AO expands Clinical Practice Guidelines to cover management of the edentulous maxilla

By Clark M. Stanford, DDS, PhD

The edentulous maxilla often presents with a range of challenges and solutions that can be difficult for individual clinicians to navigate. To help them make choices that best utilize current research – and improve the quality and efficiency of patient care – AO has expanded its current Clinical Practice Guidelines (CPG) to include management of patients with no teeth in the upper jaw.

Advanced technology has provided dentistry with enhanced diagnostic tools, improved materials, and better prosthetic options for managing the edentulous maxilla, making a growing number of patients eligible for implant therapy as opposed to a traditional denture. Responsibilities for clinicians treating the edentulous maxilla with oral implants have also multiplied, which is why AO sought to define the issues, develop a process and create a model that can be applied to practice.

To arrive at these Guidelines, AO brought together more than 120 of the world’s leading scientists and clinicians in an August 2014 Consensus Summit, including representatives from the American Association of Oral and Maxillofacial Surgeons (AAOMS), the American Academy of Periodontology (AAP), and the American College of Prosthodontists (ACP). Co-chairs were Drs. Clark M. Stanford, Chicago, IL, and Ole T. Jensen, Greenwood Village, CO. Based on a systematic review of the current literature, clinical information, and accepted treatment approaches, the resulting guidelines will serve as an educational tool for dentists and facilitate their ability to communicate treatment planning with patients.

Results of this Summit, including supporting systematic reviews and detailed CPGs, are now available in a special edition of the International Journal of Oral and Maxillofacial Implants (IJOI), Volume 31, Supplement 2016. This 200-page publication was included with the last issue of IJOI as a membership benefit to all AO members. AO members can access this supplement by signing into the member section of the Academy’s website, www.osseo.org.
**President’s Message**

**On reflection, AO’s future is bright, exciting**

By Alan S. Pollack, DDS

The height of the summer is a time for rest and relaxation for most of us, at least here in the Northern Hemisphere. Time off from work, more time with family and friends, and halfway through my term as president, I find myself reflecting on the passage of time, and prospects for the future.

Looking ahead, it’s with great excitement that I anticipate the culmination of all the hard work put in by Dr. Jeff Ganeles, Program Chair for the 2017 Orlando Annual Meeting (see article on page 3). He and the many dedicated volunteers on his Program Committee, have contributed many hours of their time, thought and discussion to put together what promises to be a really fantastic meeting program. As you’re probably aware by this time, the Orlando meeting is a collaborative meeting between AO and the American mono-specialty groups: the American Association of Oral and Maxillofacial Surgeons (AAOMS), American Academy of Periodontology (AAP), and American College of Prosthodontists (ACP).

Our previous collaborative meetings in Boston in 2003 and 2008 were hugely successful with record numbers of doctors in attendance and exciting lectures engendering highly stimulating interchanges. The 2017 meeting, next March 15-18, will also feature a Focus on Latin America. Many of our speakers will come from throughout Latin America to share their insights and experiences and, perhaps, open our eyes to some new ways of seeing things and caring for our patients.

We’re also getting ready to roll out our Certificate in Implant Dentistry in a big way. The Certificate was developed in an effort to respond to many members’ requests for a way to demonstrate their commitment to training and education in implant dentistry and to share their achievements with patients and colleagues. We’ve already received a number of applications, and expect more to arrive, as we continue to promote it throughout the profession. Dr. Amerian Sones, Board Director, has led the way in developing and implementing this program, and chairs the committee responsible for reviewing applications.

Currently, we’re reaching out to CE providers, in a number of settings and locales, to help develop CE programs that dovetail with the Certificate requirements and facilitate interested applicants obtaining the appropriate courses to qualify. In a changing and highly competitive practice environment, the Certificate is one step in supporting members and distinguishing AO members as dedicated to excellence and ongoing education and professional growth. While challenging enough to obtain to be meaningful, it is also accessible to any and all of us!

Dr. Stephen Parel has led a committee reviewing the Bylaws and has prepared proposals for amending them to make them more current and relevant. The Bylaws were written when the Academy was first incorporated, and it’s now certainly time to update them and bring them into alignment with current legal and IRS rules, and non-profit best practices. The Board will be presenting these new amendments to membership for their approval at the business meeting at the end of the Orlando meeting. Look for further details ahead of next March, as we send these proposed changes along for your review.

On a personal note, this past month also marks the anniversary of my association with my young associate/partner-to-be, Dr. Hector Sarmiento, and leads me to ponder the varied responsibilities we all shoulder as health care professionals. Mentoring our young colleagues and creating opportunities for their professional development is important to prepare the next generation of leaders and innovators. AO created its Young Clinicians Committee (YCC) to foster fellowship among our young members and give them a more unified voice in future planning.

To my mind, our primary responsibility is always to our patients. Trusting us to provide the best care available, we have the task of staying current with state-of-the-art treatment, options, and best practices. AO has played a large part in facilitating that ongoing learning, as we read *IJOMI*, attend the annual meetings to listen to world renowned speakers at the forefront of their disciplines, and interact with our colleagues from across the globe to share experience and ideas.

In my own career, there have been countless occasions when I was able to reach out to friends throughout the nation and the world to help with a challenging case, or lend a hand to a traveling patient of mine because of my membership in AO. But we also share the responsibility to keep our profession, and our respective disciplines, vital, relevant and rewarding. Similarly, collaborating with our fellow practitioners (even our competitors!) and insisting on the highest standards of professionalism and care of our patients is something we all need to be doing throughout our careers.

These past 31 years have seen the Academy grow from a small group of early adapters who came together to help one another, like the proverbial lost tribes wandering in the desert, as they helped shape implant dentistry into the scientifically based discipline that has revolutionized dental care for millions of people. It’s our shared responsibility and privilege to help the Academy and the profession, as we venture onward to the next 30 years.
The 2017 meeting is a collaborative effort with the AAP, AAOMS and ACP. How far in advance did the planning process begin? How is the group organized and what is your role?

**Dr. Ganeles:** The planning began two years in advance of the meeting. Each specialty has a representative on the committee, of which I am the chair. My role is that of facilitator, organizer, challenger and worker. I’m the guy pushing this forward. Ultimately, I communicate the committee’s recommendations to the AO board.

Past meetings have had a theme. Is there one for the 2017 meeting? If so, how was it selected?

**Dr. Ganeles:** The theme is “Good to Great™.” The idea was inspired by the book “Good to Great™: Why Some Companies Make the Leap… and Others Don’t” by Jim Collins. The topic is relevant for AO members, in that it translates to the practice of implant dentistry by looking at how the profession can innovate and excel, so as to be better in the future.

How did you become Program Chair? It is a big responsibility.

**Dr. Ganeles:** It evolved from a conversation I had with Dr. Alan Pollack in 2013. He said he was going to be AO President in 2017 and wanted me to be the Program Chair. I had been on program committees for the AO, as well as the ITI and AAP and knew what I was getting into. I thought about it a few days before accepting the position. At the time, it seemed safe to say I had no other plans. Now that we are close to 2017, I have lots of plans and the date and time are looming near. Still, it has been a great opportunity to meet and work with like-minded individuals and serve a worthwhile group. I also get to put my stamp on my profession, which is a unique opportunity.

Will there be a regional focus at the 2017 meeting?

**Dr. Ganeles:** The regional focus in 2017 will be Latin America.

How has the experience been coordinating all three specialty groups?

**Dr. Ganeles:** My practice and teaching beliefs, as well as those of the organizations with which I have affiliations, promote multi-disciplinary collaboration. Overall, the planning has actually been pretty easy; it’s been a balancing act. There are many opinions from the committee members, intelligent individuals who have the vision and commitment to create a successful meeting. The members take their positions seriously and should be individually acknowledged.

Representing AAOMS is Dr. Michael S. Block, Metairie, LA; AAP, Dr. Joan Otomo-Corgel, Los Angeles, CA; and ACP, Dr. Frank J. Tuminelli, Great Neck, NY. Other committee members are Drs. Joseph Y.K. Kan, Yoma Linda, CA, Russell D. Nishimura, Westlake Village, CA, Michael R. Norton, London, England, UK, Alan S. Pollack, New York, NY, Farhad F. Vahidi, New York, NY, and Robert C. Vogel, Palm Beach Gardens, FL.

Please share some of the meeting highlights.

**Dr. Ganeles:** The opening session is going to address the meeting theme very closely, relative to what we know/do now versus 20 years ago, i.e. “Good to Great™.” Dr. Harold Slavkin, the keynote speaker, will be talking about the human genome project, how it is leading to personalized medicine, and its impact on the future practice of dentistry.

We are featuring an innovative session on “The Business of Implant Dentistry,” which will be moderated by Bill Ryan. It will look at practice delivery systems.

Drs. Michael Block, Vince Iacono, and Ole Jensen have coordinated a special session on sinus grafting, updating the original AO consensus conference from 20 years ago.

The closing session will focus on the “team approach” to the treatment of various clinical problems. Several international teams will be presenting.

There will be an outstanding collection of speakers, from around the world, presenting throughout the meeting. The committee went out of its way to blend classic powerhouse speakers with emerging talent, to address dozens of important, clinically relevant topics in implant dentistry. Our goal is to provide AO meeting participants with new insights and better ideas, which they can take back to their practices on Monday morning March 20, 2017!

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**Update member contact info**

Do we have your current information for the Membership Directory? Members may update their contact information online at www.osseo.org, or send an email to Barbara Hartmann, barbarahartmann@osseo.org.
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Evolution not revolution
By Dr. Paul A. Fugazzotto, Academy News Editorial Consultant

Dateline 1974: Drs. Morton Amsterdam and D. Walter Cohen present their concept of periodontal prosthesis. For those willing to listen, interdisciplinary therapy enters the “modern age.”

Dateline 1979: I am lucky enough to become part of Camelot, albeit sitting at the table as a minor knight at best, under the tutelage of Drs. Gerald Kramer, Myron Nevins, Nicholas Dello Russo, Morris Ruben, and others. We were more than willing to be shaped, molded, guided, and welcomed to the age of precise therapies and predictable long term results.

Dateline 1978-1983: Drs. P-I Brånemark, Tomas Albrektsson, George Zarb and others usher in a new age of therapeutic potential with osseointegrating implants. Those willing to listen offer their patients previously undreamt of treatment options while positively impacting their practices and their lives.

Dateline 1987: Restoration of osseointegrating implants becomes more “dentist friendly and patient satisfying” through the efforts of Drs. Richard Lazzara and Keith Beaty.

Dateline early 1980s: Dr. Axel Kirsch introduces the concept of implant and tooth born fixed prostheses, employing an intramobile element. Periodontal prosthesis enters a new phase.

Dateline 1985: The work of Dr. Schroeder and Straumann is introduced to the United States, simplifying implant therapy through the use of a one-stage approach.

Dateline 1995-Present: Numerous changes, “innovations,” and evolutions have occurred in implant designs, implant materials, and implant restorations. These changes continue at a seemingly exponential rate.

Is everything as wonderful as it seems, or does the emperor have no clothes?

Osseointegrating oral implantology is often referred to as a revolution in dental care, and a lifesaver with regard to practice growth and productivity.

As a full-time clinical periodontist since 1981, I have seen the changes brought about by the introduction of osseointegrating oral implants. There is no doubt that such therapy has positively impacted patients’ lives, in both the short and long term. However, a number of dangerous trends first reared their heads decades ago and now represent significant threats to the well-being of both our patients and our practices.

What has happened to the concept of periodontal prosthesis, and by default that of predictable pocket elimination periodontal therapy?

The concepts ushered in by Amsterdam and Cohen, and the other giants of their time, were not merely those of technical acumen. Rather, the basis of periodontal prosthesis is a thorough examination, in concert with a multifactorial, insightful diagnosis, and a comprehensive interdisciplinary treatment plan involving the treating dentists, the laboratory technician, and the patient.

Once these foundations are laid, periodontal prosthesis is characterized by exquisite therapeutic execution. Periodontally this meant, and should still mean, elimination of disease as characterized by minimal probing depths, no horizontal furcation involvements and an adequate fiber barrier, in a harmonious occlusal relationship, and the establishment of a milieu conducive to appropriate restorative intervention, effective patient plaque control, and long term health.

Unfortunately, such considerations are threatened rather than augmented by the current state of oral implantology.

I tire of attending meetings and presentations devoid of comprehensive treatment planning. I despair (and no, this is not too strong a word) when I speak to periodontal graduate students or speak to recent graduates, and realize they have received little or no training in appropriate pocket elimination and furcation management therapies. Why bother with such “outdated” treatment when one can simply extract a tooth and place an implant?

In-depth discussions of the muscles of mastication, occlusal schemes, and parafunction are for the most part non-existent.

This is why the AO is necessary, and why you must attend and participate in the meetings.

It is not a question of the “star power” or technical wizardry of the speakers. Many organizations and meetings boast such line-ups. Rather, it is the mission of the AO, which is to elevate us all as dentists, not metallurgists, which helps to set it apart.

The AO and the ITI are the implant organizations to which I devote my time and effort. Like all of you, my time is my most precious commodity. When well spent, in the company of like-minded individuals striving for excellence in comprehensive care, such involvement is stimulating, and valuable.

Attending meetings that are essentially ego-driven dog and pony shows, and which profess to offer new ways in which to “transform patients and practices,” is not something to which I wish to devote my most precious professional asset, my time.

Do I need to spend time listening to how the “implant revolution” frees us from the need to perform comprehensive therapy? I do not.

Is it helpful for me to learn how to “grow my practice” and “make more money than I ever dreamt of” through the employment of aggressive implant therapy? I have no interest

...continued on page 7
Successful second DC study club could create AO replication model

By Jeffrey Ackerman, DDS, MAGD, Chair, AO Membership Committee

Success, success and, hopefully, continued success. The Membership Committee’s study club initiative to create a model for replication across the AO universe is off to a very successful start. We have organized our Greater Washington Academy of Osseointegration study club, created a non-profit Virginia corporation with bylaws, a bank account, officers and a board of directors. We have had two very successful meetings, rotating venues from Virginia to DC/Maryland and soon (September 29), back to Virginia.

Our first meeting was attended by 68 dentists and 6 corporate sponsors. Our organization is self-sufficient and currently has over 30 full members. A full member is one that has paid for the four yearly meetings and is a current AO member.

At our inaugural meeting, AO President Dr. Alan Pollack, New York, NY, gave a wonderful overview of AO and the benefits of membership, utilizing a slide presentation created by the AO Membership Committee. Our featured speaker was Dr. Lourdes Christopher, Falls Church, VA, speaking on creating attached tissues for implants and teeth.

The second meeting in June drew attendance of 50 dentists and 5 corporate sponsors. The speaker was Dr. J.R. Wilson, Director of Maxillofacial Prosthodontist at Bethesda Naval Hospital. His captivating presentation on the advantages and disadvantages of cementable vs. screw-retained prosthesis and intra vs. extracoronal attachments, was very well received.

Our upcoming meetings this fall and next year are ready to go with a great slate of speakers. Moving forward, the committee will be able to advise the AO Board of Directors on the step-by-step process of initiating this sort of study club. It is our hope that they will consider adopting our pilot program for use throughout the AO universe.

The continuation of our post-graduate outreach programs, now in its fifth year, has been approved by the AO Board. We are grateful to the Straumann implant company, as they are the gracious corporate sponsor of many of these programs. This year, we will be reaching out to our membership in all states near the 2017 Annual Meeting site (Orlando, March 15-18) to assist in setting up programs with us, either as a speaker or master of ceremonies. Please email me at docjsack@yahoo.com to volunteer your help in Florida, Georgia, Alabama, South Carolina, Louisiana, Tennessee, or Puerto Rico.

The purpose is to gather post-graduates, graduate students, interns, and fellows, for an introduction to AO, encouraging them to attend our 2017 Annual Meeting and join the Academy. This presentation is done during a dinner/educational lecture at a meeting to be set-up in your local area. Thank you in advance for your willingness to help.

AO expands Clinical Practice Guidelines...from page 1

The next step in this process is to gain approval by the National Guidelines Clearing House, which provides a formal policy-based stamp of approval to help drive adoption across the profession. The Guidelines cover five domain areas defined as: (1) role of grafting for ridge development for implant placement; (2) role of implant design and systems in management of the edentulous maxilla; (3) role of imaging to guide implant placement; (4) role of biologics to assist in ridge development; (5) role of prosthetic management.

These domains address key questions clinicians should consider for each specific patient, including: What is the maxillary/mandibular ridge relationship? What is the quality and quantity of available hard and soft tissue? Can the patient maintain adequate oral hygiene? Do habits or disease put this patient in an at-risk category?

As new technologies make implant therapy possible for a growing number of patients, the responsibilities for clinicians also multiply. The profession is ultimately charged with providing the best available patient care. However, new materials and techniques are often developed faster than can be objectively evaluated. The resulting lack of consensus can burden individual clinicians, who still remain responsible for providing treatment based on current best evidence. That is why a Consensus Summit is so important.

The decision-making process for clinical management of the edentulous maxilla requires familiarity with current best evidence on far-reaching topics including bone augmentation for implant site development, implant system design, advanced imaging procedures, biologics, and an interdisciplinary approach to prosthetic management.

There is no doubt that technology will continue its rapid pace in providing dentistry with enhanced diagnostic tools, improved materials, and better prosthetic options for managing the edentulous maxilla. Subsequently, up-to-date guidelines, as proposed by the worldwide leaders in the field, will enable all dentists to make judicious use of current best evidence and ongoing advances for their patients.
Evolution not revolution…from page 5

in such an approach, as it is anathema to my sense of mission and my obligation to the patients who place their trust in me.

Instead, I wish to be part of the continued evolution of comprehensive care, which allows us to further improve upon long-term predictability for our patients and ourselves.

The use of ossseointegrating implants in the context of an insightful diagnosis and comprehensive treatment planning, in areas which present with adequate bone, where meticulous restoration is carried out, occlusion and parafunction are properly managed, and the patient is faithful to a regular maintenance schedule, should suffer an implant failure rate of less than 1% in 10 years.

The choices are yours:

• Become an implant-driven machine or be true to the vision which sustained you during your training, and fulfill your obligation to your patients.

• Waste your time and talent at meetings which offer nothing more than the newest scheme for success, or attend and participate in AO meetings, and be glad you did.
Three reasons why your implant practice needs a mystery call

By Jay Geier

Today's dentistry is an exciting and rapidly evolving profession. To keep up with consumer demands and an increased growth in corporate dentistry, many private practice owners are moving toward a more diversified, one-stop dental shop.

And specialists like periodontists and oral surgeons are feeling the squeeze. More than ever, they rely on referrals for the bulk of their new patients each month. And as the overall calls to the practice are fewer than those of a general practitioner or multidisciplinary practitioner, the need to book those patients increases exponentially. In other words, specialists need to schedule their “shoppers” at every opportunity.

As dire as that may sound, you still have a great deal of control when it comes to getting your share of the new patient market share. Really? Yes! But before I tell you how, let me give you some background.

As far back as the early 1940’s, retail stores hired anonymous shoppers to evaluate their customer service. This person went in the store, bought something, and then reported back on the shopping experience. This way of getting valuable customer service feedback quickly took off and soon the name “mystery shopper” was coined. Today, most major retailers hire mystery shoppers (now a $1.5 billion business, according to jobmonkey.com) to shed light on the type of shopping experience their employees are creating for their customers.

Mystery calls are like mystery shoppers. We created the mystery call and brought it to the dental industry 17 years ago, and the success of our business was built on it.

I’m not going to lie – sometimes it doesn’t go over too well.

Why not? Well, for many offices, mystery calls shine a giant spotlight on a part of your practice that’s been pretty content sitting in the dark.

Your front desk team might only be 15 feet away from you, but you probably have no idea what’s actually going on when they pick up the phone to speak to a patient. That’s where mystery calls come in.

1. **Mystery calls are a reality check.**
   Mystery calls, like mystery shopping, provide you with an objective evaluation of your front desk’s ability to turn a potential new patient into a scheduled appointment—a shopper into a buyer. How is this prospective new patient being handled on the phone and do they end up on your schedule?

2. **Everyone needs to be held accountable.** If you were trying to make a positive change in your life – let’s say you wanted to start exercising more – but you had no one to hold you accountable and no way to measure your progress, do you think you’d be successful? Chances are you wouldn’t. I know it wouldn’t work for me. Why do you think Weight Watchers is so successful? It’s all in the name. You, along with a room full of supporters are watching and recording the numbers every time you step on that scale. Your guard is down, and your level of transparency is way up – there’s no fudging allowed.

3. **Identify lost revenue opportunities.**
   Mystery calls expose a major area for lost revenue. Let’s do the math using some very conservative estimates. The average single implant value could be estimated at about $1,800 to $2,000. If your front desk mishandles just one new patient call a week (no appointment scheduled), that’s $9,000 to $10,000 lost per month. That adds up to $108,000 to $120,000 a year in lost revenue opportunities. And given the fact that your callers likely will be coming with more advanced, higher cost issues, the potential for a much higher loss is so much greater!

The worst part is that it’s happening more than you want to believe. You likely are losing close to five new patients every week. Mystery calls assess areas for improvement, and, with proper training, give your practice the tools it needs to break out of your rut and into a phase of rapid growth.

As a dental specialty facing increased competition from general dentists, you have an even greater need to schedule the potential patients who call. These are people who call you specifically, with a need they believe you can fill. They call eager to schedule an appointment. If they don’t get put on a schedule by your staff, they will simply go to the next guy on the list.

So, how does your front desk handle these valuable calls? Would you rather stay in the dark about the state of your telephone? Or, will you use these mystery calls to expose your weaknesses so you can take the next step to train your staff to schedule patients, generate revenue, improve your practice, and change the outlook of your future? What have you got to lose?

*Jay Geier, founder and president of the Scheduling Institute, Alpharetta, GA, is a well-known coach and speaker. He can be reached at www.schedulinginstitute.com.*

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**Member News**

**Dr. Luis Fujimoto inducted into Pierre Fauchard Academy**

Dr. Luis J. Fujimoto, New York, NY, secretary of the American Association of Dental Boards and treasurer of the New York County Dental Society, has been inducted as a Fellow in the international honorary Pierre Fauchard Academy. He is a past president of Osseointegration Foundation.
Academy honors 56 outstanding students in implant dentistry

Fifty-six students from dental schools across the country were selected to receive the Academy of Osseointegration’s 2016 Outstanding Dental Student in Implant Dentistry Award.

Each winner receives a free year of AO membership, a complimentary subscription to the *International Journal of Oral & Maxillofacial Implants (JOMI)*, complimentary registration for next year’s Annual Meeting in Orlando, Florida, a certificate, and $500.

Recipients of the 2016 Outstanding Dental Student in Implant Dentistry, selected by their schools, are:

**Carter D. Beckham**
University of Louisville, School of Dentistry

**Vanessa Bikhazi**
New York University, College of Dentistry

**Jonathan S. Bishop**
Tufts University, School of Medicine

**Emily K. Boothby**
Ohio State University, College of Dentistry

**Michael Britting**
University of Nevada, Las Vegas School of Dental Medicine

**Arielle K. Castine**
University of Michigan, School of Dentistry

**Derek Chenet**
Columbia University, College of Dental Medicine

**Isaac Chinitz**
Stony Brook University, School of Dental Medicine

**Holly M. Clark**
Indiana University, School of Dentistry

**Andrew Correces**
Loma Linda University, School of Dentistry

**Michael K. Cvelich**
University of North Carolina at Chapel Hill, School of Dentistry

**Rushi P. Dave**
University of Pittsburgh, School of Dental Medicine

**Steven J. Van De Graaff**
Creighton University, School of Dentistry

**Navjot S. Dhillon**
University at Buffalo, School of Dental Medicine

**Colin P. Don**
University of Southern California, Herman Ostrow School of Dentistry

**Brittany E. Fignar**
Case Western Reserve University School of Dental Medicine

**Mikala Gaffke**
Marquette University, School of Dentistry

**Napoleon Gaither**
Meharry Medical College, School of Dentistry

**Stephanie R. Ganter**
Texas A & M University, Baylor College of Dentistry

**Neha Grewal**
University of Connecticut, School of Dental Medicine

**Pavel Y. Ivashchuk**
University of Maryland, School of Dentistry

**Erica E. Jasa**
University of Nebraska Medical Center, College of Dentistry

**Jonathan J. Jelmini**
University of California, San Francisco School of Dentistry

**Kevin C. Kaiser**
University of Missouri, Kansas City School of Dentistry

**Philip Kaplan**
Howard University College of Dentistry

**Garrett F. Kever**
Louisiana State University, School of Dentistry

**Grant T. King**
University of Tennessee Health Science Center, College of Dentistry

**Kasey M. Kirchner**
Southern Illinois University School of Dental Medicine

**George K. Koch, III**
Harvard School of Dental Medicine

**Deanna S. Lee**
University of the Pacific, Arthur A. Dugoni School of Dentistry

**Ellen B. Lee**
University of Mississippi, School of Dentistry

**Austin L. Lyman**
Temple University, Kornberg School of Dentistry

**Cory McMahen**
West Virginia University, School of Dentistry

**Brin L. MacMillan**
University of Detroit Mercy School of Dentistry

**Katiuska McIntosh-Falcon**
University of Puerto Rico – School of Dental Medicine Medical Sciences Campus

**Edmund P. Monsef**
A.T. Still University Arizona School of Dentistry & Oral Health

**Alexander M. Munaretto**
University of Illinois at Chicago, College of Dentistry

**Abigail L. Nelson**
University of Alabama at Birmingham

**Robert H. Painter, IV**
Medical University of South Carolina James B. Edwards College of Dental Medicine

**Ed G. Pantzlaff**
University of Iowa, College of Dentistry and Dental Clinics

**Joel Pinter**
Rutgers University, School of Dental Medicine

**Michelle J. Peters**
Virginia Commonwealth University, School of Dentistry

Dr. Robert Blackwell with Outstanding Student Award recipient Kasey Kirchner from Southern Illinois University School of Dental Medicine.
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Member survey results are in: The newsletter is considered a benefit of membership

Sixty-nine percent (69%) of members consider Academy News a valued aspect of AO membership, according to a recent member survey, and they overwhelmingly agree (79%) that reading the newsletter keeps them more informed about the Academy’s activities. Fifty-seven percent (57%) say reading the newsletter increases their interest in attending the Annual Meeting.

The Academy received 92 responses to the online membership survey, conducted over the summer. Although not a strictly scientific sampling, respondents broadly represent the total membership.

Members approved the current quarterly frequency of newsletter publication, the length of articles, number of photos, and balance of articles by topic and importance in implant dentistry.

They ranked bylined articles by members and guest experts as their favorite features (72.5%), followed by the Editor’s Editorial (47.2%), and the President’s Message (29.6%). Academy News is offered in both print and electronic versions, and members seem satisfied with that form of publication, with 42.9% saying they prefer to receive the newsletter electronically.

Almost half of members (49.3%) say they read the newsletter when they receive it, against 36.7% who scan and put it aside to read later. More than half (53%) say they read only articles of special interest. Forty-three percent (43%) say they sometimes discuss newsletter articles with colleagues, patients, and friends.

The question “Why are you a member of AO?” drew some interesting responses:

• “I would like to be the best I can at all aspects of implant dentistry and feel the Academy can help me reach that goal. I would like to be a respected implant clinician.”
• “Great Annual Meeting and good cross-section of topics discussed. Membership is good value for money.”
• “It is the leader in implant dentistry.”
• “World’s leading organization in evidence-based implant dentistry.”
• “Because it is the premier implant organization, and I want to elevate my level of practice to the highest standards, while supporting the research and vision of the organization.”
• “Want to learn more about implant dentistry and provide the best treatment to patients.”
• “To be part of an organization that helps to expand my knowledge in the field of implant dentistry, learning from the leaders in the field, as well as to be part of an organization that helps advance the field of implant dentistry.”

Academy honors 56 outstanding students in implant dentistry . . . from page 9

Steven C. Petritz
University of California, Los Angeles School of Dentistry

Ashwin Ravisankar
University of Kentucky, College of Dentistry

Jenifer Ryan
Augusta University, The Dental College of Georgia

Jessie O. Seubert
University of Minnesota, School of Dentistry

Reza H. Shoushtari
University of Pennsylvania, School of Dental Medicine

Caroline A. Olsen Smith
University of Washington, School of Dentistry

Justin R. Smith
University of Florida, College of Dentistry – Gainesville

Alexander Sonesson
Oregon Health & Sciences University School of Dentistry

Michael Stanley
Midwestern University, College of Dental Medicine

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Lianna G. Zabanal
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University of Texas, School of Dentistry at Houston

Li Zhong
Boston University, Henry Goldman School of Dental Medicine

Dental School Dean Dr. Clark Stanford congratulates Alexander Munaretto on his selection for the University of Illinois at Chicago’s outstanding student award.
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Clinical Case Example

Clinical images courtesy of Robert Carpenter, DMD

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New York City periodontist
Dr. Scott Froum appointed to Academy News editorial board

Dr. Froum’s private practice is located in the heart of mid-town Manhattan and specializes in saving teeth, implants, and implant problem corrections. “We strive to deliver white glove service to our patients by catering to their every need and desire from the second they step into our office,” he says.

A board certified periodontist, Dr. Froum received his BA from Amherst College, Amherst, MA, and his DDS and periodontal certificate from the State University of New York Stony Brook School of Dental Medicine. He is a clinical professor in both SUNY Stony Brook and NYU Dental School in the post graduate department of periodontics and implant dentistry.

Editor’s Mailbag

Why are there no cartoons in the newsletter?

Dr. Rod Rogge, Virginia Beach, VA, wrote to ask about publication of cartoons in Academy News:

As a long-term member of AO, and a regular reader of the AO news, I would like to know why there are no more cartoons/comics in the newsletter or journal? I always enjoyed them, and the slight diversion from the scientific articles was momentary, and not distracting. Please consider bringing back the delightful drawings and comments I have enjoyed in the past.

I also want to commend you on your excellent editorials. You always bring fresh insights, and revelations that don’t occur to the rest of us. I hope that you enjoy writing your articles, because I look forward to seeing what you write in every edition.

Editor Dr. Bruce Barr replies: Thank you for your inquiry and compliments. The cartoons appeared in only two editions, with the idea they would be one more feature that could make the newsletter more appealing to and well read by a portion of the varied members. However, the Board of Directors voted to have them discontinued.

Members Forum

Implant driver maintenance and wear

This inquiry came from Dr. Kenneth W. Marinak, Chesapeake, VA

gumsurgeon@cox.net:

“On occasion, the implant driver is hard to remove from the Nobel Replace conical implant. This can be a problem with soft bone or in extraction sites where there may be little engagement, as it dislodges the implant. I was wondering if the coating on the driver had worn off and if any other dentists have experienced this, as our local representative has not heard of it.”

Members Forum responds:

Dr. Marinak, thank you for your inquiry. Your issue was discussed with Dr. Eugene Goncharov, a Nobel Biocare consultant in Los Angeles, CA, who had personally experienced this issue, too, but said that reports were very few.

Further inquiry with Mr. Steve Hurson, a retired chief Nobel engineer, who participated in the design of this driver, revealed the solution. He explained that the coating on the metal had nothing to do with the issue, but it was likely related to breakdown of the easily overlooked white ring near the tip. It is this white ring that is the actual retentive mechanism, not a friction fit of the shaft. It turns out this thin PEEK plastic ring is not continuous but rather encircles the undercut area as a clasp with overlapping ends. Both mechanical wear and tiny amounts of debris accumulation can occur in the area of this junction. This then can affect both under and over retention properties.

Dr. Marinak, similar experiences have occurred in our practice over the years, inducing the sending of a stuck implant on a driver to Nobel Biocare facilities in Zurich for evaluation. In this particular case, a thorough investigation using a microscope by Anke Jacobs in Switzerland demonstrated some damage to the metal of the driver with actual cracks as well as debris under the white ring.

The bottom line seems to be: as with all equipment, the drivers must be kept very clean, and like all equipment after repeated sterilization and use, they wear and on occasion, have to be replaced.

Members Forum welcomes any other reports on this subject or other implant clinical questions. We thank Drs. Rick Sullivan and Eugene Goncharov and Mr. Steve Hurson at Nobel Biocare for being so helpful.
Editor’s Editorial

O LORD WON’T YOU BUY ME A MERCEDES BENZ… WILL A FUTURE AO SUPPLY THE KNOWLEDGE?

By Bruce Barr, DDS, Newsletter Editor

“Oh Lord won’t you buy me a Mercedes Benz my friends all drive Porsches I must make amends” – Janis Joplin

Janis Joplin has had no need of a luxury sedan since her fatal heroin overdose in 1982, but her final song still resonates into the present, and will likely speak to young dentists far into the future. Individuals elect to practice dentistry for many reasons, but no one pursues our career path to be poor.

We easily occupy the top 1% of earners on this planet, in a needed profession gated behind an enormous barrier of entry. Unfortunately, however, many dentists – particularly those graduating with hundreds of thousands in debt – feel that they are not making the money they expected or deserve, as if one deserves anything.

How do these young dentists make a lot of money fast and easy? Why implants of course! They are simple to do, work all the time, and last forever. And unlike the three years of study required to pass a test called “the knowledge” in London that allows one to drive a cab, after a weekend course you can get started right away.

The knowledge gap between those who are considered experienced and those just embarking on the technology is both enormous yet understandable. How can you know what you do not know? Where do novices go to acquire this knowledge and its profitable execution, and are their expectations of wealth reasonable? Although Kim Kardashian, number 42 on the Forbes 400 list, only makes fifty-four million a year, look as hard as you want you will not find a dentist anywhere near her. Not even our most lofty and sought after speakers command the $400,000 for an hour speech that [former Federal Reserve Chair] Ben Bernanke does. After all, if you really want to get rich in dentistry, marry an endodontist.

Like Ptolemy’s geocentric solar system, many dentists inhabit a financial model organized around the dollar with all decisions orbiting that massive planet. Ethics aside, this system rapidly breaks down. Just as celestial observation established the heliocentric framework of Copernicus, the scientific, patient-centered ethos evolves with intent to produce perpetually improving clinical output and financial returns. As astrophysicists grapple with ever more complex questions such as quantum gravity and dark matter, so implant dentistry forges into ever more piquant and sophisticated strata. Technology is not, however the only avant garde. Although our focus is on scientifically valid procedures and patient care, the elevation of some practice management issues as an aspect of that care, and its inclusion in our programs, is a valid consideration. It seems imperative to integrate more hands-on clinical and business programs in our events if we aspire to be truly inclusive and help reduce a two-tiered delivery of implant care as some presently feel exists in the field of periodontics.

Further, most dental schools are unlikely to begin devoting time and allocating the resources that facilitate proficient planning and restoring implants. Many dentists, in addition to corporate-sponsored programs, will seek this knowledge from organizations like ours. AO should function as a multidimensional platform comprised of local study clubs, programs in dental schools and, of course, exposure to highest levels of care with lectures and hands-on courses, as well as articles published in JOMI. We cannot be the implant school of the world but we can promulgate an ideology of egalitarianism and codify a standard of excellence.

Whether you come in a Mercedes or a cab, consider pulling up to this year’s AO meeting in Orlando primed to interact with colleagues from around the world who have gathered in acknowledgement that implants are not always simple or ever enduring. Absorb new skills and knowledge – you and your patients will be far richer for the experience.
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