New programs will help make AO a more grass roots organization

By Dr. Jeffrey Ackerman, Membership Committee Chair

It was 1985. I had been in private practice for over a decade. I, along with a periodontist, Dr. Harold Fagan, had organized a TMJ focused study club, and we were meeting that night with 20 other GPs and specialists. Included in our group were two future AO presidents, Drs. Danny Sullivan and Abe Ingber, along with two oral surgeons, Stu Graves and Hank Zussman.

These docs were busy talking about their upcoming travel plans to Sweden! I, having completed a surgically oriented internship at Rush-Presbyterian St. Luke’s Hospital in Chicago, hearing the reason they were going, was totally pumped to go as well, to learn to place a new thing – DENTAL IMPLANTS! Well, as those of you old enough to remember know, I was told NO, Dr. Brånemark only trained specialists who held an academic position at that time.

Now you know how my 30 years of implant experience started and can understand why I feel AO is so important to our profession. To continue to promote excellence in implantology, by making available for all, to learn the why and how they work and promote further research and stimulate all interested dentists to expand their knowledge base, this is what we have been about these many years.

This past year, I became the AO Membership Committee Chair, taking over from Dr. Jeff Lloyd, who is now on the AO Board of Directors. Assuming Jeff’s role has been a joy. Dr. Lloyd set in motion many programs to reach practitioners and create...

...continued on page 7
**President’s Message**

**AO: A time of great opportunity**

By Alan S. Pollack, DDS

We are at the cusp of a time of great opportunity for the Academy of Osseointegration, as the dental profession and implant dentistry face challenging times. AO stands as a bulwark against unwanted change – a place where members and other dental professionals can unite behind a trustworthy source of information, free of bias, to help make well-informed decisions and reap the benefits of first-rate continuing education programs that have not been commoditized or commercialized and stand alone in the profession for their insistence on standards that put science ahead of marketing.

I begin my year as AO President with a full sense of the value of the Academy's professional fellowship and appreciation for what it has done for me personally. I think of the many friends who have enriched my career and given it meaning. The organization has helped me to keep in the forefront of the science and up to date on what's going on in the field. Beginning with my many years devoting time and energy to the Research Committee, AO has afforded me an opportunity to work with leaders from around the world.

These experiences are a source of tremendous satisfaction. They will help drive and inspire my continuing dedication to AO’s mission during the critical year ahead: to improve oral health by advancing the science, ethics and practice of implant dentistry and related technologies and to support the professional needs of its members worldwide. The ultimate purpose, of course, is to assure the best possible care for our patients. I want to continue all the important initiatives started under my immediate predecessors – globalization of the AO brand, improved functioning of the organization, adding value to the membership, and maintenance of the high standards we have set for education programs and other activities. We will focus tightly on the goals set in the recent update of AO’s strategic plan.

Many members may not be aware of how dedicated the members of the Board of Directors are to achieving the organization's goals. It is a hard-working group, eager to take responsibility. This year, Vice President Dr. James Taylor will take the lead on globalization efforts, an area where he has been deeply involved in building AO’s relationship with FDI, the International Dental Federation. The Board has discussed at length the importance of globalization in AO’s future. We believe the Charter Chapter meetings and other international activities are vital to AO’s future growth. While individual outreach programs may not bring in huge numbers of new members, that is not the sole measure of success of this endeavor. We are more concerned with how globalization is helping to build recognition for AO and its members as the premier implant organization worldwide.

Dr. Stephen Parel, AO Past President and recent recipient of the Nobel Biocare Bränemark Osseointegration Award, will lead another important priority for the year: a total overhaul of the organization's bylaws. The bylaws haven't been updated in many years, and they are now woefully out of date. Under Dr. Parel's leadership, we will complete a detailed review of the document, streamline and improve it, and present a 2017 edition for approval of the membership at next year's Annual Meeting in Orlando. While the bylaws changes won't affect most members, it is one of those maintenance issues that are vital to the growth of a dynamic organization.

AO now gives members new ways to proudly display the value of their membership. A handsome new membership certificate is available for office display, so members can show their patients and others that they have taken the time and put in the effort to stay current and be in the forefront of their profession. In addition, AO’s new Certificate in Implant Dentistry provides all members with an opportunity for recognition in the field of implant dentistry. Its requirements are rigorous, and it will provide a testament to a member’s dedication to best practices. Some specialists may not feel the need for the Certificate, but I plan to apply for it. Board Member Dr. Amerian Sones is leading this initiative and the committee which developed the standards and will review applications.

I want to see a major thrust to extend AO's commitment to young clinicians, who are the future of our organization. We are revamping committee structures, so that more young clinicians can become deeply involved at the level where the work gets done. To help make these opportunities known to the wider membership, including young clinicians, we will be publishing regular features on individual committees in Academy News (see articles by Membership Committee Chair Dr. Jeffrey Ackerman and Clinical Innovations Committee Chair Dr. Alvaro Ordoñez in this edition). Committees can become solidified over time. We need to be continuously energizing them with new members and new ideas.

*continued on page 7*
If I choose the dental implant option, how long do you guarantee it?

By Dr. Scott Froum, New York, NY

In this article, Dr. Froum expands on his survey on implant guarantees, first reported in the last edition of Academy News.

The fact dental implants enjoy high survival is well-documented in the literature. It is not uncommon for many dental offices that place and restore them to quote ‘success rates’ to their patients and referring doctors in the mid 90% range when asked about statistics. A tougher and more pertinent question to answer by a potential implant candidate is ‘for how long do you guarantee my implants?’

Most clinicians and patients know that although implants do enjoy a high survival rate, nothing in medicine is 100% successful. In addition, if you are practicing implant dentistry, it is critical to know and explain the risk factors that can have an effect on implant success rates, such as the patient’s medical history, smoking status, history of periodontal disease, iatrogenic factors, and oral hygiene practices. Interestingly enough, there are third party insurance companies willing to provide dental insurance for dental treatment rendered, including both the surgical and restorative aspects of implant dentistry. That being said, when the rubber meets the road and you are asked in your practice by a patient who is about to agree to a potential implant candidate is ‘for how long do you guarantee my implants?’, what do you say?

I posed this question to 100 different clinicians placing dental implants for varying years, with different amounts of experience in practice, and in various locations throughout the United States. As one may expect, answers differed based on years of experience, establishment of practices, referral patterns, levels of fee for service vs. insurance based offices, along with other various office characteristics. Although this sample size is small and in full disclosure, a larger formalized study is needed to ensure accuracy, a few themes existed.

In general, the majority of offices polled knew that a variety of factors influence implant success rates. Offices were less likely to replace failed implants or parts due to perceived neglect on the patient’s part (i.e., not showing up for re-care visits). Social factors that could be controlled (i.e., smoking status) as well as diligence with home care also were considerations in most offices’ willingness to replace failed implants or parts without cost to patient. Responses from offices did vary, however, as to the specificity of their consent form and whether there were provisions in the consent form that allowed/disallowed repair of dental implant therapy for no cost and for how many years. In summary, responses varied from no implant guarantee to partial pro-rated implant guarantee, to full implant guarantee, as well as for how many years that guarantee existed.

Specifically, type of response was not influenced by geographical location: an office in New York City was just as likely to guarantee/not guarantee an implant as an office in Tulsa, Oklahoma. In addition, it did not matter whether the dentist placing the implant was a specialist or a general dentist. Practices placing implants for long periods of time (10 years and longer) and well established practices were more likely to either have no guarantee on dental implant therapy or stringent guidelines as to when and how an implant would be repaired without cost. In addition, these practices were more likely to have consent forms that explicitly stated when repair would be covered and what would be excluded from coverage. Fee for service offices were more likely to cover cost of repair/replacement than insurance based offices, although the majority of insurance-based offices stated that they would try to have all costs of repair covered by additional insurance submission. Finally, most offices stated that each implant failure that needed to be repaired was analyzed on a case-by-case basis and no blanket policy existed.

Here is a sample response that may assist you in developing your own implant guarantee policy:

According to Lee Sheldon, private practice periodontist in Florida (over 10 years in practice):

I look at implant guarantees as I would look at any service that one is purchasing and from which one expects longevity. The first principle is easy and is a guiding principle in our practice. That is, once I have quoted a fee, I do not charge additionally for anything that has to do with that particular service. One might argue that we can’t predict every biological event that could occur. The answer that I have to that is that the more experience that we have, the better that we can predict untoward events. Let’s say that I complete a procedure and didn’t note that the tissue was weak and may require a soft tissue graft. I will do the soft tissue graft at no charge. I should have predicted that in advance. The patient has already paid the expected fee. I extend that same courtesy if an implant immediately fails – no additional charge even if I need to do a bone graft to recover the lost bone as a result of the failure.

The more difficult question is what happens in a delayed failure circumstance. On my informed consent, it states that the patient must maintain a regular maintenance schedule. If the patient either sees me or the referral source, then I’ll totally guarantee an implant for two years. After that time, I will give a proportional benefit over a ten year schedule. So if an implant fails in five years, I will credit 50% of the implant fee. If it fails in seven years, I’ll give a 30% credit toward a new implant. This is an

…continued on page 6
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Dr. Alan Pollack elected AO President, Heads 2016-17 officers and directors

The 2016-17 Board of Directors serving with Dr. Pollack are:

**Officers**
- President-Elect [Michael R. Norton](#), BDS, FDS, RCS (Ed), an oral surgeon from London, England
- Vice President [Jay P. Malmquist](#), DMD, an oral and maxillofacial surgeon from Portland, OR
- Secretary [James C. Taylor](#), DMD, a prosthodontist from Ottawa, Ontario, Canada
- Treasurer [Clark M. Stanford](#), DDS, PhD, a prosthodontist from Chicago
- Past President [Russell D. Nishimura](#), DDS, a prosthodontist from Westlake Village, CA

**Directors**
- [Tara L. Aghaloo](#), DDS, MD, PhD, an oral and maxillofacial surgeon from Los Angeles
- [Amerian D. Sones](#), DMD, MS, a prosthodontist from Dallas, TX
- [Steven J. Rosenstein](#), DMD, a general practitioner from Aventura, FL
- [Jeffrey D. Lloyd](#), DDS, a general practitioner from Rancho Cucamonga, CA
- [Joerg Neugebauer](#), DDS, PhD, an oral surgeon from Landsberg am Lech, Germany
- [Hom-Lay Wang](#), DDS, MSD, PhD, a periodontist from Ann Arbor, MI

**OF elects 2016-17 Board**

Dr. Alan Pollack, DDS, a practicing periodontist in New York City, was elected president of the Academy of Osseointegration (AO) at the organization’s Annual Business Meeting in San Diego. He succeeds former Academy President [Russell D. Nishimura](#), DDS.

Dr. Pollack received his BA in Biology from Queens College, City University of New York, and his DDS degree from Columbia University School of Dental Medicine. He completed post-graduate programs in General Practice at Long Island Jewish Medical Center and in Periodontics at Columbia University. He served as a clinical assistant in the Department of Surgery at Memorial Sloan-Kettering Cancer Center from 1984 to 2003, and as an attending dentist at Beth Israel Medical Center from 1992 to 1998.

Dr. Pollack has authored numerous publications in the dental literature and is a member of many professional organizations, including Omicron Kappa Upsilon, American Academy of Periodontology, American Dental Association, American Association for the Advancement of Science, First District Dental Society, and Northeastern Society of Periodontists. He is a Fellow of the International Team for Implantology and AO and has been an invited speaker at numerous national and international meetings.

Dr. Pollack currently owns a private practice in New York City.

**Update member contact info**

Do we have your current information for the Membership Directory? Members may update their contact information online at [osseo.org](http://osseo.org), or send an email to Barbara Hartmann, [barbarahartmann@osseo.org](mailto:barbarahartmann@osseo.org).
AO continues to expand its international presence with the election of Dr. Joerg Neugebauer, of Landsberg am Lech, Germany, who brings a varied and valuable perspective to the Board of Directors. Saying he brings an international perspective to the Board is a bit of an understatement, for as the former head of the Friadent CE program he has traveled and lectured throughout the world – in nearly every European country, North Africa, the former Soviet states, throughout Asia, including Japan, Korea, China, Vietnam, Malaysia, and Singapore, just to name a few places.

While at Friadent, Dr. Neugebauer organized its first international symposium with more than 1,000 participants. He was later put in charge of research and development, with his major project being the development of the Zive System as well as the Plus Surface, which is now used in Ankolos. During this tenure, he gained great clinical implant experience in the Friadent training center. He reports that as expected there are vast clinical and cultural differences between countries, but the main difference seen was the work and quality of the laboratory technicians.

The opportunity to transfer his knowledge into a PhD on immediate loading as well as obtain specialty training in oral surgery presented itself and, according to Dr. Neugebauer, “once DENTSPLY Friadent became the owner I was faced with the career decision to continue practicing as a clinical dentist with a scientific orientation or become a full-time manager involved with paperwork and logistics. I chose the former.”

Today, Dr. Neugebauer works in an 11-member private practice office, where he focuses on implant repair. He explains that there are over 30 years of implants with maybe 30,000 under risk, so complications occur almost daily. In addition to referrals from within his group, his reputation in Europe and his past association with Friadent, the practice has a referral base of over 400 dentists sending in their failures.

Every country, of course, presents with its unique implant market but in many ways Germany is not so unique. There are about five to six relevant implant societies. Although the fees in Germany are under state control and do not increase much, as they do in other parts of the world, there is an influx of low-price systems and depending on the region of Germany, the financial resources of patients are limited. According to Dr. Neugebauer, dental implants without grafting typically cost the patients somewhere between $800 to $1,200 and the restorations about $1,200 to $2,100. Dr. Neugebauer has been instrumental in establishing BDIZ/EDI, a scientific/political organization with a focus on professional political issues, such as reimbursement by public and private insurance. In addition to private practice, he continues to lecture and publish and is the editor of the recently published textbook, Cone Beam Volumetric Imaging in Dental and Oral surgery and Maxillofacial Medicine - Fundamentals, Diagnostics and Treatment Planning.

Dr. Neugebauer is not involved with implants all the time, as he is married to Anke and is the father of two children. He enjoys hiking in the mountains and renovating an old farm house.

Active in AO since 1994, his research on functional loading of immediate bridges won the poster competition in 2002 and his study on bone tissue engineering with mesenchymal stem from human tooth cells won first place in the clinical research competition at the 2007 AO Annual Meeting in San Antonio. He served on the clinical research committee and chaired it from 2012 to 2014, then became chair of the continuing education oversight/advisory committee. Dr. Neugebauer says he particularly enjoys the wide international membership and knowledge base that AO provides and hopes to transplant that spirit into European societies, especially Germany, to help dentists there participate fully in the evolving implant trends, so their patients can receive the latest and most effective treatment.

It is apparent AO has added yet another talented, knowledgeable and experienced individual to help guide the organization into the future. Welcome, Dr. Joerg Neugebauer.

Members Forum ...from page 3

agreement that also can be worked out with the restoring dentist. I may also ask for a medical workup, particularly for diabetes in the event of a rapid failure. If an implant revision procedure is indicated, I will also proportionally discount that procedure as above.

Editor’s Note: Dr. Froum addresses an important aspect of implant practice, and members are encouraged to offer their opinions on this topic such as who pays for the prosthetics when the implant fails as well as other clinical and organizational aspects related to the AO. As the illustration in a past AO newsletter cartoon made evident, although various statistical measurements such as the mean, mode, and median are quite useful in evaluation and presenting data, it is the deviation from the mean that is the clinical reality for your patient and practice.
New programs will help make AO a more grass roots organization…from page 1

an awareness of the opportunities AO can provide. These outreach programs I am happy to continue, as this coming year, we plan to introduce AO to the residents, graduate students and interns in all specialty programs and general dental programs within a day’s drive to our next Annual Meeting in Orlando, Florida. Committee Vice-Chair, Dr. Andrea Henderson, along with all the other committee members are busy identifying locations, programs, and volunteer AO speakers for these outreach programs. I call on any of you who are within a day’s drive of Orlando to step up and volunteer to help out by either giving a one-hour lecture or by hosting a meeting.

The committee’s new programs are designed to incorporate my belief that in the future AO must become a more grass roots organization. We are moving forward on two major initiatives and one long-term plan. The major initiatives include establishing a pilot program in the Washington, D.C. metro area for the first AO study club and the second is to create a network of local AO member representatives throughout the country. The long-term plan is to encourage continuing involvement in AO into retirement. One of our past AO presidents and committee members, Dr. Ed Sevetz, initiated the retirement program.

The study club idea combines my desire to bring AO members together to learn from their peers without corporate or individual doctor influences and Dr. Mehrdad Favagehi’s interest in stimulating more submissions and research papers. Mehrdad serves as Chair of the Research Submission Committee. We thought if AO sponsored journal/study clubs all over the country, we could fulfill both our desires. From a conversation at the Seattle national meeting, to receiving the OK to proceed at the recent meeting in San Diego, we have just completed our first Washington, DC Metropolitan AO study club meeting. Dr. Clarence Lindquist, a past president of the AO and Dr. Douglas Dompkowski, a membership committee member, and I are the organizers.

The pilot program will have four meetings this year with a local AO member as a volunteer speaker on implant related topics. Prior to the meeting, as well as at the meeting and after, there will be an interactive blog for all attendees to discuss the topic and compare notes, so to speak, with our goal of a grass roots involvement of AO members, initially in the local area, but if we get approval next year in Orlando to initiate clubs in other locations, we can have the blog expand as additional local clubs get started. The volunteer local speaker will be able to present the program and gain experience and confidence as a speaker that may lead to being a presenter for other future AO events. After each presentation, both at the meeting and on the blog, the opportunity for Q & A without any corporate influence should be remarkable.

The other major program we are launching this year to further the focus on grass roots involvement is the creation of a volunteer group of AO local representatives. The idea is that many dentists throughout the U.S. are not aware of AO at all. The general dental population has not really been introduced to us, and I am asking each and every one of you to consider volunteering to spread information about AO in your backyard, at your local dental society and state meetings, especially those on implant related topics. The concept is for the local representative to bring AO informational materials to your local dental meetings, especially those meetings about implants or related topics, distribute the literature and if given the opportunity, give a short presentation. We have developed a slide presentation and script ready to be used that is three to five minutes in duration for those representatives who have the chance to speak. It is my belief that an informed population of practitioners placing and restoring implants is one of the missions of our organization; therefore, we must introduce ourselves to all dentists in order for them to have the opportunity to find value in membership and join! Please contact me.

The last topic is how to keep our older members engaged in continuing as members into retirement. Dr. Sevetz and I are looking for suggestions from those approaching retirement on what would keep their interest in AO. What might they like to do for us, and what can we do for them?

I want to thank you for your continuing support of AO and again ask for your input and willingness to volunteer. Together, we will achieve our goal of securing AO’s position as the world’s premier dental implant organization. Please contact me at docsack@yahoo.com.

AO: A time of great opportunity…from page 2

We are coming off an outstanding Annual Meeting in San Diego, where Program Chair Dr. Peter Moy and his committee put together a program that will be hard to match, but that is the charge we have given next year’s Program Chair, Dr. Jeffrey Ganeles. I can assure you that the meeting in Orlando will be exciting. It will be a collaborative meeting in conjunction with the American Association of Oral and Maxillofacial Surgeons (AAOMS), American College of Prosthodontists (ACP), and the American Academy of Periodontology (AAP). You can look forward to a large meeting with more activities than most AO Annual Meetings.

Continuing our emphasis on globalization, the meeting will include a focus on Latin America.

AO has benefitted greatly from the strong leadership of my predecessor as President, Dr. Russell Nishimura. Russell has developed into a great friend, and it is comforting to know that I will have his counsel in the year ahead and the guidance of an outstanding Board. I am grateful for the confidence placed in me and determined to make this the Academy’s best year yet.
**Highlights of AO’s 31st Annual Meeting**

**President Dr. Russell Nishimura opens the Annual Meeting.**

**Speakers on the Focus on China program, left to right: Feilong Deng, DDS, PhD (moderator), Yiqun Wu, PhD, MD, Dehua Li, DMD, PhD, (moderator), Huiming Wang, DDS, MD, PhD, Bo Chen, DDS, MD, and Peter Moy, DMD (Annual Meeting Program Chair).**

**Alessandro Pozzi, DDS, PhD, leads a Lunch and Learn program on Guided Surgery for the Esthetic Zone.**

**Morning with the Masters speaker Chandur Wadhwani, MSD, addresses Controlling the Cementation Process.**

**Keynote speaker Dr. Frank Spear held the audience spellbound.**

**Songtao Shi, DDS, PhD speaks at the Closing Symposium.**

**AO Board Member Dr. Steven Rosenstein and Dr. Leslie-Ann Furie (right and second from right) enjoy the Hands-On Reception with two new friends.**

**The venue for Friday’s President’s Reception, the San Diego Air and Space Museum, combined exciting educational experiences with good food and fun.**

**AO Board Member Dr. Steven Rosenstein and Dr. Leslie-Ann Furie (right and second from right) enjoy the Hands-On Reception with two new friends.**

**Past President Dr. Dayn Boitet (second from left) made the President’s Reception a family affair, enjoying the festivities with his wife Judy (left), granddaughter Violet Melear, and daughter Natalie Melear.**

**New member Dr. Rodrigo Beltrao (center) was glad to meet student members Drs. Michele Casale (right) and Federico Pigem (left) at the Welcome Reception.**

**Information-packed podium presentations**

**...and special programs**

**Exciting social events**

**The Hands-On Reception provided an opportunity to share experience, learn from one another, and make new friends.**

**Outgoing President Dr. Russell Nishimura, his wife Lori, and youngest son Grant, a UCLA dental student, enjoy a special moment at one of the receptions.**

**Drs. (left to right) Andrea Henderson, Michael Vandersteeg, Jose Garcia-Montemayor, Niki Kanooz, and Committee Chair Lauren Brownfield enjoy fellowship at the Young Clinicians reception.**

**The Hands-On Reception provided an opportunity to share experience, learn from one another, and make new friends.**
Many attendees say their favorite thing about the exhibits is the opportunity for one-on-one discussion with experts.

Exhibitors were pleased with the traffic their booths attracted.

Phil Reddington, RDT, MDTA, speaks at the Lab Tech program.

Learning about the latest technologies

The Hands-on Workshop added a new dimension to AO’s Annual Meeting program.

Attendees came a day early to improve their technical skills at the Hands-on Workshop.

Nobel Biocare Brånemark Osseointegration Award winner Dr. Ole Jensen gave a stirring presentation at the Titanium Society breakfast.

Achievement recognition

Award winners included (left to right): Hiroyuki Matsuda, DDS, 1st place, E-Posters; Nicholas Montanaro, BS, 2nd place, E-Posters; Junro Yamashita, DDS, PhD, Best Oral Scientific Presentation; Amirali Zandiehjal, DDS, Best Clinical Innovations Presentation; Christian Mertens, DDS, PhD, Best E-Poster Case Presentation.

E-Poster presentations provided opportunity for close interaction.

President Dr. Russell Nishimura (left) and Vice President Dr. Michael Norton (right) present a certificate of acceptance as a Fellow of the Academy to Dr. Stephen Jacobs.

First AO President and longtime IJOMI Editor Dr. William Laney (left) joined presentation of the award named for him for best journal article to Dr. Roberto Crespi (center). Committee Chair Dr. Georgios Romanos is on the right.

Osseointegration Foundation President Dr. Mollie Winston presented Julio Carrion, DMD, PhD (left) the award for Best Applied Science Research Grant. The award for Best Basic Science Research Grant went to Gustavo Mendonca, DDS, MS, PhD (right).
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Participate in Annual Meeting as CI presenter

By Alvaro J. Ordoñez, DDS, Chair, Clinical Innovations Committee

Participate in the 2017 AO Annual Meeting as a Clinical Innovations presenter and help us grow the number of great quality innovative abstracts.

Next year, the Clinical Innovations session will be held on Friday, March 17th from 1:30 to 5 p.m. Twenty presenters will have been chosen by our committee, and each will have seven minutes to present their innovations to the attendees and the committee. That will then be followed by three minutes of discussion. In past years, this friendly, interactive, and lively discussion has been a fantastic opportunity for learning.

At the completion of the sessions, a winner is chosen by the committee and will receive a $500 check and plaque, presented by the Academy.

The Clinical Innovations committee is comprised of about 19 dedicated AO members committed to exposing the membership to the latest in technologies, techniques, equipment, biomaterials, or new practices that can positively transform our standard of care in clinical practice. We strive to keep the Academy at the forefront of such innovations, both great and small, that offer new and improved solutions to universal clinical challenges.

We on the committee, besides choosing and judging the presentations, are here to assist with your inquiries regarding the suitability of your topic as well as gladly mentor and guide you through the entire submission process and presentation of your audiovisuals.

The basic guidelines for submission are: the presentation cannot have been previously published, nor should there be a very similar technology that covers the innovation you intend to present.

We encourage you, student or experienced practitioner, to submit your innovation. Invite your friends and students to participate. Whether you present or simply attend, you will find those few hours some of the most stimulating of the entire meeting, allowing you to come away from this year's meeting exposed to the cutting edge of implant dentistry and proud to be an AO member.

Past President Dr. Bejan Iranpour, dead at 81

Dr. Bejan Iranpour, a pioneer in osseointegrated implants who was active in AO from its founding in 1985, died February 15 at his home in Pittsford, NY (Rochester). He was the Academy's 12th President, serving from 1998-99 and presiding at the 1999 Annual Meeting held in Palm Springs, CA.

“He had an amazing personality and very professional, humble attitude. I cannot forget the time I spent with him in Rochester, New York,” said AO member Dr. Georgios E. Romanos, Stony Brook University, School of Dental Medicine, Stony Brook, NY. AO Board Member Dr. Amerian D. Sones, Dallas, TX, studied with Dr. Iranpour at Eastman Dental Center and remembers him as “a great teacher, mentor, and so well respected. I was glad to have a chance to know him.”

In 1984, when Swedish Professor P-I Brånemark, the father of osseointegration, established four U.S. training centers to introduce the new technology, he chose Dr. Iranpour and his Eastman Dental Center colleague, Dr. Gerald N. Graser, to head a center in Rochester.

Dr. Iranpour was born in Mashad, Iran, and received his DDS from Tehran University before coming to the U.S., where he earned a second DDS from SUNY Buffalo and a Master's in Dental Science from the University of Rochester. He completed his residency in oral surgery at The Genesee Hospital of Rochester and soon became chair of the Oral Surgery Department at Eastman Dental Center. He continued to teach as an associate professor at Eastman Dental, The Genesee Hospital and SUNY Buffalo for many years, while also maintaining a private practice.

Drs. Graser and Iranpour both served on early AO Annual Meeting program committees; then, Dr. Graser was Program Chair of the 1991 meeting and Dr. Iranpour Scientific Program Chair of the 1994 meeting. Dr. Graser became AO President for the 1998 Annual Meeting, and his colleague, Dr. Iranpour, succeeded him the next year. Dr. Iranpour returned as program chair of the 2003 Annual Meeting in Boston, the first collaborative meeting with AAP, AAOMS, and ACP, which set an attendance record that still stands. AO rewarded him with presentation of its Distinguished Service Award.

One of his colleagues at Eastman Dental Center, Dr. Michael Yunker, remembered a day many years ago when he had asked Dr. Iranpour for help with a difficult tooth extraction. “He prepared the tooth for removal but left it in the socket, so that I could remove it and not lose the trust and the confidence that the patient had in me. He was a superb clinician, a scientist, and a teacher.”

He is survived by his wife, Sharon, two children and three grandchildren.
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AO Certificate news update

By Dr. Amerian Sones, Chair, AO Certificate in Implant Dentistry Committee

Some important information regarding the AO Certificate:

There are no “grandfather” provisions regarding the CE requirement as previously stated in the last newsletter. The 200 hours of CE requirement stand for all members applying and must include 85 hours of core knowledge and be achieved in the last three years. See the AO website, www.osseo.org, for CE category requirements.

Editor’s Editorial…from page 14

show their faces to the camera for the first time, they look equally monstrous. The title of this episode? “Beauty is in the Eye of the Beholder.”

Esteemed among the most dependable forums for those driven to work towards being the best and around the best, obviously AO cannot be the only dental implant organization, and we can offer no judgment on the competence or commitment of dentists loyal to others. More than two-thirds of our present members belong to various specialties, and many are members of other implant associations. With the continued confusion of which of the myriad associations or organizations is most credible to the public or even the profession, AO affiliation and credentials may have some gravitas. It is a reality that to varying degrees every dental organization, including AO, is dependent on corporate support and also to varying degrees must work hard to keep their influence out of the workings of the organization, but in an attempt to appear more beautiful in the rapidly evolving reality of implant dentistry, it is tempting to open the gates by lowering meeting standards and embark on a disfiguring organizational surgery and self-censoring that will render us more appealing to the public and corporate world. In this Twilight Zone, this nether world of implant dentistry, there are actually fertile and numerous opportunities for AO if we act aggressively and decisively to assume our place as the Winthropian “Implant City on the Hill.”

One method for maintaining our high standards is for our existing members, you, to become more active. Attend the yearly meeting, and do not just show up for three days of lectures and parties, but contribute to the process. Why not email a Board Member and ask to join a committee? Why not contact Dr. Jeff Ackerman and be part of his AO outreach program? Why not consider participating in the new certificate program? It is hardly PhD in implant dentistry, but it is a starting point, a baseline competence from which one can spring into future technical and intellectual sophistication. Certification also furnishes non-specialists with credibility to match that of dentists accredited by other societies and academies. If you are a specialist and feel you are without use of the certificate program, you could encourage referring dentists or friends to enroll, or to simply attend an AO meeting.

It is one thing to be the most brilliant and talented person your high school educated dental assistant has ever beheld, but quite another to discourse and collaborate with dentists from around the world, many of whom, like Frank Spear, Steve Parel, Mike Pikos, or Franck Renouard, lead the field.

We may not be entering Rod Serling’s “The Twilight Zone,” but we do inhabit a new implant reality.

As Dr. Alan Pollack said upon accepting the presidency of AO this year, “With the increasing use of implant dentistry, it has become ever more important for practitioners to obtain the best possible information independent of corporate influence and open to critique and challenge from a variety of dentists and scientists across the spectrum of dental disciplines and scientific backgrounds. This is what AO has always been about and what guides our path. We will continue to pursue the best science available and the best and most efficient and ethical ways of translating that for our members to provide the best possible clinical care for our patients.”

If there was a tooth fairy and we were granted just one wish, it would be for Dr. Pollack’s message to remain true. But since the tooth fairy is a fantasy, it is up to us as a dedicated community of diversified practitioners to make the commitment to make it so and work together to keep AO out of The Twilight Zone. For there is no train to which to run.

The Editor’s Editorial is intended to contribute to the dialogue on issues important to implant dentists. The views expressed in the editorial do not necessarily reflect the policy of the Academy of Osseointegration or its Board of Directors. Readers who would like to comment or express a point of view on the editorial are invited to write to the editor via email at implants@barrperio.com. We will endeavor to publish pertinent comments or views when space permits.
Editor's Editorial

TOOTH AND CONSEQUENCES: AVOIDING A DISFIGURED AO IN THE TWILIGHT ZONE

By Bruce Barr, DDS, Newsletter Editor

Women, it is said, rarely go out with men who say “Now Spit.” A good example – Dr. Myron Mandel, who put a tooth under his pillow and wished for love, but probably, should have settled for a quarter.

So goes the coda of “The Twilight Zone” episode “Tooth and Consequences,” delivered in Rod Serling’s famous sotto. For those not familiar, “The Twilight Zone” was a popular TV show that ran from 1959 through 1964. Beginning with distinctive, pulsating theme music, over the course of each episode a character involuntarily enters an alternate reality, “The Twilight Zone,” which either humorously satirizes or earnestly critiques society or human nature.

In “Tooth and Consequences,” a failing dental practice and indifference of Lydia, the woman he desires, depresses Dr. Mandel. He hangs himself, but the fixture to which his noose is tied breaks, and the dentist plummets into the arms of a large man who identifies himself as the tooth fairy. The tooth fairy grants Dr. Mandel his two wishes: scores of admiring patients, and Lydia’s love.

Well, you can imagine where this is headed. Shortly, inescapant patient demands and Lydia’s clinging overwhelm Dr. Mandel. He flees his “ideal” life and hops a freight train, joining a clutch of hobo. One eats beans with a dental mouth mirror. He relates that he and his comrades, too, were all once dentists.

One could argue the age old parable – be careful for what you wish for – applies to not only us as individuals, but in an extrapolated fashion, to AO as an organization. Certainly, AO is neither at risk of annihilating itself nor dashing for a box car, yet in our quest to continue to be regarded as the premier international implant organization, much of our thinking is wishful. We wish for more members, especially young ones. We wish to outperform other dental associations, to attract corporate support and most of all to honor our core values all the while.

Nobody envies the AO Board the calculus of trying to solve the almost unsolvable of recruiting youthful members, of genuinely welcoming all disciplines at all levels of competence, while upholding excellence as the organization’s cardinal tenant. How does AO rally droves of new members, specialists and generalists alike, and garner the respect of the international dental community, yet not be for everyone? Were raw numbers the answer, then the ADA would be the ultimate implant forum. If AO wants to attract the most committed and innovative dentists devoted to placing and restoring implants, then it must perpetuate programs on the discipline’s vanguard. Do we stratify membership to accommodate internet only members based in remote countries or in an acknowledgement of beginner and advanced tiers? How large do we want to be? Some wonder what AO actually has to sell. An esteemed journal, a newsletter, a meeting. Yes, all of those, but our primary commodity is a reputation and forum for honesty and innovation that is scientifically based and patient focused. Thus AO’s continued health hinges on who joins, and who stays involved. Unfortunately, there is not a tooth fairy to help the Board and committee members address these challenges, only us.

It is not a revelation that professional organizations, implant companies, and dental associations jockey fiercely for the hearts, minds, and dollars of dentists. Where do you turn for the truth? The various specialties cannot limit their scope to implants, although their members and the market pressure them to tout such services. In the U.S., they heard the Twilight Zone’s telltale theme music loud and clear this year when a Texas U.S. District judge ruled it unconstitutional for the regulatory administration to restrict specialties in Texas to those only recognized by the ADA. Dentists who have earned board certification by AAID and other plaintiffs can now promote their specialty status.

Imagine the frustration of an ADA-sanctioned, board-certified periodontist or oral surgeon who may have just happened to have picked up an MD degree along the way, as she explains to a patient with a two for one newspaper clipping in his hand how she may be better equipped to handle the surgical complications than the most exulted holy diplomat of some mail order academy of implant dentistry. The U.S. Supreme Court will amplify that eerie Twilight Zone music, should it decide in favor of non-ADA approved dental specialties.

Those in the U.S. with exceptional hearing detected the music back in 1977 when the Supreme Court upheld the FTC decisions of Goldfarb 1975 vs Virginia Board of Pharmacy and Bates 1977 vs American Medical Association and the 1979 Dental Association. These rulings essentially altered the regulatory structure of the profession of dentistry into more of a business model of a trade. Who is the fastest, cheapest, and most illustrious of all possible practitioners? It is buyer beware and the uninformed public does not stand a chance. Who and what group seems preeminent. Here another Twilight Zone episode may have application. In this installment, a woman slowly removes bandages swaddled around her face, after she has undergone a battery of surgeries to make her appearance more acceptable to her peers. Finally revealed, her new visage is horrible. When the doctors, quite impressed with the results, …continued on page 13
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