Tribute to Prof. P-I Brånemark to be presented at Annual Meeting

The December 20 death of the Swedish innovator known as the father of osseointegration – Professor Per-Ingvar Brånemark

created the first titanium implant and coined the term “osseointegration” to describe the process by which bone tissue fuses it in place – shocked and saddened scores of AO members who had known him well. A special video tribute to him will be presented during the Annual Meeting’s Opening Session.

Professor Brånemark was closely associated with the founding of the Academy of Osseointegration in 1985 and became its first Honorary Fellow in 1989.

“Early adopters have to rely on experienced colleagues based on critical follow up,” Professor Brånemark said. “That is why the AO has played such a remarkable role by establishing a forum to share successes and failures. This allows the profession to know success and avoid complications.”

In May 1982, Professor Brånemark came to Toronto, Ontario, Canada, at the invitation of Dr. George Zarb, whose team at the University of Toronto had conducted replication studies of the Swedish research physician’s seminal work on titanium endosseous implants.

“I was stunned by what I was seeing, because I could see the impact of it,” said the late Dr. Daniel Y. Sullivan, who attended the symposium as a representative of the American College of Prosthodontists (ACP). He was used to seeing implant success rates of 60% or lower, and Professor Brånemark was reporting success of better than 90%.

Five months after the Toronto symposium, Dr. Sullivan and his oral surgery colleague, Dr. Paul H. J. Krogh (both later AO Presidents), placed the first U.S. titanium endosseous implants in Bethesda, MD, with Professor Brånemark at their side.

Word of their success spread and Professor Brånemark had soon established U.S. training centers in Rochester, MN, Rochester, NY, San Antonio, TX, Seattle, WA, and Los Angeles, CA.

A New York City osseointegration study club started in 1984 grew so rapidly that by 1985 it became the American Academy of Osseointegration (they later dropped the “American”). Whenever he was available, Professor Brånemark was a keynote speaker at meetings.

…continued on page 13
President’s Message

No organization in implant dentistry does what we do

By Joseph E. Gian-Grasso, DMD

It has been my honor to serve as President of the Academy of Osseointegration for 2014-15. Our recent member survey indicated that 98% of our members would recommend membership in AO to a colleague – pretty impressive! SO DO IT, talk about the benefits of AO membership to your colleagues, including our Annual Meeting, the most respected publication in implant dentistry and tissue engineering, *The International Journal of Oral & Maxillofacial Implants (IJO MI)*, the incredible networking opportunities at our Annual Meeting and in our published directory of members. Our website identifies our members to the public seeking dental implant treatment.

There simply is no organization in implant dentistry and tissue engineering that does what we do. We fund a $75,000 a year IADR grant for “Innovation in Implant Science.” Our Foundation awards two basic science and two clinical science grants up to $30,000, and ten charitable grants up to $10,000 for direct patient care!

The AO now has five Charter Chapters in Israel, Italy, Japan, Spain, and the United Kingdom. This year, AO has participated in an outreach meeting in India and will do the same in South Africa in 2016.

The preparation of the AO Certificate in Implant Dentistry is in the final stages of development, including selection and calibration of examiners. My expectation is that our certificate will become the “gold standard” for the public to evaluate the training and expertise of practitioners of implant dentistry.

This year we continued to develop the Board’s communication plan to raise awareness, reshape perceptions and inform our audiences about AO’s important resources. We continued to build strong relationships with targeted trade media and now have a regular series of articles that highlight AO’s collective clinical knowledge, leadership and global presence. Check out AO’s website press room to see some of our recent articles.

We started promoting IJO MI with bi-monthly news features and launched a partnership with *Surgical Restorative Resource* called “Spotlight on IJO MI,” authored by our Young Clinicians Committee, which highlights key take-home points and encourages clinicians to become AO members and receive an *IJO MI* subscription.

We also got a lot more social. We increased our presence on Twitter and Facebook and now have a combined 4,000 followers from around the globe. We’ve engaged this audience through things like a “Tweet Chat,” which I had the honor of hosting, and social media contests.

We have been working hard to promote our 30th Annual Meeting and our amazing speaker line-up through a series of articles that have run in outlets such as Dentistry IQ and Dental Tribune International. Watch for the “AO Daily” – the official meeting news report to keep AO in the know – in your welcome packet or inbox.

AO has certainly felt the benefits of our public relations efforts and we want to make sure our individual members do, too. Stay tuned in the months ahead... we’re preparing to launch a member PR toolkit that promises to help you market your knowledge of dental implants.

I urge you to attend our 30th Annual Meeting in San Francisco, March 12-14, 2015. The premise of the meeting is collaboration in patient care, the keystone of the Academy. It will feature a global array of talent, including a symposium featuring South Korea’s thought leaders in our field. See our website for a preview.

My concluding thoughts to the AO family are simply of thanks to all for the privilege of serving. The tradition of service exemplified by AO’s dedicated Board members, our hard-working AO Committee Chairs and members, Past-Presidents, the Academy’s executive office, and the membership at large is unique, gratifying, and rare! I hope you are as proud of the Academy of Osseointegration as I am and will join me in continuing to fulfill our mission of “enhancing oral health globally by advancing the science, practice, and ethics of implant dentistry and tissue engineering.”

SEE YOU IN SAN FRANCISCO!
Dr. Stephen Parel to be honored as 8th Nobel Biocare Brånemark Osseointegration Award recipient

Dr. Stephen M. Parel, Dallas, TX, who carried the late Professor Per-Ingvar Brånemark’s message about osseointegration across the U.S. in a series of seminars and headed one of the original training centers in San Antonio, TX, is the eighth recipient of the Nobel Biocare Brånemark Osseointegration Award. The award is given annually by the Osseointegration Foundation (OF) to honor an individual whose impact on implant dentistry is exemplary in any or all of the Foundation’s mission categories: research, education, and charitable causes.

OF President Dr. Clarence C. Lindquist, Washington, DC, will present the award Thursday, March 12, at the Opening Symposium in the Moscone West Convention Center, San Francisco, CA.

Previous Nobel Biocare Brånemark Award honorees are Professor Brånemark (the first honoree), Drs. Daniel Buser, William R. Laney, and George A. Zarb, and Professors Daniel van Steenberghe, Ulk Lekholm, and Tomas Albrektsson. The award is made possible by a grant from Nobel Biocare. The selection process involves members of the Osseointegration Foundation’s Titanium Society to propose distinguished candidates from the field of implant dentistry.

“In Dr. Parel, we are pleased to honor a distinguished clinician, researcher, and osseointegration educator,” says Dr. Lindquist. Active in AO from its founding, Dr. Parel was Annual Meeting Chair in 1994 and President in 1995.

Dr. Parel received his dental degree from The Medical College of Virginia in 1969, then completed a two-year Prosthodontics residency at Wadsworth VA Hospital, Los Angeles, and received his Maxillofacial Prosthetics training in Houston at the M.D. Anderson Hospital and Tumor Institute in 1973.

He rose to the rank of full professor in the San Antonio Medical and Dental Schools, and served as head of the Maxillofacial Prosthetics Division in the Department of Prosthodontics until 1991. From 1991 to 2008, he was professor at Baylor College of Dentistry-Texas A&M Health Sciences Center. He is presently in private practice and serves as a consultant to the implant industry.

Dr. Parel is a Diplomate of the American Board of Prosthodontics, the American and International College of Dentists, and is a member of many professional organizations, including the American Dental Association, the Academy of Prosthodontics, and the American College of Prosthodontics.

His publications include over 45 scientific articles as primary author and multiple textbook contributions. He was co-founder of Osseointegration Seminars, Incorporated. In addition to serving as AO President, he has been president of The American Academy of Maxillofacial Prosthetics and the Osseointegration Foundation.

He has received the Andrew J. Ackerman Award for meritorious lifetime service in the field of Maxillofacial Prosthetics, the Distinguished Lecturer and Dan Gordon Awards from the American College of Prosthodontics, and has served as an examiner and President of The American Board of Prosthodontists.

All Titanium Society members and a guest of their choice are invited to attend the Annual Titanium Society Breakfast Meeting, Saturday, March 14, at 7:00 a.m., where Dr. Parel will give an exclusive presentation for Titanium Society members and their guests.

Positions are still available in the Titanium Society, which is limited to supporters who have pledged $10,000 total in past and future contributions over a four-year period. The Titanium Society’s membership is limited to 100. Anyone interested in becoming a Titanium Society member may find a downloadable membership application on the OF section of the Academy’s website (www.osseo.org) or by contacting the Academy’s Executive Office at 847-439-1919, or by email at academy@osseo.org.

AO Annual Meeting starts with 36 Corporate Forum Presentations from 13 leading implant companies

The AO Annual Meeting begins at 8 a.m. Thursday, March 12, with 36 industry-sponsored Corporate Forum presentations from 13 leading implant companies in the Moscone West Convention Center. This collection of sessions offers a unique and significant opportunity to get an update on the latest research and new product developments in the field.

Programs run concurrently beginning at 8 a.m., 9 a.m., 10:15 a.m., and 11:15 a.m., concluding at 12 noon. Registrants may attend any presentation with the option of changing rooms at any time. Details about the programs, including speakers and topics, may be found on the Academy’s website, www.osseo.org.

Participating companies are BioHorizons, Biomet 3i, DENTSPLY Implants, Geistlich Biomaterials, Intra-Lock, J. Morita USA, Keystone Dental, Millennium Dental Technologies, Inc., Nobel Biocare, OraPharma, Osstell, Straumann, and Zimmer Dental.
BIOMET 3i offers a family of synergistic system solutions to help you and your patients achieve beautiful, confident and healthy smiles.

Visit Us At Booths #408 and #501

Check Out The BIOMET 3i Online Store at www.shopbiomet3i.com (US & Spain Customers Only)

For more information, please contact your local BIOMET 3i Sales Representative today!

In the USA: 1-888-800-8045
Outside the USA: +1-561-776-6700
www.biomet3i.com | www.shopbiomet3i.com

Providing Solutions - One Patient At A Time and Smile Therapy are trademarks of BIOMET 3i LLC. ©2014 BIOMET 3i LLC.

All trademarks herein are the property of BIOMET 3i LLC unless otherwise indicated. This material is intended for clinicians only and is NOT intended for patient distribution. This material is not to be redistributed, duplicated or disclosed without the express written consent of BIOMET 3i. For additional product information, including indications, contraindications, warnings, precautions and potential adverse effects, see the product package insert and the BIOMET 3i Website: wwwifu.biomet3i.com.
Dental implants have been around since the 1970s. The most commonly used implant today, the root form, did not become fully established until the early 1990s. Because of the history of the evolution of implants, and the uncertainty of integration or longevity, informed consent became an essential legal doctrine for the defense of complications arising from the placement of dental implants.

However, just as the industry has evolved, the law has evolved as well. There are two key principles the modern implant practitioner must consider before and during the placement of dental implants. The first principle is adequate training to take on not only the diagnosis, planning and placement of implants, but equally important, responding to complications. The second principle involves the legal standards regarding complications being evidence of a risk or evidence of malpractice.

Dental implants today are considered an important adjunct to the restoration of missing teeth. Training for the placement of dental implants is being offered in dental schools, residency programs and postgraduate continuing education, with the manufacturers of dental implants often being the source of those continuing education programs. Manufacturer programs have a natural bias of wanting to sell more implants and, therefore, providing programs focused on the mere placement rather than complications and patient management.

However, the legal standard of care requires that in order to provide dental implants, the practitioner must not only be trained on how to place them, but also versed on responding to complications. To further analyze this requirement, one should look at the legal requirements for referring a patient to a specialist. Throughout the nation, the standard of care requires a dentist to refer a patient to a specialist if a reasonably prudent practitioner of the same or similar training and experience would refer such treatment to a specialist. The test for determining what a reasonable practitioner would do has three components: 1) the ability to prepare and plan for potential complications; 2) the ability to timely recognize the onset or development of a complication; and 3) the timely treatment or referral for treatment of a complication. If a dental practitioner placing dental implants is unprepared to meet these components, the standard of care requires a referral.

To understand the depth of the test, one should examine the second principle, when is a complication evidence of a risk or evidence of malpractice. The threshold test here is whether or not a complication can be avoided through the use of reasonable skill, care, and technology. If a complication is not avoidable with the use of reasonable skill, care and technology, then the complication is considered a risk of dental implant treatment for which the patient must be advised and informed consent obtained. However, when a complication is considered avoidable through the use of reasonable skill, care and technology, the occurrence of the complication is considered evidence of malpractice.

For example, despite the use of reasonable skill (minimally invasive surgery), care (prophylactic antibiotics) and technology (appropriate imaging), a patient can still have the postoperative infection, which is considered evidence of a risk and not malpractice. An example of lack of skill would be the placement of an implant completely into the sinus such that it is floating. An example of lack of care would be failure to provide appropriate postoperative instructions regarding diet and occlusal habits. And an example of the lack of technology would be failure to take appropriate imaging to measure the implant placement so as to keep it within the bone of the jaw. The most common claim this author sees while defending dental implant cases is the failure to take a cone beam CT in order to fully appreciate the bone and the proximity of vital structures to avoid placing an implant into a nerve canal.

Reasonable training prior to placing dental implants requires the practitioner to appreciate the legal issues and the requirements surrounding complications. Appropriate training should prepare the practitioner to diagnose and appreciate the potential for complications and then avoid such complications, for example by taking appropriate imaging. A reasonable practitioner, if unable to obtain the imaging or to appreciate the risk associated with inadequate imaging and planning, would be obligated under the law to refer the patient to a more experienced and trained practitioner or specialist.

In cases where the practitioner believes the training is appropriate to take on a particular case, he or she must also be prepared to timely recognize the complication. For example, despite the use of appropriate imaging, it is possible to place an implant close to a vital structure such as a nerve. The reasonable practitioner must make efforts to timely recognize any complication that requires treatment. Failure to respond timely may be evidence of substandard care, if the complication continues or worsens.

Using the same example, if a nerve injury occurs with the placement of a dental implant, the reasonable practitioner, knowing of that risk, must have protocols for the timely postoperative evaluation of patients to determine if any such potential complication, such as nerve damage, has occurred. Then, even with the application of appropriate safety protocols, and timely recognition of the complication, the reasonable practitioner must be prepared to either provide treatment to minimize the complication or timely refer the patient to a more experienced and trained practitioner or specialist.

…continued on page 11
TriStar™
Bone Graft Fixation System

**Starter Kit Includes:**
- 15 Screws: All Screws Self-Drilling
- 3 Pieces of 18x25mm Ti-Mesh or 1 Piece of 40x60mm Ti-Mesh
- Osteogen® Bioactive Resorbable Calcium Apatite
- Osteodem® Human Bone Allograft
- Sterilization Cassette
- Related instrumentation

**SquareLock™ Connection**
Ultra-Secure fit with one tool to pick up and deliver screw

**Partially Threaded and Tapered Screw Design**
Long screws also available & are used to secure Bone Blocks or as adjustable tenting screws

**Introductory Special**
$899

For more information contact 800-526-9343 or Shop Online at [www.impladentltd.com](http://www.impladentltd.com)
Where's the “magic” in your implant practice?

By Joy Millis, CSP – Certified Speaking Professional

Implant dentistry has drawn a crowd. Billboards advertise implants for $499. Classes are filling up. Implant reps are standing chairside instructing dentists about what to do next. It’s so easy, anyone can do it . . . Dang, I should buy a kit and place a few. Oh, wait – I’m not a dentist.

Walt Disney said, “In this volatile business of ours, we can ill afford to rest on our laurels, even to pause in retrospect. Times and conditions change so rapidly that we must keep our aim constantly focused on the future.” Disney knew it would take “Magic” to bond his guests to his kingdom. “Magic” is also the glue that sticks a patient to your practice.

There will always be someone willing to charge less and make it more convenient for your patients to receive care – as demonstrated by the all-inclusive, one-stop-shopping dental centers popping up everywhere, in response to the consumer demands for cost-effective, convenient care. What’s important to the patient – quality, price, or convenience? Customer satisfaction is a moving target and the bar is raised with every visit to your practice. If patients don’t experience the “magic” in your practice, they will take their limited insurance or disposable dollars somewhere else.

My friend, Bobbie, left a 25-year-patient/doctor relationship when she received a coupon for 20 percent off, from a dentist she didn’t know. Blame the coupon, blame the bill – I’m not a dentist.

Tell me about the people working in your practice. Every contact with a patient is a chance to win one over or lose one. If I spoke with the newest member of your team, would I feel the “magic”? Would I be sold on the value of implant dentistry? Patients depend on the unbiased opinion of the members on your team to help them make decisions about care.

When asked, “What is an implant?” Stormy, a dental assistant from Colorado, replied, “An implant is the best thing that’s happened to dentistry!” How did she know? If she believes and shares this with patients, could “magic” be the result? Ask your team members, “Why should patients have implants?” See how fast – or slow – your team members respond.

Have your patients’ lives been changed after receiving implants? Have you shared your patients’ stories with your team, or are you resting on your laurels, assuming they know? When did you give up on show and tells so your team members could hear, see, and feel the “magic”?

Tell me about the other dental professionals working with your practice. Implant dentistry has opened the door for me to work with oral surgeons, periodontists, prosthodontists, and general dentists. From time to time, every dental professional complains about other dental professionals. Why? There are valid reasons general dentists don’t refer to certain specialists and valid reasons specialists don’t want certain general dentists to do the restoration. When did we stop talking to each other? As professional siblings, effective communication is critical to the success of our dental family.

I facilitated an intervention with a specialist and referring doctors who complained about each other. After creating a safe environment, the complaints went back and forth; issues were real on both sides. Misunderstandings and hurt feelings were discussed and situations clarified. I felt like my mother, intervening in a squabble between my three mean brothers and me. Solutions for working together were created. “Magic!”

Relationships are often ended over conflict or misunderstandings that encompass 10 percent of the relationship, while the remaining 90 percent of the relationship is fantastic. Pay attention to the unresolved complaints that destroy the “magic.” They’re real. The roadblock to patients receiving implant dentistry in your practice is not the economy, the competition, or billboard advertising; it’s our unwillingness to believe that our words and actions today, matter tomorrow. In the middle of the implant tug-of-war, patients can be torn apart, often because of misunderstandings.

Implant dentistry and I have worked together for many years! It’s been good to me and good for many patients receiving the care. So, don’t ruin it! Schedule an intervention with your team and/or other dental professionals. Bring back the “magic”!

Joy Millis is a Certified Speaking Professional who presented at the 2014 Annual Meeting. This is the first in a series of features from non-AO members involved full time in the business of practice management. She can be reached at 800.849.2801 or at Joy@ShoutForJoy.com.
THIS IS NO TEMPORARY IMPLANT

Hundreds of clinicians around the world have realized what sets the LOCATOR® Overdenture Implant (LODI) System apart from their past experiences with “mini” implants—sometimes perceived as temporary implants. LODI is a reliable and cost-effective, narrow diameter overdenture implant that performs like a standard implant.

LOCATOR—The Gold Standard Attachment your referrals ask for featuring dramatically reduced vertical height & patented pivoting technology

Unique two-piece design for surgical & restorative flexibility, as well as attachment replacement over time

More surface area than “mini’s” at 2.9mm (2.4mm option available) LODI has a surface area very close to a 3.0mm standard implant

Innovative narrow body design provides an alternative treatment option for patients with anatomical limitations

No screw access hole for increased implant strength

Proven RBM surface on the entire length of the implant

Aggressive thread design similar to standard implant diameter designs, providing increased primary stability

Self-tapping design for ease of insertion and increased implant stability

Discover the benefits of a narrow diameter implant that performs like a standard diameter implant. Add LODI to your armamentarium of implant options. www.zestanchors.com/lodi/7 or 855.868.LODI (5634).
President’s Profile

**Dr. Joseph Gian-Grasso, an early implant user, inspires trust, is hard-working, friendly, outgoing**

AO President Dr. Joseph E. Gian-Grasso inspires trust. An excellent example came when he and Dr. Edwin S. Rosenberg decided to enter a practice partnership in Philadelphia that lasted 40 years. “We were partners by handshake,” Dr. Rosenberg remembers. “There was no legal contract.”

Drs. Gian-Grasso and Rosenberg came to osseointegrated implants very early. A University of Pennsylvania classmate, Dr. Peter F. Johnson, La Mesa, CA, invited Dr. Gian-Grasso to dinner with his University of Southern California prosthodontics classmate Dr. Daniel Y. Sullivan back in the early 1980s. “Dan had just been to the 1982 Toronto meeting, and he started describing what [Professor Per-Ingvar] Brånemark had accomplished. At the time, the Brånemark system was not available to periodontists. Most of our patients had lost teeth to periodontal disease, so I took the first Brånemark course open to periodontists at Toronto in 1986. We immediately started placing implants,” Dr. Gian-Grasso recalls.

Dr. Rosenberg was part of AO from its founding in 1985 and became its tenth President in 1996. “I got Joe involved when I was president, and he soon rose to chair of a committee. He’s just an incredibly hard and dedicated worker,” he says.

Dr. Gian-Grasso is friendly and outgoing, and people like him. AO Past President Dr. David L. Cochran, San Antonio, TX, remembers enjoying working with Dr. Gian-Grasso on committees of the American Academy of Periodontology (AAP). Dr. Gian-Grasso is a national spokesperson for the AAP, where he served as a trustee for six years. “Joe was always helpful in coming up with individuals to speak on our meeting programs. This was very helpful and really enhanced the meetings. He and Janice were always fun to be with at AAP events. I think Joe knows so many people that he is never a stranger wherever we went,” Dr. Cochran says.

Dr. Gian-Grasso is an ardent Philadelphian. He was born in nearby Trenton, NJ, and has almost never left the area. He even managed to do his U.S. Navy service at the Philadelphia Naval Yard. Coming from a region where so much U.S. history took place may have contributed to the joy he takes in reading nonfiction history.

He did leave Philadelphia for periodontology residency at Boston University, where his teacher, Dr. Myron Nevins, Swampscott, MA, quickly spotted his talent. “I had an opportunity to observe his skills and to see that he had great compassion for his patients,” Dr. Nevins says. “I could see that he’s a self-starter who would make a great contribution to the profession. He has integrity, imagination, and he’s great for follow-through.”

Dr. Gian-Grasso’s wife of 47 years, Janice, was his high school sweetheart. She is a psychiatric nurse practitioner, currently doing school nursing part-time. They have two sons, Brennan, an immigration attorney in Philadelphia, and Kevin, a clinical psychologist in residency at the Coatesville, PA, Veterans Administration hospital, and one grandchild.

Dr. Gian-Grasso enjoys golf and belongs to the Philadelphia Country Club, where Byron Nelson won his only U.S. Open in 1938. He also enjoys hiking and skiing. The Gian-Grassos like to ski at Breckinridge in Colorado. When they can, they escape to a condominium in Sarasota, FL.

A diplomate of the American Board of Periodontology, Dr. Gian-Grasso specializes in the areas of periodontics and dental implantology in his Philadelphia group practice. He served as clinical assistant professor of postgraduate periodontics at the University of Pennsylvania’s School of Dental Medicine, clinical associate professor of periodontology at Temple University School of Dentistry, and director of the Implantology Center at the Medical College of Pennsylvania.

Dr. Gian-Grasso is chair of the Academy’s Public Relations Task Force. He was elected to the AO Board in 2004 and previously served as treasurer, vice president and president elect. He is past president of the Pennsylvania Society of Periodontists, Philadelphia Society of Periodontology, and the Delaware Valley Academy of Osseointegration. He is a Fellow of AO, AAP, American College of Dentists, International College of Dentists, and the Philadelphia College of Physicians (started by Benjamin Rush, who signed the Declaration of Independence).

His many prestigious dental and periodontology awards include the Abram Cohen Award, the American Academy of Periodontology Award, the Lactona Award, and the University of Pennsylvania University and Dental Alumni Awards of Merit.

Dr. Gian-Grasso holds a BA from the University of Pennsylvania, a DMD from the University of Pennsylvania’s School of Dental Medicine, and a Certificate of Advanced Graduate Study in Periodontics from the Boston University School of Graduate Dentistry.
Introducing Densah Bur Technology for implant osteotomy preparation from Versah LLC. Densah Burs have a non-excavating proprietary flute design that, when rotating at 800 – 1500 rpm in reverse, densifies bone. This technique, known as Osseodensification, autografts bone along the entire length of the osteotomy through a hydrodynamic process with the use of irrigation. When rotating clockwise, Densah Burs also precisely cut bone. The result is a consistently cylindrical and densified osteotomy. Consistent osteotomies and densification are important to implant primary stability and to early loading.

To order the newest innovation in implant dentistry, contact a Versah Customer Service Professional at 844-711-5585 or visit www.versah.com

OSTEOLOGY Created with standard drills

OSTEOLOGY Created with Densah Bur Cutting Mode

OSTEOLOGY Created with Densah Bur Densifying Mode

STOP
Drilling Away Healthy Bone

Presenting Densah™ Bur Technology™:
The Innovation That Makes Osseodensification Possible

To order the newest innovation in implant dentistry, contact a Versah Customer Service Professional at 844-711-5585 or visit www.versah.com
AO Board nominees Drs. Donald Clem, Jeffrey Lloyd

Nominees for election to the AO Board of Directors at the annual business meeting March 14 in San Francisco are Drs. Donald S. Clem, periodontist, Fullerton, CA, and Jeffrey D. Lloyd, general practitioner, Rancho Cucamonga, CA, both longtime active Academy members.

Academy News asked each nominee to provide biographical briefs as background for the election. Here is how they responded:

**Dr. Donald S. Clem**

When I was in San Antonio training in Periodontics in the early 1980s, Professor Brånemark came to present his osseointegration technique and evidence. When I finished my residency in 1984, I established my own practice and purchased a Brånemark Implant kit for $20,000. Just starting out, that was a pretty scary thing to do, but I was convinced that implants would play a significant role in my periodontal therapy, partnering with my restorative colleagues to benefit patients.

It was about this time that I started hearing talk that the AO was forming. As a young periodontist, I saw the opportunity, through this organization, to interact with colleagues, sharing information and learning with a common goal: to bring osseointegration to patients in a predictable, safe and multidisciplinary approach.

As meetings started to grow, I became increasingly interested in the organization and was encouraged by some in AO leadership to become more involved. Working in several committees, I am grateful to have met mentors, colleagues and new friends.

Being given the opportunity to serve as Annual Meeting Program Chair for 2015 allowed me to see how, with a committed group of surgeons and restorative dentists, we could plan a meeting with a broad perspective regarding dental implants. Now, with the opportunity of Board service, I will have the chance to help continue the work and advancement of this organization. It’s the best continuing education course you could take!

I look forward to the challenges and opportunities to come for the AO and helping foster its continued growth.

**Dr. Jeffrey D. Lloyd**

Jeffrey D. Lloyd, DDS joined the Academy of Osseointegration in 1995. He has served on the Research Submissions Committee, Strategic Vision Committee, Finance and Audit Committee, GP Recruitment Task Force, Continuing Education Oversight Committee, Membership Committee and the 2016 Annual Meeting Committee. He has been Chair of the Membership Committee for the last two years.

Dr. Lloyd received his DDS (1978) from the University of Southern California (USC). He maintains a private general practice located in Rancho Cucamonga, CA. and is an assistant professor at Western University of Health Sciences, College of Dental Medicine, in Pomona, CA.

In addition to AO, his association memberships include the Academy for Sports Dentistry (ASD), Academy of General Dentistry (AGD), American Dental Association (ADA), Pierre Fuschard Academy (PFA), International College of Dentists (ICD), and American College of Dentists (ACD). He has been a past president of his local and state AGD, local dental society and Academy for Sports Dentistry.

Professional interests include membership, governance and leadership development. Personal interests include golf, scuba diving, cooking, photography and traveling. He and his wife, Jackie, have six children and 16 grandchildren.

Complication or malpractice …continued from page 5

Continuing with the example of a nerve injury, if a reasonable practitioner is not experienced with responding to nerve injuries associated with the dental implant, the patient should be immediately referred upon diagnosis of the complication. For example, recent studies have shown that when it is determined that an implant may be close to a nerve, and the patient has definite neurological symptoms based on standardized testing protocols, complete removal of the dental implant within two days may provide the best chance for neurologic recovery.

While this author is not prepared to cite standards of care for specific procedures, the trained practitioner needs to be aware of the current principles, protocols and treatments when taking on the placement of dental implants and the potential for complications. Finally, careful documentation of the steps taken to minimize complications, and respond to them when and if they occur, is essential in proving that the legal standard of care was met.

Dental implants are a significant adjunct in dental practice and a wonderful benefit for patients. However, they are fraught with risk associated with complications for the unprepared, inadequately trained or inexperienced practitioner. Recognizing one’s limits, and obtaining appropriate training and experience is essential in limiting one’s exposure to claims of dental malpractice.

Arthur W. Curley is a senior trial attorney in the San Francisco-based health care defense law firm of Bradley, Curley, Astiano, Barrabee, Abel & Kowalski. He will be presenting “Ethics in Implant Dentistry” at the AO Annual Meeting Closing Symposium, Saturday, March 14, 2-2:30 p.m. He is also an assistant professor of dental jurisprudence at the Dugoni School of Dentistry, San Francisco.
Dental Implant Technologies

Hi-Tec Implants

Interchangeable with many major brands. $7,900
Each

HeliPLUG Collagen Wound Dressing

List Price: $12,100
10 per Box $9,900 Box

Silicone Handle Periotome Set (N-1200/8)

- Set of 8 Periotomes & FREE STERILIZATION KIT.
- 2 Flat: 2.4 mm & 2.6 mm.
- 6 Curved: 2.8 mm, 2.9 mm, 3.1 mm, 3.4 mm, 4.2 mm, & 4.6 mm.
- Color Coded Silicon Handles for easy identification.
- Fine tip fits between root & bone to sever ligament for atraumatic extraction.
List Price: $5,440
Sale Price: $3,450 Set

Membrane Sale

Helimend 15mm x 20mm Absorbable Collagen Membrane.
List Price: $880
Each $750

Dental Implant Technologies
www.hitecimplantsusa.com
800-452-0582
usa.implants@gmail.com

AO Booth 259

Dental Implant Technologies
25 Years Quality & Service
Prices Good Thru May 1st 2015
Who are those faces at the AO Annual Meeting?

By Navid Rahmani, DDS, Academy News Editorial Consultant

Every year at our Annual Meeting we see many members, lots of familiar faces, as well as new faces. Have you ever wondered about the statistical makeup of the membership? It now has developed to a platform where general dentists, specialists and students can share their experience and research in the field of implant dentistry, based on evidence. The Academy now has close to 6,000 members, with the U.S. accounting for 73% of members, followed by Japan, Canada, Mexico, Italy, and Brazil. Within the U.S., the top five states with the most AO members are California, New York, Florida, Pennsylvania, and Texas.

AO’s student members are growing every year, and currently include 568 members. The drive behind the student membership as well as new membership has been the symbiotic relationship and professionalism among the broad spectrum of members. We know many practitioners can execute all phases of implant dentistry, but the Academy illustrates the importance of team approach to achieve success for our patients. The breakdown of the members is a testimony to this point. Periodontists make up 29% of membership, Prosthodontists 26%, Oral Surgeons 20%, General dentists 20%, and 5% other specialists.

We have come a long way since our first meeting in 1986, and the Academy and its Board are working hard to increase the quality of the program to reach out to more members and educate them in the evolving field of implant dentistry.

YCC’s SF Reception at 111 Minna Galley, with Playlist

By Lauren Brownfield, DDS, MS, YCC Chair

We are all looking forward to the Annual Meeting this March. San Francisco is the perfect city to host and celebrate the Academy’s 30th Anniversary Annual Meeting.

The Young Clinician Committee (YCC) will kick off the festivities with the YCC Reception on Thursday night from 7:00 – 8:30 p.m. All young clinicians’ are invited to mingle at the trendy 111 Minna Galley.

A quick walk or taxi from the Moscone Center, this event is a wonderful opportunity to meet up with old friends and make new friends while enjoying savory bites and cocktails. Last year’s event was a huge success, and we expect this year’s YCC reception to be even better.

We are hoping to create a playlist for the event that truly represents our members. The goal is for each Young Clinician to post his or her favorite song on Facebook or Twitter with #AOYCCPLAYLIST. We will collect your posts and create a playlist. I look forward to seeing everyone in San Francisco, and hearing the final AO YCC PLAYLIST.

Tribute to Professor P-I Brånemark to be presented …continued from page 1

The first titanium implant patient, Gösta Larsson, came to Professor Brånemark in 1965 in Gothenberg, Sweden, where he was on the staff of the University of Gothenberg. At age 34, Larsson had a cleft palate, a deformed chin and jaw, and had lost all the teeth in his lower jaw. He was resigned to a life of constant pain and discomfort that left him barely able to eat and talk. The operation giving him four titanium implants transformed his life and allowed Mr. Larsson to enjoy his fixed dentition until he died in 2006, after a coronary attack.

Professor Brånemark’s discovery of osseointegration had been a fortuitous accident. In the 1950s, he was conducting experiments to establish a connection between healing and marrow mechanisms in bone, using an inspection chamber made of titanium that was surgically inserted into the lower legs of rabbits. When the research period ended, they discovered to their surprise that the bone had fused into the titanium, and the chamber could not be removed. That was at first a rude disappointment to a university researcher on a tight budget, but he soon saw how to turn it into a transformative dental therapy.

Even after years of experimentation, Professor Brånemark struggled to convince the medical and dental establishment that living tissue could be fused into titanium. He encountered tremendous hostility, in part because he was not a dental researcher. Sweden’s National Health and Welfare Board did not accept his implant method as a bona fide treatment until 1975. Professor Brånemark refused to give up. Because of his perseverance, titanium implants have spread well beyond dentistry, and osseointegration is now also used in medical and veterinary applications.

Professor Brånemark’s last appearance on an AO Annual Meeting platform was at the collaborative meeting in Boston in 2003, where his address sparked a thunderous standing ovation. In 2008, he appeared live by Satellite transmission from Sweden, accepting the first Nobel Biocare Brånemark Osseointegration Award.

“Professor Brånemark’s work genuinely transformed the dental landscape and the smiles of millions of people across the globe,” said AO President Dr. Joseph E. Gian-Grasso. “It is because of him that the Academy of Osseointegration exists, and we aspire to encompass his passion and to continue his lifelong work to enhance oral health globally.”
**Editor's Editorial**

**But wait, there's more!**

By Bruce K. Barr, DDS, Newsletter Editor

But wait, there’s more! If you order these magic shoes®™ now, we’ll also send you a set of **FREE** steak knives! Operators are standing by.

A classic marketing parable tells of a fine shoe company that, seeking fresh business, sent its two best salesmen to an unexplored land. Upon arrival the salesmen noticed that most inhabitants were well dressed, but that few wore shoes. One salesman immediately wrote his employer: Bad news – these folk go barefoot. I’m coming home. But the other wrote: Good news, send shoes!

It’s no great revelation that shoe companies are in business to sell shoes and implant companies to sell implants, nor does it require a Kierkegaardian Leap Of Faith to believe that over the next few years promotion to barefoot restorative dentists and the general public will intensify in an attempt to shoe every bipod with implants. Hopefully, most will fit reasonably well.

Only a deluded fool would assume that wearing Tommy Caldwell’s preferred brand of climbing shoe would enable him to scale El Capitan without ropes, yet some dentists seem convinced that their implant kits come magically complete with clinical experience and results. In this fantasyland of lax regulations, what seems most surreal is the recollection that, not long ago, the Bränemark company, soon to be called Biotes, required dentists to complete a two-day prosthetics or surgery course as a prerequisite for purchasing their products. Originally, periodontists in the United States were not eligible to enroll. Although arbitrary, this training did provide dentists, all already specialists, with baseline competence.

Although manufacturers have peddled to barefoot dentists for years, up until now specialists endowed with advanced surgical and restorative acumen bought and placed most implants. Presently, however, more than 50% of all implants are placed by general dentists, and more dabble in the practice each year. This vertical integration and consolidation of the industry is in effect along with a monumental quest to expand the empire, covering all price points and partnering with large dental corporate enterprises.

At least for now, organizations like AO provide more than sales figures. Premiere groups like ours provide exposure for the best and the newest techniques, and most importantly, they confer legitimacy upon their sponsors. The patronage of implant companies is critical for financing AO meetings. This is a fact for us to reckon with, and is a reason for various implant organizations to establish cultural cohesion, synergizing scholarly organizations and the industry towards total symbiosis. Given the reality of the trajectory, it is our responsibility as practitioners to maintain the highest medical standards, no matter the demands of our corporate benefactors.

Respect for AO pervades the profession and industry. We are known as a small implant organization favored by specialists. When members are asked what they like about AO, most first remark upon the quality and the feeling of the meeting, and then the caliber of the journal. In an effort to evolve at the pace of our industry without sacrificing quality and differentiation, we must roadmap the growth of our organization, designing how best to welcome the influx of restorative practitioners who intend to incorporate implants into their practices. At some point, many of these dentists will begin to question why they are not achieving the same results as the most innovative, talented, experienced, and educated practitioners, whose skills were often honed in exacting academic settings. AO may have some answers.

AO now has an opportunity, or perhaps an obligation, to play an important role for the profession and the public. Some members are in favor of the AO Board-approved certificate program as a way to make the Academy more competitive in seeking members as well as providing an opportunity to achieve a higher level of competence for those interested. As Dr. Paul Schnitman pointed out in the last edition of Academy News, such certification could have a detrimental effect, possibly creating a caste system. However, just as one does not need be a level 5.14 rock climber or a four-star Michelin chef to appreciate the wonder of a national park or delight in an excellent restaurant, all levels of competence are welcome at the meeting.

The Board has already instituted a simple and germane means to preserve the core of AO, which is to keep dues low for every oral surgery, periodontal, prosthetic, and general residency dentist during their training years. In the future, these individuals will be best positioned to judge which shoe fits.

We must tread carefully: fixating on competition or chasing industry support may come at the expense of our professional integrity and organizational autonomy. Disseminating the best science, providing a platform for the most brilliant presenters, and publishing a journal filled with the highest quality research must continue to guide AO’s mission, and will ultimately attract the most dedicated members.

Everybody has a right to sell shoes. Everybody has a right to wear them. Many need them. If AO commits to maturing as a trusted, scientifically-based resource and a venue for evaluating new trends – what fits and wears well, and what does not – we will continue to be known throughout the industry and profession as the soul of implant dentistry. Shod or barefoot, dentists inspired by exposure to the vanguard and determined...

...continued on page 7
Fully Guided Surgery
Simplified

Neoss® Guide Kit
Stop by booth # 424 or call us for more information
Simplicity without compromise

The design philosophy of the ASTRA TECH Implant System EV is based on the natural dentition utilizing a site-specific, crown-down approach supported by an intuitive surgical protocol and a simple prosthetic workflow.

- Unique interface with one-position-only placement for ATLANTIS patient-specific abutments
- Self-guiding impression components
- Versatile implant designs
- Flexible drilling protocol

The foundation of this evolutionary step remains the unique ASTRA TECH Implant System BioManagement Complex.

For more information visit www.jointheev.com

www.dentsplyimplants.com