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Navigating Staffing and Team Dynamics in Dental Practices

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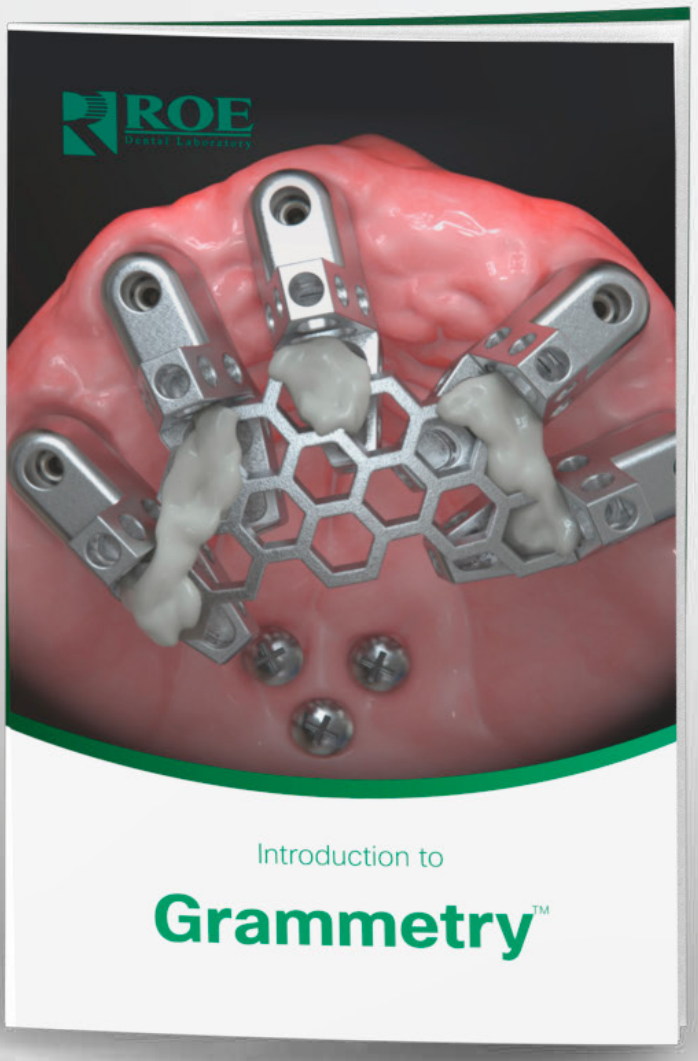

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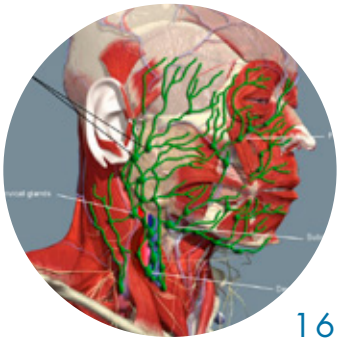
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Academy News

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

PRESIDENT'S MESSAGE

Unlocking Success: The Crucial Role of Continuing Education in Professional Development

Greetings!

Hope all is well with you and your family. It doesn't seem possible that four months have already passed since I became AAID president, but I am aware from going through the change of seasons how quickly time flies. That is why, as secretary, I started a push to produce online education with the assistance of other dental organizations. This year we are working on a version highlighting cosmetic dentistry. The goal is a more aesthetic approach to the outcomes of our surgical procedures. The topics are: "Soft tissue preparation before, during, and after implant placement," "Esthetics guided by proportions and metrics by virtual means," "Smile design system using Photogrammetry," "PRF injectables for improved gingival contours," and "Photofunctionalization."

The Southern District will have their meeting in Nashville, Tennessee April 12-14. The theme of this meeting is "Generating Implant Longevity: Engineering Excellence." The meeting will feature talented speakers and provide nuggets to take home to your implant practice.

The members of the AAID have dedicated themselves to the pursuit of education in order to perfect procedures and thus guarantee better outcomes for patients.

As I touched upon previously, my father's lesson for me as I was growing up was that "education is the key to a better life." That is why I am so passionate about education as a lifelong process. The members of the AAID have dedicated themselves to the pursuit of education in order to perfect procedures and thus guarantee better outcomes for patients. I often wondered why a lot of my colleagues had such high esteem for me and looked to me for educational guidance. I now realize that it was because of the amount of continuing education I took and how I was able to change my practice to utilize all these procedures for the betterment of my patients. Though I consider myself an introvert, I ended up taking on more of a leadership role. I learned to speak publicly as I found a niche in dentistry that no one else was addressing. I see those that are pursuing their credential as also falling into this category of leadership. Your colleagues look to you for advice and support, so I urge you to get involved in your community.

Before I became active in the AAID, I coached soccer, was involved with my church, watched my daughter cheer, and participated in many other family activities. I sponsored the team's soccer uniforms and bought the cheerleaders warmups and bags. My own competitive nature helped make my teams competitive and ultimately very successful. In turn, my community recognized my passion and thus trusted me with solutions to their dental needs. What I want to stress is that people will be looking to you as leaders in your community. We are individuals that can change lives by the type of treatment we provide to our patients.

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President's Message

The AAID is constantly championing “specialty status,” and when you become involved in your community, you are looked upon as an expert and someone to be listened to - thus the importance of credentialing. My hope is that our members become involved in local dental associations, church groups, youth activities, school leadership roles, etc. Then the AAID will be seen as the organization to be part of, as the leader in implant dentistry education, and as a true home to community leaders.

Keep learning, keep teaching, keep leading.Thanks for your continued support.

Ed Kusek

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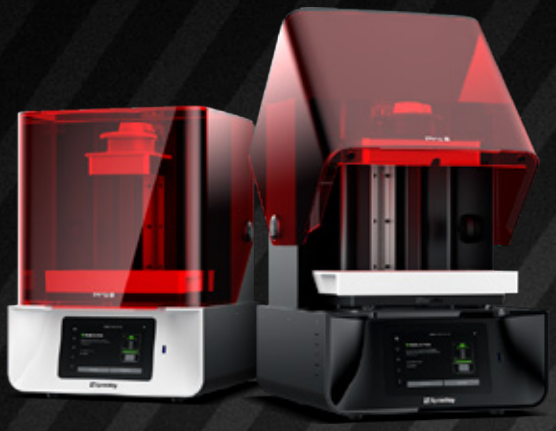

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"The Tatum Team has recently partnered with the following companies to create a one stop shop for all of your digital needs"

By Carolina Hernandez, CAE,
AAID Executive Director

EXECUTIVE DIRECTOR'S MESSAGE

There's More To Know About AAID's Implant Institute!

The AAID's new learning management system (LMS) will debut in summer 2024

If you attended the 2023 Annual Conference in Las Vegas in November, I'm sure you heard the buzz around the Academy's forthcoming new eLearning platform, Implant Institute. When it's unveiled, the platform will be a one-stop-shop for continuing education, both in terms of educational content and CE tracking. With the Implant Institute, the AAID aims to become the leading provider of eLearning courses in implant dentistry.

In the fall of 2023, I previewed some of the main features of the platform, which is being designed to:

- Meet practitioners' ever evolving educational needs
- Provide a centralized eLearning repository accessible from anywhere, at any time
- House catalogued content across all levels of implantology experience
- Present new courses on a regular basis
- Make CE transcripts immediately accessible (and savable) to users

In this issue, I am excited to share additional details with all of you – the eventual users! Here is a deeper dive into what the Implant Institute will feature:

- Detailed course descriptions and learning objectives for each course
- Seamless online communication with course instructors
- The "My Learning" dashboard where you can keep track of upcoming events, track course completion/progress, and track your CE for the year using our "CE Estimator" tool
- The "Virtual Coach" tool that leverages the power of AI to provide personalized content recommendations, keep you motivated to complete your coursework, and answer common user questions
- A dedicated space for learners to share patient cases and other user-generated content
- Immersive and interactive eLearning modules (as the platform evolves)

More information about how to log in to the AAID Implant Institute and instructions on collecting CE credits will be available soon. Please check the new AAID website, aaid.com, for updates.

** The AAID Implant Institute is powered by Docebo, a leader and innovator in adult learning technology.*

WE NEED YOUR HELP!

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- Review and evaluate course submissions to the learning management system
- Develop or teach one webinar or eLearning course annually

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SMILING THROUGH:

Navigating Staffing and Team Dynamics in Dental Practices

You probably don't need a national or government report to tell you there is a severe labor shortage in the dental industry among hygienists and assistants. Still, it can be helpful to know that you are not alone.

Ed Kusek, DDS, FAAID, DABOI/ID, of Kusek Family and Implant Dentistry in Sioux Falls, SD, summed up what many of his colleagues have experienced recently. He has been advertising for three months for a hygienist position after his employee moved from South Dakota to Tennessee.

"People move, even if you do all those things like provide competitive salaries and benefits, people move. It's extremely difficult to find anyone. I do a lot of added procedures that other offices don't provide for the hygienist to do. I have had an ad for three months and had no takers," he said.

According to the report "Dental Workforce Shortages: Date to Navigate Today's Labor Market" from the American Dental Association Health Policy Institute, "The dental sector is facing a serious workforce shortage. Vacant positions in dental assisting and dental hygiene have reduced dental practice capacity by an estimated 10% nationally." These trends are not new, either. The report documents that the dental assistant labor force has been in decline since 2015 and was further impacted by the pandemic.

The report included contributions from the American Dental Assistants Association (ADAA), American Dental Hygienists' Association (ADHA), Dental Assisting National Board (DANB), and IgniteDA.

Rather than belabor a known long-term trend, the serious question for implant dentists remains: What can I do about it?

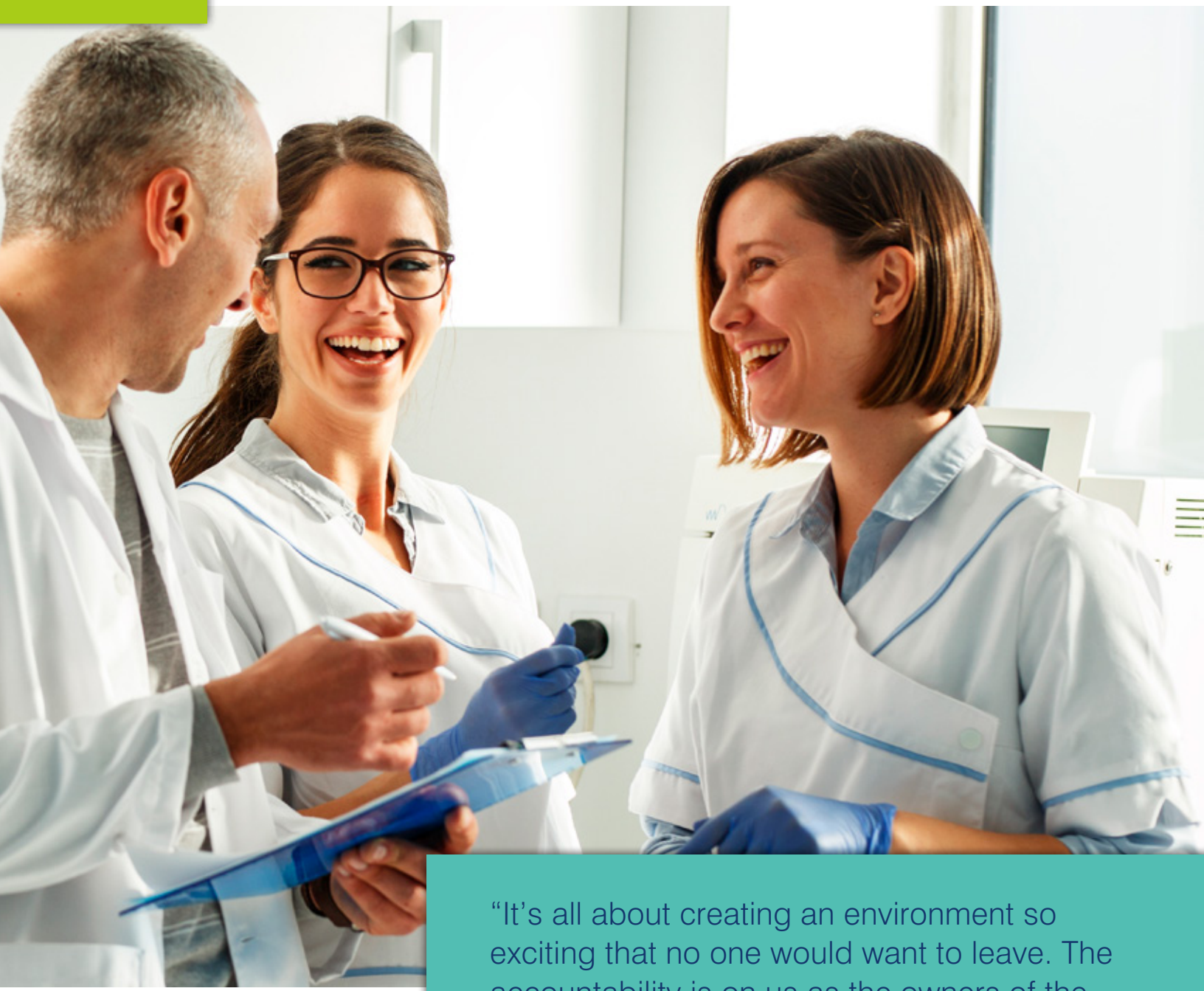
AAID surveyed an informal panel of AAID members to get their suggestions on best practices for employee recruitment. Most agreed that, while dentists are swimming upstream against this current dental trend, focusing on existing employees is the best and most crucial strategy.

Frank Caputo, DDS, FAAID, DABOI/ID, director of the Milwaukee Implant Institute in Milwaukee, WI said his implant practice focuses on employee retention.

"It's all about creating an environment so exciting that no one would want to leave. The accountability is on us as the owners of the practice to inspire, lead, and coach our team to be successful. If done correctly and, more importantly, CONSISTENTLY, then we should be able to keep our top talent happy," he said.

Allen A. Ghorashi DDS, FAAID, DABOI/ID, of Ramsey Dentists in Ramsey, NJ, advised that "we need to evolve to keep up with new trends in both clinical and human relationships in order to stay afloat."

"We need to treat our staff like members of our family and treat people how you want to be treated," Dr. Ghorashi suggested. He recommended getting staff involved in some decision making processes and making them part of a bigger team. He



said his office set up a group chat to communicate birthdays, anniversaries and team bonding events.

Dentists like Dr. Caputo, Dr. Ghorashi, and others interviewed for this story confirmed the reasons the report cited for a majority of dental assistants and dental hygienists being satisfied in their current job. Most indicated that they receive dental benefits,

> "It's all about creating an environment so exciting that no one would want to leave. The accountability is on us as the owners of the practice to inspire, lead, and coach our team to be successful. If done correctly and, more importantly, CONSISTENTLY, then we should be able to keep our top talent happy."
>
> *– Dr. Frank Caputo*

paid holidays, paid vacation, and retirement savings from their employers. These benefits matter for recruitment and retention, according to the report.

After his employee left recently, Dr. Kusek found himself putting energy into finding new assistants and hygienists.

"What I am doing now is speaking at the hygiene school, providing students training for laser assisted periodontal therapy. Hopefully with that I can find an energetic, smart hygienist to bring to my office. It's difficult to find quality people," he said.

Dr. Kusek's AAID colleague, Dennis Flanagan, DDS, MSc, of The Dental Implant Experts in Mystic, CT, finds it important to involve and train staff in the procedures an implant dentist offers.

"We should train our DAs in the complex technologies that increase our productivity, pay them accordingly, and provide excellent perks," he said.

Dr. Caputo delved deeper into the subject, recommending a three-step process to improve employee retention:

1) Start with YOU. We start with committing to our vision of the practice. It's crucial to remember why we are in the practice in the first place. If you're there for the wrong reasons, your mindset will quickly follow.

2) Enroll your team to adopt this vision. When you're excited and WANT to be in the practice, the team is more likely to get excited. We are not here to fake excitement. The trick is to evoke a genuine and sincere interest in being in the practice.

3) Pass the excitement to your patients. Some of them will create resistance to the energy, but most will feel it in a positive way.

HOW TO RETAIN EMPLOYEES

The report "Dental Workforce Shortages: Date to Navigate Today's Labor Market" offers a number of tactics to help dentists retain employees.

Dental practices need to remain competitive as employers when it comes to employee benefits.

Paid vacation and paid holidays are now the norm in dentistry. The majority of dental practice employees are also offered retirement savings options and paid sick time. However, in order to recruit and retain a robust workforce, dental employers need to offer health insurance and paid leave. Within dentistry, these benefits are much more common in public health and dental service organization (DSO) work settings.

Responsive compensation is a must.

Wages need to be assessed annually. Ideally, raises should incorporate performance measurement, which may help dental team members feel more connected to practice goals and offer a sense of professional fulfillment.

Workplace culture cannot be overlooked.

Among employees who are satisfied in their roles, positive workplace culture, work-life balance, and ability to treat patients are the most commonly cited contributing factors. Poor communication in dental practices is one of the top threats to retention. Traditional dental practices are small businesses that typically lack a dedicated human resources team to evaluate and improve upon these aspects of the work environment.

Consolidated dental practices have an edge when it comes to employee benefits.

Dental service organizations and group practices are better positioned to offer employee benefits. However, there are lower levels of overall workplace satisfaction among dental assistants and dental hygienists working in these practices, likely driven by differences in other aspects of the workplace. This merits further research.

Shoring up the workforce pipeline will require long-term changes.

The number of new dental hygienists and dental assistants graduating from allied education programs may not be enough to reverse the losses of team members who permanently left the profession during the pandemic. There may be another wave of retirements in the next few years that will put additional pressure on the workforce pipeline. Innovations are necessary to shore up the pipeline for long-term sustainability of the dental workforce.

For references, email aaid@aaid.com

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

CLINICALBITE

Mandibular Upstream Necrotic Teeth, Lymphatic Flow, and Dental Implant Failure

ABSTRACT

Dental implants can fail due to a variety of reasons. Infection by bacterial colonization is one. Endodontically infected teeth may infect a nearby dental implant. The pathogens may migrate directly to the fixture or travel via lymphatic channels. This may be especially true in the mandible where an upstream infected tooth may harbor bacterial pathogens that travel downstream directly or via the lymphatic channels to colonize a newly placed dental implant. A newly placed implant may be susceptible to colonization due to a lack of a surrounding osseo-collagenous complex.

Although anachoresis has been shown not to be credible, a newly placed dental implant, a foreign body indeed, may provide a surface for pathogens to colonize but only when the implant is new. The implant may be susceptible to colonization before the bone heals directly against the implant surface. Lymphatic stream flow in the mandible is to the distal. Especially in the mandible, the prudent clinician may test and assess upstream natural teeth for vitality when planning for dental implant treatment.

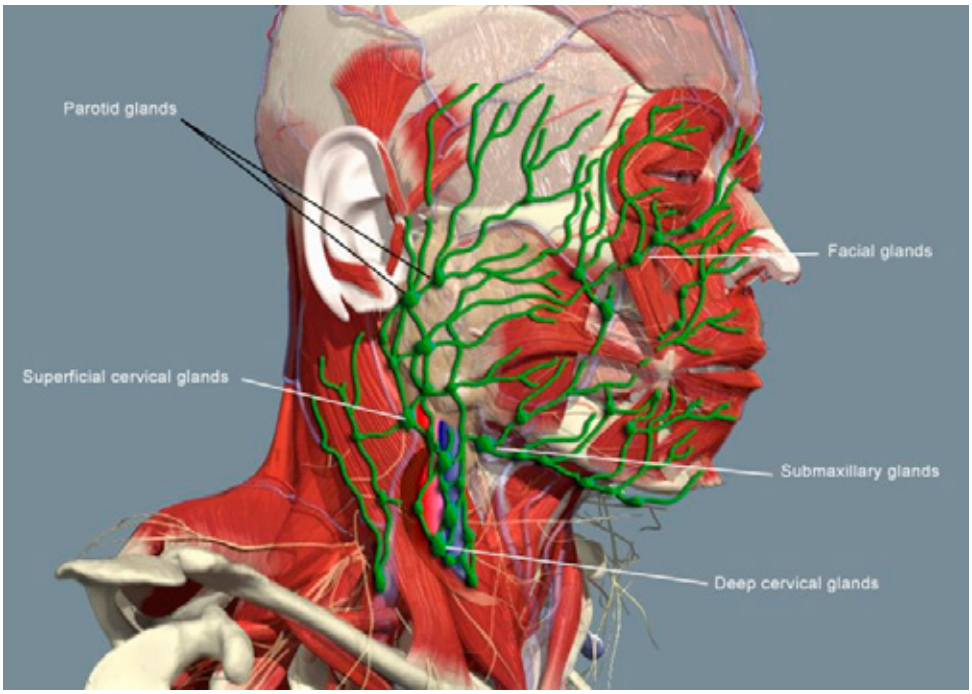


Fig. 1

INTRODUCTION

Failure of newly placed dental implants may occur when the adjacent natural teeth are infected.[1] These failures may be related to colonization of the implant surface by pathogenic bacteria from an adjacent necrotic tooth.

Anachoresis has been shown to be not a credible theory in healed implants.[2] The question that arises is how the bacteria gain access to the implant surface, which is in fact a foreign body. The implant surface, especially a rough surface implant, regardless of its material composition - titanium or zirconia - provides an attractive surface for bacterial colonization. Additionally, due to a lack of adequate blood supply, complete access to the implant surface may not be readily accessible to systemic antibiotics and immune antibodies. Thus, there may be a physiologic difference between a new implant and a healed implant.

Lymph is an interstitial fluid that cells exude. The fluid is picked up by tubular lymphatic capillaries and transported via channels of increasing size to lymph nodes where the fluid is cleansed by lymphocytes (Fig. 1). The flow is slow and not consistent. The flow is about four liters per day, but this increases with exercise.[3] Ultimately the cleansed lymph is deposited in a subclavian vein to mix with venous blood. The lymphatic system is crucial for survival.[4]

Lymph transports fat absorbed from the gastrointestinal tract. Chyle is a combination of lymph fluid and emulsified triglyceride. Chylomicra are very small globules of emulsified fat in lymph.[4]

Lymph channels also transport immune cells, bacteria, and metastatic neoplastic cells.[5] Thus, the question arises: can infectious bacteria travel directly from a necrotic tooth to colonize a new downstream implant by direct migration or do lymphatic channels allow such migration?[6]

CASE EXAMPLE

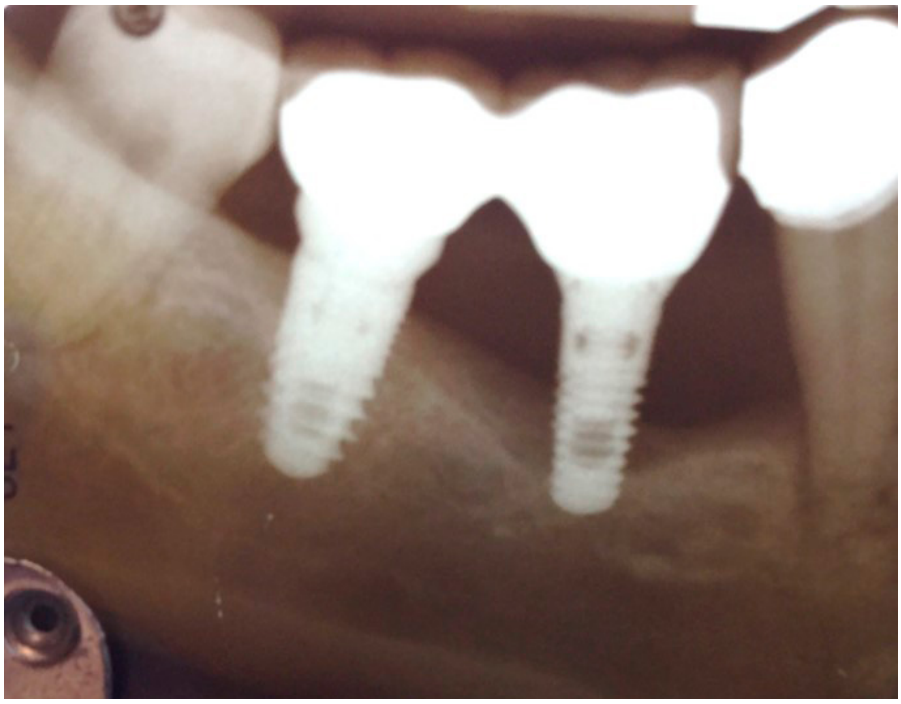


Fig. 2

A 60-year-old male desired mandibular right restoration of the lost molars (#30,31). There was a crown on the mandibular right second premolar. This appeared stable and asymptomatic with no periapical lesion. After a discussion that included informed consent, two implants were placed in the edentulous molar sites (#30,31). After eight post-operative weeks the implants were found to be mobile with bone loss. (Fig.2). There was a suspicion of downstream infection. The upstream crowned premolar was found to have a new periapical lesion (Fig. 3). A treatment discussion and informed consent was held. The premolar was extracted, debrided, and bone grafted. Four months later, three implants were placed in the edentulous sites. After another four months an implant-supported fixed partial denture was fabricated and has been in uneventful function for 12 months.

ANATOMICAL REVIEW

There has been little study of the human lymphatic system since the late 19th century.[7,8] A recent study has described lymphatic vessels using radiographs and photographs.[7,8] Initially lymph vessels arise from mucous membranes and dermis and flow into larger ducts and trunks.[7,8] Lymphatic trunks and ducts have various diameters and lengths and have ampullae and diverticula that collect and conduct lymph fluid. [7,8]These channels drain into ampullae and then into first tier nodes.[7,8]

The collecting vessels average 0.2 mm in diameter.[7,8] There is a variety of lymph network patterns that are not reflected on the contralateral side of an individual, as is true with the venous system. That is, there are different vessel and channel patterns, and the patterns are different on each side of the human body.[7,8]

Not all lymphatic nodes are “active,” that is, some nodes do not actively function as collectors. Some in-line nodes may be “inactive” and are not physiologically functioning, and sometimes a head and neck channel will bypass a node and empty into a sentinel node in the base of the neck.[7,8] Valves prevent backflow of channel lymph.

Clinical Bite

In the anterior neck, the draining lymph channels lie superior to the platysma muscle and inferior to the mandible.[7,8] The right arm and thorax, head and neck channels empty into the right lymphatic duct and right subclavian vein. The other body regional channels empty into the thoracic duct which in turn empties into the left subclavian vein. Valves here prevent the backflow entry of venous blood. Just the act of breathing causes increased lymph movement in many channels including the thoracic duct.

There are numerous intercellular clefts and channels that line the lumen of lymphatic capillaries of the dental pulp.[9] These endothelial intercellular channels may help to absorb and contain interstitial fluid. The absorption and containment of interstitial fluid may be related to the functional characteristics of the tissue in which the lymphatic channel is located.[9]

Lymphatic channels of the sinuses and nasal and oral cavities are physiologically significant because these passages are portals of entry into deeper anatomy.[7,8] These channels drain into the lateral pharyngeal and retropharyngeal lymph nodes. A rich network of vessels courses through the parapharyngeal space, and there are lymphatic connections that cross the facial and carotid arteries.[7,8]

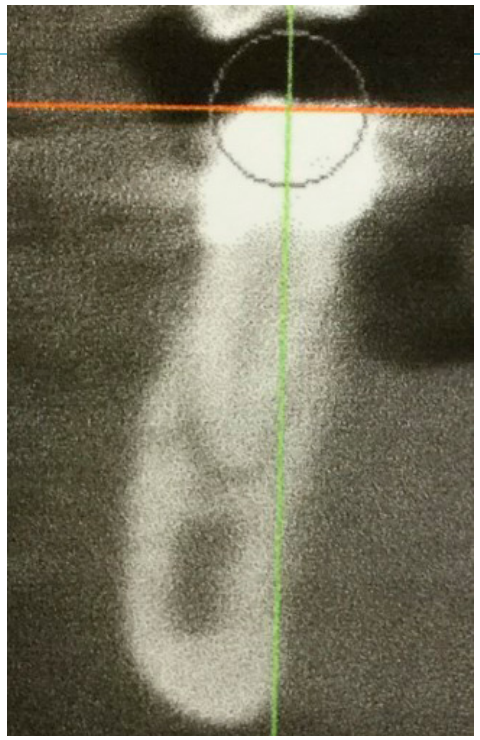


Fig. 3

DISCUSSION

While the above case is truly an anecdotal tale, it may be that an upstream necrotic tooth or other pathologic etiologic factors may be capable of infecting a downstream newly placed implant in the mandible.

The lymph of the jaws is conducted in the anterior face by the facial, mandibular, and submental channels.[10,11] One cadaver study demonstrated the presence of lymphatic channels within the inferior alveolar canal which contains a nerve artery and vein.[11] Immunohistochemical staining was used to identify the lymphatic channels in the inferior alveolar canal. Lymphatic channels have thin irregular walls and are difficult to identify. Intercellular lymphatic channels are also located in the endothelial walls of capillaries of the gingiva and peri-implant mucosa.[9]

Intramedullary migration of bacteria may occur during osteomyelitis.[12] Nonetheless, dental implant-induced osteomyelitis is an uncommon pathology in uncompromised patients.[13] In fact, any refractory mandibular osteomyelitis may indicate an underlying systemic disorder such as diabetes, neoplasm, or other disease.[14-16]

Bacteria and malignant metastatic cells are known to travel via lymphatic channels.[15,16] The channels conduct metastatic cancer cells and bacteria that can disseminate to various tissues.[7,8] Lymphatic channels are important in the spread of malignant metastatic cells. Gingival squamous cell carcinomas (SCC) that occur in the posterior mandible metastasize only on the ipsilateral anatomical side, while SCC that occur in the anterior mandible metastasize on both sides. Metastatic cervical lesions occur on both sides, while originating posterior lesion metastasize on the ipsilateral side. Apparently, the well-known crossover coverage of the lymphatic channels in the anterior mandible can convey metastatic cells through either or both sides into the cervical lymph nodes (Moratin 26). Bacteria are much smaller than these cells and can easily travel in lymphatic channels.

An endodontically infected tooth is basically a small tube that penetrates bone and deposits infection into medullary bone. This bacterial deposition is resisted by the immune cells, but there can be dissemination of planktonic bacterial forms into the cancellous bone. These bacteria can be picked up by lymphatic channels and transported downstream. Lymphatic channels in the inferior alveolar canal have significant potential for conducting malignant cells and bacteria downstream and to the lymph nodes.[11]

Neutrophils are the predominant immune cell to migrate to lymph nodes where they augment lymphocyte proliferation.[5] While these cells do act against bacteria, they cannot eliminate every single bacterium. Some will probably get through going downstream.

The source of an infectious process can be the pulp of the necrotic tooth that disseminates bacteria into the medullary bone. The endodontic bacterial pathogens emanate from the pulp into the apical bone and are picked up by the lymphatics intra-pulpal and apically to travel downstream via lymphatic channels.[7,8] Bacterial pathogens can proliferate inside lymphatic channels and may obstruct lymph flow.[6] Such bacterial blockages are inaccessible to serum antibodies.[17] These pathogens may penetrate the channel walls to colonize a newly placed implant before osseous healing takes place directly against the implant surface.

DISCUSSION *(continued)*

In the mandible, the lymph direction of flow is to the distal. Endodontically infected teeth, located to the mesial of newly placed implants, may release pathogenic bacteria that can follow lymph channels to potentially colonize a newly placed implant surface. There may be a critical virulence and a number of these pathogens needed to successfully form a biofilm that aborts osseointegration. However, it may take days to weeks or even months for such an infected implant to become clinically evident – that is, to become mobile or painful.

Pyogenic organisms such as staphylococci, pneumococci, and streptococci can travel through lymphatic channels.[18] These pathogens can have different invasive abilities to colonize.[17] Endodontic periapical infections are multispecies infections and can be populated by *Porphyromonas endodontalis, Actinomyces viscosus, Candida albicans* and *Porphyromonas gingivalis, Fusobacterium, Actinomyces israe*lii and *Enterococcus faecalis*.[19] These species may be capable of lymphatic travel.[19]

Peri-implant disease is a multispecies disease that may contain *Porphyromonas gingivalis, Prevotella intermedia, Tannerella forsythia,* and *Fusobacterium nucleatum, Aggregatibacter actinomycetemcomitans, Enterococcus faecalis* and *staphylococcus* species.[20] These species are capable of a lymphatic excursion to other regions.

An integrated implant may not be susceptible to colonization because of established collagenous and osseous healing that would block any bacterial invasion. However, a newly placed implant may be susceptible to colonization because of angiogenesis in the healing site and the lack of a collagenous barrier on the implant surface.[21] Thus, the bacteria could be deposited on the implant surface, proliferate, and not become clinically evident until weeks later.[22] The colonization could halt the integration process and the implant would fail, but this may not occur for weeks or possibly months after the initial placement.

A sufficient number of these bacteria can accumulate and proliferate on the implant surface, so osseointegration would be arrested and the implant would not successfully integrate. This occurrence may be especially true in the mandible which has a relatively closed medullary space, and distal downstream conduction of bacteria may be facilitated by the lymphatics. Vitality testing of mesially located teeth may be indicated to identify a culprit of an implant failure.

Animal studies have shown that integrated implants will not become colonized by bacteremias from remote sites – a theory known as anachoresis.[23] Integrated implants may not be susceptible to intraosseous surface colonization. However, a newly placed implant without an established osseous-collagenous embedding complex and an incomplete and developing blood supply could allow bacterial access to the implant surface. The activity of the initial bacterial colony would not be clinically evident until the implant failed to integrate.

A newly placed implant, a foreign body indeed, needs to be immobile to allow angiogenesis and subsequent osteogenesis. The critical period is the first two weeks of healing. During this period bacteria may colonize the implant fixture. Thus, bacterial proliferation that interferes with healing may not become clinically evident for some time after placement.

Alternatively, residual bacteria in an implant site from an infected tooth may directly colonize a new implant irrespective of any lymphatic channels.[1] Nonetheless, proximity may play a factor. The closer the infected tooth, the more likely there may be colonization of a new implant. Lymphatic flow may provide a conduit for bacterial movement.

Renvert et al reported on surgical therapy for control of peri-implantitis in 2012 (24). They treated a case surgically that had an upstream crowned premolar with an attenuated pulp chamber. The downstream implant demonstrated the bone loss of peri-implantitis and was treated with a surgical particulate bone graft procedure. The eight-year post-operative follow-up radiograph shows a restored bone level and successful endodontic treatment of the upstream premolar. The upstream premolar may have been the source of the peri-implantitis.

A systematic review published in 2014 by Heitz-Mayfield and coworkers on peri-implantitis treatment showed an example of a maxillary right first molar.[25] The molar was situated between an endodontically treated second molar with mesial bone loss and a second premolar with an expanded periodontal ligament. Adjacent endodontically troubled teeth may have been the source of the peri-implantitis.

An upstream infection that occurs after an implant has integrated may not involve the implant. If the infection of the upstream tooth occurs before the implant is placed, then the site may be contaminated with bacteria from the upstream tooth.

CONCLUSIONS

There is no *in vivo* technology available to identify and discern direct bacterial migration and lymphatic conduction of bacteria from necrotic teeth to downstream endosseous dental implants. Especially in the mandible, upstream located pulpally infected teeth can potentially liberate planktonic bacteria that travel downstream to colonize a newly placed implant. Thus, nearby upstream bacteria in a necrotic tooth can potentially infect an adjacent newly placed implant by direct migration or lymphatic conduction.

When planning implant treatment, any neighboring teeth should be pulp tested and clinically and radiographically assessed for vitality to preclude an implant failure. This may be especially true in the mandible where lymphatic flow is to the distal. Apical pathology not evident on plain film radiography may be evident on CBCT. Thus, CBCT should be done for a thorough radiographic exam.

REFERENCES AVAILABLE UPON REQUEST

By Max G. Moses, JD, CPA, MBA

LEGALBITE

Specialty Advocacy Heats Up

(As of February 19, 2024)

The Legal Oversight Committee continues to be proactive in protecting the rights of members and Diplomates in the various states, attempting to obtain approval of favorable regulations.

State/Specialty Efforts

OHIO:

The Ohio State Dental Board responded to AAID's proposed revised rules. In brief, the Board's response 4715-5-04(D)(1) substantially mirrors the language of the North Carolina specialty advertising regulation, which the AAID endorsed and supported in that state.

AAID and the Board continue to work towards a settlement of the litigation that was filed in 2018. There are nonetheless several steps remaining before the new regulations become effective. However, this is a significant move in the right direction.

PENNSYLVANIA:

According to legal counsel for the State Board of Dentistry, the Board has approved the proposed revised specialty advertising regulations, which are identical to the AAID endorsed language of the North Carolina regulation.

While it must still go through the legislative process, this is a positive development. The legislature will have an opportunity to comment and there will be an additional 30-day public comment period after the proposed regulation is published in the Pennsylvania Bulletin.

The Independent Regulatory Review Commission (IRRC) will also have an opportunity to comment after the legislature and the public have made their comments.

SOUTH DAKOTA:

In July 2023, after being unable to negotiate a settlement or new regulations with the South Dakota State Board of Dentistry, AAID filed a lawsuit in the federal court in South Dakota challenging their new dental advertising rule, which prohibits a dentist from referring to themselves as a "specialist" unless they have a post-doctoral certification from an accredited university in the proposed specialty field. The previous rule only allowed dentists to advertise if they were board certified in an ABA-recognized specialty field.

The parties are in the discovery phase which is expected to last through the summer with a possible trial date in fall 2024.

FREE LEGAL CONSULTATION BENEFIT PROGRAM APPROVED

The Legal Oversight Committee recommended to the Board of Trustees that it endorse a plan to offer complimentary legal consultations to AAID credentialed members. Several years ago, then legal counsel Frank Recker, JD, DDS provided a similar service.

Current legal counsel Justin Withrow volunteered to the LOC to offer this benefit to interested AAID credentialed members. The Board of Trustees approved this member benefit when it met in late January 2024.

Mr. Withrow is a partner at the law firm Flannery Georgalis. He leads the firm's dental practice group, which regularly represents dentists and practices in a variety of sensitive matters including state/federal criminal investigations, dental board investigations, insurance audits, credentialing and privileges issues, and complex business disputes. While his firm has offices in Ohio, Michigan, Pennsylvania, and North Carolina, he and his firm regularly represent individuals and businesses in disputes across the country. Mr. Withrow's firm proudly boasts a deep bench of former federal and state prosecutors and former federal agents from a variety of agencies. They are well-positioned to assist AAID members nationwide.

AAID believes this is a valuable benefit not only for individual members in protecting their professional reputation and livelihood, but also in preserving the exemplary reputation of the AAID and its members.

For those credentialed members that have an issue about which they would like to consult with a lawyer, that member could contact Mr. Withrow directly at **jwithrow@flannerygeorgalis.com** or **(216) 302-7573** for a complimentary one-hour consultation. Identify yourself as an AAID credentialed member when contacting him.


WIIC
WEHRLE IMPLANT

DENTAL IMPLANT MECCA is WORTH the JOURNEY

The Spanish built the city of Puebla, Mexico at the intersection of two rivers amid a 7,500-foot mountain range and dubbed it their new Jerusalem, making it a perfect location for the mission-based implant dental education mecca that Dr. Michael Wehrle, DDS, AFAAID established several years ago.

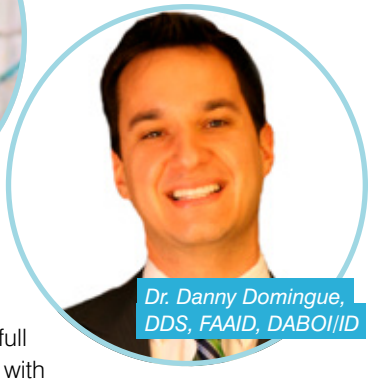
"It's been my dream to do that kind of high-tech dentistry and bring the people from the villages into the facility," said the Hurst, Texas resident.

Examinations in rural village on folding tables inside abandoned shelter.

Feature: Dental Implant Mecca is Worth the Journey

Dr. Michael Wehrle, DDS, AFAAID

Dr. Cory Glenn, DDS, AFAAID



Dr. Danny Domingue, DDS, FAAID, DABOI/ID

Dr. Wehrle started The Wehrle Implant Immersion Clinic with a twofold purpose: to serve the dental needs of the people in Puebla and to provide an intense, no-nonsense dental education experience that is unrivaled in dental education.

"I serve the people of Puebla, and I run a business that pays for the ministry. Because with most ministries what happens all the time is that they lose steam and they die out because people can't afford to fund them. Even if a church is funding them but they have a change in leadership or a change in budget, it goes away," he said. Wehrle's approach better ensures his passion to serve continues as long as implant dentists flock to his remote training location. All indications are that they will.

The implant course is held at a state-of-the-art facility built to U.S. standards in Puebla and contains a 20,000 square-foot dental facility with eight operatories, a professional dental clinic, a modern hotel, a dining hall, and large conference rooms for lectures, parties, and business meetings.

"The campus also has a water purification system so that our guests can enjoy safe, clean water," Wehrle said.

The facility boasts a CBCT that is linked to each operatory's computer, allowing Wehrle to train students in the best techniques and equipment so they learn the highest possible standard of care.

While dentists fly in for the immersive experience, the clinic is open six days a week, year-round to serve the city of Puebla. It has a bilingual staff including four general dentists, an orthodontist, a lab technician, and an oral surgeon, and a full lab.

Wehrle cautioned future attendees that his course is truly immersive.

"I run it like a bootcamp," he said. "Dentists come down on Tuesday and if they're newbies they do a full day of didactic with extraction and graft, breaking up the middle of it so that they can get some hands-on training in the clinic."

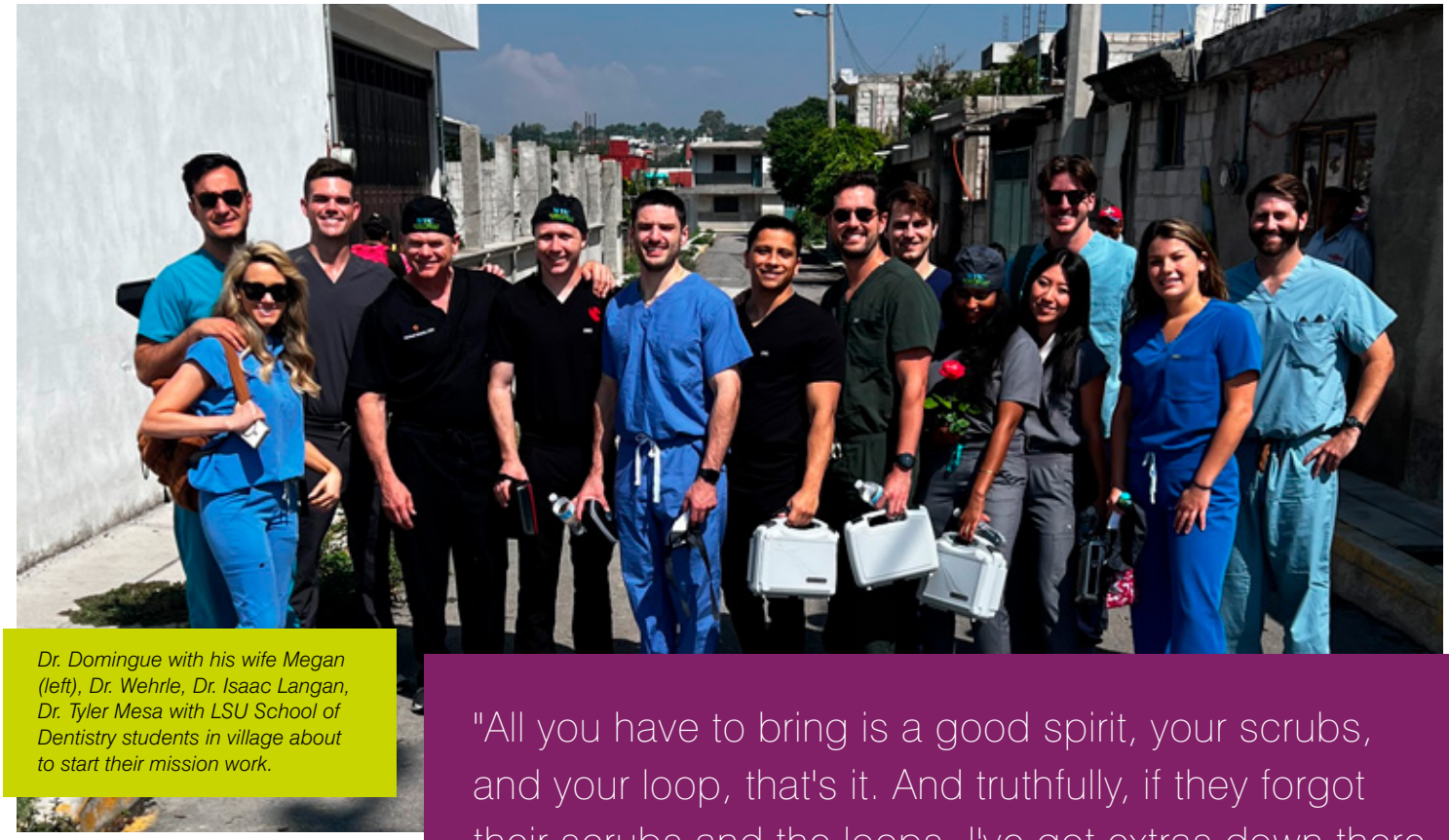
Wehrle has a full-time office where all planning takes place.

"I have all these cases planned out ahead of time, and we start out with really easy ones, wide ridge, wide bone, with well

Ms. Tammy Wehrle talking to pediatric patients before their exams

Dr. Daniel Domingue starting examination on pedo patient

Brave young boy after his first dental check up visit



Dr. Domingue with his wife Megan (left), Dr. Wehrle, Dr. Isaac Langan, Dr. Tyler Mesa with LSU School of Dentistry students in village about to start their mission work.

attached gingiva. Then we might move into small ridge, little sinus pumps. Just baby steps along the way," he explained.

The boot camp atmosphere begins at 7 am with breakfast, and then from 8 am until 10 pm students work nonstop either placing implants or stopping to discuss the placement of them.

"There's no playtime, there's no alcohol there. I'm not opposed to having a good time, but if you're following this course, you're doing 15 hours of surgery and work. You can't be drinking and doing that at the same time. The two just don't mix," he said.

One of the 500 dentists who has experienced the benefits of Wehrle's boot camp is Dr. Danny Domingue, DDS, FAAID, DABOI/ID a general dentist in Lafayette, Louisiana.

Dr. Domingue attended the Wehrle Implant Immersion Course recently and flew down with dental students from the Louisiana State University School of Dentistry.

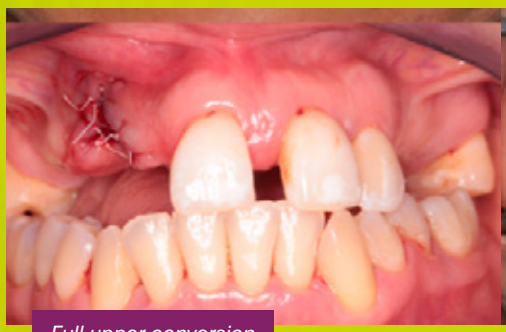
"We saw patients for four and a half days. The neat part is, typically, whenever you go to these rural communities, you're limited on what you can do. The scope of dentistry, because you can only pull teeth and do fillings, right? Well, this particular trip was a little bit different, where we went into the town, triaged people and planned and prioritized their treatment." He and his fellow attendees brought the patients back to the clinic the next day.

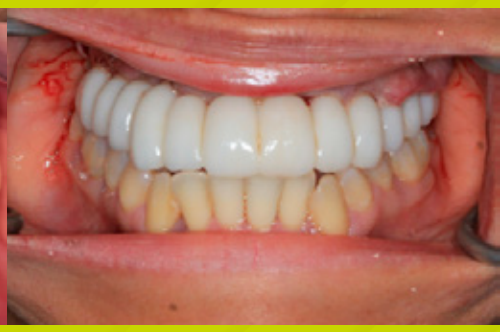
The need for dental care in the Puebla community is significant.

> "All you have to bring is a good spirit, your scrubs, and your loop, that's it. And truthfully, if they forgot their scrubs and the loops, I've got extras down there. The good spirit, they need that!"
>
> *– Dr. Michael Wehrle, DDS, AFAAID*

Patients lined up to see dentists first their first visits

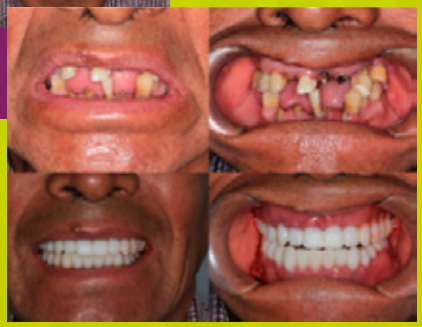
Dr. Domingue and Dr. Cory Glenn, DDS, AFAAID pictured with one of the many patients they treated that week.



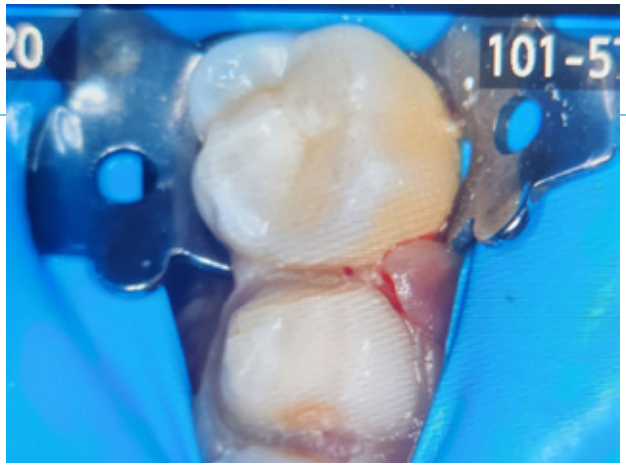


Full upper conversion

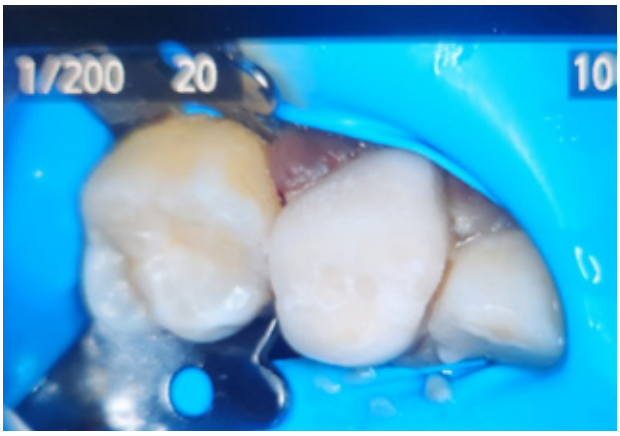
Upper and lower immediate denture



WIIC | WEHRLE IMPLANT IMMERSION COURSE



Pedo crown prep



3D printed resin crown

"One of the ladies that came, she literally had three teeth at the front. We took out her three teeth, put in six implants, and gave her a full set of teeth. It was really, really impressive," Dr. Domingue said.

"We pulled teeth, placed fillings, we printed 3D crowns, and dentures. We 3D-printed a full upper implant supported full arch fixed for a patient. But that wasn't the cool part. The cool part was the technology that we were able to utilize and the level of service that we were able to provide for this rural community that some dentists in the United States wouldn't even provide, because we had a really good team," Dr. Domingue said.

The education a dentist receives during the immersion course is substantial, but Dr. Domingue believes students may benefit even more than practicing dentists.

"We take about 14 or 15 dental students, and they get to do lots of dentistry for a week. The students see patients for four to five days straight, so it's an intense but beneficial experience for them," he said.

For dentists considering making the trek to Puebla, Dr. Werhle has only this advice:

"All you have to bring is a good spirit, your scrubs, and your loop, that's it. And truthfully, if they forgot their scrubs and the loops, I've got extras down there. The good spirit, they need that!"

More Information about the Wehrle Implant Immersion Clinic

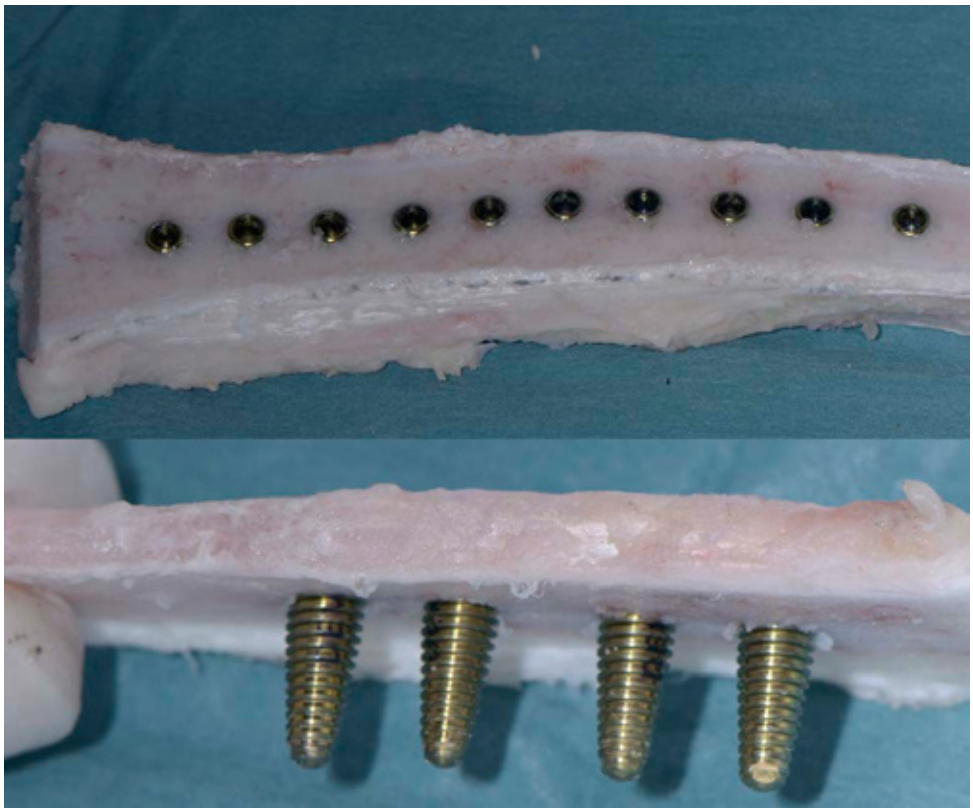
The Wehrle Implant Immersion Clinic has all of the modern conveniences you would expect from a first-rate training center, including a CBCT that is linked to each operator's computer. This modern, full-time dental office features ten fully equipped operatories. It is solely owned by Dr. Wehrle and open six days a week, year-round to serve the city of Puebla. It has a bilingual staff including four general dentists, an orthodontist, a lab technician and an oral surgeon. It has a full lab complete with centrifuges for PRE training, a CEREC machine, a laser, and digital radiography in all of the operatories. The sterilization center has multiple modern sterilizers including a Midmark M9, Midmark M11 and Statim 5500, as well as a handpiece lubrication unit. Along with this are three surgical scrub sinks to ensure all surgeries are performed with the highest level of sterility possible.

The course is held at a state-of-the-art facility built to U.S. standards in Puebla, Mexico. The property includes a 20,000 square-foot dental facility with eight operatories, a professional dental clinic, a modern hotel, a dining hall, a fully covered outdoor rooftop gymnasium, and large conference rooms for lectures, parties, and business meetings.

The campus also has a water purification system so that guests can enjoy safe, clean water.

JOISAMPLER

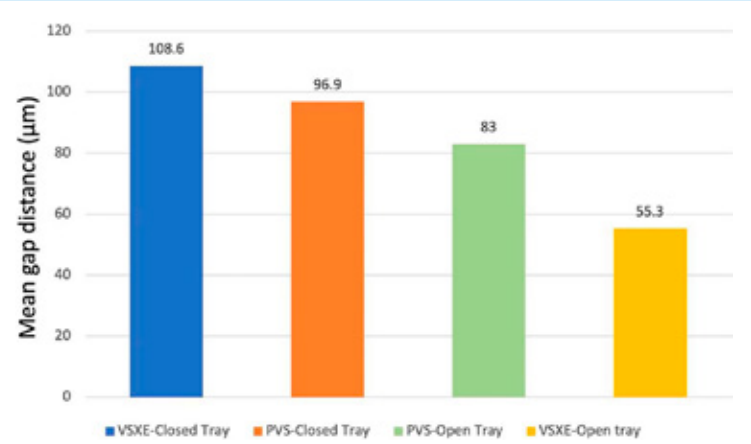
Editor's Note: Because of your busy schedule, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we select a few articles that have broad applicability to daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 49, Issue 6 (2024).



CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

Effect of Residual Bone Height and Implant Macro-Design on Primary Stability in Sinus Floor Elevation: An Ex Vivo Study

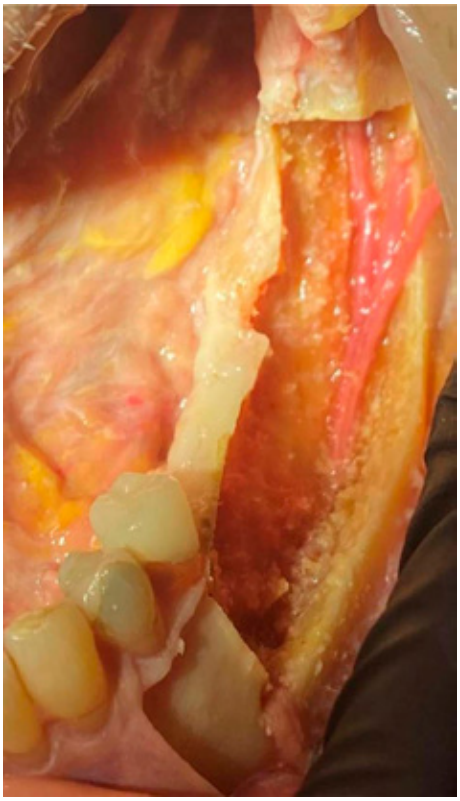
In this study, authors purpose was to evaluate influence of residual bone height and implant macro-design on the primary stability of implants when a simultaneous sinus floor elevation and implant insertion model was used.



DENTAL IMPLANT SCIENCE RESEARCH

Accuracy of Selective Laser Melted Bar Retaining Mandibular Implant-Assisted Overdenture: An In Vitro Comparison of Different Impression Materials and Techniques

In this research article, authors evaluated the accuracy of the marginal fit of 2 implant-supported overdenture bars that were fabricated with selective laser melting technology by using polyvinyl siloxane and vinyl siloxane ether impression materials and different impression techniques.



DENTAL IMPLANT SCIENCE RESEARCH

The Mandibular Canal: A Study to Determine If Cortical Bone Exists as a Protective Roof for the Inferior Alveolar Nerve

In this article, researchers objectives were to ascertain whether the mandibular canal has continuous or partial remnants of corticl bone lining the roof of the canal or if the IAN just travels through spongy, cancellous bone without cortical bony protection.

DR. ROBERT J. BUHITE, SR. SCHOLARSHIP FUND

The AAID Foundation has partnered with the Buhite-DiMino Foundation to help students meet their goals by putting them within reach. Donate now to support the next generation of oral implantologists on their educational journey! Applications will open in 2025.

Dr. Robert J. Buhite, Sr. was a Diplomate and Honored Fellow of the American Academy of Implant Dentistry. He was a pioneer in the field of Implant Dentistry and was a featured lecturer on the topic. From 1986 to 1993, he taught Implant Dentistry as a member of the faculty at Harvard University School of Dental Medicine.

Continuing Dr. Robert J. Buhite's legacy, this newly established endowment will fund scholarships for eligible students enrolled at a University or hospital dental implantology program.

This fund was established on November 2, 2023 by a donation from the Buhite-DiMino Foundation.

AAID
AMERICAN ACADEMY OF IMPLANT DENTISTRY

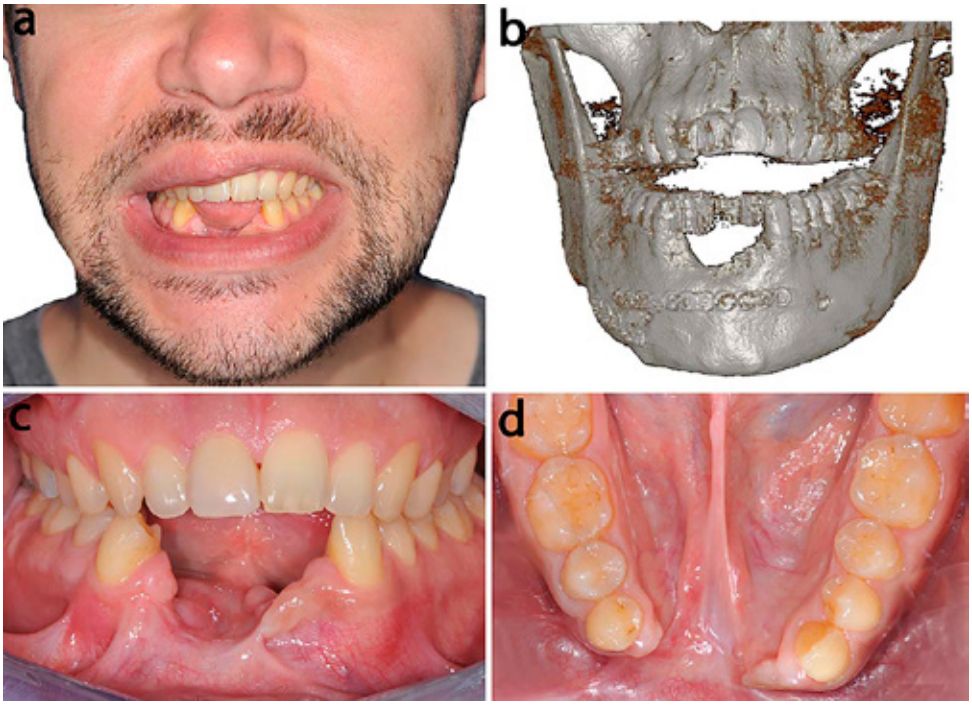
SCAN TO DONATE!

JOI Sampler

CLINICAL CASE REPORT

Implant-Prosthetic Rehabilitation of Mandibular Posttraumatic Severe Dentoalveolar Loss With a Reconstructive Staged Approach: A Clinical Report With 3-Year Follow-up

In this clinical research report, authors discusses and describe the oral rehabilitation of a 25-year-old male patient who had lost the lower incisors, right canine, and a great amount of anterior mandibular bony and soft tissue after severe dentoalveolar trauma caused by a car accident.



Join me at the 2024 Southern District Meeting

Dr. Norman Goldberg and Dr. Aaron Gershkoff's principles and legacy of scientific research and education to serve our communities and patients with world class solutions to improve their quality of life led to the establishment of our American Academy of Implant Dentistry (AAID) in 1951. Over the last 73 years, the AAID has become the standard-bearer in oral implantology education, credentialing, and credibility.

Implantology is evolving at a maddening pace thanks to the infusion of modern technology. The sheer number of dental implants and supported prosthetics has and will continue to grow exponentially. It is also true that the patient demographic receiving these sophisticated solutions is younger and hence will live longer. This necessitates an even greater degree of longevity and engineering excellence. It is with this premise that the AAID Southern District is proud to host the 2024 Southern District Meeting, *Generating Implant Longevity: Engineering Excellence*, in Nashville, TN, April 12-14. We are extremely excited to bring world-class presentations from the rising stars and seasoned veterans in oral implantology as our educators and speakers this year.

I would be remiss not to mention and highlight the forethought required to coordinate the schedules of our talented speakers and organize and arrange their lecture subjects for this exciting event. The topics we will be presenting to support our theme will include:

1. Diagnosis
2. Risk Management
3. Treatment Planning
4. Biologics
5. Biomaterials
6. Implant designs
7. Essential Technologies
8. Surgical Protocols & Processes
9. Prosthetic Protocols & Processes
10. Post-operative Protocols & Processes
11. Managing Complications & Failures
12. Biomechanics, TMD, & Parafunction

We look forward to hosting this meeting and connecting with our fellow implant dentistry colleagues from around the world. A special thanks to all the Southern District officers, AAID staff, and so many of our members and sponsors for their unwavering support, volunteerism, and encouragement.

We can't wait to welcome you to Music City!

In Energy,

Sangiv I. Patel DDS, AFAAID, RDH
AAID Southern District President

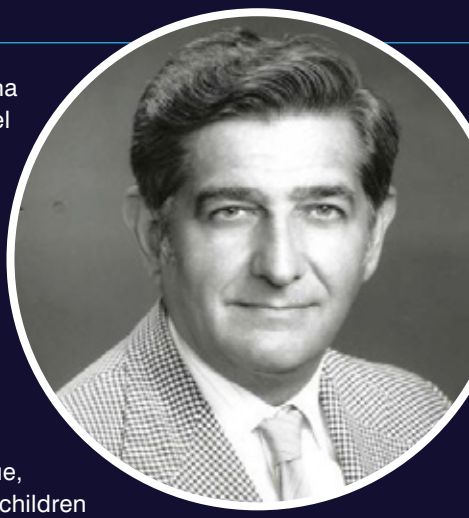
DR. STUART ORTON-JONES

Dr. Stuart Orton-Jones of Harpole-Northampton, England passed away on February 2, 2024 at the age of 85. Dr. Orton-Jones, a true icon in the field of dentistry, departed after bravely facing the challenges of lymphoma, leaving a void in the dental community that echoes with the loss of a friend, mentor, clinician, and philosophical guide. Dr. Orton-Jones's legacy is one of excellence, embracing dentistry in its entirety, and imparting wisdom that resonated globally. He was not just a practitioner but a mentor who, through his teachings, shaped the professional ethos of countless individuals, emphasizing the importance of genuine professionalism and upholding the highest standards in patient care.

Dr. Orton-Jones was a frequent speaker on the Main Podium at the AAID Annual Conference. In 2023 he was the recipient of the Terry Reynolds Trailblazer Award. The Trailblazer Award recognizes leadership in implant dentistry; accomplishments and accolades as an innovative educator in the art and science of implant dentistry; and the embodiment of inclusion, outreach, and selfless service worldwide.

Dr. Orton-Jones leaves behind a legacy that continues to shape the very fabric of dentistry. In these moments of sorrow, we extend our deepest condolences to his family, friends, and the global dental fraternity. May his teachings continue to inspire and his memory serve as a guiding light for all dental professionals.

DR. LOUIS A. RIGALI



Louis A. Rigali, DDS, FAAID, DABOI/ID, AAID Honored Felow age 97, of Holyoke, MA, passed away at his home on Saturday, December 16, 2023. Dr. Rigali was involved nationally with the American Academy of Implant Dentistry, the American Academy of Implant Prosthodontics, and the International Congress of Oral Implantology. As a leader of AAID, Dr. Rigali involved at many levels of the Academy, including the Admissions and Credentialing Board, the Ethics Committee, and was ultimately named an Honored Fellow, one of the highest honors the Academy can bestow. Dr. Rigali was beloved by many many people who have benefitted from his generosity of spirit and money over the years: patients, friends, staff members and even strangers. He was always one to quietly help people in need without any expectation of compensation or gratitude. In fact, he was often humbled by any show of thanks.

He was born in Holyoke, son of the late Emilio and Elena (Ferralli) Rigali and attended Holyoke Schools. Lou was a United States Army Veteran of World War II. Dr. Rigali graduated from the University of Massachusetts with a Bachelors in Chemistry in 1952, received his Masters in Biochemistry from there in 1953 and graduated from the University of Pennsylvania with a Dental Degree in 1957.

Dr. Rigali leaves behind his loving wife of 36 years, Clare Ott Rigali. He is survived by his children Dr. Linda Rigali (Dr. James Clayton), Carla Fazio (David Fazio), David Rigali (Connie Greaney), Dana Henry (Michael Henry) and step children Kathleen Sugrue Richards (Carleton Richards), Donna Sugrue (Charles Long), and Michael Sugrue, and ten grandchildren and four great grandchildren. He is predeceased by his step son Roger Sugrue and his first wife, Elizabeth Sullivan Rigali.

newmembers

The AAID is pleased to welcome the following new members who joined between November 16, 2023 and February 7, 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

Alabama
Samuel Coleman, Birmingham
Charles Estrada, Huntsville

Arizona
Mehrdad Ebadi, Glendale
Wonseok Lee, Glendale
George Michael, Oro Valley
Emil Saroian, Glendale

Arkansas
LaRhonda Apata, Greenbrier
Lukang Xiao, North Little Rock

California
Ahmed Albayatti, Elk Grove
Omar Ameen, Folsom
Martina Assad, Riverside
Stephan Barrington, San Diego
Ninella Bogosian, Glendale
Joseph Boulos, San Marcos
Nam Bui, Westminster
Harpreet Chema, Granite Bay
Katy Chou, Chino
Andres Conde, Redlands
Lisa Davis, Paso Robles
Hyunseon Do, Loma Linda
Krauss Drachenburg, Chula Vista
Janz Gonzalez, Anaheim
Marco Gonzalez, Bakersfield
Edison Han, Covina
Shervin Hashemian, Corona Del Mar
Hannah Hoang, Oxnard
Charlie Hsieh, Orange
Deborah Janfaza, Santa Monica
Brian Kang, Los Angeles
Benjamin Kordusky, Elk Grove
Kenny Kuo, Cupertino
Crystal Ladhar, San Jose
Vivek Lapiswala, Bakersfield
Marjorie Leon, Redlands
Weiwei Lu, San Diego
Dianne Luu, Fresno
Amy Nabi, Thousand Oaks
Fnu Naina, San Ramon
Michael Negrete, El Centro
Julia Nguyen, Fresno
Alex Nguyen, Rancho Santa Margarita
Jacob Phen, Stockton
Jordan Rodriguez, Hesperia
Fady Sada, Loma Linda
Camellia Shahmoradi, Los Angeles
Mayank Sharma, Rancho Santa Margarita
Hardeep Sidhu, Rocklin
Baljinder Singh, Fresno
Manpreet Singh, Madera
Saad Sulieman, Roseville
Divyarupa Sunkara, Sacramento
Jose Terraza, Oxnard
Noreen Tran, Fountain Valley
Jesse Wagner, Manhattan Beach
Jelani Winslow, Alhambra
Yinan Yang, Chino Hills
Norman Yung, Oakland
Rocio Zaragoza, San Diego
Rojan Zarrabi, Irvine

Colorado
Wameedh Abdulameer, Denver
Noha Badran, Centennial
Vikas Dahiya, Aurora
Colin Hirsch, Lakewood
Melissa Hunt, Colorado Springs
Parul Kapoor, Castle Rock
Dwight Olson, Colorado Springs
Micheal Thomas, Castle Rock

Connecticut
Saikiran Bahadur, Suffield
Anurag Bhargava, South Windsor
Vanessa Castro, Brookfield
Christopher Fallago, Clinton
Izaz Khan, Plainville
Trung Nguyen, Bethel

(continued on pg. 34)

newmembers

Florida
Ameen Alameen, West Melbourne
Yudit Algozain, Miami
Rosalinda Aranda, Tampa
Dieter Burr, Orlando
Christopher Cannady, Stuart
Chione Daniel, Miami Gardens
Monica Garnache, New Smyrna Beach
Bijan Hakimian, Orlando
Flor Miranda, Daytona Beach
Milena Providencia, Miami Beach
Sundeep Rawal, Orlando
German Rosales, Doral
Nodesh Shyamsunder, Jacksonville Beach
Manuel Zaldivar, Miami

Georgia
Afsaw Ambaye, Lilburn
Oladele Ambeke, Waycross
Skyler Holcomb, Macon
Kyle Hollis, Richmond Hill
Alexis Johnson Covington
Shundericka Jones, Hampton
Karan Nadig, Gainesville
Chintan Parekh, Gainesville
Roma Patel, Pooler
Ulysses Pickard, Warner Robins
Bryce Westmoreland, Perry

Hawaii
Angelyn Guzman, Honolulu

Idaho
Edward Lowry, Coeur d'Alene
Karin Watts, Hayden

Illinois
Yasko Darkoue, Chicago
Varun Mittal, Chicago
Mithila Sharma, Chicago
Yang Zhou, Naperville

Indiana
Desmon Brown, Carmel
Brian Fraiz, Carmel

Iowa
Joshua Hindman, Sioux City

Kansas
Geoffrey Kerns, Leawood

Louisiana
Matthew Brady, New Iberia
Kacey Guillory, Lake Charles

Maine
Rebekah Blanchette, Bangor
Mason Cyr, Auburn
Christopher Green, Cumberland
Nathan Oakes, South Portland

Massachusetts
Lorena Alex, Westborough
Judley Alphonse, Tewksbury
Animesh Bhattiprolu, Wilmington
Saeid Golmohammad, Quincy
Eung Im, Bedford
Zheqing Jiang, Newton
Cathy Kwong, Melrose
Piro Leno, Melrose
Christopher Lucido, Longmeadow
Ohan Manoukian, Newton
Evis Myftiu, Watertown
Matthew Nguyen, Boston
Madeline Niziak, Peabody
Olufunke Osineye, Revere
Ankur Oswal, Worcester
Rajeev Panakanti, Shrewsbury
Tyler Phelan, Hopkinton
David Quinton, Brewster
Jessica Torre, Nantucket
Xin Wang, Woburn
Joseph Wu, Billerica
John Xu, Shrewsbury

Michigan
Xena Alakailly, Troy
David Banda, Bloomfield Hills
Alec Maddalena, Burton

Minnesota
Hossein Azimi, Minneapolis
Amirali Behdani, Falcon Heights
Juan Perez, Minneapolis
William Tran, Forest Lake

Missouri
Kevin Thomas, Columbia
Michael Travis, St. Louis

Montana
Tyson Gunderson, Butte

Nevada
Russel Diehl, Spring Creek
Joseph Gelo, Las Vegas
Natasha Petrie, Las Vegas

New Hampshire
Natasha Patel, Nashua

New Jersey
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(continued on pg. 36)

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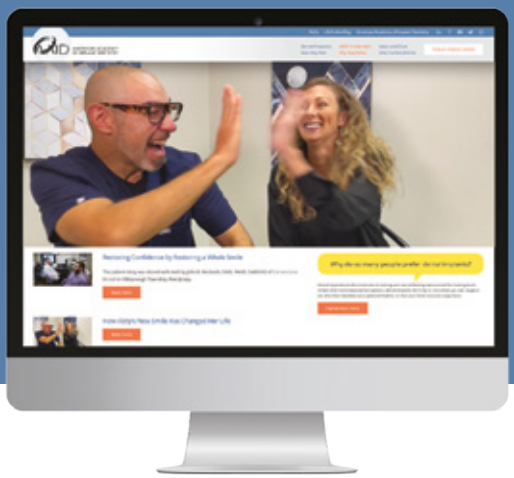

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Thousands of potential patients visit AAID-implant.org monthly for advice and guidance on dental implants and where to find a qualified dentist. Showcase the incredible ways dental implants change the lives of your patients with others on their dental implant journey.

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1. Choose your favorite **dental implant patient success stories**
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   a. A short testimonial about their results or improvements
   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**
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5. Our editors will review your story and deliver a digital proof for your approval before it gets published

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2,698
Questions for "Ask a Dental Implant Expert" alone (all time)

48,841
Blog post views over the last year

137,000
Website traffic sessions over the last year

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Website: bit.ly/2rwf9hc

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Location: Brentwood, TN
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Contact: Sonia Smithson, DDS
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Website: www.alabamaimplant.org

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Email: young.mattdds@gmail.com
Website: www.youngdentalsf.com

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Contact: Andrianna Acosta
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Email: calderoninstitute@gmail.com
Website: www.calderoninstitute.com

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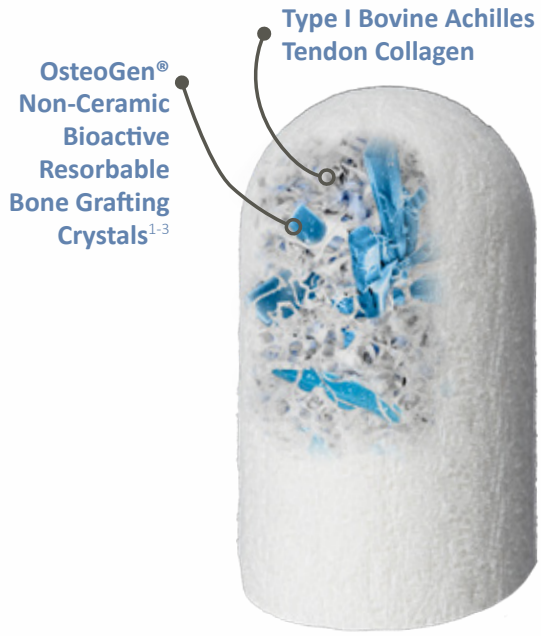

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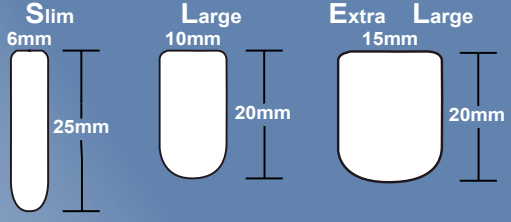
THE OSTEOGEN® BONE GRAFTING PLUGS ARE AVAILABLE IN THREE SIZES:



THE GLIDER™

Integrated Surgical Table

A COMPREHENSIVE OPERATORY SOLUTION FOR EFFICIENT DENTAL IMPLANT & SURGICAL PROCEDURES

The advanced delivery design eliminates multiple carts, stands, and awkward reaching for select instrumentation. Everything is within reach for the dental team, making procedures seamless.

The Glider™ is a generous-sized over the patient oral surgical table with integrated dental and suction handpieces, including an optional surgical-style motor. The Glider™ is mounted on heavy duty casters and easily positions into place with programmable electric height adjustment.

"If you are doing a lot of surgery in your office, the Glider is a no-brainer. It is equipped with everything you need to move through a surgery seamlessly. It is so nice to have all of my electronic instruments built into the Glider so I can best utilize my countertop space. Working with the Glider has made surgery a lot more pleasant."

Dr. Bryan Kariya

Dr. Ben Kellum

Transcend Dental

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