Clinical Bite
AAID Research Foundation funds study of treatment alternatives

One of the eight grants awarded recently by the AAID Research Foundation will compare patient satisfaction and complications with non-surgical root canal treatment with those of single tooth implant therapy. One hundred patients will be accrued prospectively over a year period. Fifty patients will have initial non-surgical root canal treatment, and the other fifty patients will have single-tooth implants. After receiving a definitive restoration, the patients will be evaluated clinically at seven days, three, six and 12 months. The primary outcome will include patient satisfaction, defined as having no physical or psychological discomfort, complications or esthetic concerns during or after both treatments during one year.

Mahmoud Torabinejad, DDS, MS, PhD, is the principal investigator for the team at Loma Linda University.

Turn to page 7 for a complete list of the eight grants totaling nearly $60,000 awarded by the AAID Research Foundation for 2009.

“Haute” Doc
AAID members are more than just excellent dentists. Every member has a personal side that may surprise you. Find out more about this issue’s “haute” doc on page 6.
Integrating technology for the continuum of care

From surgical planning and site development to final restoration, BioHorizons is uniquely positioned to streamline the implant and restorative processes, enabling clinicians to create a more efficient continuum of care.

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- Michael A. Pikos
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By Beverly W. Dunn, DDS
President, American Academy of Implant Dentistry

By the time you read this letter you should have received the “President’s Update” for December and January. For those of you who were not able to attend our annual meeting in San Diego, what follows is my acceptance speech that I delivered during the 57th Annual Business Meeting of the Academy.

It is an honor and privilege to stand before you today as the 56th President of the American Academy of Implant Dentistry. I want to thank my colleagues in the Academy who have guided and supported me on my journey in implant dentistry. I would also like to thank the personnel in the Central Office who have helped prepare me for this responsibility as I ascended the officer’s ladder.

I want to say a few words to our new credentialed members. Congratulations to each of you as you have become Associate Fellows and Fellows in our academy. Each of you has put the time and commitment to become better at what you do. I speak for all of us here today in saying how proud we are of you.

I remember vividly sitting where you are in 1993 in Dallas, Texas. I was awestruck by the officers that were seated before me. In those days the credentialing process time frame was different than what you went through. The candidates took the Associate Fellow written exam on Friday morning and then presented their cases to the Admissions and Credential examiners in the afternoon. The tests were graded and an envelope was slipped under your hotel room door that evening stating whether you had passed or failed the exam. It was nerve-wracking waiting to know if you passed and were going to the business meeting on Saturday afternoon. I was so proud that I had become an Associate Fellow of the American Academy of Implant Dentistry, but the thought of becoming involved in the Academy never entered my mind.

In 1998 I was at the Northeast District Meeting in Cooperstown, NY. There was a small turnout, and I went to the caucus meeting. I did not know anyone personally. As the group sat around a coffee table in the lounge, they mentioned that they needed an officer. They asked me to be the secretary of the District, and I reluctantly agreed. That was the beginning of my journey in the AAID.

I strongly urge each of you to support your District Meetings and get to know your colleagues. It will make your journey in implant dentistry so much more rewarding to you. I want you to think about becoming involved in the Academy. Our Academy has continued to evolve to what it is today because members have volunteered their time. It just takes a phone call to the Central Office.

The mission statement of our Academy is: “To advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for implant dentistry for the benefit of mankind.”

As I thought about all the areas that needed to be addressed in our strategic plan, the word “inclusion” kept entering my mind. How do we include our General membership in more Academy activities? Our General members make up approximately 80% of our membership. So here are some thoughts of things I would like to accomplish in my year as president:

1. At the officers’ planning meeting each September, have a staff appreciation luncheon. We have a fantastic dedicated staff that works well together and is willing to go the extra mile to help us reach our goals. We took the staff to lunch at the office.

AAID NEWS
Editor
David G. Hochberg, DDS
Executive Director
Sharon Bennett
Director of Communications
Max G. Moses

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www.aaid.com
More than 1,600 dentists, allied staff and exhibitors attended the recent American Academy of Implant Dentistry annual scientific conference, Oct. 29-Nov. 2 in San Diego, and participants hailed the meeting as an innovative and highly valuable opportunity for continuing education, product demonstrations and networking.

The scientific program showcased an international cast of 49 speakers from 10 countries and offered 24 hours of comprehensive continuing education credit. A new and unique feature of the 2008 meeting was a direct satellite connection on the big screen for plenary session instruction from live surgeries performed at nearby Loma Linda University School of Dentistry. Procedures shown were a sinus graft, a radical bone augmentation and surgery to correct mandibular continuity defects, such as ridge deficiencies and maxillary clefts.

Two plenary sessions this year featured a point-counterpoint discussion format in which experts with contrasting views on controversial clinical issues engaged in lively debate, and the audience answered polling questions on the spot with remote control touch pads. One session covered the role of mini dental implants in clinical practice and focused on platform switching for treatment of crestal bone loss.

In the packed session on mini implants, the proponent speaker advocated wider use of the shorter, less costly procedure while the opposing point of view advocated a more conservative approach in adopting mini dental implants until several long-term outcomes studies are published.

Concerns also were raised about whether general dentists who adopt mini implants receive sufficient implant training.

AAID members who completed evaluation forms said the live surgery presentations and the point-counterpoint sessions are new dimensions that made the 2008 meeting the best they have attended. “It was very exciting to have live surgery at the main podium. Please include that again,” said one respondent.

Feedback from many others was equally favorable, summed up by a general dentist who wrote: “I have attended other implant symposiums and have found the AAID to be the best. I liked the main podium presentations because they stretched my imagination and pointed me into some areas that I want to be learning more about.”

AAID’s scientific planning committee already is working on the 2009 meeting, which is Nov. 11-15 in New Orleans.
President’s Message
continued from page 3

cers’ planning meeting on October 6.
2. Have our caucus meetings open to all General members from each District. It will have a very positive effect for the District. Obviously the Credentialed members are the only ones who can vote.
3. Discover the talents of our General members by adding them to committees, which in turn should encourage them to become Credentialed members.
4. I hope to communicate to you frequently during the next year on what I am doing as president via email or fax.
5. Carolina Hernandez has taken on the position of manager of membership services. Each year we lose approximately 10% of our members, but in the past we had gained 15% to 20%. Several of these members who do not renew their membership are international members. Carolina is going to work with the Membership and Global Committees to address this issue.
6. As many of you know Dr. Norman Cranin has retired as editor of our Journal. Dr. Cranin devoted his time, energy and money for over 38 years to bring the Journal to where it is today. Our Academy is extremely grateful to Dr. Cranin for his years of unselfish love to this academy. Dr. Cranin is now Editor Emeritus of the Journal.

Dr. Jaime Lozada is chairman of the search committee to find a new editor for the Journal. Dr. James Rutkowski has volunteered to be the interim editor. Jim will do a great job to make sure that there is a smooth transition between Dr. Cranin’s retirement and the new editor.
7. Sharon Bennett has suggested that as part of each February board meeting, a portion of time be given to re-evaluate and update the Academy’s strategic plan. This will allow more time to implement the strategic plan during the year.
8. The Academy’s legal challenges in Florida and California should continue, but we need to know realistically how much more money we are going to have to spend to get these issues to the Supreme Court. We cannot continue to budget this expense as we have in the past. We have spent over a $1.5 million to date.
9. Dr. Lozada mentioned in his presidential speech last year about evaluating alternative formats for District Meetings. As part of this format, the meeting planners and the Central Office would work together to ensure both a financial and beneficial experience for all those who attend a district meeting. Dr. James Bush is the chairman of this project and it should be completed and presented to the Educational Committee.
10. The Academy will continue its efforts in forming alliances with the Academy of General Dentistry, the American Academy of Cosmetic Dentistry and the Academy of Laser Dentistry.
11. Dr. Tom Chess will chair an Honored Fellow Task Committee. This committee will work with our executive director to set a policy for Honored Fellow nominations.
12. Dr. Shankar Iyer spoke to me earlier this year about the importance of archiving the memories of the members of our Academy who were the pioneers in implant dentistry. I had the privilege of spending considerable time with the academy’s first president, Dr. Norman Goldberg, this summer doing an audio and video interview with him at his home. It was fascinating to see the models that he had kept of the design of his first subperiosteal implant. He is 89 years old, in good health and plays golf three times a week. Dr. Goldberg and his wife, Phyllis, have been married 57 years. This archiving project will probably take a couple of years to complete. Once completed we will have it on our Web site, and the DVD’s can be used at meetings.

I want to thank you for placing your trust in me to lead this Academy for the next year. Theodore Roosevelt once said that “Far and away the best prize that life offers is a chance to work hard at work worth doing.” As the 56th President of the AAID, I will work hard at work worth doing. Thank you. I look forward to seeing you at the President’s Reception.

It is going to be another exciting year in the AAID as I look forward to the continued growth and support of our members to make this Academy the leader in implant education. You can call or email me at Bevodunn@comcast.net with any questions or suggestions that you may have.

With kind regards,
In 1985, Dr. Hacker decided to devote more time to his creative passion and became active with his local art league and studied under master teachers. “I deeply valued the training, which more than ever convinced me that watercolor is fast and spontaneous and allows you to paint subjects that would be too laborious with oils. You can’t correct mistakes in watercolor as you can with oil by just thinning and painting over the spot. Watercolors can burst, bleed and run, and if you are skilled at watercolor you can paint anything,” he explained.

Today, Dr. Hacker completes about 20 paintings a year and often chooses subjects from his travels in the US and Europe. He takes lots of photos on trips and takes a sketch pad. Once he was inspired by a backcountry skiing guide in Steamboat Springs, Colo. “She was an exciting subject because she skis like her hair is on fire. I couldn’t resist doing the painting and gave it to her as way to say thanks for guiding us on the slopes.”

Dr. Hacker believes painting allows him to communicate and comment in meaningful ways. “Most of us go through life and don’t experience things as deeply as we should because we don’t take time to look, slow down, and make a connection,” he said. Some other favorite subjects to paint are children, landscapes, lighthouses, equestrian sports, fishing, skiing and even an occasional patient.

“I enjoy bringing out the individual’s spirit in my paintings,” Tim states on his website’s homepage at www.artisttim.com. “Some of my paintings deal with family issues that are driven by the resilient strength of the human spirit, while my series of equestrian or western art themes celebrates the connection of horse and rider, and the drama of the rodeo. Horses are bold and beautiful, the arena is exciting, and combining those elements takes us on a journey together that is filled with adventure and unexpected joy.”

One of Dr. Hacker’s current projects is a painting honoring his parents, a gift commemorating his father’s service award from Harding University where he served as a department chairman. “Dad was a preacher with doctorates in philosophy and religious education. He and my mother are 78 and starting to show their years. In the painting, I want to make them look strong and in control, as they were throughout their lives,” he said.

Every year, Dr. Hacker donates a painting for the AAID Foundation auction, and his work has become very popular with his colleagues who bid every year on the artwork. One year, Dr. Larry Bush asked Tim to paint a favorite lighthouse in Bar Harbor, Maine, as the subject for the artwork prize and Bush would bid for it. “I agreed to paint the lighthouse, but unfortunately for Larry, he didn’t expect that Kim Gowey would outbid him for it,” Hacker said.

see Haute Doc p. 20
2008 AAID Research Foundation Grants

James Rutkowski, DMD
Clarion University of Pennsylvania
“Effect of Growth Factors on Cell Proliferation and Differentiation with Radiographic Analysis of Tooth Extraction Socket Fill Utilizing Autogenous Growth Factors.”
Amount of Grant: $19,250

Wook-Jin Seong, DDS, MS, PhD
University of Minnesota
Amount of Grant: $10,000

Student Research Projects
Dr. Kevin Baker
University of Colorado
“The Effect of Implant Design on Primary Stability.”
Amount of Grant: $2,500

Li Ning, DDS, PhD
University of Rochester
“Porous Collagen-Nanohydroxyapatite Composites as Scaffolds for Stem Cell Based Skeletal Tissue Regeneration”
Amount of Grant: $10,000

Dr. Mahmoud Torabinejad
Loma Linda University
“The degree of Patient Satisfaction and Complications during and after Treatment with Non-Surgical Root Canal Treatment and Single Implant Therapy.”
Amount of Grant: $10,000

Dr. Nichole Barkhordar
University of California
“Bioactive Glasses Enhance Osteoblast Matrix Formation and Mineralization.”
Amount of Grant: $2,500

Wook-Jin Seong, DDS, MS, PhD
University of Minnesota
Amount of Grant: $10,000

Dr. Jonathan Korostoff
University of Pennsylvania
“Affect of Patient’s Desire for Dental Implants on Motivation for Cessation of Smoking.”
Amount of Grant: $2,500

Dr. Theofilos Koutouzis
University of Florida
“Comparative Soft and hard Tissue Responses to Titanium and Polymer Healing Abutments.”
Amount of Grant: $2500

2008 Research Foundation Auction Raises More than $45,000

More than 35 individuals and corporations contributed products and services that generated more than $45,000 for the AAID Research Foundation during its recently held auction at the 2008 AAID Annual Meeting. Thanks to the many bidders and contributors.

Donated Educational Courses
Kenneth Hebel, DDS
Alfred “Duke” Heller, DDS
Shankar Iyer, DDS
Robert Leigh, DDS
Jaime Lozada, DDS
John Minichetti, DDS
Michael Pikos, DDS
Josel Rosenlicht, DDS
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Tel-A-Patient
Upholstery Packages & Services
Zest Anchors, Inc

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JANUARY 2009
Congratulations to the 2009 ABOI Board Members!

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Natalie Y. Wong, DDS
Toronto, ON Canada
Louis Rigali, DDS, MS
Holyoke, MA

The ABOI Board of directors is comprised of seven members, each of whom serves a rotating seven-year term. Congratulations to the 2009 ABOI Board.

The ABOI has a number of committees that ABOI Diplomates can serve on. If you are interested in any of the following committees, contact Kathleen Huttner, Executive Director of the ABOI, at khuttner@aboi.org.

• Continuing Education Committee
• Follow-Up Committee
• Joint Liaison Committee
• Part I Test Construction Committee
• Part II Test Construction Committee

Additionally, there are opportunities for Diplomates to help out at the ABOI booth during the AAID Annual Meeting. This is a great chance to converse with your colleagues about the benefits of becoming a Diplomate of the ABOI.
Dentists are often uncertain as to their rights and responsibilities relative to communications from a patient's attorney or an unexpected visit from a representative of a state regulatory agency. These issues are extremely important and warrant more than fear or uncertainty. In short, remember the adage, 'When in doubt, don't.'

Communications from attorneys can occur when they are seeking patient records or other information related to patient treatment. The first question which must be answered is whether or not the attorney has the right to obtain the records, and looking to that answer, whether or not the person purportedly represented by the attorney has the authority to obtain, or authorize the release of, the records. Don't allow the dental office to take sides or be put in the middle.

Domestic relations situations
In domestic relations matters, a dentist is frequently 'in the middle' relative to treatment decisions, payment responsibility, and with whom to discuss patient care related issues. There are situations where one parent may not want the other parent to be aware of a child's appointment or dental treatment. An office staff member can inadvertently put the office in a difficult position by divulging to the non-custodial parent information about the dental treatment needed or rendered, fees incurred or projected, or any information provided by the other parent related to employment, insurance or other personal matters. If both parents claim they have sole authority or custody of a child, but that the 'other' parent is responsible for payment, request a copy of an order from the court that provides who is authorized to make dental treatment decisions for the child and who is responsible for dental care expenses. Don't allow the dental office to take sides or be put in the middle.

All dentists have a duty to fully and candidly report examination findings and treatment recommendations to the patient, regardless of what was previously done … or not done … by another dentist.

On other occasions an attorney may call or otherwise communicate with the dentist in an attempt to ‘clarify’ treatment recommendations or examination findings on a particular patient. The patient may actually want to seek damages or a refund from a previous dentist and could have consulted with an attorney. The attorney, in turn, may want the current dentist to give a statement that is critical of a previous, treating dentist. While the patient may be understandably aggrieved by previous treatment or lack thereof, it does the current dentist little good to either intentionally, or inadvertently, become immersed in an adversarial proceeding.

Treatment recommendations vs. comments on standard of care
All dentists have a duty to fully and candidly report examination findings and treatment recommendations to the patient, regardless of what was previously done… or not done… by another dentist. But, you have no duty to ‘connect the dots’ relative to giving an opinion on the standard of care rendered by another dental practitioner.

Simply stated, it is one thing to recommend the replacement of a bridge that is only six months old, but quite another to state that ‘but for’ the previous practitioner's negligence, the bridge would not require replacement! One is an objective, truthful opinion, but does not constitute an opinion as to

see Legal Bite p. 29
DENTSPLY Tulsa Dental Specialties Introduces New ProUltra® SINE® Access Refinement Tips

DENTSPLY Tulsa Dental Specialties, a division of DENTSPLY International Inc. (Nasdaq: XRAY) introduced its new line of access refinement tips. ProUltra® SINE® offers clinicians twice the concentration of diamonds than the competition to achieve safe, fast and precise refinement during endodontic procedures.

Tulsa Dental Specialties’ SINE tips were designed by Dr. Cliff Ruddle to handle multiple applications using six innovative contraangled tip configurations and feature built in water ports allowing clinicians to use them wet or dry. The new SINE tips build on the proven line of ProUltra® ultrasonic tips for both surgical and non-surgical indications.

SINE tips are designed to handle multiple applications including:
- Refining and finishing axial walls and line angles
- De-roofing peripheral dentin and flaring orifices
- Removing attached and detached pulp stones
- Chasing receded and calcified canals
- Troughing for hidden orifices
- Eliminating internal triangles of dentin
- Cleaning the pulp chamber post treatment
- Eliminating the coronal most aspect of carrier-based obturators
- Smoothing and finishing various restoratives
- Removing caries in difficult to access areas
- Disassembling restorative segments and core materials
- Preparing root defects for repair

All of the SINE tips are 18mm in working length. They are: SINE 1 pointed tip; SINE 2 rounded tip; SINE 3 round ball (0.55 mm); SINE 4 round ball (0.75 mm); SINE 5 football-shaped (0.75 mm x 2.20 mm); and, SINE 6 football-shaped (1.10 x 3.20 mm).

SINE tips are available individually, as a set (6 tips) and as a system which includes all six tips and the ProUltra® Piezo Booster and handpiece.

For more information or to place an order, call 1-800-662-1202 or visit www.tulsadentalspecialties.com.

DentureMart Catalog Vol 2 #13

New Publication Targets Dental Implant Practice Team Members

BIOMET 3i now offers Professional Development Pearls for members of the implant dentistry team. Each issue highlights topics relevant to the busy implant practice.

“Hygiene And Maintenance of Implant Supported-Restorations” (ART1008 Rev A) addresses a step-by-step recare protocol for monitoring and maintaining dental implant-supported restorations. Written by Anita Daniels, RDH, the issue discusses professional monitoring, analysis of oral hygiene, professional debridement and polishing, periodontal probing and understanding radiographs.

“Taking the Surgical Practice to the Next Level” (ART1008 Rev B) by Laurie Elizabeth Sizemore discusses how an organized approach to managing the practice may improve patient scheduling, the management of emergency patients, productivity, patient flow and customer service. Importantly, Ms.
Sizemore’s approach ultimately may make the time spent at work more enjoyable for the entire team.

“Making Planned Continuing Education Rewarding for Everyone in Your Practice” (ART1083) by Linda Somers, MBA, explains the benefits of planned education with guidance on how to develop and implement a plan, team building, speaker and venue selection and program marketing.

BIOMET 3i also announces a new schedule of professional education opportunities available in the 2008-2009 Continuing Education Course Catalog. The catalog includes programs for periodontists, prosthodontists, oral and maxillofacial surgeons as well as general dentists, laboratory technicians and auxiliary personnel.

Included in the catalog are speaker biographies, a registration form and course descriptions for auxiliary and surgical programs, comprehensive treatment programs, university programs, academy meetings and global meetings of interest.

To request a copy of Professional Development Pearls, please call BIOMET 3i Customer Service at 1-800-342-5454 and request any of the ART numbers shown above. For more information, call 1-800-443-8166 or 561-776-6700, or visit the company’s Web site: www.biomet3i.com

see Industry News p. 19
Upcoming Key AAID Dates

**FEBRUARY 2009**
1  Examination Deadline for April 30-May 3 Fellow Exam
   Chicago, Illinois
   Examination Deadline for April 30 -May 3 Associate Fellow Oral/Case Exam
   Chicago, Illinois
9-13  Associate Fellow Written Examination
     Pearson Vue Testing Centers

**APRIL 2009**
30- May 3 Fellow and Associate Fellow Oral/Case Exam
   Chicago, Illinois

**MAY 2009**
14  Examination Deadline for computer-based Associate Fellow Exam
    Pearson Vue Testing Centers
28 - 30  The Exotic Side of Implant Dentistry - Acapulco, Mexico

**JUNE 2009**
7  Associate Fellow Written Examination
   New York, New York
13  Associate Fellow Written Examination
   Portland, Oregon
26-27  AAID Bone Grafting Course - Dayton, Ohio

**AUGUST 2009**
7  Examination Deadline for computer-based Associate Fellow Exam on December 7 - 11, 2009
    Pearson Vue Testing Centers

**SEPTEMBER 2009**
14-18  Associate Fellow Written Examination
      Pearson Vue Testing Centers

**OCTOBER 2009**
16  Examination Deadline for Associate Fellow Exam on November 15, 2009 in New Orleans

**NOVEMBER 2009**
5  Examination Deadline for Associate Fellow Exam on December 5, 2009 in Atlanta
11-15  58th Annual Meeting of AAID New Orleans, Louisiana
15  Associate Fellow Written Examination
    New Orleans, Louisiana

**DECEMBER 2009**
5  Associate Fellow Written Examination
    Atlanta, Georgia
7-11  Associate Fellow Written Examination
      Pearson Vue Testing Centers

Visit www.aaidacapulco.com for details.
Executive Director’s Report
By Sharon Bennett

Virtually every association has a mission statement. Most have a strategic plan. Several have a written plan of work to implement the plan. However, very few actually invest significant dollars and structure their organization to further their stated mission. One of the key parts of the mission of the American Academy of Implant Dentistry is to be the credentialing standard for implant dentistry.

When I became the executive director of the AAID, I was pleasantly surprised to discover that the Academy is one of the few organizations that “walks the walk” when it comes to furthering its stated mission and raising the standard of implant dentistry.

It’s okay to change strategies
The strategy included building credentialing programs that were comparable to the top credentialing programs found elsewhere in dentistry.

However, simply having a credible credential wasn’t enough. The AAID realized that for its credentialing program to be considered the standard, it must be recognized by those outside the Academy itself. So, the initial companion strategy was to become a recognized specialty in dentistry. The AAID invested tens of thousands of dollars and thousands of staff and volunteer hours preparing the application for recognition as a specialty.

Unfortunately, the application was denied by the ADA House of Delegates. The need for recognition of its credential as the standard for implant dentistry did not disappear with the rejection by the ADA. So, the Academy developed a new strategy: challenging state restrictions on the advertising of the AAID’s bona fide credentials in implant dentistry through the courts.

In 14 years since adopting this new strategy, the AAID has invested over $1.7 million in legal related expenses for recognition of the AAID’s Associate Fellow and Fellow credential and Diplomate issued by the American Board of Oral Implantology/Implant Dentistry (ABOI/ID).

AAID pursues recognition in Florida
In 1994, the AAID sought and obtained a formal ‘Declaratory Order’ from the Florida Board of Dentistry. That Order concluded that the AAID and ABOI/ID were bona fide organizations that issued credentials in implant dentistry and which could be advertised without restrictions.

However, in response to that Order, the Florida Dental Association successfully lobbied the Florida legislature for the enactment of statutory restrictions that prohibited the advertising of AAID credentials. The AAID and one of its Florida members challenged that statute on First Amendment grounds, and in 1998, the US District Court in Tallahassee ruled that the statutory restrictions were unconstitutional (‘Borgner I’).

Shortly thereafter, the Florida Dental Association returned to the legislature and again successfully lobbied for the passage of amended restrictions that, while purporting to allow the advertising of the credentials, imposed onerous disclaimers. The AAID returned to the Court, which again ruled in 2001 that the amended statute was also unconstitutional (‘Borgner II’). The Florida Board of Dentistry appealed this decision to the 11th Circuit Court of Appeals, which ultimately reversed the lower court in a 2 to 1 split decision, in March 2002.

The AAID then sought to have this decision reviewed by the U.S. Supreme Court. In December, 2002, the United States Supreme Court denied the AAID’s request for review, but Justices Clarence Thomas and Ruth Ginsburg issued a dissent, stating that they believed the AAID case should be reviewed by the full Court, and that the disclaimers at issue appeared to cross the line of constitutionality.

In 2003, another Fellow and Diplomate from Florida, filed suit in state court against the Florida Board of Dentistry, alleging that the statute upheld as constitutional by the federal courts violated his rights under the Florida Constitution. In addition to his AAID/ABOI/ID credentials, the dentist is asserting his right to advertise his Academy of General Dentistry (AGD) credentials, and a different plaintiff/Florida dentist wishes to assert his right to advertise his credentials in cosmetic dentistry earned from the American Academy of Cosmetic Dentistry (AADC). This case will likely go to trial in the next month.

AAID opens a “Western front”
On the ‘Western front,’ in 1998, the AAID and one of its credentialed members launched a judicial challenge...
Introduction
The economy’s tough. Prices are up. Spending is down. When money is tight, people are more inclined to think of implants as luxuries that should be postponed until better times. Well, it’s your job to educate patients about implants. If you do, you radically increase the chance that they will go ahead with implant treatment!

The simple fact is that any system for implant education needs to accomplish two things if you wish to grow your implant practice in a down economy:
1. Implants must be regarded as a standard of care
2. Implants (and the great smiles they create) must be seen as an important tool for self-esteem and success

When you achieve these objectives, patients will begin to prioritize implants. Once they do that, you have more opportunities to secure the long-term success of your implant practice.

Business Bite
Don’t let the economy dissuade you from recommending implants

By Roger P. Levin, DDS

Editor’s Note: As a part of our effort to provide greater value to AAID members through the AAID News, we are offering a “Business Bite” column in each issue. We hope that you find the following article by Dr. Roger P. Levin valuable. Dr. Levin is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Levin Group can be reached at 888.973.0000 and customerservice@levingroup.com.

It all starts with your passion
If you were to lose a tooth tomorrow, would you want a crown and bridge to replace it? Would that be good enough for you? No, you would want an implant. End of story. You wouldn’t even have to think about it because you know it’s by far the best solution with the most benefits.

As doctors, you and I know that dental implants represent one of the finest quality-of-life improvements a patient can be offered today. Advancements in implant technology have made this treatment option easy, safe and fast to deliver. Your confidence in implants should be bolstered by new research results that indicate dental implants are 98 percent successful.¹

Your patients need to embrace the same kind of conviction. If you are passionate about implants, you have to pass that passion along to your patients. Levin Group has found that when patients are taught by enthusiastic doctors and teams to regard implants as an exceptional lifetime value, many patients become extremely interested in implant treatment.

Building value for implants
The majority of patients with missing teeth often adopt a number of subtle ways to hide or minimize their obvious dental condition. As time goes by, they simply grow accustomed to not having fully functional teeth. They do not seek out implants because they either do not know about them or they do not realize the extent to which this treatment option can change their lives. To change this situation, dentists must educate edentulous patients that they can have a better smile and improved oral health with implants.

Committing to implant dentistry means a never-ending process of increasing patient awareness. It is not enough to merely ask patients how they feel about their smile as if that is going to trigger total awareness and a corresponding interest in implant treatment. Patients with missing teeth don’t believe that correction is possible. They have settled for a less-than-wonderful smile. They accept the imperfect solution of a crown or bridge because they don’t know about the alternative. Dental implants are not a point of reference for them—at least not yet.

You must explain the esthetic and health benefits of implants to your patients. They need to know that implants can truly improve the quality of their lives. As part of your implant education system, use the following benefit statements.

• “When you get an implant, Mrs. Smith, you...”
will notice improved confidence as your smile once again becomes full and healthy in appearance.”

This is very important—especially in a down economy when more and more people are looking for jobs. Competition is fierce, which makes the job interview more important than ever. It’s no secret that a nice smile is an asset to anyone seeking a job.

- “With implants, you don’t have to worry about food restrictions anymore. You will be able to bite into an apple with no problem. You’ll be able to chew your foods easier and avoid uncomfortable digestive problems.”

Food restrictions are the number one complaint of people with dentures. Doctors get to be heroes by helping patients achieve a higher quality of life.

- “Future bone loss from dentures will no longer occur once you have implants.”

This statement serves to effectively dispel the outdated notion that implants are “just a luxury.” Patients may not understand every aspect of treatment but they certainly understand the idea of bone loss in their jaw! They need to understand that implants can ensure better oral health for the long term.

- “With implants, you can replace your missing teeth naturally. There is no longer a need to grind down healthy neighboring teeth to support bridges and partials. Implants do not require any support from other adjacent teeth.”

This statement communicates how implants positively affect the entire mouth, not simply the treated areas.

**Who’s right for implants? Nearly everyone!**

For restorative dentists, setting aside part of every new patient and hygiene exam as an implant evaluation will help increase practice focus on implants. The time has come to stop making implants a by-product of the standard full mouth comprehensive exam and devote time and attention to this unique and valuable restorative choice. By taking this approach, practices are able to create an expanded patient education campaign that clearly communicates the fact that implant dentistry is now a subset of the profession.

This statement serves to effectively dispel the outdated notion that implants are “just a luxury.” Patients may not understand every aspect of treatment but they certainly understand the idea of bone loss in their jaw! They need to understand that implants can ensure better oral health for the long term.

By taking this approach, practices are able to create an expanded patient education campaign that clearly communicates the fact that implant dentistry is now a subset of the profession.

**Conclusion**

Enthusiasm is contagious. When doctors are enthusiastic about implants, there’s a good chance patients will become enthusiastic about them as well. Yes, the economy may deter a few patients but many more will still want the best possible treatment option—if you have successfully educated and motivated them.

The tremendous advantages that implant dentistry offers to patients must be effectively conveyed. Commit to spend more time with patients so that you can effectively motivate them to change their lives through implant treatment. When implants are no longer regarded as just a luxury, you will be astonished how your implants cases climb—no matter what’s happening in the economy!

AAID readers are entitled to receive a 20% courtesy on Dr. Levin’s latest Total Implant Success™ Seminar being held February 18-19 in Las Vegas. Call 888-973-0000 and mention “AAID” or email customerservice@levingroup.com with “AAID” in the subject line. Readers can also visit www.levingroupimplant.com for more information.


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Don’t forget to visit www.aaid.com for the latest news and updates.
of a California Dental Board enforcement policy that prohibited the advertisement of AAID and ABOI/ID credentials. In 2000, the U.S. District Court in Sacramento ruled that the restriction was unconstitutional. Then, in 2002, in an attempt to circumvent the Court decision, the California Dental Association successfully lobbied for the passage of a statutory provision that prohibited the advertisement of credentials unless they were based upon completion of a full time, postgraduate educational program.

The AAID and another of its credentialed members challenged this 2002 statute in the same U.S. District Court, and in 2004 that Court ruled that this statute was also unconstitutional. That decision was appealed by the State of California to the 9th Circuit Court of Appeals based in San Francisco, and briefs supporting the AAID were filed by the AGD and AACD. In February 2007 the Appellate Court reversed the lower Court decision and concluded that the lower Court should have held a trial to decide whether or not the consumer surveys conducted by the California Board of Dentistry (and partially paid by the CDA/ADA) had any merit. Immediately thereafter, the California Board of Dentistry and the Office of the California Attorney General began negotiations with the AAID relative to an amended statute that would be acceptable to both sides. The parties have agreed upon potential statutory language but no subsequent legislation has been introduced as of this date. If the agreed upon legislation is not introduced and passed, this case will likely return to the District Court for a trial in 2009.

see Bennett p. 18
Osteogenics’ 2009 GLOBAL Bone Grafting Symposium
Westin Kierland Resort & Spa :: Scottsdale, Arizona :: April 3-4, 2009

Symposium Highlights:
Latest research :: World-renowned speakers
Expert panel discussion :: Interactive treatment planning
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Barry Bartee, DDS, MD
Ridge Preservation After Extraction: Myths and Reality

Henry Greenwell, DMD, JD, MSD
A Comparison of Techniques and Predictability of Ridge Preservation and Ridge Augmentation Procedures

Eiji Funakoshi, DDS, MSD
Socket Preservation and Ridge Augmentation Utilizing Open Barrier Membrane Technique

Daniel Cullum, DDS
Ridge Expansion in the Regenerative Treatment Paradigm

Jeffrey Lemler, DDS
Horizontal and Vertical Alveolar Ridge Augmentation: Advanced Techniques to Enhance Function and Esthetics

Symposium Registration
$595 :: Register by March 3, 2009 (nonrefundable after March 3, 2009)
Assistants and office personnel are welcome at $150/person
Call 1.888.796.1923 to Register

For more information call 1.888.796.1923
Admissions and Credentials Board

Annual Oral/Case Examinations:
The annual oral/case examinations for Associate and Fellow membership will be held in Chicago, April 30 – May 3, 2009, and applications must be received in the Headquarters Office by February 1. The applications and all available materials related to these examinations are posted in the Credentialing section of the AAID website. Those who passed the written part of the Associate Fellow examination in 2005 are urged to apply for the 2009 annual examination since their four-year eligibility to take the oral/case examinations ends at that time.

Check out www.aaid.com to get the most out of your AAID membership.

Bennett
continued from page 16

Coalition leads to a victory in Colorado
An informal coalition of the AAID, the AGD, AACD and the Academy of Laser Dentistry (ALD) was able to convince the Colorado Dental Board to allow dentists to advertise bona fide credentials in dentistry. The regulation passed in the Summer 2008 by the Colorado Dental Board provides that advertisements by dentists to the public may include credentials earned from AAID or other legitimate professional organizations, but also should include the phrase ‘general dentist’ if applicable.

The pursuit continues
Although the AAID achieved success in the state of Colorado through coalition building, the Academy believes that the most effective strategy is not through a state-by-state campaign, but rather to obtain national recognition through the courts – ultimately with a decision by the U.S. Supreme Court. The AAID continues to invest hundreds of thousands of dollars this year in raising its credential to become the standard in implant dentistry.

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Pelton & Crane introduces new Helios 3000 LED Operating Light

Pelton & Crane, introduces a breakthrough in dental operating lights – the Helios 3000 LED Operating Light. Pelton and Crane’s Helios 3000 LED Operating Light, with patented color mixing LED technology, delivers a precisely calibrated 3” x 6” light pattern for optimal illumination of the oral cavity.

Using advanced LED light technology, the Helios 3000 LED Operating Light provides benefits such as a NO-CURE composite setting, push button 5000° and 4200° Kelvin settings, multiple intensity options, precise shade matching capabilities and nearly zero radiant heat emission. The conservation of energy and illumination of LED’s provides a life expectancy of 10x that of existing halogen based dental operating lights. By reducing the amount of wattage used to power the Helios 3000, energy conservation of approximately 70% is accomplished. This conservation accounts for a significant amount of cost savings on an annualized basis.

Available in six mounting variations: Track, Ceiling, Cabinet, Wall, Post and Ellipse Mounted, the Pelton & Crane Helios 3000 LED Operating Light provides advanced positioning capabilities and enhanced ergonomics for precise and efficient illumination of the oral cavity.

For more information on the Helios 3000, please contact Pelton & Crane at 800-659-6560, or visit www.pelton.net/helios3000.
In 2009, Dr. Hacker will be exhibiting some of his paintings at national art shows in Colorado, Alabama and Memphis. In recent exhibitions, Dr. Hacker’s “Sunday Paper,” which shows an older man selling newspapers, won third place in the Memphis-Germantown Art League Star Exhibition 2007. “Bring It Home” conveys the fast action of a rider galloping in the final turn of a rodeo barrel race and received the Best Watercolor/Watermedia Award in the Northwest-National Exhibition 2006. His painting of a favorite senior patient wearing a red hat, “Playful Wisdom,” was in the 2007 Mississippi Grand National Watercolor Exhibition. “Photo Finish” is a ground level, head-on scene of neck-and-neck thoroughbreds thundering to the finish line. The painting traveled across Tennessee with the 2008 Tennessee Watercolor Society Biannual Exhibition.

Dr. Hacker’s collection of watercolor paintings can be enjoyed on his websites: www.thackerdds.com and www.artisttime.com.

AAID Names Honored Fellows

The American Academy of Implant Dentistry recognized six dentists as Honored Fellows. The Honored Fellow designation is awarded to those members of the AAID who, through their professional, clinical, research or academic endeavors, have distinguished themselves within implant dentistry. Named Honored Fellows during AAID’s 57th Annual Meeting were:

- Nicholas Caplanis, DMD, MS; Mission Viego, CA
- Gordon Christensen, DDS, MSD, PhD; Provo, UT
- John DaSilva, DMD, MPH, ScM; Boston, MA
- Michael Pikos, DDS; Palm Harbor, FL
- Lee Silverstein, DDS, MS; Atlanta, GA
- O. Hilt Tatum, III, DMD; Auburn, AL

Haute Doc

continued from page 6

In 2009, Dr. Hacker will be exhibiting some of his paintings at national art shows in Colorado, Alabama and Memphis. In recent exhibitions, Dr. Hacker’s “Sunday Paper,” which shows an older man selling newspapers, won third place in the Memphis-Germantown Art League Star Exhibition 2007. “Bring It Home” conveys the fast action of a rider galloping in the final turn of a rodeo barrel race and received the Best Watercolor/Watermedia Award in the Northwest-National Exhibition 2006. His painting of a favorite senior patient wearing a red hat, “Playful Wisdom,” was in the 2007 Mississippi Grand National Watercolor Exhibition. “Photo Finish” is a ground level, head-on scene of neck-and-neck thoroughbreds thundering to the finish line. The painting traveled across Tennessee with the 2008 Tennessee Watercolor Society Biannual Exhibition.

Dr. Hacker’s collection of watercolor paintings can be enjoyed on his websites: www.thackerdds.com and www.artisttime.com.
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Phone: 800-549-5000
E-mail: rosanna@dmvassos.com
Contact: Mahia Cheblac
Drs. Jihad Abdallah & Andre Assaf
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Phone: 780-488-1240
E-mail: rosanna@dmvassos.com
Web site: www.dmvassos.com

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E-mail: oagd@teleport.com
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Contact: Lisa McCabe
Phone: 780-488-1240
E-mail: rosanna@dmvassos.com
Phone: 780-488-1240
E-mail: rosanna@dmvassos.com

Venue: Rosenlicht Oral & Facial Surgery Center, Manchester, CT
Contact: Melissa Mazzola
Phone: (860) 649-2272
E-mail: Melissa@jawfixers.com
Web site: www.JawFixers.com

Error! Equation Error.
Register for This Summer’s Bone Grafting Course

Plan to register for AAID’s outstanding and very popular Bone Grafting Course to be held June 26 – 27, 2009 at Wright State University in Dayton, Ohio.

This course combines lectures and laboratory sessions featuring hands-on experience utilizing cadaver heads and soft tissue grafting using pig jaws. The lectures focus on relevant head and neck anatomy; chin, ramus and subantral grafts; bone expansion techniques; soft tissue management (including free gingival and subepithelial grafts) relating to dental implant(s) and osseous grafts; bone graft material classifications and indications; science of platelet rich plasma (PRP) and how to obtain PRP using a simple cost-effective technique; venipuncture techniques; and pertinent perioperative pharmacology. During the supervised laboratory sessions, participants will review anatomical landmarks and perform procedures demonstrated by the lecturers.

At the end of the course, the participants will be able to:
• Recognize indications for bone grafting procedures.
• Recognize anatomical landmarks pertinent to implant placement and bone grafting procedures.
• Utilize the proper instrumentation for grafting procedures.
• Classify bone grafting and barrier materials and recognize indications for use of each type.
• Recognize potential complications of implant placement and bone grafting procedures.
• Apply clinical protocols for subantral augmentation (sinus lift) using lateral wall and Summer's techniques.
• Apply clinical protocols for autogenous block cortical grafts from chin and ramus donor sites.
• Apply clinical protocols for bone expansion techniques.
• Apply clinical protocols for soft tissue management relating to dental implant placement and grafting procedures.
• Acquire PRP and utilize it during implant and bone grafting procedures.
• Develop a perioperative protocol for the pharmacological management of post-operative pain and infectious complications that may occur with soft tissue and bone grafting procedures.

A registration form as well as detailed information can be found on AAID’s Web site – www.aaid.com.

Location: Vancouver, B.C. Canada
Contact: Kim
Phone: 1-800-668-2280
E-Mail: phyllis@piidentistry.com
Web site: www.piidentistry.com

Study Clubs*
New Jersey
Lincroft Village Dental Implant Study Group
Treatment planning, bonegrafting, prosthetics
Richard J. Mercurio, DDS
Contact: Martha Doucette
Phone: 732-842-5005
E-mail: lvdimplantstudygroup.com

New York
CNY Implant Study Group
March 3, 2009: Is An Implant Indicated?
Bell Hall; Utica College
Speaker: Emile Martin, DDS

September 8, 2009: Atraumatic Extractions with Socket Grafting: A Predictable Technique for Site Preservation
Bell Hall; Utica College
Speaker: Brian J. Jackson, DDS

November 10, 2009: Advanced Multidisciplinary Implant Treatment Planning with Case Presentations
Treatment Planning with Case Presentations
Bell Hall; Utica College
Speaker: Brian J. Jackson, DDS

Surgical Implant Training Program
April 16-17, 2009
Turning Stone Resort & Casino
Goldstone Memorial Dental Seminar
October 2, 2009
Speakers: James L. Rutkowski, R.Ph, DMD, Ph.D.; Shankar Iyer, DDS, MDS

Contact: Melanie – Course Coordinator
Phone: 315-724-5141
E-mail: bjjddsimplant@aol.com

* This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar.

www.aaid.com

JANUARY 2009
NEW MEMBERS

The AAID is pleased to welcome the following new members to the Academy. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. We have changed the way we are presenting the names of new members. The list is organized by state and then alphabetically by last name of the new member. We have also included the city where the member has his or her office. Contact your new colleagues and welcome them to the Academy.

ALABAMA
Yung-tsung Hsu, DDS,MS
Birmingham

ARKANSAS
C. Brant Crisp, DDS
Fort Smith
Jeffrey Moore, DDS
Russellville

ARIZONA
George Raymond Ayoub, DDS
Goodyear
Farid Farris Ebrahim, DDS
Fountain Hills
Alvaro Martinez, DDS
Naco

CALIFORNIA
Rebecca Erin Armel, DDS
San Francisco
Albert Assatourians, DDS
Fountain Hills
M. Aewathaiah, DDS
Burbank
Thein Htut Aung, DDS
Visalia
Zuri Barniv, DDS
Sunnyvale
Timothy Barzegar, DMD
Newport Beach
Bradley Bochhorst, DDS
Newport Beach
Daryl Catherwood, DDS
Coronado
Michael Chen, DDS
Tustin
Albert Chiu, DDS
Torrance
Yun J. Choi, DMD
Buena Park
Rene Narciso Delrosario, DDS
Union City
Blake Brandt Drew, DMD
Oakland
Lee Freeman, DDS
Fairfield
Christine Hoang, DDS
Cupertino
Eugene Y. Kim, DDS
San Diego
Daniel Kunihira, DDS
Loma Linda
Thimy D. Le, DMD
Huntington Beach
Thomas K. Lee, DDS
Los Angeles
Michael Leizerovitz, DDS
Los Angeles
Manijeh Maroon, DDS
Chula Vista
John Maroon, DDS
Chula Vista
Grant McGann, DDS
San Diego
Greg Minzenmayer, DDS
Newport Beach
Sandra Moldovan, DDS,MS
Los Angeles
Fernando Munguia, DDS
Upland
Aung Myint, DDS
Visalia
Daniel Newbold, DDS
Loma Linda
An T. Nguyen, DDS
San Diego
Mau Nguyen, DDS
Temecula
Mike Pirbazari, DDS,PhD
Beverly Hills
Antoine Sayegh, DMD,DDS
Glenoara
Sharad Sohoni, DDS
Moreno Valley
Lewis Specker, DDS
San Francisco
Daiju Dean Tanaka, DDS
Laguna Hills
Michael V. Wall, DDS
Loma Linda
Eric M. Yabu, DDS
Oakland
Charles Zahedi, DDS,PHD
Newport Beach

DISTRICT OF COLUMBIA
Patricia M. Gomez, DDS
Washington

DELAWARE
Dominic Michael Gionshare, Jr., DDS
Wilmington

FLORIDA
James Philip Alexander, DMD
St. Augustine
Jill A. Clifford, DMD
Miami Shores
Brendan Dwyer, DDS
Fort Myers
Matthew D. McKiessock, DMD
Orlando
Edgar Navenrete, DMD
Weston
Luis Alejandro Torres, DMD
Davie

HAWAII
Cecile Sebastian, DDS
Hilo

MASSACHUSETTS
Selim C. Aptekein, DMD
Sudbury

MARYLAND
Abdul B. Alavi, DDS
Waldorf
Jeffrey Behar, DDS
Towson

MAINE
Jin Hwang, DMD
Orono

MICHIGAN
Steven Kesler, DDS
Dearborn

MISSOURI
Benjamin David Bushnell, DDS
Kansas City

MONTANA
Benjamin David Bushnell, DDS
Lakeside

NORTH CAROLINA
David Christenbery, DDS
Charlotte

NEW HAMPSHIRE
Elizabeth DiBona, DMD
Manchester

NEW JERSEY
John J. Nazzaro, DMD
Matawan

NEW MEXICO

NEVADA
Mark Alexander Ferrari, DDS
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Benjamin Ilya, DMD
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Charles Chang, DDS
Flushing
Vincenzo Chang, DDS
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Charlotte

TENNESSEE

VERONICA

WYOMING

see Membership p. 28
Applications are now being accepted for the next Editor-in-Chief of The Journal of Oral Implantology (JOI). The successful candidate will be responsible for directing the editorial vision of the JOI and ensuring its continued success as one of the leading publications in the field of Implant Dentistry. Now in its 39th year of publication, the JOI has risen to a top-rated journal category. The Editor-in-Chief will steer the JOI’s continuing evolution by providing editorial direction and oversight, embracing new publishing technology initiatives, and ensuring that the JOI remains responsive to the changing face of implant dentistry. The Editor-in-Chief will work closely with the JOI Editorial Board and Publications Committee on issues related to existing and emerging publication practices, and will inherit the support of an experienced, centralized editorial office that facilitates the rapid on-line review and efficient handling of manuscript submissions distributed among geographically diverse Associate Editors (Reviewers).

**Qualifications:**

- Demonstrated leadership in and understanding of trends in the field of implant dentistry
- Experience in fundamental or translational research relevant to implant dentistry
- Experience in editorial peer review
- Organizational skills to manage timely review and publication

**Application procedure:**

Letter of Intent highlighting motivation, qualifications, and editorial vision for the continued evolution of the JOI.

Curriculum Vitae

**Submit to:**

Dr. Jaime L. Lozada, Search Committee Chair
211 East Chicago Avenue, Suite 750,
Chicago, Illinois, 60611
WASHINGTON
Sang Bae, Edmonds
Carl Choisei Futenma, DDS Ridgefield

WEST VIRGINIA
Diana Oliver Frum, DDS Westover

BRAZIL
Paulo Roberto Ferreira, Londrina, Parana

BRITISH VIRGIN ISLANDS
Marvin Edison Flax, DDS

CANADA
BRITISH COLUMBIA
William Armstrong, DDS Courtenay
Patricia Ann Hunter, DMD Richmond

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Serge Chausse, Montreal
Hoa Binh Nguyen Cuu, DMD Montreal
Veronic Pelletier, DMD Rimouski
Patrick du Tremblay, DMD Quebec City

COSTA RICA
Luis J. Obando, DDS San Jose

FRANCE
Francis Gasquet, Agen
Christophe Lesage, Paris

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MAHARASHTRA
Paresh Kale, MDS Pune
Asma Patel, Mumbai

RAJASTHAN
Sumit Bhansali, Jaipur
Roli Rathi, Jodhpur

TAMIL NADU
Krishna, Chennai

UTTARAKHAND
Kuldeep Singh, Hardiwar

UTTAR PRADESH
Ramji Rastogi, Faizabad

IRAQ
Akbar Fazel Najafabadi, DDS,MS Tehran
Amir Hassan Gahremani, CDT Tehran, Tehran

ITALY
Lucrezia Paterno’ Holtzman, Rome

JAPAN
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Hitoshi Murabe, DDS Ibaraki

SHIGETO OZAWA, DDS
Tokyo

RANI SAMIR HADDADIN, BDS
Amman

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Damansara Heights, Kuala Lumpur

RICH A RAJ,
Muscate

SANGHO AHN,
Seoul

SUNG EUN CHOI, DDS
Goyang-si, Gyeonggi-do

SUNGYUL HEO, PhD
Busan

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Madrid

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Gorinchem

EDUARD P. HENDRIKS, DDS
MB Vaartjes, DMD Amsterdam

GERT JAN DE WEERD, DDS
Amsterdam

HARIRIKRISHAN G.,
Sharjah

THOMAS KURIEN P.,
Sharjah

UNU SUJATHAN,
Sharjah
Legal Bite
continued from page 9

the standard of care rendered by anyone. And while it might be honest to state that such a replacement is not normally the case, it is still your treatment recommendation and professional opinion.

Reports to third parties
A dental practitioner may also be asked to render a written report of examination findings, treatment recommendations and projected or incurred fees for purposes of assisting a patient involved in an accident of some kind. This is often needed for purposes of third party indemnification or recovery of damages suffered. Such reports are commonly obtained from treating physicians and should be viewed as necessary and appropriate by any dentist.

It is also reasonable and customary for a health care practitioner to be compensated for professional time expended in drafting such a report, in addition to charging a reasonable fee for the duplication and production of patient records, radiographs, etc. Copies of all such communications should be maintained in the patient record and should include the request for the report as well as the appropriate authorization from the patient.

Visits by State Regulatory Boards
It is also not unusual for a dentist to be visited by a representative of a state regulatory board or other agency. Such a visit is usually—unfortunately—unannounced and might prove to be very inconvenient for the dentist. It is not unreasonable for a dentist to expect the professional courtesy of a prior appointment by such a representative.

Failing that, a dentist is not required to interrupt patient care and disrupt the overall patient schedule by attempting to immediately accommodate anyone’s unexpected visit. In reality, such a disruption to the office routine and schedule can only be expected to increase the potential risk to the dental office as a result of either ‘hurried’ patient care, or long waits by patients which do not engender patient good will.

Although a board investigator or agent might appear aggravated or hostile upon learning that the doctor cannot make time for such an unannounced meeting, the dentist’s foremost obligations are to the patients, the staff, and the dental practice itself.

Protocol needed
Such unexpected encounters by an attorney or board representative should be anticipated and planned for. Just as the office should have a protocol for dealing with patient emergencies, there should also be a protocol for encounters which involve legal rights and potential liabilities. A ‘point man/staff person should be responsible for responding to any such inquiry, whether by phone or in person. The straightforward response should indicate that office protocol and policy requires that legal counsel for the dental office be consulted prior to any communication between the office and any non-patient. Such is necessary to insure the protection of patient privacy, accidental disclosure of proprietary or privileged information, and to avoid inadvertently subjecting the office to unknown legal pitfalls. Additionally, malpractice insurance carriers are required to be notified under certain situations.

In short, an attorney for the practice is the appropriate interface between the dentist, the practice, the patient, and any ‘outside’ contact. Allow the practice’s legal counsel to handle those situations and the dentist should steadfastly avoid making decisions that could impact on legal matters involving the practice!

While it is clearly not necessary for a dentist to be aware of the multitude of legal issues that touch and concern a dental practice, it is necessary to be aware that legal counsel for the practice should be identified for the staff, contact information provided to the appropriate staff persons, and a written office policy that clearly prevents any incursion into the office, or release of information from the office, unless and until cleared by dental practice legal counsel.

Board of Trustees
continued from page 8

Planning Committee to the Meeting Planning Committee to be comprised of the four officers, three general chairmen, and the corporate liaison.

• Accepted the appointment of the committee chairs and members as presented by President Beverly Dunn

• Determined to hold the summer Board of Trustees meeting on June 13 in Boston in conjunction with the Northeast District Meeting.

• Approved the 2009 AAID Budget.

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AAID 58th Annual Meeting

Mardi Gras Registration Form • Special Rates Available Until Mardi Gras 2009 - February 24, 2009
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A separate registration form must be completed for each paying attendee. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing. Each dentist, including spouses or other family members who are dentists, may not register as a spouse or guest. All dentists, including non-practicing dentists, must register in the appropriate dentist category. Badges will be required for admission to all activities. Be sure to register your guests so they can participate.

Last name: __________________________  First name: __________________________

Degree(s): __________________________

Address: __________________________

City: __________________________ State: ______ Zip: ______ Country: ______

Phone: __________________________ Fax: __________________________

Email: __________________________

AGD Member #: __________________________ (Required if AGD Member registering at AAID Member rates)

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[Includes Membership in AID through 11/30/09]

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* Register 3 or more allied staff from same office at $225 each.

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<td>Spouse/Guest</td>
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</tbody>
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* Includes one (1) President’s Celebration ticket

**Method of Payment**

Amount enclosed or to be charged $________________________

- [ ] Check Enclosed
- [ ] Mastercard
- [ ] Visa
- [ ] American Express

Signature: __________________________  Card: __________________________

Exp: __________________________  3-Digit Security Code from Back of Credit Card: __________________________

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Requests for refunds must be made in writing and received by October 1 for a 100% refund; between October 1 and October 15 for a 50% refund. Due to advance commitments to the hotel, no refunds will be made after October 15. Regardless of when your refund request is received, there is a $50 administrative fee that will be charged.
Table of contents

President's Message ................................................................. 3

Innovative AAID Annual Meeting Gets Rave Reviews .... 4

“Haute” Doc ................................................................. 6
  Dr. Tim Hacker: Watercolor Art Conveys Philosophy of Life

2008 AAID Research Foundation Grants .............................. 7

2008 Research Foundation Auction
Raisers More Than $45,000 .................................................... 7

Summary of Actions Taken by Board of Trustees .......... 8

Research Foundation Elects New Officers and Board .... 8

2009 American Board of Oral Implantology/
Implant Dentistry Board Members ................................. 8

Legal Bite ....................................................................... 9
  Legal ’911’

Industry News .................................................................. 10

Upcoming Key AAID Dates ............................................. 12

Executive Director’s Report ............................................. 13

Business Bite .................................................................. 14
  Don’t let the economy dissuade you from
  recommending implants

Admissions and Credentials Board ............................ 18

Continuing Education Bite ............................................. 24

Register for This Summer’s Bone Grafting Course ...... 25

Membership .................................................................... 26
  New Members