Identify:** Develops AI solutions for dental image analysis and treatment planning.

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SMILE, VETERAN!™



Supporting Veterans Through the AAID Foundation



BEFORE

Since the launch of the *Smile, Veteran!* program in 2019, the American Academy of Implant Dentistry Foundation (AAIDF) has helped several veterans who otherwise couldn't afford implants receive dental work from AAID member dentists. These participating dentists have built strong relationships with their veteran patients by providing them with dental care at no cost.

The AAIDF invites credentialed members to join the program and change the lives of even more veterans. These veterans honorably served in the Korean War, Vietnam War, and World War II. Each of them suffered injuries during their service that left them without the confidence of a beautiful and healthy smile. Each case is reviewed by our esteemed dentists, and a treatment plan is developed to restore dental health and give the vet newfound pride in his or her smile.

You can make a difference – join the effort to change lives by volunteering for the *Smile, Veteran!* program today. Email foundation@aaidf.com to find out how you can change a veteran's life.

Recently, the AAIDF sat down with veteran R'Nita Rabelias, a participant in the *Smile, Veteran!* program to get her thoughts on how her dental implant procedure changed her life.



AFTER

AAIDF: Thank you R'Nita for joining us. We've been really looking forward to talking with you, especially since Dr. Edward Kusek has said so many good things about working with you as a part of our *Smile, Veteran!* program and helping to restore your smile. I wanted to ask you about your experience overall. You told me that you had more feeling when eating that wasn't painful, but more so just having more sensation when eating. Can you tell us a little bit about that?

R'Nita Rabelias: Yeah, so one of my, and I can't even call it a fear, it was just I had expected that using the implant teeth I might not have feeling in my teeth. And I thought that that might just be part of what comes with the feature. It's a feature, not a glitch, that you can't feel your teeth. And I was pleasantly surprised once I got the uppers done that they do, they feel so much like real teeth. I can feel when I'm biting, I can feel the teeth. It's like the vibrations in chewing your food or speaking or just running your lips across your teeth. It feels just like natural teeth.

AAIDF: It sounds like Dr. Kusek was able to give you a transformation in your experience when going to the dentist, too.

R'Nita Rabelias: Absolutely. My experience with dental care and dental hygiene has been a real struggle my whole entire life. We didn't have insurance for dental work, so my only real dental experience from youth was my first tooth with a cavity that was pulled when I was five.

When I went into the Air Force, I was stationed in Japan and was able to remain in place long enough to get orthodontics done and oral surgery done to straighten my teeth. Not everybody in the military has that benefit. For the oral surgery part of it, they had to cut the labial pendulum, that little tendon that holds your lip to your top jaw, the top teeth. And they cut my upper jaw into three pieces and rearranged them. And they straightened the teeth, but they're still the straight teeth. They weren't perfect either. You're still dealing with your old teeth, they're not even, and the straight-

ness was only temporary. They kind of gradually go back to being crooked again. And so I felt just from that experience, I was glad to be able to have that, but it wasn't a permanent solution.

But that surgery did change the shape of my face, and I think I wish that I hadn't done it that way, but it's those kinds of struggles that I was having. I was finding a dentist that could do some strategy to fix my face, fix my teeth, and it was only partial. My first question to dentists was, 'can I get implants?' And the answer was always, 'that's really, really expensive. You want to keep your teeth as long as you can. They'll never be as good as your natural teeth.'

And so I went back to my insurance provider and looked through the list and found Dr. Kusek's office and he had implant dentistry right in his title of the program. I had the confidence that it was all done in-house. It wasn't 'do it here and then go across the

(Continued on pg. 30)

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Feature Story

street and do some little thing.' Now after all of these fits and starts that I had been through, I wanted to do some research before I actually walked into the office. And that's when I found the *Smile, Veteran!* program that he had listed.

And just walking into his office after having all of the previous experiences that I had, the way that his office is set up, the way that everybody, literally, I felt like I was walking into the Major Leagues, having played Little League for my entire life. Everything was just so professional. They knew exactly what needed to be done, put me right into a road path for oral surgery and for the implants. They didn't waste any time on, 'well, we've got to do this preventive care, nickel and dime with the small dental stuff. Just let's start this.'

AAIDF: *How would you say that being a part of the program and getting this work from Dr. Kusek has helped you so far?*

R'Nita Rabelias: I feel so much less self-conscious about smiling. I'm able to, at long last, eat a sandwich with a tomato in it and not come out with tomato all over myself. I think even the way that I chew my food has improved drastically because before with all these fits and starts and trying to manipulate and get the dentist to give me what I was looking for, we were pulling teeth instead of if I had a cavity, had a crown, anything, anything major that needed work or was causing me pain, I just started being like, 'don't do the root canal, just pull it out. Don't do those three cavities, just pull it out.' I had fewer teeth than I should have anyway, but even with all the teeth when they were crooked like that, even after the Air Force orthodontics, I was never able to bite properly to chew my food.

And like I said, *Smile, Veteran!* actually puts it within reach. We all got free medical, free dental while during our service in the military, but it's limited to the essential work. Anything elective wasn't covered.

AAIDF: *Two different things I want to hear your perspective on. What would you say to a veteran looking to apply to the program and what would you say to a*



dentist who's thinking about doing what Dr. Kusek is doing?

R'Nita Rabelias: For a veteran, I would say that yes, what they tell you, your natural teeth are always going to be the best. But I don't know that there are a lot of people that are that lucky. Implants are so much the better choice I would recommend even for, not even for veterans, but I would recommend every person in their midlife, like in their fifties, to sit back and consider, 'how is my dental health? What are the pain points of my dental care?' Implants feel like a fresh new outlook on life with a new smile.

[For AAIDF credentialed dentists], I would say that providing this service is such a blessing. You can't replace it with a bigger retirement check. You can't replace it with other benefits. It is more above and beyond a benefit.

Sometimes military services, you sign up and you don't know what you're going to be asked to do. I think the benefits that the military gets are they kind of make up for the fact that you don't get paid, and you can't pay your military people because

it's not income or it's not a profit driven industry. And so what you can do for your military veterans is to provide them benefits, discounts, or wherever that is. And even if it's not a hundred percent, even just bringing it down 50% to put those implants closer in reach than that they might have ever been able to consider. But I think the majority biggest thing is the fact that while they were in the military service, they were not able to seek the dental care that somebody that's in the regular private sector industry might've been able to afford with their private sector insurance.

AAIDF: *The things that you said about the impact of our program, what impacts it can make, and the changes that the doctor can make in that veteran's life, some of what you said was just so perfectly stated.*

R'Nita Rabelias: Thanks for giving me the opportunity to spell it out and hopefully have an impact on others.



Join Us for a Course at the 2024 AAID Annual Meeting

One-Step Alveolar Ridge Preservation Without the Need for a Membrane And Enhancing the Implant Site with PRF

DATE: Friday, November 15, 1:30pm - 5:30pm

LOCATION: Hyatt Regency Atlanta

SPEAKERS: Dr. Timothy F. Kosinski, DDS
Dr. Mike E. Calderón, DDS

This course will demonstrate a series of simple and cost-effective uses for bone regeneration focused on one-step alveolar ridge preservation using the OsteoGen® Bone Grafting Plugs without a membrane. Speakers will review surgical techniques for both everyday tooth extractions as well as advanced surgical procedures for ridge preservation, sinus lift and grafting around immediately-placed implants. The course will also explain platelet rich fibrin (PRF) in combination with novel biomaterials to achieve predictable clinical results.



Dr. Timothy F. Kosinski, DDS



Dr. Mike E. Calderón, DDS

COURSE OBJECTIVES

- Demonstrate simple, predictable and cost-effective socket grafting techniques without the use of a membrane using the OsteoGen® Bone Grafting Plugs
- Review additional surgical applications covering post-extraction grafting around immediate implant placement including filling interproximal and facial gaps after extraction using OsteoGen® Plugs and Strips
- Learn novel techniques for successful sinus elevation and bone grafting for implant placement
- Discuss the clinical rationale and biologic advantages of PRF

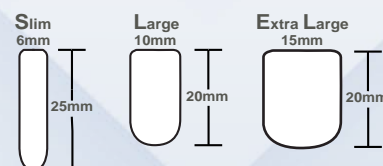


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JD, CPA, MBA

LEGALBITE

AAID's Legal Efforts: Valuable for Members, the Profession, and the Public

Editor's Note: We asked Dr. Donald Provenzale, current chair of AAID's Legal Oversight Committee, and Dr. Francis DuCoin, an AAID Past President and member of the Legal Oversight Committee who was there at the beginning of AAID's legal efforts in 1996, to give their perspectives on the nearly 28 years of AAID's organized legal activities to improve the status of implant dentistry. The following is their take, with only minor editing for clarity and length.



Dr. Donald Provenzale



Dr. Francis DuCoin

AAID: *Dr. Provenzale, you are currently the chair of the AAID Legal Oversight Committee. How long have you been a part of the Legal Oversight Committee?*

Dr. Provenzale: I have had the privilege of serving on the Legal Oversight Committee since 2019. I would like to provide a little background on the formation of the committee. A few short years prior to my first appointment to the LOC, this committee did not even exist. Dr. Bernee Dunson (2019-2020 AAID President) recognized that often the AAID's Board of Trustees encountered obstacles in scrutinizing the many legal complexities encountered as well as being able to reach a timely consensus regarding the AAID's legal efforts. Dr. Dunson recommended the formation of this new committee and it was promptly approved by the Board of Trustees. In my opinion, Dr. Dunson's recommendation turned out to be most prescient and has proven to be a great benefit to the AAID and its members.

AAID: *Dr. DuCoin, you hold a unique position on the AAID Legal Oversight Committee. You are not only a member of the LOC*

but served as president of the AAID in 2004. What have you seen change about AAID's legal efforts since the turn of the century?

Dr. DuCoin: Actually, I have to go back about eight years before that, to 1996 when I was a Southern District representative on the Board of Trustees. Our Academy had been actively pursuing specialty status for implant dentistry through the normal, traditional channels defined by the American Dental Association. When it became obvious to then-president Hilt Tatum that we were chasing windmills, he asked Attorney Frank Recker, who was the 2023 recipient of AAID's highest award, the Gershkoff-Goldberg Memorial Award, to simply write to each state and see what their prohibitions were against AAID members citing and advertising our bona fide credentials.

The responses were varied, and it was decided that some members in a few states, notably California and Florida, would file suit against their state dental board for violating First Amendment rights to commercial free speech. These suits generally resulted in Court decisions in AAID's favor, but many

times the state legislatures would then simply rewrite the existing laws to add language to circumvent the court orders.

In 2004, the AAID had one of our cases go all the way to the Supreme Court of the United States. Four Justices must agree that the case has merit to be reviewed by the entire Court, but unfortunately only three Justices were in favor of hearing our case, so it was not reviewed. Thus, we missed this milestone by only one vote.

Since the “turn of the century” (I can’t believe I’m writing that!), our Academy has continued to find the most effective and cost beneficial methods to advance our Academy’s credentials. This has included both State and Federal District Court cases, with some landmark results, including successfully challenging the ADA’s right to be recognized by state law to determine what defines a specialty.

AAID: Dr. Provenzale, what do you believe to have been the most important activities by the LOC during your time on the committee?

Dr. Provenzale: It is worth noting that as a dental implant organization, only the AAID’s (as well as its affiliated specialty board, the American Board of Oral Implantology/ Implant Dentistry (ABOI/ID) credentials are legally recognized as *bona fide* by the Courts. In that vein, during my time with the LOC, we have developed a double-pronged long-term strategy:

1. Identifying and addressing challenges to AAID’s and ABOI’s hard-fought recognition of our credentials
2. Identifying and proactively undertaking efforts to expand the recognition of AAID and ABOI/ID credentials

AAID: Dr. DuCoin, how about you? What do you believe have been the most important activities by the LOC during your time on the committee?

Dr. DuCoin: As mundane as it sounds, to me the most important activity is simply to oversee our fiduciary responsibility to our members.

We play a very significant strategic role in advising the BOT on which legal activities

should be pursued, and this is not an easy task. Fortunately, we have some very intelligent and talented members on the LOC, and our open discussions and varied opinions lead us to an informed consensus to present to the BOT.

While the LOC saves the BOT time in helping with the strategic planning when it comes to the bills due, budgets, and projected expenses, that is where the LOC really gives our Academy a solid foundation on which to move forward. Over the past 28 years of my involvement and observation of the BOT, I’ve seen times when it seemed legal expenses were out of control, when cases where we had “invested” 10’s to 100’s of thousands of dollars almost got canceled by a vote by the BOT, or disagreements on which direction the Academy should proceed, if proceed at all. There have been times when some on the BOT felt we should cease all of our legal efforts.

The LOC’s solid guidance to the BOT, which actually has the final say, has greatly helped to provide a clearer and financially responsible path.

AAID: Dr. Provenzale, how do you see the legal efforts of the AAID benefiting the members of the AAID, the profession of implant dentistry, and the public at large?

Dr. Provenzale: The AAID is a trusted source for the evaluation of competence of providers in the field of implant dentistry. This creates a win-win situation in that the public can be assured that our court-recognized credentials truly reflect a high level of expertise in the field. Our profession benefits because the AAID and ABOI credential gives dentists a benchmark that must be attained in order to be assured that they, individually, have achieved a particular standard of expertise. Additionally, AAID and/or ABOI credentials can be an important factor in choosing a colleague when referring a patient.

AAID: Dr. DuCoin, how do you see the legal efforts of the AAID benefiting the members of the AAID, the profession of implant dentistry, and the public at large?

Dr. DuCoin: Without AAID’s legal efforts, most of our members would not even be able to announce, on any of their public information material, that they hold *bona fide* credentials with the AAID. Dental implant education and training have significantly changed in the past 30 years. However, it’s not the training but the education and ability to use and demonstrate this education for the protection of our patients that is most important. Our education, testing, documentation, and credentialing system sets the AAID far above any other implant organization and on par with (or above) most other dental academies.

To have demonstrated our abilities and not being able to announce this would be a disservice to our patients and the public. This is what benefits our members. It has also helped not just the profession of implant dentistry, but many other dental disciplines have also significantly benefited from our efforts and have greatly appreciated our results.

AAID: Dr. Provenzale, what advice do you plan to give your successor as chair of the LOC?

Dr. Provenzale: I have the utmost confidence in my successor, Dr. Bill Anderson. He is a past member of the Ohio Dental Board and has served on the LOC for several years. He is intimately familiar with both sides of the legal wrangling encountered in defense of our credentials. I know that he will not allow AAID and ABOI/ID credentials to be compromised in any way. My only advice to Dr. Anderson would be to continue to be who he is.

AAID: Dr. DuCoin, what would you like to see AAID’s legal efforts accomplish over the next 20 years?

Dr. DuCoin: I feel at a bare minimum they should be able to freely and openly inform the public and other health care professionals that we have *bona fide* credentials in the most prestigious dental academy on the planet, the American Academy of Implant Dentistry.

2025 Board Secretary Candidate: Daniel Domingue, DDS, FAAID, DABOI/ID

Dr. Daniel Domingue is a Lafayette, Louisiana native who has dedicated his career to advancing the field of implant dentistry. A graduate of LSU and its School of Dentistry, Dr. Domingue further honed his skills at Brookdale University Hospital and Medical Center in New York City. His extensive postgraduate training includes a General Practice Residency, Implantology Fellowship, and numerous prestigious awards and honors, culminating in the distinction of being the youngest person to achieve Diplomate of the American Board of Oral Implantology worldwide. As a dedicated member of the dental community, Dr. Domingue serves as President and Founder of the Acadiana Southern Society and has received the Paul Johnson Service Award from the American Academy of Implant Dentistry.



Dr. Daniel Domingue



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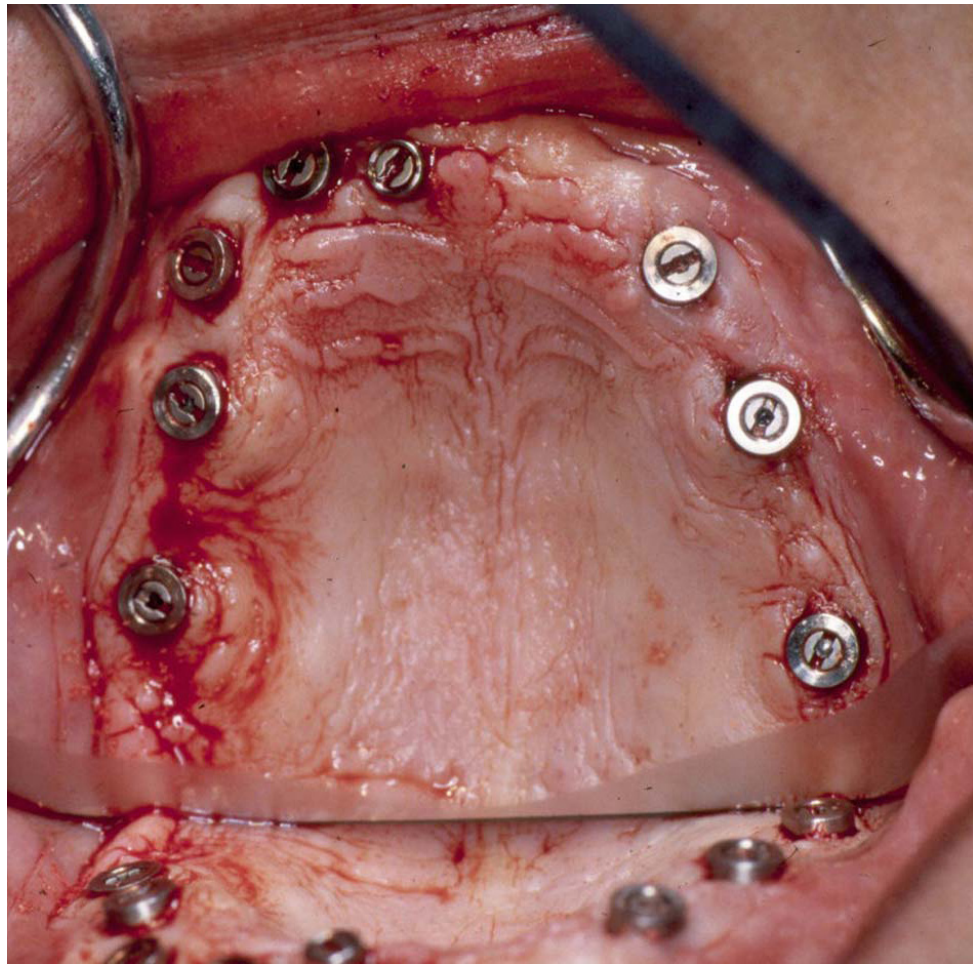
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JOI SAMPLER

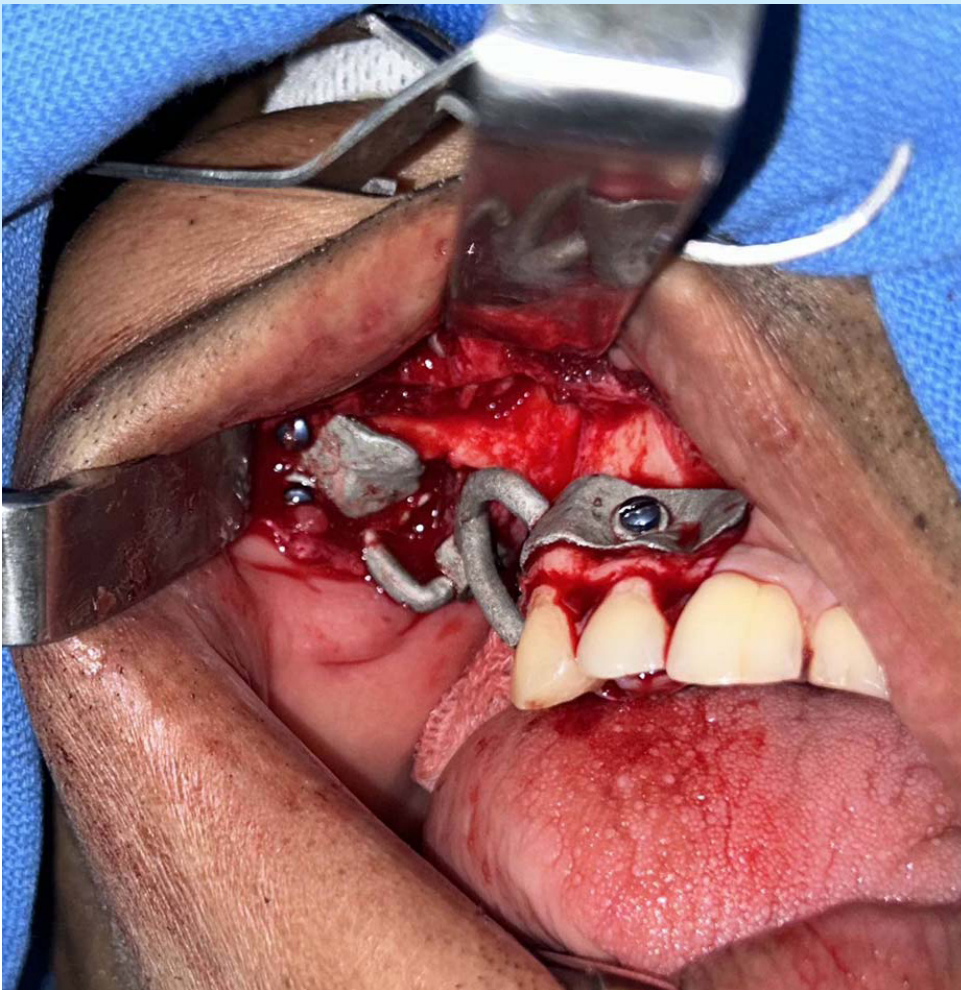
Editor's Note: Because of your busy schedule, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we select a few articles that have broad applicability to daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 50, Issue 3 (2024).



CLINICAL CASE REPORT

Reconstruction of the Fully Edentulous Maxilla Using Sinus Grafts and Bone Expansion: A Retrospective Analysis of 50 Consecutive Cases

In this retrospective study researchers analyzed 25 years of follow-up data on a series of 50 cases that involved reconstruction of the fully edentulous maxilla using sinus grafts, bone expansion, and classic crown and bridge in order to restore to normal contour, health, function, comfort and esthetics.



CLINICAL CASE REPORT

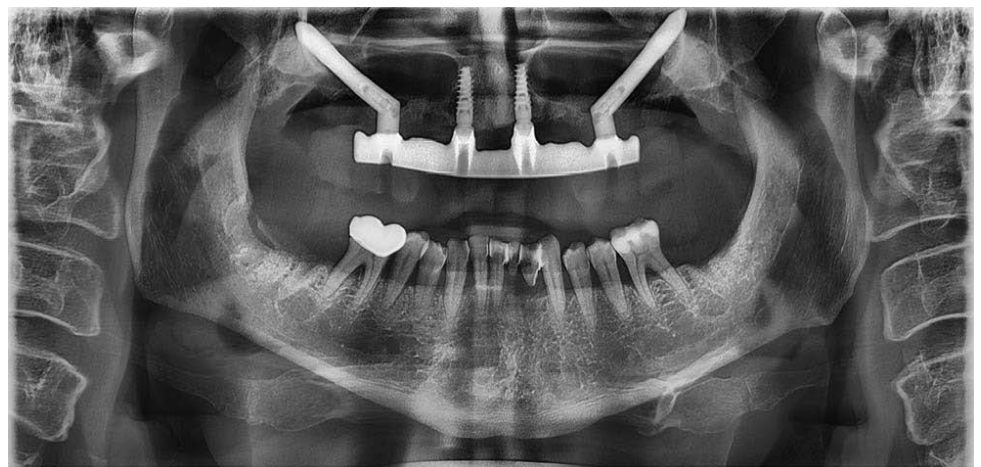
Displacement of Zygomatic Implant in Infratemporal Region in a Case of COVID-19-Associated Mucormycosis

Researchers in this case report present a never been reported before, rare complication related to the placement of a zygomatic implant in a patient with COVID-19-associated mucormycosis who underwent operation.

CLINICAL CASE REPORT

All-on-4 Concept With Use Of Zygoma Implants for Rehabilitation in the Severely Atrophied Maxilla With a Definitive Immediate Restoration

In this article authors illustrate to the general practitioner that the use of zygoma implants in such constellations may offer a solution to attain a fixed, rapid, and financially acceptable prosthetic rehabilitation.

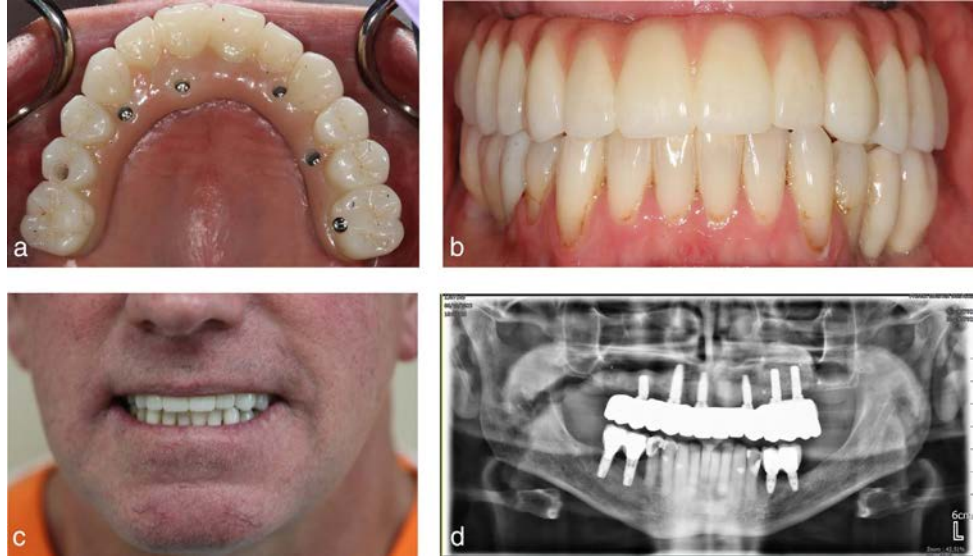


JOI Sampler

CLINICAL CASE REPORT

Enhancing Precision and Efficiency in Fabricating Complete Arch Screw-Retained Implant Prosthesis: A Clinical Case Report Utilizing the Nexus iOS Scan Gauge System

In this case report, authors explain the clinical sequence and accuracy of a complete arch multi-unit abutment level scan using Nexus iOS scan gauges. When used, this technique will exclude the need for analog verification and complete delivery of "All on 6" prostheses without needing a physical master cast.



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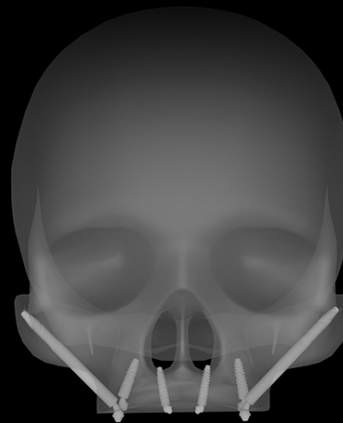
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AAID Annual Meeting or visit www.zimvie.com

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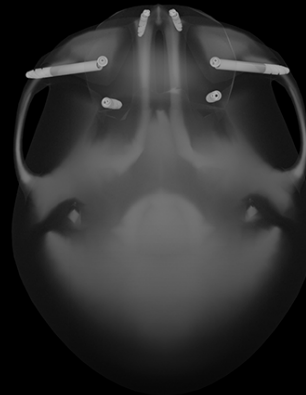
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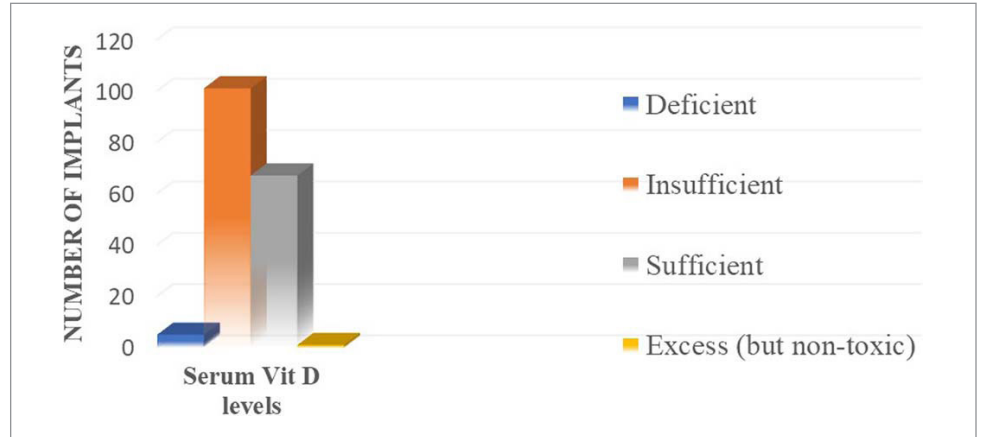
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JOI Sampler

CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

The Relationship of Low-Serum Vitamin D and Early Dental Implant Failure

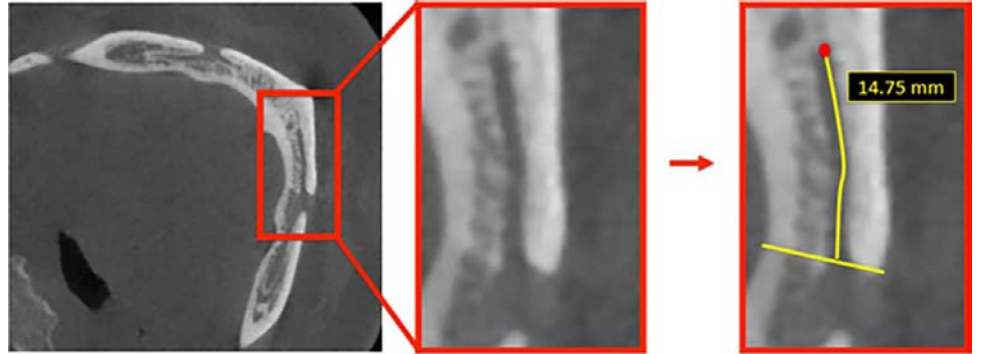
Authors of this article evaluated whether low, presurgical serum vitamin D levels have detrimental effects that result in early dental implant failures.



CLINICAL

Identification of the Incisive Branch of the Inferior Alveolar Nerve of Edentulous Mandibles Using Cone-Beam Computerised Tomography

In this study we see the use of CBCT imaging to determine the neurologic anatomy of the anterior, interforaminal, and edentulous mandibles, with a focus on the presence and frequency of the IB of the IAN.



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Dr. Donald Provenzale
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President-Elect

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(USA)



Dr. Daniele Cardaropoli
(Italy)



Dr. Matthew Young
(USA)



Dr. Richard Miron
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Dr. Joseph Massad
(USA)



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*Proposed Speakers

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International Delegate AAID Member	\$300*	\$350*
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newmembers

The AAID is pleased to welcome the following new members who joined between May 6, 2024 and July 24, 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

California

Lynn Atkinson, Torrance
Rima Gandhi, Union City
Mylea Hunter, Fullerton
Zena Rifai, Moraga
Benjamin Rosales, Pinole

Colorado

Nichole Anderson, Monument

Florida

Marcel Acris, Jacksonville
Michelle Kuznia, Fort Lauderdale
Julian Ortiz, Fort Lauderdale
Yerany Plasencia, Miami
Javier Ray, Miami
Ruba Reyah, Tampa
Fernando Rivera, Miami Lakes
Diana Rodriguez, Miami

Georgia

Kamarin Moon, Pendergrass

Illinois

Jacob Cassaro, Durand
Nathan Pinsky, Skokie

Indiana

Jin Cho, Indianapolis

Iowa

Salvador Atienza, Maquoketa

Maryland

Sunghyeok Hong, Gaithersburg
Juan Loyola, Resiterstown

Michigan

Samar Faraj, Dearborn
Paridhi Kimble, Jackson
Joanne Ly, Ypsilanti

Minnesota

Will Bauman, Lake Elmo

Mississippi

Evan Sobiesk, Hattiesburg

Nevada

Charles Buchanan, Las Vegas

New Jersey

Innocent Nwanya, Egg Harbor Township

New York

Gregory Lang, Rochester
Samuel Rizk, Brooklyn

North Carolina

Andrew Jackson, Waxhaw
Rafael Mendez, Mooresville
Ali Nili, Indian Trail

Ohio

Drew Davis, Columbus
Joshua Fromel, Canfield

Pennsylvania

Alan Bui, Philadelphia
Briana Falbo, Hatboro
Yonghua Guo, Greencastle

Puerto Rico

Eric Jimenez, San Juan

South Carolina

Karanjit Purewal, Greenville

Texas

Shweta Annaldasula, Abilene
Oscar Castillo, Spring Branch
Ola Hatem, Irving
Rolando Guerra, Laredo
Adhithiya Palaniswamy, Leander
Zehra Razvi, Sugar Land

Utah

Daniel Stephens, Salt Lake City



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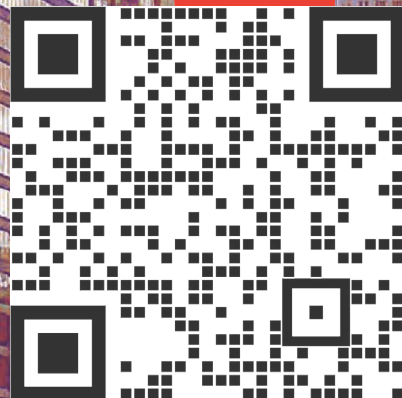
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Ricardo Antonio

China

Hongkui Yu

South Korea

Jun Kang

Naegyong Lee

United Arab Emirates

Wael Mohamed

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Ali Hadian Amrei

Shalom Benzaquen

Scott Caine

Nathalie Cany

Ankita Chhabrani

Louis-Philippe Cloutier

Stacie Davis

Reegan DeBruycker

Sarah Doughty

Alexis Eichhorn

Amira El Daibani

Christine Espanto

Njera Frazier

Makenna Gibson

Michael Gnezda

Joshua Golbari

Lauren Hilton

Patrick Hoerning

Zane Hood

Yongtak Jeong

Gary Layton

Anthony Leon

Victoria Rueda Marshall

Jeremy McDoniell

Mallory McMurray

Marina Morgan

Bahij Natour

Tanner Nelson

Stephanie Ng

Luke Nordlie

Ryan Pannell

Giulia Suriano

Tia Van Sullichem

Geethu Venugopalan

Fariba Yaghoobi

Everett Yore

Zachary Zapata

Vivian Zhou

Virginia

Zhanna Ali, Woodbridge

Harika Chadive, Arlington

Sahba Hesari, Vienna

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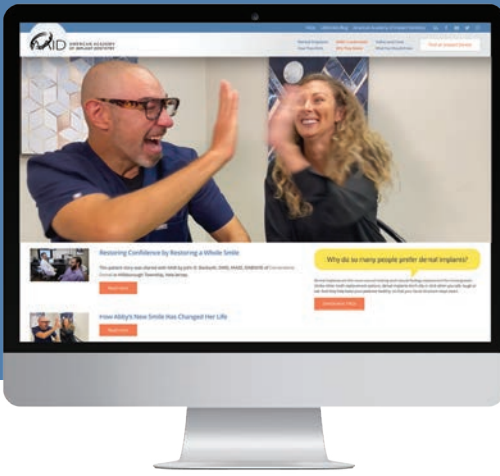
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How to Submit Your Story

1. Choose your favorite **dental implant patient success stories**
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 - b. A well-lit, high-resolution portrait/headshot of patient
3. Write the story in 400-600 words. Break it into 3 paragraphs: **Challenge, Solution, Results**
4. Submit the story and photo at: aaid-implant.org/submit-story
5. Our editors will review your story and deliver a digital proof for your approval before it gets published



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aaid-implant.org/category/what-patients-say

5 Benefits of Sharing Your Patient Story:

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Assistant Director: Ninette Banday, BDS, MPH

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Email: drsiyer@aol.com

Website: www.maxicourseasia.com

Augusta University AAID MaxiCourse®

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Assistant Director: Michael E. Pruett, DMD

Contact: Lynn Thigpen

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Bangalore AAID MaxiCourse®

Bangalore, India

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Assistant Director: Ninette Banday, BDS, MPH

Phone: 908-527-8880

Email: drsiyer@aol.com

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Contact: Jana Selimovic, Program Coordinator

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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Contact: Sarah Rock

Phone: 201-871-3555

Email: sarah.inglewooddental@gmail.com

Website: www.dentalimplantlearningcenter.com

Long Island AAID MaxiCourse®

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Assistant Director: Marcelo Calderon, DMD, AFAAID

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Email: ipagiomayra@gmail.com

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Phone: 973-972-6561

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Program Coordinator: Loree Hopkins

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South Jordan, UT

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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Contact: Bart Silverman, DMD, FAAID, DABOI/ID

Phone: 801-878-1257

Email: bsilver293@aol.com

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Contact: Tracey Allison, Esq

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Contact: Andrew Gillies

Phone: 604-330-9933

Email: andrew@implant.ca

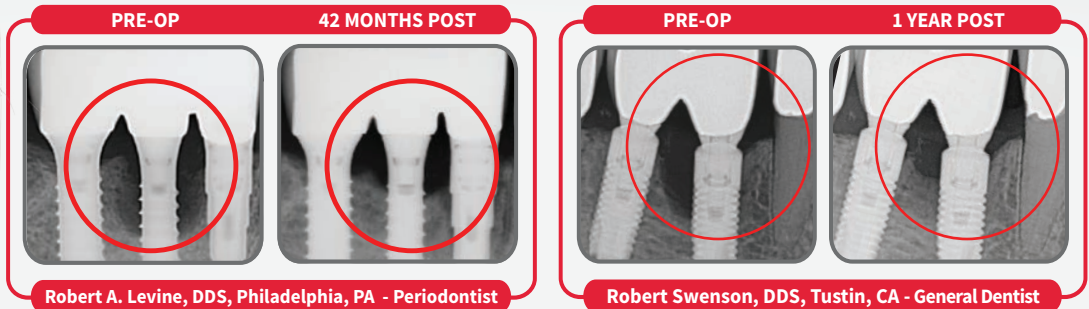
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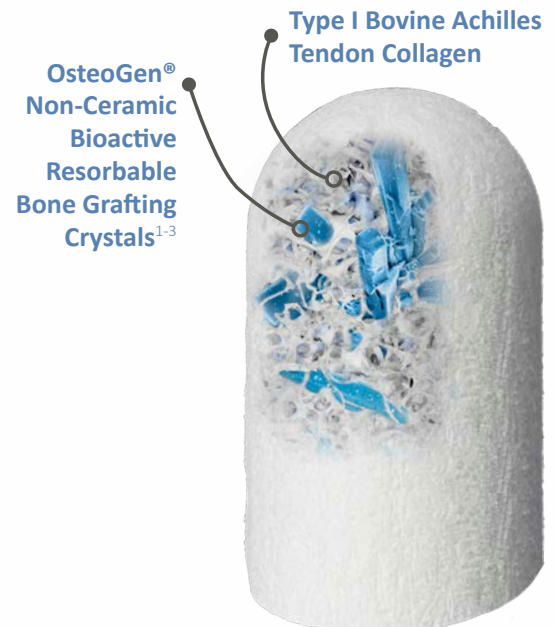
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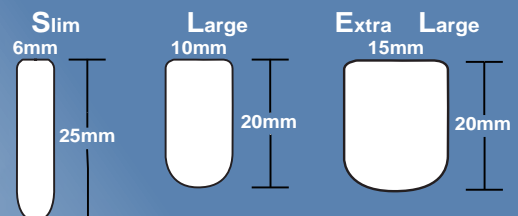
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