Editor’s Notebook

A History of Innovation
A Future of Excellence

David G. Hochberg, DDS
Editor, AAIMDNews

T he American Academy of Implant Dentistry is filled with a long history of excellence in developing techniques and skills to improve the quality of life for our patients. This issue features individuals who represent the beginning,

Legends & Future

the present and the future of this ongoing journey.

Marilyn Cranin, widow of the late Dr. Norman Cranin who served as editor of the Journal of Oral Implantology for 38 years, recently sent the AAID headquarters a copy of the first issue of what was then called the Journal of Implant Dentistry. An article by Drs. Norman Goldberg and Aaron Gershkoff, entitled, “A Six Year Progress Report on Full Denture Implants,” was published. We are pleased to reprint that article beginning on page 8.

I was fortunate to recently have a delightful conversation with Dr. Hilt Tatum, who has quite a story to tell. Beginning on page 12, you’ll find out just how, over 30 years ago, he developed the sinus lift and augmentation.

The best and brightest in implant dentistry present their research at AAID’s Annual Meeting. We are pleased to share with you the research that was awarded First, Second and Third place at the 61st Annual Meeting as a Poster Presentation or a Table Clinic.

You can learn how Dr. Les Kalman, a new Academic Associate Fellow of the Academy, who has invented the Ultrasonic Flosser by reading an article originally published The Western News at University of Western Ontario.

I’m also excited to introduce a new feature called, “AAID Rising Stars.” In this debut issue, we are featuring Dr. Bernee Dunsun and Dr. Natalie Wong. I’m sure you’ll be seeing a lot more of them over the years.
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President’s Message

Nick Caplanis, DMD, MS
President, American Academy of Implant Dentistry

Editor’s Note: The following is the text of the Acceptance Speech given by Dr. Nick Caplanis, when he was installed as AAID president at the Academy’s 61st Annual Meeting in Washington, DC.

Members of the Academy, my fellow Officers and Trustees, newly elected Associate Fellows and Fellows, staff and guests, I am humbled and honored to serve as the next president of the American Academy of Implant Dentistry. I will be forever grateful to each of you for giving me the opportunity and privilege to take the helm of this amazing organization.

Incoming presidents usually wait until their final address to thank the many persons who have made their careers possible. For those of you that know me, there should be no surprise that I sometimes deviate from tradition. So if you will indulge me, I would like to do this now.

I owe an eternal debt of gratitude to the late Dr. Norman Cranin who first introduced me to implant dentistry and to the late Dr. Robert James who accepted me to the implant dentistry residency program at Loma Linda University. I regret they are no longer here so that I could thank them person-ally. They both helped me to live my dream. To my professor, mentor, and now close friend, Dr. Jaime Lozada, I thank you for your wisdom, professional guidance and your encouragement to become involved with this Academy.

Over the past 21 years practicing implant dentistry, I have had many instructors, mentors, and advisors that have helped me along my way. Many are them are in this room today. For the sake of brevity, as they are too many to list, I thank them all collectively. You know who you are.

Behind every good man is a great woman. To my wife, Roulla, my best friend, and soulmate; without you none of this could be possible. Thank you, my love, for keeping our family intact and our lives normal, while I’m busy doing all the things that take me away from home.

Washington, DC, provides a dramatic contrast between our government and the leadership of this Academy. Whenever there is more than one person in a room making decisions, there will always be politics at play. And the AAID is no different. However, despite the differences we may sometimes have, at the end of the day, when the smoke settles, you’ll find us all in a restaurant or bar, sharing a drink and enjoying one another’s company.

And this is what I have come to appreciate with this Academy. We all have common purpose to do what we believe is right to keep this organization moving forward while still honoring the legacy of our predecessors. This passion we have is a direct result of our love of the organization, its rich history, and its overall purpose. If we could only teach this philosophy to the Republicans and Democrats that run our country.

Our Academy has made great strides over the past 8 or so years that I’ve proudly served on the board. Our Annual Meetings have become second to none and rival all competing implant organizations. This has not always been the case. Our live surgery programs are unique and unmatched in the profession. Competing groups are copying our format.

Our Journal achieved a coveted impact factor, increasing the reputation of the AAID within the scientific dental community. Our

President’s Message p. 4

AAID NEWS

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It is the policy of the American Academy of Implant Dentistry that all potential advertisements submitted by any person or entity for publication in any AAID media must be deemed consistent with the goals and objectives of the AAID and/or ABO/ID, within the sole and unbridled discretion of the AAID and/or ABO/ID. Any potential advertisement deemed to be inconsistent with the goals and/or objectives of the AAID shall be rejected.
President’s Message
continued from page 3

membership surpassed the 4000 mark this year and is still growing.

We successfully defended our right to advertise our credentials in the states of Florida and California, and our legal team is currently working closely with the Texas Attorney General’s office to help draft their dental board’s new advertising guidelines.

We have substantial assets and reserves, and are arguably in the best financial condition in the history of our organization. And we will continue moving forward.

During the most recent meetings of the Board of Trustees, we approved a new benefit that will help increase value to our membership. All members in good standing of our Academy will be given online access to just about every electronic dental journal in existence. This will give our membership access to the science that we need to continue our professional development. It will greatly facilitate the work of our editors and reviewers and thus improve the quality of our Journal. It will also promote increased membership by those in the scientific community who value this access. Many thanks to the membership committee and to their Chairman, Dr. Adam Foleck, for all the hard work and due diligence to make this idea into a reality.

We have restructured our education committees to improve our programming and efficiency. We approved a budget to begin progress towards a web-based video examination for our membership credentials. Our Board endorsed the American Society of Dental Anesthesiologists in its quest to gain specialty recognition for anesthesia in dentistry. Their slogan, “Anesthesia belongs to all” can be appreciated by many of us in involved in a non-recognized specialty discipline. Because we similarly believe that Implant Dentistry also belongs to all.

Lastly, we have approved a new award that will be introduced at next year’s annual meeting in Phoenix. The Paul Johnson Service award memorializes our dear friend Paul Johnson by honoring one unique individual annually who goes above and beyond the call of duty in their service to the Academy. I would like to thank one of our past presidents, Dr. Emile Martin, who initially proposed the concept.

In the upcoming year, we will support the Foundation as they develop a humanitarian grant program that will assist financially challenged young adults to replace teeth that are congenitally missing. As an Academy, we want to take ownership of this clinical problem, and provide a humanitarian service to our communities, while at the same time, be recognized by the public as experts in replacing missing teeth using dental implants.

We plan on improving technology at our central office in Chicago, to allow for more virtual meetings, which will improve our efficiency, and help defray the cost of travel and lodging to get Academy committee work accomplished. We will also increase our web education offerings. Live monthly webinars are being scheduled, the next one in mid-November. And lastly we are working on a business plan to develop the first AAID clinical training center, where hands-on training will be offered as a natural evolution of our MaxiCourses®. Indeed, our future looks very bright.

I would like to take a few minutes and speak directly to our new Associate Fellows and Fellows. To all of you, I challenge you to continue your educational journey. Implant dentistry is a lifelong educational endeavor. In fact, all of dentistry is a long-term educational process. That’s why we say we “practice dentistry” because we never quite get it perfect. For those of you, in the early stages of your education, seek out mentors and colleagues that will support you in continuing your education and improving the quality of your dentistry. This Academy wants you to succeed. And all of us leaders up here on stage, as well as all the past leaders sitting across from you, are willing to help. As credentialed members of this Academy, you now have many doors open for leadership opportunities. You are the future of this Academy.

Take advantage of that privilege. To paraphrase JFK, don’t think what membership in the AAID can do for you, but focus on what you can do for the AAID. Take advantage of the opportunities to serve on a committee, participate at the district level, and keep attending the Annual Meetings.

Like many of you, I am also a MaxiCourse® graduate. And it was like yesterday that I was sitting where you are. I never asked what the AAID could do for me. I only invested some of my time and energy. But the returns have been great. And they keep coming. The AAID has enriched my life, allowed me to make lifelong friends all over the world, see President’s Message p. 16
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The Future of Implant Dentistry

Editor’s Note: If you know someone who you believe is on the cutting edge of implant dentistry, send an email to Dr. David Hochberg at dgh@colony squaredental.com

Dr. Natalie Wong

Dr. Natalie Wong graduated from the University of Toronto with her Doctor of Dental Surgery in 1996 and received her Certificate in Prosthodontics from the University of Michigan, Ann Arbor, in 2007.

She is the only dentist that has attained a combination of the US Board Certification in Implant Dentistry (Diplomate of American Board of Oral Implantology), US Board Certification in Prosthodontics (Diplomate of American Board of Prosthodontics), and Canadian Board Certification in Prosthodontics (Fellow of Royal College of Dentists of Canada). She is a Diplomate of the International Congress of Oral Implantologists (ICOI), and holds Fellowships with the Academy of General Dentistry (AGD), American Academy of Implant Dentistry (AAID), and the Misch International Implant Institute Canada for which she is also a faculty member. She has served as an officer of the AAID Central District (2004 - 2009) and on the Admissions and Credentialing Board of the AAID (2006 - 2011). Dr. Wong currently serves as the Assistant-Director of the Implant Prosthodontic Unit in the Graduate Prosthodontic Department at the University of Toronto and as a Clinical Assistant Professor of Oral Implantology, Department of Periodontology, Temple University. She presently serves on the AAID Education Committee. She is the President of the ABO/IID (2013), President of the Association of Prosthodontists of Ontario (2013), and Founder and Director of the Toronto Implant Institute Inc.

Dr. Wong lectures nationally and internationally on implant dentistry while maintaining a private implant surgical and prosthetic practice in Toronto.

Dr. Bernee Dunson

Dr. Bernee Dunson is an honor graduate of Morehouse College where he received a Bachelor of Science in Biology. Following Morehouse, he traveled west to Los Angeles to the University of Southern California and acquired his Doctorate of Dental Surgery. He then moved to New York City and trained at Columbia University’s general practice residency program based at Harlem Hospital.

Dr. Dunson then completed a three year hospital-based implant dentistry residency program at Loma Linda University and Emory Adventist Hospital. In 1996, he entered into private practice and started “Dunson Dental Design”, a comprehensive general dentistry practice which focuses on implant and esthetic dentistry.

Dr. Dunson is an Honored fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. He is also a member of the American Academy of Cosmetic Dentistry and the Academy of General Dentistry.

Dr. Dunson has trained with some of the world’s leading cosmetic dentists and implant pioneers. He is one of a handful of restorative dentists in Georgia certified in IV conscious sedation with over 17 years of experience. Additionally, he is continuously seeking new opportunities to expand his knowledge base in order to bring the most effective and leading edge treatment to his patients.

Dr. Dunson has a passion for teaching. He is the founder and director of the Atlanta Academy for Reconstruc...
It’s weird how ideas come to light. In the case of Les Kalman, all it took was several bruises, multiple casts and full orthodontic braces.

A 2009 motorbike racing accident left the Schulich School of Medicine & Dentistry professor, at the time a local dentist, “buggered up” and unable to work for a bit.

“So there’s me, a dentist, I’d be 39 at the time, in full orthodontic braces,” Kalman smirked. “So I went out to buy whatever was out there (for flossing). I thought there’d be something out there and I’d just buy it. I really did.”

He “tried everything out there,” but the products simply oscillated and weren’t doing the job.

“I’ve always tinkered with product development, so I kind of went to work,” Kalman said. “I wanted to harness ultrasonics, but I didn’t want to invent a motor.”

So he bought a motor, then created a series of attachments to fit overtop allowing him to reach behind the braces with an authority one could only find, ironically, in a dentist office.

Voila ... the Ultrasonic Flosser.

But along with Kalman’s ingenuity comes the knowledge that getting an idea from his head to the production line is a whole other story.

“Every idea you have you think is the next big thing. But the reality is, to bring in new ideas in this economy is really business driven,” he said. “It’s all about how much is it going to cost? When can I make money?”

But there were some folks who thought Kalman had a great idea.

Through inventbay.com, a site where inventors can toss around ideas, the W television network’s Backyard Inventors approached Kalman to showcase his invention on their new show.

“It was a little weird at first, because it was sort of low production. You were invited to someone’s home, and it’s like I was going to get rolled for my wallet. But no. We just chatted,” laughed Kalman, who did his undergraduate schooling at Western. “They called me again, asked me to return to Toronto to do some filming.”

With the show’s idea more focused on the creative process — as opposed to wanting the solid business plan such as a Dragon’s Den-type format — Backyard Inventors helped Kalman file a provisional patent, covering all the legal and administrative fees.

“The way we left it was ‘let’s see how it goes from there,’” he said. “As the show grew, they decided they were only going to get involved in the provisional patent level and would not be extending anything.

“After that you’re on your own.’ That’s sort of where this started and ended.”

But it may not have stalled.

Johnson & Johnson has shown some interest in Kalman’s work. He admits, at this point, he’d be all for selling the idea. With his side company, Research Driven, which showcases research and development with the aim to further validate intellectual property into industrial and marketing possibilities, he loves the idea of taking a product to the next level. But he understands it can’t be his entire focus.

Beginning his second year at Western, Kalman’s time as a clinical instructor, as well as the ability to collaborate with others on his research, drives him today.

“It’s fun to go through the (invention) process, but at the same time, it’s nice to be here. I have a much better collaborative effect at Western, whereas in private practice, you tell no one,” he said.

He may approach someone in rehabilitative medicine regarding his ultrasonic flosser for a possible collaboration.

“Dentistry is still a bit behind in Canada, technologically, than other professions, like medicine. There are lots of ways to find improvements for the dentist and the patient. I try to bring stuff that I’ve learned elsewhere...
When natural dentition is lost, and the subsequent processes of atrophy and degeneration takes place, the prosthodontist has a challenge in attempting to reconstruct or restore the oral cavity to useful function.

This challenge is mainly concerned with retention, stability, bulk of dentures, esthetics, establishing correct relationship of the dental arches and obtaining masticatory efficiency with artificial dentures.

Prosthodontia has advanced to the stage, wherein most cases, excellent esthetics can be attained, where the correct centric relationship can be established and where an efficient masticatory apparatus can be constructed. However, prosthodontia still has a problem in meeting the challenge of retention, stability, and bulk of dentures.

The implant denture has been devised as an attempt to meet these existing challenges, where indicated, and is not intended to replace conventional dentures.

Some of our reasons for inserting implant dentures are:
1. Dehiscence of mandibular canal.
2. Unusual position of mental foramina.
3. Unusual difficulties encountered with ridges, tissue, and muscle attachments.
4. Patients desire for a stable denture.
5. Traumatic injury to oral cavity.
6. Mutilated mouth conditions due to extensive surgery.
7. Severe gagging.
8. Anatomical defects.
9. Patients' poor mental attitude toward full dentures.

We have inserted seventy-two implant dentures during the past six years. This represents approximately six percent of our full denture cases made during that time.

The first twenty cases, all mandibular implants, were constructed by an indirect method, which consisted of trimming a model to resemble the bone (Fig. 1). The implant was inserted in a one operation procedure. During this one operation stage many different designs were attempted in order to evaluate which would be the most adequate. Four of these cases failed. The reasons were: lack of fit of the implant to the bone, inadequate design of meshwork openings and inadequate coverage of bony supporting structure, resulting in a breakdown of the soft tissue on one or more areas (Fig. 2) (Fig. 3).

The remaining fifty-two cases, thirteen of which are full maxillary implants, have been constructed by a direct method (2).

A bone impression is obtained and an implant is

From 1954: A Six Year Progress Report on Full Denture Implants

By Norman I. Goldberg, DDS and Aaron Gershkoff, BS, DDS

Editor’s Note: The following article was originally read before the meeting of the Academy of Denture Prosthetics, held in Miami Beach, Florida, on April 12, 1954, and subsequently published in the inaugural issue of the Journal of Implant Dentistry published in November 1954.

3. Severe gagging.
4. Anatomical defects.
5. Patients' poor mental attitude toward full dentures.
6. Mutilated mouth conditions due to extensive surgery.
7. Severe gagging.
8. Anatomical defects.
9. Patients' poor mental attitude toward full dentures.

The first twenty cases, all mandibular implants, were constructed by an indirect method, which consisted of trimming a model to resemble the bone (Fig. 1). The implant was inserted in a one operation procedure. During this one operation stage many different designs were attempted in order to evaluate which would be the most adequate. Four of these cases failed. The reasons were: lack of fit of the implant to the bone, inadequate design of meshwork openings and inadequate coverage of bony supporting structure, resulting in a breakdown of the soft tissue on one or more areas (Fig. 2) (Fig. 3).

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A bone impression is obtained and an implant is

see Progress Report p. 10
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cast on a model of the impression. This results in an accurate fit of the implant to the bone (Fig. 4) (Fig. 5).

Only one failure occurred using this direct method and that was a maxillary implant. The maxillary bone is classified as a cancellous bone, and because of its structural characteristics, it may be questionable as to its ability to withstand the pressures exerted by an implant appliance for any great length of time. We have full maxillary implants in function only since 1951 and regard them as experimental. The insertion of upper implants should be done only on very extreme upper denture problem cases as the prognosis of maxillary implants is not as predictable as the full mandibular implants.

Some of the outstanding reasons for conventional denture failures for many patients who have had the benefit of well-constructed full dentures, are the dehiscence of the mandibular canal, the unusual position of the mental foramina, and extremely sharp mylo-hyoid ridges. These conditions exist very often in the well resorbed, atrophied mandible (3). A dehiscence, or lack of bony covering of the mandibular canal, may be complete or partial, exposing the contents of the canal to a greater or lesser degree from the angle formed by the ramus and body of the mandible forward to the mental foramen.

The unusual positions of the mental foramina are, close to the top of the ridge, on top of the ridge, and, due to the degree of ridge resorption, the mental foramina may be found in more of a lingual position rather than buccal.

In more cases than we would ordinarily expect, upon the lingual retraction of the muco-periosteum, the mylo-hyoid ridges were found to be exceptionally sharp and irregular. These ridges are sharp enough to cut the skin of a finger and it becomes evident why so many patients complain of pain in this area under conventional dentures.

Patients with these conditions have a constant complaint about the pain they experience upon mastication. Spot grinding of the teeth, balancing the dentures and relief of selected areas on dentures are of no significant value because the dentures are not stable. Many times, the weight of the denture itself is enough to produce these symptoms. It follows, therefore, that conventional dentures however carefully constructed under these existing conditions, would have a destiny of failure even before they are started.

Oral surgeons as well as prosthodontists have little or no occasion to observe a mandible with a dehiscent canal or mal-positioned mental foramen or an extremely sharp mylo-hyoid ridge because in an atrophied or resorbed mandible there usually is no need for the complete retraction of the muco-periosteum from one retro-molar pad area to the other.

With the advent of the implant denture, it is essential to retract the muco-periosteum along the crest of the ridge, from one retro-molar pad to the other, allowing for the observation of these conditions.

We firmly believe that in atrophied or resorbed mandibles, these conditions are a most common occurrence.

Since the implant is fixed to the bone, it can readily be designed to avoid the mental foramina, regardless of position, to bridge the exposed canal, keeping pressure away from its contents and designed to avoid the mylo-hyoid ridges.

Conclusion
The full denture implant is an answer to the challenges of retention, stability, and bulk. This work is not intended to replace conventional dentures, but to give the prosthodontist an added denture service for the difficult prosthetic patient. If more careful evaluations and examinations of edentulous patients are made, where difficulties are anticipated, many patients could be saved considerable amounts of discomfort, time and expense. ♦

1. Read before the Academy of Denture Prosthetics, Miami Beach, Florida, April 12, 1954.
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Interview
O. Hilt Tatum, Jr., DDS

Interviewed by Editor of AAID News, David Hochberg, DDS

DR. HOCHBERG: You have been associated with dental implants for over 50 years. When did you first hear about dental implants?

DR. TATUM: I attended the first program given in a dental school in America on implants while I was a student at Emory University in the mid-'50s. I actually don't remember anything about it except that I attended it. It was on sub-periosteals and the program was given by Roy Bodine.

DR. HOCHBERG: In the beginning, when implant dentistry was in its infancy, what inspired you to head down this path for your entire career?

DR. TATUM: My practice experience was in extensive restorative dentistry, and I was fascinated with the idea that implants might eliminate or replace removable partials. So that was my motivation in developing the interest and entering the field of implant industry.

My belief that implants might eliminate or replace free-end partials came from a late night discussion at the Chicago mid-winter meeting in 1961. I was fascinated with the ideas of a dentist I met there. I didn't clinically begin to utilize implants because when I researched and evaluated everything that was being done at that time, it didn't really fit my sense of what would work within our practice. However, I did clinically began to utilize implants in the later '60s, and so my clinical experience started several years after my interest began.

DR. HOCHBERG: As the need for bone grafting became all important, tell us about how the sinus lift and bone augmentation procedures that are associated with your name, came about.

DR. TATUM: I was making the implants that I used from titanium and was designing the implants to fit into the available bone. Since we were primarily looking at who had been wearing partials, most of the people that we wanted to treat had lost a considerable amount of vertical bone. It became obvious to me rather quickly that if we were going to treat all of the patients that we wanted to treat, we had to restore lost bone. It seemed very logical that since we needed to restore bone, the most likely way to do it would be with grafting. I was fortunate to have a friend who had had considerable amount of military experience in Vietnam with grafting of wounds, including oral grafting. He shared with me the post-operative complications that were so prevalent with the clinical experience with grafting. I couldn't begin to do those procedures with those risks — in elective surgery — on the patient base that we were treating.

I was stymied for a couple of years until Don Tillery, an oral surgeon friend of mine, called me saying he thought that he had the new answer that I was looking for. He had heard an oral surgeon from Wichita, Kansas, give a presentation on some pre-prosthetic grafting he had been doing for full denture patients. He had had no complications in a series of approximately 60 cases. My brother and I contacted the doctor, and he was gracious enough to allow us to go to visit with him.

During that time he did two autogenous grafts using ribs as the graft material. We had the opportunity to see a number of patients who had been treated up to a period of two years post-op. The secret to his success was that he was using remote incisions. He was treating the mandible and using bilateral incisions in the cuspid area in the vestibule and tunneling bilaterally distally and across the mid-line using shaped ribs and then closing them with remote closures in the vestibule. The patients did not wear dentures during the healing period and were completely trouble-free.

The interesting thing that I observed in seeing post-operative patients was the ones approaching two years had very little bone left. As this pre-dated the use of screws in oral procedures, these were being placed and fitted in the
neutral zone over the mandible, but none of them were stabilized with screws.

Making this observation that the bone had resorbed away was a little bit startling to me, and, at first, was disconcerting. However, I felt that if we could graft isolated areas and get bone to form, place implants into that bone, allow the implants to heal before they were loaded, and then put implants into function, then that function would help to retain the bone. In fact, that's what happened.

Visualize a patient missing the molars. These ribs were fitted over the edentulous area much like a saddle on a partial would be fitted over a ridge. However, these were placed through incisions, placed anterior to the sites to be grafted, and then the closures were completely remote from any contact with the grafts.

There was no loading. The patients did not wear partials over the loaded areas and they were stress-free for a period of months. We were waiting four to six months before we placed the implants, and then we were allowing several months of healing before the implants were loaded.

DR. HOCHBERG: What about complications?

DR. TATUM: The first grafts were done with ribs. I had a general surgeon who was harvesting the ribs for us. He suggested that we could get better quality of bone from the ileum. So we made a transition away from ribs to using the ileum as an autograft source. These were all done in a hospital setting. We went quite a while before we experienced any complications because they were done under ideal conditions and they were remote incisions. When we used ribs, we usually would stack the rib two ribs high. We had to actually use three ribs in severe atrophy situations. We would suture them together with gut suture and shape them over a sterile model like a saddle would fit over the model. When we began to use the ileum, we did that in the same manner.

We expanded these edentulous areas. Within a year’s time we began to treat the full mandible and began to move into the maxilla. As we expanded into the full arch and began to treat the full mandible, I opened them with a midline incision right over the anterior crest and into the vestibule and would tunnel the whole length of the ridge in order to place of the grafts.

It was at that time that we experienced our first complications because my knowledge and ability to handle tissue was limited, or certainly more limited than now. The tension on the anterior incision was an area that created problems. We learned to overcome that by using a material called MARILEX which was material used for hernia repairs in the abdomen. We would take strips of MARILEX and put them on each side of the incision in the anterior of the mandible and do horizontal sutures that would basically function like a corset when you closed the wound. Then you place the MARILEX strips and then the horizontal mattress sutures using a non-soluble suture rather than gut suture. That took all of the tension off the incisions and solved that problem that we had encountered.

DR. HOCHBERG: Did you find any differences in treating the maxilla?

DR. TATUM: In the maxilla we would sometimes go at the posterior area or beyond and lift the flap over the full maxilla. We did that if there was atrophy present and we would graft the whole maxilla and then advance the flap some. We did those with very few complications. But anytime we used a metal tray, there was always a risk of it perforating the tissue over a period of time.

In the posterior maxilla there was literally no place to put an onlay graft because if you grafted it, then there would be no room for teeth to be placed. So we hit a stone wall for a period of time when we encountered that type of anatomy. And then a stroke of genius occurred. I had a dream, and in that dream I...
realized we were on the wrong side of the mirror—that we should be putting the bone on the inside of the sinus.

One of the techniques we did was in the posterior maxilla where there was reasonable amount of bone, but inadequate vertically for implant placements. We would make the implants basically to fit the shape of the posterior maxilla and then we used the palatal flaps to expose the crest. Basically, it was like digging a grave. We would size the socket with the socket former we made and tap it to crack the floor of the sinus and elevate the floor a few millimeters. Then we take the bone that we had harvested and put around that cracked floor and pack it around the implants, and then close the flaps. We would make two-piece implants, not just one piece. We did a number of those in 1974 before we actually did a proper sinus graft. I called that technique a sinus lift at that time.

In February of 1975 we did the first sinus graft where we lifted the full thickness flap and made a window, and elevated the lining of the sinus. We did the first ones from the crestal approach. We had this plate of bone that was a crest that we could push up and then elevate the lining around it, the four axial walls, and then fill the whole floor of the sinus with endogenous iliac bone, and then close the flap palatally. We did these without complication, but it was limited to a patient that had that particular type of anatomy with a severely pneumatized sinus and the sinus floor coming down to the crest. I realized that the lateral wall area would be the approach that would be most appropriate for those patients.

We began to use the lateral wall and these were difficult because we had no instruments that were really appropriate to do the procedure. So I used some inflatable balloons that we used within vessels. They were called a Fogarty catheter.

They were about 30 inches long and I would cut them down and make them about four or five inches long and re-attach the luer lock on one end and then have them sterilized so they were perfectly safe to use. They had luer lock syringe that would attach right on one end, and we had a syringe with this four-inch tubes coming out of it and the end of the tube would expand. So we could sew the sinus either with a flap that we would rotate from the crest outward doing the lateral wall or some of it we made with tunnel approaches where we make incisions in the cusped area, and tunnel to expose the lateral wall, make a small window to the anterior point of the sinus, tunnel slightly in, put this tube in, and inflate it with saline; and as the lining lifts you can insert it further, and further, and further as long as there was not buttress there.

This was a great tool in mid-1970’s as we were developing some skills and instruments. I still call the technique where we compress bone against the floor and elevate the floor without grafting a sinus lift. When we actually made a window and place graft materials into the sinus, I describe that as a sinus graft.

**DR. HOCHBERG:** What are some of the milestones that have occurred over the years to better help our patients with dental implants?

**DR. TATUM:** I think that we have to start with the first modern, successful implant that was placed in 1948 by Gustav Dahl. Then I believe we jump over to the introduction of successful, widespread use of endosteal implants following the development of the Ramus Blade by Harold Roberts and then the explosion of the implantology being brought around the world by Leonard Linkow and his many modifications of the concept of blade implants.

The development of soft tissue grafting and the many other soft tissue enhancements that have followed was first done by...
educate  |  inspire  |  connect

AACD 2013
Seattle

Featuring: Betsy Bakeman, DDS,
Newton Fahl, Jr., DDS, David Garber, DMD,
John Kois, DMD, Jacinthe Paquette, DDS,
Maurice Salama, DMD, Cherilyn Sheets, DDS,
Frank Spear, DDS, and more!

*Educators subject to change

www.AACDconference.com

April 24 - 27, 2013
29th Annual AACD Scientific Session
Interview
continued from page 14

Kenneth King has been critical to the successful use of endosteal implants. Also, the grafting procedures of bone and sinus grafting, and the advent of the root from systems, the development of conscious sedation techniques. These are the milestones that I think have occurred over the past 60 years in the evolution of dental implantology.

DR. HOCHBERG: What role has the AAID played in your professional career and what advice would you offer to a new member regarding the benefits of AAID affiliation and credentialing?

DR. TATUM: I think first we just have to understand and appreciate what role the AAID has had in the development of the field of implantology. Not only was it the first implant organization in the world, but it has been the organization that has cherished its non-commercial foundation and its dedication to the development of education relating to implantology. There’s no other organization that I’m aware of that has those pure motives. Today the field of implantology has become the most complex field in history and yet, tragically, we still don’t have widespread comprehensive education in the field of implantology. The only place it’s available on a widespread basis in the United States is through the AAID’s MaxiCourses®, which are an introductory education in the comprehensive areas that implantology embraces.

DR. HOCHBERG: Regarding advances in implant dentistry, what do you think lies in the future for our patients ... and to come?

DR. TATUM: I think that the vascularized osteotomy procedure that we first did in 1982 but not understanding the importance of it has the potential to be more important in bone grafting and perhaps also sinus grafting. But it will only come into full appreciation of its importance when bone manipulation becomes taught and enough people understand and are skilled with bone manipulation. With a vascularized osteotomy to correct vertical defects, once the bone has been moved to adequately place implants, you need to place them with bone manipulation techniques to re-establish the sockets where the roots were at one time. This is potentially a major milestone for the future.

We have looked for biodegradable trays and catalyst for bone formation. I think we may be on the threshold of having practical biodegradable trays in the near future with some of the human graft materials that are coming available in the next year. I think that the search for catalysts for enhancing and speeding of graft transitions and formation of bone is still on the rise and we hope to have it. But it’s got to be economical and has got to be better than what we have now to utilize. The ultimate development that will come about that will basically replace most of the field of implantology as we practice it today will be in genetic engineering. The regrowth of components of the oral cavity, teeth, bone, and soft tissue eventually will be a reality. However, I think there will always be a role for artificial devices. Surface textures and surface enhancements will probably be improved to give a better interface between the...
device and the living tissue. So I think this is the future; these things are the future of implantology that are not yet here but are all on the horizon.

**DR. HOCHBERG:** Where do your interests lie outside of dentistry? What do you do when you’re with your family and friends?

**DR. TATUM:** There’s very little I do that I don’t enjoy. I’ve now lived in Europe for 17 or 18 years. The new adventure, the new acquaintances, the new lifestyle, the beautiful country of France have all been gifts. My life’s basically been divided into quarters up to this point. The first quarter growing up in Alabama, the second quarter practicing in Alabama, the third quarter practicing in Florida, and now the fourth quarter living in France. Each of them have just been wonderful. I feel like I’ve lived in the golden age of mankind. I doubt that the next generation is going to be as blessed as our generation has been blessed. I enjoy life every day.

**DR. HOCHBERG:** Are there any closing comments or thoughts that you might want to share with the membership?

**DR. TATUM:** I would just challenge every member of the AAID to recognize that there are so many unanswered questions. Let every day be a challenge to you to learn something new and expand your capability. Often it has to come from the mistakes that you made. But always learn from any success or any problem that you have and strive to follow it, repeating mistakes, and to enhance the successes.

**DR. HOCHBERG:** On behalf of the entire membership of the AAID I want to extend my appreciation for all that you have done to advance the science of implant dentistry. The AAID wishes you only the very best.
AAID is concerned about your welfare

Editor's Note: In the aftermath of Superstorm Sandy, the American Academy of Implant Dentistry reached out to members in the affected areas via email and social media. We tried to match up those members in need with other members in the area who could help. Here are a couple of communications from our members:

“Thank you so much for your concern. We have been overwhelmed with the level of support and concern from members in the AAIL. Hurricane Sandy deposited about 4 1/2 feet of water, refuse and silt in our office. It is pretty amazing how damaging that can be. Currently, we have found office space to work out of through the generous offers of Dr. Richard Mercurio and Dr. Carlos Meulener. Dr. John Minichetti has been in contact with me numerous times to offer assistance in moving forward. It is heart-warming to know that there are many colleagues who are willing to share their offices with us. These people have taken time out of their busy schedules to reach out to us. Indeed, many of these people are folks I have never even met. A woman walked up to me while I was working in my office today, introduced herself as a dentist with an office in Elizabeth and said if I needed to, I could work out of her office. This profession of dentistry is truly wonderful. Many special people truly care about their peers. This is going to be a difficult task to work through, but we will. If I need further assistance or have any questions, I will not hesitate to contact you. Again, thanks for your concern.

Very truly,
Kevin B. Collier, DMD”

“Hi, I am a member of AAID, my office was flooded during Storm Sandy and all equipment are gone and non-functional, also included 2 surgical implant system. I need help. I stop doing all implant surgeries, is it possible to fine any spare units? may be old system or borrow from somebody until I find permanent solution.

Dr. Gary Osmanoff”

AAID Announces Paul Johnson Service Award

The Board of Trustees of the AAID has created the Paul Johnson Service Award. It is designed to recognize outstanding service to AAID as exemplified by Past President Paul Johnson. The award will acknowledge the work of AAID volunteers who have gone “over and above” and is intended to highlight that much of the success of AAID is due to the hard work of committed volunteers.

Any AAID member, with the exception of national officers, who volunteers for any AAID committee, task force, district, or meeting is eligible. The Headquarters Staff will seek candidates through communications with AAID Officers, Trustees, District Officers, Committee Chairs, Committee members, and staff interaction with volunteers.

Nominees should:
- Consistently have participated at the committee, or district level with thoughtful contributions
- Prepared for meetings by reviewing materials, participated in discussions
• Be counted on to follow-through on any and all assignments
• Consistently went “over and above” on volunteer activities or projects
• Set an example for the rest of the volunteers

Nominees for the award may be submitted by AAID members or AAID staff and should include descriptions of how the individuals went “over and above.” A Headquarters Staff committee will review the nominations and select the awardee. Submit Nominations in writing to Sharon Bennett, AAID Executive Director, (sbennett@aaid.com) by August 1. The Award winner(s) will be announced at the subsequent Annual Meeting. The first award will be presented at the 2013 Annual Meeting.

Focus on Posterior Atrophy to be discussed at AAID’s Northeast and Southern Districts meeting

The Northeast and Southern Districts meeting in 2013 will provide an opportunity to learn some of the finest techniques to manage the less emphasized posterior functional zones. Cantilevers, shortened dental arches and sinus lifts are some commonly employed techniques to provide support in the posterior quadrants. The biomechanics in these areas are not well understood, and often we are left with under-engineered support where the stresses are magnified. The speakers will show predictable ways to treat atrophic posterior maxillae and mandibles with minimal to no height of bone and minimal to no width of available bone. In addition to surgical techniques, prosthetic reconstructions will be illustrated.

Specific topics and presenters include:
- Using Remote Implant Anchorage to Restore the Severely Atrophic Maxilla
  Thomas J. Balshi, DDS, PhD, FACP
- New Realities in Ridge Augmentation
  Edgard El Chaar, DDS
- Surgical Management of Mandibular Posterior Ridge Atrophy with Autogenous Block Grafting in Preparation for Implant Placement: Utilizing Ramus Monocortical Blocks
  Eric Hammerick, DDS
- Algorithm for the Posterior Ridge Width Augmentation — A Comparison of Ridge Expansion and Block Graft Techniques
  Shankar Iyer, DDS, MDS
- New Trends in Minimally Invasive Posterior Maxilla Bone Augmentation
  Jason Kim, DDS
- Treatment Plan Considerations and Prosthetic Reconstruction of the Posterior Maxilla
  Brian Jackson, DDS

Dr. Charles Weiss passes away

Dr. Charles Weiss, of New York City, passed away on December 30, 2012, at the age of 86. A 1952 graduate of New York University School of Dentistry, he earned his credential as an Associate Fellow of the Academy in 1970. He became a Fellow in 1985 and was named an Honored Fellow by his peers in 1989. He was awarded Diplomate status by the American Board of Oral Implantology/Implant Dentistry in 1991.

Dr. Weiss had a keen and visionary interest in the global efforts of the AAID, serving as the chair of the Global Committee for the first four years of the committee’s existence. He was named the Director of the first MaxiCourse® sponsored by the Academy outside the United States. The India MaxiCourse®, now known as the Asia MaxiCourse®, began in 2003. He was named the recipient of the AAID Foundation’s Isaih Lew Memorial Research Award in 1997.

Charles Weiss is remembered by hundreds of members of the AAID, from throughout the world, as someone who was willing to be their mentor. He welcomed visiting dentists — from as close as across the street to from around the world — to his office at the top of the Chrysler Building.

Dr. Weiss literally occupied famous space. His office was located at the top of the world-famous Chrysler Building. And in fact, his dental office occupied what was once the personal gymnasium of Walter P. Chrysler himself. The space — and Dr. Weiss — were prominently featured in a New York Times article, “On Top of the World, Drafting, Dreaming, and Drilling,” published on May 26, 2005.

www.aaid.com
Annual Business Meeting

A total of 239 Associate Fellows and Fellows attended the annual business meeting on October 6, 2012 in Washington, DC.

President Larry Bush and Dr. Kevin O'Grady, chairman of the Admissions and Credentials Board presented certificates to the new Associate Fellows and certificates along with medallions to the new Fellows. Dr. Bush administered the AAID Pledge to the new Associate Fellows and the Fellows who had not been previously inducted.

President Bush announced the deaths of Drs. Boyd Harris and Norman Goldberg.

AAID's first president who was memorialized in a video tribute produced by Dr. Beverly Dunn. President Bush led the group in a moment of reflection in memory of both deceased members.

He began his report by challenging the new credentialed members to view their credential as the first step of a long journey, not a destination, and urging them to get involved in the Academy's activities. He emphasized that they are the future of the AAID.

President Bush summarized the Academy's major accomplishments this year, which included:

- Election of 87 new Associate Fellows, three new Academic Associate Fellows and 15 new Fellows.
- A membership of 4,333 members as of August 31, the largest in the AAID's history.
- A functional and cosmetic makeover of the Headquarters Office.
- Conversion to a new data management system.
- Keeping each member better informed than ever through five president's letters that alternated with the quarterly AAID News plus the weekly Implant Insight and the Business Bite and the eGram, which are distributed monthly.
- Upgrading and expanding the Journal of Oral Implantology.
- Enhancing the AAID's education offerings with a new Bone Regeneration Symposium, monthly webinars and two district meetings, both of which were educational and financial successes.
- The success of the 2012 Annual Meeting with respect to the number of registrants, program content and financial results.
- Legal efforts that will allow AAID members in Texas to advertise their credentials and also serve as a prototype for dealing with issues in other states.
- Creation of a website that will bring the AAID to the consumer, which will be operational soon, and recognition of the website task force.

Dr. John Da Silva, chair of the Public Relations Committee, presented a visual overview of the Academy's new consumer website, for which the tagline is “The Dental Implant Experts.” Voting at the meeting was conducted using electronic keypads.

The following slate of officers were elected as a group with a 97% vote:

- President: Nicholas Caplanis, DMD, MS (by automatic succession)
- President-elect: John Minichetti, DMD
- Vice-president: John D. Da Silva, DMD, MPH, ScM
- Treasurer: Richard Mercurio, DDS
- Secretary: Shankar Iyer, DDS, MDS

The 2012 class of Honored Fellows were announced:

- Brian Jackson, Utica, New York
- Samuel Jirik, Cabot, Arkansas
- Richard Mercurio, Lincroft, New Jersey
- Robert J. Miller, Delray Beach, Florida
- Olivia Palmer, Charleston, South Carolina

District Meetings continued from page 19

Avoiding Failures When Removable Implant Restorations Are Indicated Jack Piermatti, DDS

Implant Site Development in the Posterior Dentition Michael Sonick, DMD

Treatment Planning the Atrophic Ridge - Jyoti P Srivastava, MS, DDS
- Robert Castracane, DMD

Is Quicker Always Better in Implant Dentistry? An Evidence-based Perspective Hassan Maghaireh, BDS, MSc

Current Prosthodontics Principles of Occlusal Vertical Dimension for Teeth and Implants Dean Vafiadis, DDS

Register by March 15, 2013 and save $100.

The meeting will be held at the conveniently located Courtyard Philadelphia. Make reservations at the special AAID negotiated rate of $149 single or double by calling 1-888-887-8130 or 215-496-3200 and using the meeting code AIDAIIA. Or visit the AAID website at www.aaid.com for more information and to register or reserve your room online.

The 2013 AAID Winter Symposium will be held February 27 to March 2 in New York City.

Winter 2013 www.aaid.com
Steve Swallow, Kittery, Maine
Michael Tischler, Woodstock, New York
Dr. John Minichetti, chairman of the 61st Annual Meeting, reported on the success of this year’s meeting and noted that the total meeting registration was the largest ever for a meeting not held in Las Vegas.

Dr. John Da Silva, Treasurer, reported that 2012 has been another successful year from a financial standpoint. Dr. Da Silva also presented the 2013 Budget as adopted by the Board of Trustees at its meeting held on October 2, 2012.

Dr. Nicholas Caplanis, chairman, explained that the first proposed amendments address redundancies and inconsistencies in the Bylaws and other editorial changes that will bring the bylaws into better alignment with Sturgis’ The Standard Code of Parliamentary Procedure, which is the AAID’s parliamentary guide. Further, he requested that the rules to present each amendment individually be suspended this year for the first group of changes. It was moved, seconded and approved by an 88 percent vote that the rules be suspended for this group of amendments only. The Housekeeping, Editorial Amendments were then approved by more than the required 75 percent majority.

The second amendment proposed that Article III. Membership, Section 9. Retired Member be revised by adding a sub-section that permits any voting member who has held continuous voting membership for a minimum of 15 years and practices 5 or fewer days per month to apply for Retired Membership. The proposed change was approved by a vote of 93 percent.

The third amendment proposed that Article II. Membership be revised by adding “Associate Member” as a new membership category. Dr. Caplanis explained that those eligible for this new non-voting category would be those who had successfully completed Part 1 (written) of the Associate Fellow examination.

Four members spoke in favor of the amendment and three spoke against it. Those in favor expressed views such as recognition of the significant achievement of passing the written examination would keep these members within the ranks of the AAID and also would encourage them to continue on the path to an AAID credential.

Those speaking against the amendment expressed concern about the nomenclature and felt that creating a new Associate Member category would be confusing to the public.

The proposed amendment was then defeated by a vote of 54 percent for and 46 percent against.

Dr. Caplanis then presented an amendment in which “Affiliate Member” was substituted for “Associate Member” as the name of the proposed new member category.

Eight members spoke in favor of the revised amendment and three spoke against it.

The reconsideration of the amendment to establish “Affiliate Member” as a new member category was defeated by a vote of 73 percent for and 27 percent against. In order to be adopted, a bylaw amendment requires a vote by 75% of those present and voting.

Reports were presented by AAID Legal Counsel and the American Board of Oral Implantology/Implant Dentistry, as well as the AAID Research Foundation.

President Bush presented two Presidential Citations. The first one was given to Max Moses in recognition of his dedication, enthusiasm and unfailing support of AAID as Director of Marketing and Communications and in gratitude for always going the extra mile.

President Bush also presented a citation to Sharon Bennett in recognition of her leadership, wise counsel and dedication as the Academy’s executive director.

Newly installed President Caplanis thanked the late Dr. Norman Cranin who introduced him to implant dentistry, the late Dr. Robert James who accepted him as an implant dentistry resident at Loma Linda University, Dr. Jaime Lozada, one of his instructors who became his good friend and others who have contributed to his growth in implant dentistry. He also thanked his family, especially his wife, for their love and support.

He commented on the uniqueness of the live surgery presented at the AAID annual meetings and the Journal of Oral Implantology’s receipt of its first impact factor, which measures the rate at which its articles were cited in the literature during the prior year.

He also commended the Membership Committee’s leadership in adding a new benefit that will give members online access to more than 250 dental journals and the Board of Trustees for its support of the American Society of Dentist Anesthesiologists’ application to the American Dental Association for recognition of dental anesthesia as a dental specialty.

President Caplanis encouraged the new Associate Fellows to seek out mentors. He also emphasized that everyone wants them to succeed and urged them to think of what they can do for the AAID, not what the AAID can do for them.

Dr. Caplanis’ complete address is reprinted beginning on page 3 of this issue of the AAID News.
SPECIAL RATES AVAILABLE UNTIL MARCH MANIA 2013 - APRIL 1, 2013
JW Marriott Phoenix Desert Ridge | October 23 - 26, 2013

A separate registration form must be completed for each attendee, including office staff, spouse, family members and guests. Please print clearly or type.

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NPI#: __________________________ Badge Name: __________________________

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☐ AIDAD provides exhibitors with a list of registrants prior to and after the meeting. Check here if you want to be excluded from that list.

Meeting Registration Until March Mania

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* Includes one (1) President’s Celebration ticket

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Chicago, IL 60611  • P: 312.335.1550 or 877.335.AAID

All refunds are subject to a $50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by September 20, 2013 for a full refund (less the $50 administrative fee). Between September 21 and September 27, 2013, a 50% refund (less the $50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after September 27, 2013.

TECHNOLOGY AND BIOLOGY CONVERGE IN THE VALLEY OF THE SUN

Implant dentistry has come a long way from the early days of wondering if they would even work. The advances are more than evolutionary. The American Academy of Implant Dentistry’s 62nd Annual Meeting will explore the how biology and technology converge to improve the treatment options available to doctors to solve even more difficult and complex issues for patients.

The meeting will feature tracks, allowing doctors the opportunity to choose the topics most beneficial to them in their own practice. Tracks include:
• Biology of Osseointegration
• Live Surgery
• Technology
• Regeneration and Biologics
• Management of Clinical Dilemmas

One distinction that sets AIDAD’s meetings apart is the opportunity to interact directly with world-class experts and presenters. The 62nd Annual Meeting furthers that in new ways. “Lunch with the Experts” will be your chance to sit with the Main Podium Presenter of your choice and continue a discussion of his or her topic. During each Main Podium Program, you, the expert presenter, a moderator, and the entire online world, will be able to interact during the program using Twitter on your smart phone or tablet.

An International Symposium, three live surgery presentations, three hands-on limited attendance workshops, and six limited attendance lectures, as well as a practical set of program for Allied Staff, will be offered as well.

Just a few of the presenters who have been invited to present include:
Mauricio Araujo, DDS, PhD  David Guichet, DDS
Tom Balshi, DDS  George Romanos, DDS, PhD
Lyndon Cooper, DDS, PhD  Istvan Urban, DMD, MD
Paul Fugazzotto, DDS  Steve Wallace, DDS
Charles Goodacre, DDS, MSD  Ulf Wikesjo, DDS
AAID Foundation
2012 Auction Participants

The AAID Foundation raised nearly $60,000 at its auction held during AAID’s 2012 Annual Meeting in Washington, DC, in October. The Foundation thanks the following individuals and organizations that donated items for the auction.

Donated Educational Courses & Study Club
AAID
ABOI
Blatchford In a Box (Dr. Bill Blatchford)
Connecticut Dental Implant (Dr. Joel Rosenlicht)
Englewood Dental (Dr. John Minichetti)
Loma Linda University AAID MaxiCourse (Dr. Jaime Lozada)
Midwest Implant (Dr. Duke Heller)
Oregon AAID MaxiCourse (Dr. Shane Samy)
Pikos Implant Institute (Dr. Michael Pikos)
Rocky Mountain Dental Institute
Russo Seminars (Dr. John Russo)
Smile USA MaxiCourse (Dr. Shankar Iyer)

Toronto AAID MaxiCourse (Dr. Rod Stewart)
The Vassos Clinic (Dr. David Vassos)

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Dentatus USA
Glidewell Laboratories
Golden Dental Solutions
Hu-Friedy
Impladent Ltd
Intra-Lock
Materialise Dental
Maxxeus
OCO Biomedical
Osteogenics Biomedical
PBHS Inc
Pittman Dental
Piezosurgery
Protech Dental Studio
Quintessence
Rocky Mountain Tissue Bank
Salvin Dental Specialties
Straumann USA
Tatum Surgical
Unicare Biomedical
Zest Anchors

Painting & Vacation Homes Donors
ContacEZ
Timothy Hacker, DDS

Actions Taken by Board of Trustees
October 2, 2012 Washington, DC

- Rename the Gershkoff Memorial Award the “Gershkoff-Goldberg Memorial Award”
- Decided that AAID should be the sole sponsor of the Journal of Oral Implantology
- Allow AAID Executive Director to grant members in violation of the attendance requirement the opportunity to attend a District Meeting or other AAID education offering in lieu of attending AAID Annual Meeting
- Established procedures for the Paul Johnson Service Award
- Approved Hyatt Regency New Orleans as the 2016 Annual Meeting site
- Adopted the 2013 budget
- Revised the induction attendance waiver policy to coincide with the FDI World Dental Federation’s List of Least Developed Countries
- Approved the 2012 induction waiver for Iranian Associate Fellows
- Approved a balanced budget for the international web conference examination process
- Set the General Member dues for 2013 at $345
- Authorized a contract with EBSCO to provide members access to the Dentistry and Oral Science service

Backyard continued from page 7
and it helps to now have the university behind me. Change is always good and when one door closes, another one opens. I’ve always wanted to be affiliated here because we have a lot of great work going on. It’s been unbelievably receptive.”

Kalman has also found a way back into the motorsport world. While his accident now keeps him off the bike, he’s since found the next best thing to competition — sports photography.

“I guess because I don’t ride anymore it’s a great excuse to go to the track,” he said. “Plus, being a fan of it, there’s no better way to get close to the action than being a photographer and getting behind the scenes.”

While just a hobby, Kalman’s natural skills behind the lens has seen his work appear in a number of publications such as Inside Motorcycles magazine and the website motorgp.com. His talents have taken him to such places at California and Spain to shoot races.

Kalman said with his new position at Western, his love of tinkering and inventing, and his need for speed in the motoring world, life is good.

“It’s about finding your strengths and where you fit in.”
Dental professionals, including faculty and graduate students presented dozens of Poster Presentations and Table Clinics during the 61st Annual Meeting.

**Poster Presentations:**

**1st Place:** The Effect of VEGF on Growth, Mineralization and Expression of Osteogenesis Related Molecules of Adipose-derived Stem Cells Grown on Novel Fluorapatite Coated Implant Surface

**2nd Place:** The Utilization of Mineralized Cortico-Cancellous Block Allograft in Alveolar Ridge Defects for Implant Rehabilitation – A Case Report

**3rd Place:** Comparative Clinical Study of Membrane Assisted Socket Healing

**Table Clinics:**

**1st Place:** CAD/CAM Generated Prosthesis for Full Arch Immediate Loading of Dental Implants

**2nd Place:** The Utilization of Mineralized Cortico-Cancellous Block Allograft in Alveolar Ridge Defects for Implant Rehabilitation – A Case Report

**3rd Place (tie):** Application of Occlusal Principles to Ensure Success of Implant-supported Full Arch Prosthesis

**3rd Place (tie):** Surgical and Prosthetic Reconstruction of a Skeletal Class III Mandible into Class I Occlusion

For a list of the authors, presenters and abstracts for each of the above, scan the QR Code below.

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**Pikos Institute**

Dr. Michael A. Pikos has provided continuing education courses for more than 20 years with over 2600 alumni from all 50 states and 32 countries, and is internationally recognized as a leader in implant surgery.

- Extraction Site Management
  March 22-23, 2013

- Three Dimensional Diagnosis and Treatment Planning
  February 18-20, 2013

- Implant Surgery: The Deficient Site
  April 18-20, 2013

- Contemporary Soft Tissue Grafting for Implant Reconstruction
  March 11-13, 2013

- Advanced Bone Grafting
  March 14-16, 2013

- Complex Bone Grafting
  November 14-16, 2013


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"For the dental surgeon who respects the restorative principles of Dawson, Pankey, Spear, and Katz, and the surgical principles of Marx, Allen, and March... this course is a must. The pursuit of dental implant surgical excellence is thriving at the Pikos Implant Institute."

Dr. Neil Sullivan, OMS, Amanapolis, MD

www.aaaid.com WINTER 2013
ContacEZ Releases the Copper Narrow Strip, Overhang Cleaner & Polisher

ContacEZ has announced the launch of the highly anticipated new Copper Narrow Strip, The Sub-Gingival Overhang Cleaner & Undercut Polisher. It is designed to clean out and polish overhangs, excess composite resin, in the sub-gingival area in the interproximal space. The clinical studies confirmed that remaining overhangs in the sub-gingival area will impact plaque accumulation, gingival inflammation and pocket depths leading to periodontal disease and bone loss. However, it can be difficult to reach the correct angle and direction to clean out overhangs in the sub-gingival area. ContacEZ Copper Narrow Strips are the solution for gingival overhang cleaning, and prevent possible gingival health problems.

ContacEZ Copper Narrow Strips, ultra-thin with fine diamond powder deliver improvement in esthetic and restorative dentistry and save chair-time. While conventional, two handed, long strips are hard to handle, difficult to control, and likely to cut lips and gums, ContacEZ Copper Narrow Strips are much easier and safer to use with “now-convenience” features. Autoclavable, and re-usable, with built-in flexibility, the strips contour the curvatures of the tooth which make ContacEZ the superior dental strip choice.

For more information contact ContacEZ at 360-694-1000 or visit its web site at contctez.com.

DEXIS Connects with the All-New Dentrix Developer Program and with Dentrix® Users

DEXIS, LLC, whose premier product is the only digital X-ray system that fully integrates with Dentrix, announces that it is now a member of the Dentrix Developer Program. The Program was created for those companies that want to develop specific Dentrix G5 Connected applications.

Both the DEXIS® Digital Imaging System and the DEXIS® Integrator™ for DENTRIX® have also been accepted into the Dentrix MarketPlace program. The Dentrix MarketPlace online portal provides a central location for users to easily review and select technologies that are associated with their Dentrix program and which ultimately enhance their practices.

The DEXIS Digital Imaging System with its award-winning Platinum Sensor and the feature-rich DEXIS® Imaging Suite software provides clinicians with the best image quality, most comfortable sensor, and fastest workflow.* DEXIS Integrator for DENTRIX affords a seamless way for DEXIS and Dentrix to work efficiently together.

For more information on DEXIS Imaging Suite and the DEXIS Platinum Sensor, and to learn about DEXIS imaging solutions, visit www.dexis.com.

Glidewell Laboratories Announces the Open Platform Inclusive Tooth Replacement Solution

Glidewell Laboratories, industry-leading provider of digital dental laboratory products and services, announced today the expansion of the Inclusive® Tooth Replacement Solution to accommodate a number of popular implant systems from Astra Tech, Biomet 3i, Nobel Biocare, Straumann, and Zimmer.

“Clinicians who want to take advantage of this restorative-driven solution featuring custom tissue management, but who prefer to place their existing implant system can now prescribe the Open Platform Inclusive Tooth Replacement Solution,” said Glidewell Laboratories Chief Operations Officer Greg Minzenmayer. The expanded solution includes all of the same components as the original Inclusive Tooth Replacement Solution with the exception of the surgical drills required for placing the implant of choice (supplied by the prescribing doctor). Glidewell Laboratories will provide the prosthetic guide, custom temporary components, custom impression coping, and final CAD/CAM restoration, all designed around the clinician’s chosen implant platform. Additionally, an Inclusive Tapered Implant (with corresponding final surgical drill) is included, as a replacement for the clinician’s implant if needed.

Temporization sets the tone for the final esthetic outcome, with parameters unique to each patient.
Only the Inclusive Tooth Replacement Solution promotes patient-specific temporization and contoured healing through the use of custom temporary components rather than generic components. Doctors can provisionalize a case with the custom temporary abutment and accompanying BioTemp's® provisional crown, or place the custom healing abutment for a more conservative approach. Either option affords the opportunity to begin sculpting the soft tissue architecture around the implant and developing the future emergence profile — in a fraction of the time that would be required to create custom healing components chairside. When healing is complete, the gingival anatomy is maintained and captured during the impression procedure with the matching custom impression coping, enabling the laboratory technician to design the natural emergence profile required for a predictable, esthetic result. In the same amount of time it would take to place generic stock components, patient-specific temporization and soft tissue management is provided with this feature of the Open Platform Inclusive Tooth Replacement Solution.

For more information, visit www.inclusive dental.com or call 888-303-3975.

Aribex Acquired by KaVo Dental Group
Aribex, a worldwide leader in portable and handheld X-ray products, was recently acquired by the KaVo Group, an affiliation of leading global dental equipment brands. Aribex, best known for the NOMAD™ handheld and portable X-ray systems, have global market-leading technology that serves clinical, remote and mobile facilities throughout the world. Aribex uniquely serves the dental, veterinary, security and industrial inspection segments.

Aribex is based in Orem, Utah and will continue to be the center of excellence for the portable X-ray business. Handheld and portable X-ray systems are the fastest growing segment in intraoral X-ray systems and Aribex’s innovative products are supported by strong patents, intellectual property and a robust new product pipeline.

The KaVo Group consists of market-leading brands such as KaVo, Gendex, DEXIS, i-CAT, Instrumentarium, SOREDEX, Pelton & Crane and Marus. With the acquisition of Aribex, the KaVo Group will reinforce its global imaging footprint and commitment to market-leading innovation.

For more information, visit www.aribex.com.

ZEST Anchors Introduces a New Narrow Diameter Implant System Featuring its Best-In-Class Overdenture Attachment

Until now, choosing a narrow diameter implant often meant a sacrifice in attachment performance and ultimately patient satisfaction. ZEST Anchors responds to that need by introducing the LOCATOR® Overdenture Implant System (LODI), featuring a new narrow diameter implant combined with the world leading LOCATOR Attachment, providing clinicians with solutions to the attachment limitations often found with O-ball mini implants.

The ZEST Anchors LOCATOR Overdenture Implant System features critical elements that optimize patient satisfaction. The LOCATOR Attachment is seated after the implant is placed making case planning, implant surgery and restoration easier. In addition, its unique two-piece design allows for attachment replacement should wear occur throughout time.

LODI is available in narrow diameters of 2.4 and 2.9mm and is ideal for those patients with very narrow ridges who refuse the additional appointments and the cost often associated with grafting procedures. Made from the strongest titanium available, LODI features a proven RBM surface and is designed to provide primary stability when immediate loading is indicated.

LODI is packaged with the LOCATOR Attachment so it incorporates all of LOCATOR’s sought-after features including its patented pivoting technology and customizable levels of retention, all while maintaining a dramatically reduced vertical height as compared to O-ball mini implant designs.

For more information about the Locator Overdenture Implant System from ZEST Anchors please call 855-868-LODI (5634) or visit our website at www.zestanchors.com.

Don’t forget to visit www.aaid.com for the latest news and updates.
Implant dentistry has come a long way from the early days. The advances are more than evolutionary. The American Academy of Implant Dentistry’s 62nd Annual Meeting will explore how biology and technology converge to improve the treatment options available to doctors to solve even more difficult and complex issues for patients. The meeting will allow doctors the opportunity to choose the topics most beneficial to them in their own practices.

Topic areas include:
• Biology of Osseointegration
• Live Surgery
• Technology
• Regeneration and Biologics
• Management of Clinical Dilemmas

Just a few of the topics and presenters include:
International Excellence in Implant Dentistry — The Spanish Connection (with simultaneous translation)
• Tissue Bioengineering in Complex Prosthetic Rehabilitation
Hector Alvarez Cantoni, DDS
• Bone Biomaterials in GBR OR Marginal Bone

Loss around Implants
Pablo Galindo-Moreno, DDS, PhD
• Smile Design Incorporating Dental Implants
Guillermo Bernal, DDS
• Peri-implant Complications Management
Cesar Ortiz-Campos, DDS

Biology of Osseointegration
• Understanding Implant Interface and Bone Physiology in Immediate Extraction Sites with or without Grafts
Mauricio G. Araujo, DDS, PhD
• The Immediate Implant Does Not Have to Lose the Buccal Bone
Arthur B. Novaes, Jr. DDS, PhD

Clinical
• Treatment Algorithms for Restoration or Replacement of the Compromised Tooth
Paul Fugazzoto, DDS
• Long-Term Evaluation of Immediately-Loaded Implants in the Severely Atrophic Maxilla and Mandible
Paulo Malo, DDS, PhD

Live Surgery (Thursday)
• Procedures — Simple Single Units, Overdentures, Immediate Placement
• Procedure — Soft Tissue Surgery V-CTG

Technology
• CAD/CAM Fabricated Complete Dentures: Benefits and Clinical Applications
Charles Goodacre, DDS, MSD
• Computer (or Digitally)-Assisted Implant Dentistry and Predictable Success
David Guichet, DDS

Live Surgery (Friday)
• Procedure — Guided Surgery — Teeth in a Day
• Procedure — Vertical Ridge Augmentation
• Procedure — Mini Implants

Regeneration and Biologics
• BMP-2 Application in Implant Dentistry
Ulf Wikesjo, DDS
• Scientific Rationale and Practical Applications of PRP
James Rutkowski, DMD, PHD
• Esthetic and Regenerative Techniques for Implant Site Development
  Marc Nevins, DMD

Management of Clinical Dilemmas
• Restoratively Driven Implant Complications
  “Implant Dentistry’s Dirty Little Secret”
  Dr. Alfonso Pineyro
• Peri-Implantitis Etiology and Treatment — An Evidence-Based Approach
  Hom Lay Wang, DDS
• Clinical Realities and Complications of Zirconia Based Restorations
  Howard Chasolen, DMD

Seven hands-on workshops, will be offered as well.
Your allied staff can look forward to two intensive days of programming on Thursday and Friday. In addition, optional clinical and hands-on courses will be offered for allied staff.

One distinction that sets AAID’s meetings apart is the opportunity to interact directly with world-class experts and presenters. The 62nd Annual Meeting furthers that in new ways. “Lunch with the Experts” will be your chance to sit with the Main Podium Presenter of your choice and continue a discussion of his or her topic. During each Main Podium Program, you, the expert presenter, a moderator, and the entire online world, will be able to interact during the program using Twitter on your smart phone or tablet.

Be sure to register by April 1, 2013 and save $200.

The meeting will be held at the luxurious J. W. Marriott Phoenix Desert Ridge Resort and Spa. Call the hotel at 888-236-2427 or 480-293-5000 to make hotel reservations. Mention the American Academy of Implant Dentistry for special group rates.

Visit AAID’s website at www.aaid.com for updated information about the meeting.
The American Academy of Implant Dentistry honored outstanding dentists during its 61st Annual Meeting.

Richard Guaccio, DDS, of Schererville, Indiana, was named the recipient of the 2012 Aaron Gershkoff Memorial Award. Dr. Guaccio is an Honored Fellow of the AAID, a Diplomate of the American Board of Oral Implantology/Implant Dentistry and has served as president of each organization. He is also a past president of the Indiana State Board of Dental Examiners.

James Rutkowski, DMD, PhD, of Clarion, Pennsylvania, received the 2012 Isaih Lew Memorial Research Award from the AAID Foundation. Dr. Rutkowski is a Diplomate of the American Board of Oral Implantology/Implant Dentistry and an Honored Fellow of the AAID. He serves as Editor-in-Chief of the Journal of Oral Implantology.

Named as new Honored Fellows at the 61st Annual Meeting were:

- Brian Jackson, DDS, Utica, New York
- Richard Mercurio, DDS, Lincroft, New Jersey
- Olivia Palmer, DMD, Charleston, South Carolina
- Samuel Jirik, DDS, Cabot, Arkansas
- Robert J. Miller, DDS, Delray Beach, Florida
- Stephen Swallow, DDS, Kittery, Maine
- Michael Tischler, DDS, Woodstock, New York

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2012 Academic Associate Fellows

Omar Hilal Al-Bayati, BDS, MDS, Kuala Lumpur, Malaysia, received his dental degree from College of Dentistry, Baghdad University in 2002. He received a Master of Dental Surgery degree in prosthetic dentistry from the University of Malaysia in 2009 and completed the AAID/Asia MaxiCourse® in 2010.

Hussein Elrawy, DDS, Cleveland, Ohio, graduated from Al-Azhar University of Dental Medicine in 1999 and completed the AAID/New York MaxiCourse® in 2009.

Les J. Kalman, DDS, London, Ontario, Canada, received his dental degree from the University of Western Ontario School of Dentistry in 1999.
2012 Fellows

Aladdin Al-Ardah, DDS, Loma Linda, California, graduated from the Jordan University of Science and Technology in 1999. He received his postdoctoral education in implant dentistry at Loma Linda University and became a Diplomate of the American Board of Oral Implantology in 2011.

Donald V. Anderson, DMD, Vancouver, British Columbia, Canada, received his dental degree from the University of British Columbia in 1974 and became a Diplomate of the American Board of Oral Implantology in 2011.

George Arvanitis, DDS, Waterloo, Ontario, Canada, graduated from the Western University (London, Ontario) in 1990. He attended the New York MaxiCourse® in 2003 and received his Diplomate credential from the American Board of Oral Implantology in 2010.

Hisham Barakat, DDS, Vienna, Virginia, received his dental degree from Alexandria University (Egypt) in 1998. He completed a General Practice Residency in Implant Dentistry at Louisiana State University in 2003 and became a Diplomate of the American Board of Oral Implantology in 2011.

Stephen De Marco, DMD, Albany, New York, received his dental degree from Fairleigh Dickinson University in 1982. He completed postdoctoral education in Oral and Maxillary Surgery at the University of Medicine and Dentistry of New Jersey in 1985 and became a Diplomate of the American Board of Oral Implantology in 2011.

Adam M. Hogan, DDS, Virginia Beach, Virginia, graduated from the University of Michigan in 2003 and attended the Medical College of Georgia MaxiCourse® in 2008. He became a Diplomate of the American Board of Oral Implantology in 2011.

Soong-Ryong Jung, DDS, MS, PhD, Ann Arbor, Michigan, received his dental degree from Chonnam National University School of Dentistry in 1989. In 2011 he became a Diplomate of the American Board of Oral Implantology and was certified by the American Board of Prosthodontics.

Adam Foleck, DMD, Norfolk, Virginia, graduated from Temple University School of Dentistry in 1997. He attended the Medical College of Georgia MaxiCourse® in 2002 and became a Diplomate of the American Board of Oral Implantology in 2011.

Michael J. Gioia, Jr., DMD, Boca Raton, Florida, received his dental degree from the University of East, Manila (Philippines) in 1978. He received a postdoctoral degree in prosthodontics from the University of Illinois at Chicago in 1980 and became a Diplomate of the American Board of Oral Implantology in 2011.

Lion Berzin, BDS, Toronto, Ontario, Canada, graduated from the University of Witwatersrand (Johannesburg, South Africa) in 1996. He completed the Georgia MaxiCourse® in 2009 and became a Diplomate of the American Board of Oral Implantology in 2011.

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Douglas G. Ness, DDS, Shanghai, China, received his dental degree from Loma Linda University School of Dentistry in 1989. He became a Diplomate of the American Board of Oral Implantology in 2011.


Gilbert Tremblay, DMD, Pierrefonds, Quebec, Canada, received his dental degree from Laval University (Quebec City, Quebec) in 1987 and the Diplomate designation from the American Board of Oral Implantology in 2011.

Matthew Young, DDS, San Francisco, California, graduated from the State University of New York at Buffalo School of Dental Medicine in 1999. He became a Diplomate of the American Board of Oral Implantology in 2011.

Daniel F. Abell, DMD, Paducah, Kentucky, received his dental degree from the University of Louisville in 2001 and completed the AAID/Medical College of Georgia MaxiCourse® in 2010.

Tetsuya Adachi, DDS, Osaka City, Osaka, Japan, received his dental degree from Asahi University in 1993 and completed the AAID/Korea MaxiCourse® in 2011.

Adil J. Albaghdadi, DMD, Roseville, Michigan, received his dental degree from Boston University in 1998 and completed the University of Medicine and Dentistry New Jersey MaxiCourse® in 2011.

Nathan M. Austria, DMD, Portland, Oregon, received his dental degree from Temple University School of Dentistry in 1992 and completed the AAID/Oregon MaxiCourse® in 2011.

Nezih J. Bachuri, DMD, Troy, Michigan, graduated from the University of Baghdad College of Dentistry in 1989 and Tufts University Dental School in 2002. He completed the AAID/Georgia Health Science University MaxiCourse® in 2011.

Robert J.L. Beall, DMD, Charleston, South Carolina, received his dental degree from Medical University of South Carolina in 1997 and completed the AAID/Medical College of Georgia MaxiCourse® in 2007.
Carolina Benalal, DDS, Madrid, Spain, received her dental degree from Université de Nice France in 1987.

Matthew D. Bergman, DMD, MS, Prescott Valley, Arizona, graduated from the University of Louisville in 2003 and completed the AAID/Loma Linda MaxiCourse® in 2009.

Akshay Bhargava, BDS, New Delhi, India, received his dental degree from Baduji Dental College (India) in 1991 and completed the AAID/Asia MaxiCourse® in 2007.

James K. Chen, DDS, Santa Ana, California, graduated from the University of California School of Dentistry in 1972.

Robert Lister Crosby, DMD, Greenville, Alabama, received his dental degree from the University of Alabama School of Dentistry in 1982 and completed the AAID/Georgia Health Science University MaxiCourse® in 2011.

Elizabeth DiBona, DMD, Exeter, New Hampshire, graduated from Boston University's College of Dental Medicine in 2007 and completed the AAID/New York MaxiCourse® in 2009.

Michael S. Fioritto, DDS, Mentor, Ohio, received his dental degree from Case Western Reserve University in 2002 and completed the AAID/Georgia Health Sciences University MaxiCourse® in 2011.

Nelson Perry Daly, DDS, Baton Rouge, Louisiana, graduated from Louisiana State University School of Dentistry in 1993 and completed the AAID/Georgia MaxiCourse® in 2008.

Vahid Farahyar, DDS, Davis, California, graduated from University of California San Francisco School of Dentistry in 1998 and completed the AAID/Loma Linda MaxiCourse® in 2008.

Russell P. Fitton, III, DDS, Barrington, Illinois, graduated from Loyola University in 1981 and completed the AAID/Medical College of Georgia MaxiCourse® in 2009.

Dr. Jurriaan den Drijver, Amsterdam, The Netherlands, received his dental degree from Academisch Centrum Tandheelkunde Amsterdam in 2001 and completed the AAID/New York MaxiCourse® in 2009.

Dr. Fariba Farhang, Tehran, Iran, received her dental degree from Shahid Beheshti University in 1990 and completed the AAID/Iran ACECR TUMS Branch MaxiCourse® in 2010.

German Gaitan, DDS, Orlando, Florida, received dental degrees from Columbian Dental School of Dentistry in 1990 and New York University in 2002. He also completed the AAID/MaxiCourse® at New York University in 1996.

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Antoanela Garbacea, DDS, Loma Linda, California, graduated from Romania’s University of Medicine and Pharmacy Faculty of Dental Medicine in 1998 and completed the advanced education in implant dentistry at Loma Linda University in 2009.

Geeta Gautham, BDS, Bolton, Ontario, Canada, received her dental degree from Nair Hospital Dental College, Mumbai, India in 1998. She completed the AAID/Medical College of Georgia MaxiCourse® in 2008.

Eric M. George, DMD, Providence, Rhode Island, graduated from University of Florida’s College of Dentistry in 2002 and completed the AAID/New York MaxiCourse® in 2008.

Nicolas Gutierrez, DDS, Madrid, Spain, received his dental degree from Pontificia Universidad Javeriana (Bogota, Colombia) in 1993.

Dan Hagi, DDS, Thornhill, Ontario, Canada, graduated from the University of Toronto Faculty of Dentistry in 2003.

Yasumitsu Hayakawa, DDS, Okasaki, Aichi, Japan, received his dental degree from Aichi Gakuin University (Japan) in 1989 and completed the AAID/Korea MaxiCourse® in 2011.

Hemant N. Joshi, DDS, Pomona, California, received his dental degree from Government Dental College in Ahmedabad, India in 1980.

Hiroshi Hayano, DDS, Nagoya, Aichi, Japan, graduated from Aichi Gakuin University’s School of Dentistry in 1999 and completed the AAID/Korea MaxiCourse® in 2011.

Eugene Y. Kim, DDS, San Diego, California, received his dental degree from the University of California Los Angeles in 2003.

Yuriko Hibi, DDS, Okasaki-City, Aichi, Japan, received her dental degree from Kanagawa Dental University (Japan) in 1994 and completed the AAID/Korea MaxiCourse® in 2011.

Mike Ho-Yu Hsieh, DDS, Kent, Washington, graduated from the University of California at Los Angeles in 1998. He completed the AAID/Loma Linda University MaxiCourse® in 2011.

HeungJin Kim, DDS, Dong-gu, South Korea, graduated from Chonbuk National University Dental College in 2001 and completed the AAID/Korea MaxiCourse® in 2009.

Seonguk Kim, DDS, Seoul, South Korea, received his dental degree from Seoul National University in 2009 and completed the AAID/Korea MaxiCourse® in 2010.

Greg Leonard Konotopetz, DMD, Regina, Saskatoon, Canada,
graduated from the College of Dentistry at the University of Saskatchewan in 1981 and completed the AID/Toronto Implant MaxiCourse® in 2011.

Yeol Hoi Koo, DDS, Nonsan-si, Chung-nam-do, Republic of Korea, received his dental degree from the School of Dentistry at Seoul National University in 2009 and completed the AID/Korea MaxiCourse® in 2011.

Elliott Koschitzki, DDS, Brooklyn, New York, graduated from New York University College of Dentistry in 2009 and completed the Oral Implantology program at Brookdale University Hospital and Medical Center in 2012.

Prem Kumar, DDS, St. Anthony, Minnesota, received his dental degree from Liaquat University of Medical & Health Sciences (Pakistan) in 1999 and completed the AAID/Loma Linda MaxiCourse® in 2010.

Changryeol Kwon, DDS, Ilsan-dong, Wonju-City, Gangwondo, South Korea, graduated from Wonkwang University Dental College in 2009 and completed the AAID/Korea MaxiCourse® in 2011.

JiYong Kwon, DDS, Seoul, South Korea, received his dental degree from Seoul National University School of Dentistry in 2009 and completed the AAID/Korea MaxiCourse® in 2011.

Scott Gregory Lamming, DDS, San Juan Capistrano, California, received his dental degree from Georgetown University in 1985.

Diane E. Land, DDS, Las Vegas, Nevada, received her dental degree from the University of Michigan in 1990 and completed the AAID/Las Vegas MaxiCourse® in 2012.

GunYeong Lee, DDS, Changwon, Gyeongnam, South Korea, graduated from Kyung Hee University’s School of Dentistry in 1983 and completed the AAID/Korea MaxiCourse® in 2010.

Hae Ho Lee, DDS, MS, Goyang, Gyeonggi-Do, South Korea, graduated from Seoul National University Dental School in 1988 and completed the AAID/Korea MaxiCourse® in 2010.

William Levatino, DMD, Pompton Plains, New Jersey, graduated from Fairleigh Dickinson University in 1976 and completed the AID/University of Medicine and Dentistry of New Jersey MaxiCourse® in 2011.

Perlin Jee Kwan Loke, BDSc, Kuala Lumpur, Malaysia, received his dental degree from University of Melbourne (Australia) in 1993 and completed the AID Asia MaxiCourse® in 2009.

Munira K. Lokhandwala, DDS, Fremont, California, graduated from Government Dental College (Bombay, India) in 1991 and completed the AAID/Loma Linda MaxiCourse® in 2009.

Daniel S. Malan, DMD, Boise, Idaho, received his dental degree from the University of Pittsburgh School of Dental Medicine in 2007 and completed the see Associate Fellows p. 36 AAID MaxiCourse® in 2011.
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AAID/Loma Linda MaxiCourse® in 2010.

Dr. Joji Markose, Sharjah, United Arab Emirates, graduated from Rajiv Gandhi University of Health Science (India) in 2000 and completed the AAID/India MaxiCourse® in 2007.

Ghassan Mehtar, DDS, San Juan Capistrano, California, received his dental degree from Damascus University (Syria) in 1987 and completed the AAID/Loma Linda MaxiCourse® in 2009.

Holger P. Meiser, DDS, Plymouth, Minnesota, graduated from Heidelberg University (Germany) in 2002 and completed the AAID/Medical College of Georgia MaxiCourse® in 2009.

Ebrahim Moghaddasi, DDS, Omidieh, Khozestan, Iran, received his dental degree from Azad University in Tehran in 2000. He completed the AAID/Iran MaxiCourse® in 2011.

Winston Muditajaya, DDS, Pico Rivera, California, graduated from University of Southern California, School of Dentistry in 1997 and completed the AAID/Oregon MaxiCourse® in 2010.

Se Woong Oh, DMD, MS, PhD, Changwon City, Gyungsangnam-do, South Korea, received his dental degree from Kyung Hee Dental College (Korea) in 1985 and completed the AAID/Korea MaxiCourse® in 2011.

Esther J.L. Ong, DDS, San Diego, California, graduated from Indiana University School of Dentistry in 1981 and completed the AAID/Loma Linda University MaxiCourse® in 2007.

Dr. Ebon Park, Ansan-si, Gyeonggi-Do, South Korea, received her dental degree from Chonnam National University (Korea) in 2001 and completed the AAID/Korea MaxiCourse® in 2008.

Sangiv I. Patel, DDS, Melbourne, Florida, received his dental degree from Loyola University of Chicago in 1993 and completed the AAID/Medical College of Georgia MaxiCourse® in 2008.

Tarun B. Patel, DDS, Loma Linda, California, received his dental degree from Temple University School of Dentistry in 2004 and completed the Advanced Education Program in implant dentistry at Loma Linda University in 2012.

Robert Pauley Jr., DMD, Union City, Georgia, graduated from the University of Kentucky College of Dentistry in 1988 and completed the AAID/Medical College of Georgia MaxiCourse® in 2009.

Myrna Ruth Pearce, DMD, Port Coquitland, British Columbia, Canada, received her dental degree from University of British Columbia in 1985 and completed the AAID/Vancouver MaxiCourse® in 2011.
Dhafir J. Petros, DDS, San Diego, California, received his dental degree from the University of Baghdad (Iraq) in 1994 and completed the AAID/Loma Linda University MaxiCourse® in 2007.

Christopher Petrush, DDS, Pleasant Hill, California, received his dental degree from New York University in 1994 and completed the AAID/Las Vegas MaxiCourse® in 2011.

Lenh S. Phui, DDS, Upland, California, graduated from Northwestern University School of Dentistry in 2000.

Lyle S. Pidzarko, DDS, Burnaby, British Columbia, Canada, received his dental degree from University of Alberta (Canada) in 1990 and completed the AAID/Vancouver MaxiCourse® in 2011.

Mantena A. Raju, BDS, MDS, Kakinada, India, graduated from Manipal College of Dental Sciences (India) in 1997 and completed the AAID India MaxiCourse® in 2007.

Kotha Padma Rayalu, BDS, MDS, Hyderabad, India, received his dental degree from Bapuj Dental College (India) in 1994 and completed the AAID/India MaxiCourse® in 2007.

Charles Roy, DDS, Ottawa, Ontario, Canada, graduated from New York University College of Dentistry in 2008. He also completed the AAID/ NYU MaxiCourse® in 2008.

Patrick Roy, DDS, Ottawa, Ontario, Canada, received his dental degree from University of Toronto in 1978 and completed the AAID/New York University MaxiCourse® in 2008.

Brij Sabherwal, MDS, New Delhi, India, graduated from Maulana Azad Medical College in 1988 and completed the AAID/India MaxiCourse® in 2006.

Seyed-Jalil Sadr, DMD, Tehran, Iran, received his dental degree from Tehran University's School of Dental Medicine in 1976. The University of Alabama at Birmingham also awarded him an MSD degree in Prosthodontics in 1981.

Shahriar Shimi, DDS, Richmond Hill, Ontario, Canada, received his dental degree from the University of Toronto in 2003.

Ian E. Shuman, DDS, Pasadena, Maryland, graduated from Howard University's School of Dentistry in 1991.

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Ghassan Sroujieh, DDS,
Sun City, Arizona, received
his dental degree from
Loma Linda University in
1999 and completed the
AAID/Loma Linda
MaxiCourse® in 2009.

Ahmed R. Sugendran Bin
Abdullah, BDS, Melaka,
Malaysia, graduated from de
MontMorency College of
Dentistry (Pakistan) in 1995
and completed the AAID/Asia
MaxiCourse® in 2009.

Jasmine Chil-min Sung,
DDS, Houston, Texas,
received her dental degree
from Baylor College of
Dentistry in 2007.

Kiwon Sung, DDS, Cheonan-
si, Chungcheongnam-do,
South Korea, graduated from
Dankook University (South
Korea) in 2010 and com-
pleted the AAID/Korea
MaxiCourse® in 2011.

Suphachai Suphangul,
DDS, Loma Linda,
California, received his
dental degree from Mahidol
University – Faculty of
Dentistry (Thailand) in
2003 and completed the
Loma Linda School of
Dentistry Fellowship in
Implant Dentistry in 2012.

Ilya Alex Tarasenko,
DMD, Brooklyn, New York,
graduated from Temple
University in 2007 and com-
pleted the AAID/New
York MaxiCourse® in 2009.

Pierre J. Tedders, DDS,
Adrian, Michigan, received
his dental degree from the
University of Detroit in
1999 and completed the
AAID/Georgia Health
Science University
MaxiCourse® in 2011.

Kayo Tomida, DDS,
Moriyama-ku, Nagoya-shi,
Aichi-ken, Japan, gradu-
ated from Faculty of
Dentistry Niigata
University (Japan) in 1994
and completed the
AAID/Korea MaxiCourse®
in 2011.

Gary R. Weider, DMD,
Aventura, Florida, received
his dental degree from the
University of Florida in

Matthew D. Welebir,
DDS, Las Vegas, Nevada,
graduated from the Loma
Linda University School of
Dentistry in 2000 and com-
pleted the AAID Loma
Linda University
MaxiCourse® in 2010.

Jiyoung Yang, DDS,
Gunsan-St, Jeollabuk-do,
South Korea, received her
dental degree from Chosun
University Dental College
(South Korea) in 2009 and
completed the AAID Korea
MaxiCourse® in 2011.
Membership

NEW MEMBERS
The AAID is pleased to welcome the following new members to the Academy. The following members joined between September 11, 2012 and December 25, 2012. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. The list is organized by state and then alphabetically by city. Contact your new colleagues and welcome them to the Academy.

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Birmingham

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Dr. Ana-Maria Dobra
Glendale
Dr. Nancy Fitzgerald
Glendale
Dr. Broc Gundersen
Glendale
Dr. Joshua Kirk
Glendale
Dr. Matthew Serbousek
Glendale
Dr. Edouard Sorkin
Glendale

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Atwood
John F. Adams, DDS
Cameron Park
Dr. Kimberly Antrim
Gilroy
Dr. Lena Chivarova
Huntington Beach
Mona Goodarzi, DDS
Irvine
Chun-I Lu, DDS
Loma Linda
Matthew Dean Murray, DDS, MD
Loma Linda
Ashish Prakash Sharma, BDS
Loma Linda
Alireza Torabi, DDS, MS
Los Angeles
Petch Oonpat, DDS
Redlands
Ian Leopold, DDS
San Luis Obispo
Dr. Lawrence Fealy
Valencia
Karim Naguib, DDS
Valencia

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Boulder
Per Reikvam, DDS
Centennial
Dr. Adrian LePendu
Colorado Springs
John P. Poovey, DMD
Grand Junction

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Glastonbury

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Dr. Don Roberts
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Dover

FLORIDA
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Orlando
Elza Pereira, DMD
Sarasota
Luis A. Alicea, DMD, MSD
Trinity

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Atlanta
Frank D. Butler, DMD
College Park
Dr. Philip G. Walton
Decatur
Justin Bonner, DDS
Oakland
Melissa Anne Jones, DDS
Riverdale
Robert B. Miller, DMD
Savannah

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Russell A. Baer, DDS
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Yasser Elseweifi, DDS
Chicago
Martin J. Marcus, DDS
Chicago
Victor Sanz, DDS
Chicago

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Andover

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Lafayette

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Dr. Steven Sufaro
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Kathleen Gilmore, DMD
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Julie Corbin, DDS
Lorain
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Sylvania

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Christopher Keldsen, DMD
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Steven Darling, DMD
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Coquille
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E-mail: drsiyer@uol.com
Web site: www.aaid-asia.org

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E-mail: dental-care@hanmail.net
Web site: www.kdi-aaid.com

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Phone: 787-642-2708
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University of Nevada Las Vegas MaxiCourse
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Phone: 201-871-3555
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University of Medicine and Dentistry of New Jersey, New Jersey Dental School
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Phone: 973-972-6561
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