Dr. Steven E. Eckert, Byron, MN, a former AO President (2007-08) who in 2006 became only the second Editor-in-Chief of the International Journal of Oral and Maxillofacial Implants (IJOMI), a position he still holds, is the tenth 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, and leadership in, implant dentistry is exemplary in any or all of the Foundation’s mission categories: research, education, and charitable causes.

OF President Dr. Myron Nevins, Swampscott, MA, will present the award Thursday, March 16, at the Opening Symposium in the Orange County Convention Center, Orlando, FL.

Previous Nobel Biocare Brånemark Osseointegration Award honorees are (in chronological order) Per-Ingvar Brånemark, MD, PhD, William R. Laney, DMD, MS, George A. Zarb, BChD, DDS, MS, Daniel VanSteinberge, MD, PhD, Ulf Lekholm, DDS, Daniel Buser, DDS, DMD, Professor Tomas Albrektsson, Stephen M. Parel, DDS, and Ole Jensen, DMD. The award is made possible by a grant from Nobel Biocare. The selection process involves members of the OF’s Titanium Society to propose distinguished candidates.

“Dr. Steven Eckert has a distinguished record of leadership in the Academy, rising to President in 2007,” Dr. Nevins says. “He has done a remarkable job as Editor-in-Chief of IJOMI, extending the horizons of our journal, especially with expansion of the electronic edition. He has inspired professionals in our field to author papers, and we are all grateful for the information IJOMI provides. It all translates into significant improvement in clinical practice and improved patient results,” Dr. Nevins says.

Following graduation from The Ohio State University College of Dentistry, Dr. Eckert completed a general practice residency at Mt. Sinai Hospital of Chicago and entered private practice in Chicago. Later, he completed a Combined Prosthodontic Maxillofacial Prosthetics program at the Mayo Clinic, Rochester, MN, and earned a Master of Science degree from the Mayo Graduate School of Medicine. He was
President’s Message

An eventful year leads to exceptional meeting

By Alan S. Pollack, DDS

Well, another year passes as we look forward to the 2017 Annual Meeting, March 15-18 in Orlando, Florida. This has been an eventful year for me personally, and for AO organizationally. The upcoming meeting, our 32nd and our third collaborative meeting with the American College of Prosthodontists (ACP), the American Academy of Periodontology (AAP), and the American Association of Oral and Maxillofacial Surgeons (AAOMS), is looking to be another fantastic event with an exceptional lineup of speakers. True to our theme this year, Good to Great® – Making Excellence a Clinical Reality, the 2017 Program Committee, expertly led by Dr. Jeff Ganeles, has put together a very strong program covering the most salient issues in the field and looking forward to some of our challenges, and potential solutions, for the future.

This year, we’re getting an early start to the meeting with eleven Hands-On sessions being offered by some of our corporate sponsors, including some new ones! There are also two continuing education sessions, morning and afternoon, with three of the most highly regarded experts in their fields covering some of the basic science of osseointegration and the role of radiology in implant dentistry. These courses were specifically developed to help with some of the CE requirements for the new AO Certificate in Implant Dentistry, but should be of interest to everyone. Thursday morning features the Corporate Forums, where 13 companies offer their latest innovations and applications.

The scientific program starts Thursday afternoon with a keynote address from Jill Helms, DDS, PhD, world renowned research scientist and speaker exploring “Beauty Reconsidered.” Beginning with concepts of beauty and its effect on psychological well-being and self-image, she segues to the science of new technologies that will help with oral reconstruction and dental rehabilitation.

We’ve added a Morning with the Masters program on Friday morning with eight world class experts offering the benefit of their experience in a more intimate environment. New this year, we have a session on the Business of Dentistry that will look at some of the current models for practicing, including the traditional referral-based private practice, as well as corporate models which are gaining in importance in many locales.

As in past years, we’re running parallel, concurrent sessions on Friday and Saturday with Surgical and Restorative Tracks on Friday morning focusing on Optimizing Hard and Soft Tissues and Selecting Optimal Restorative Materials, respectively. We turn to an Update on the Sinus Consensus during the Surgical Track session with four well-known and highly regarded speakers covering current understanding of bone augmentation, science and practice. Saturday’s program looks to the future with sessions on new and upcoming technologies and ways to ensure future success. We’ve also got great sessions in the Laboratory Technician program and TEAM program, both of which look to ways to optimize efficiency and practice success. The Closing Symposium on Saturday afternoon is packed with four powerhouse teams from around the globe presenting their solutions to some of the most challenging case types we see in our practices.

While the Annual Meeting is widely considered to provide the best of scientific offerings in implant dentistry, we also know how to party! Come to the Welcome Reception Thursday evening in our Exhibit Hall for wine, cheese, and delicious hors d’oeuvres, as well as some major networking and gain a first look at what our corporate partners have to offer. Since many companies choose the AO Annual Meeting to launch new products and applications, there’s always something exciting to see. The Welcome Reception is also a great place to reconnect with friends and colleagues and make plans for the rest of the meeting week. Friday night you won’t want to miss the President’s Reception. I’m excited to be hosting the event this year at Mango’s Tropical Café. It is a fun-filled club offering a feast for the senses with great food and drink and fabulous music and dancers who will make you want to get up and join in the fun. So, get some rest before and come ready to party!

Turning our attention to more serious issues, I’m happy to share that AO has continued our efforts to expand its outreach, both in North America and across the globe. In early April, I attended the first AO Study Club, held in the Washington, DC area. Organized by Drs. Jeff Ackerman, Mehrdad Favaghi, Clarence Lindquist and Doug Dompkowski, this was a pilot program to develop the model for what we hope will be several other clubs across the U.S. and Canada. If the results of this program are any indication, the AO implant study clubs will be a HUGE success!

Globally, we’ve held additional Charter Chapter meetings this past year in Israel and Spain. These programs are orchestrated by the Global Program Development Committee, expertly chaired by Dr. Stephen Jacobs and overseen by current Vice President Dr. James Taylor. The committee also organized AO Outreach Symposia in Durban, South Africa, where we partnered with the Southern Africa Association of Osseointegration (SAAO) for a two-day meeting, as well as an AO-sponsored meeting at the Universidad Nacional Autonoma de Mexico (UNAM) in Mexico City. Both meetings were very well attended and offered AO the opportunity to highlight our organization and the benefits of membership to a new audience.

By the time you’re reading this you will have received detailed information about the proposed revised Bylaws, under which...continued on page 3
An eventful year leads to exceptional meeting... from page 2

the Academy operates and maintains its not-for-profit status. It’s been many years since the Bylaws have been comprehensively reviewed and, on the advice of our corporate legal counsel, Peter Gaido, the board constituted a committee under the leadership of former president Stephen Parcel, DDS, to review the Bylaws and make proposed changes. With the guidance of Mr. Gaido on legal requirements, the committee developed this proposed Bylaws revision for membership approval. The proposed changes will keep us in compliance with current not-for-profit corporations. Mr. Gaido has also provided guidance to conform with current best practices for non-profits to maintain efficient operation. Please review the changes carefully. The proposed Bylaws may be accessed by going to the Academy’s home page at www.osseo.org and scrolling down to ‘AO Up To Date’ section in the ‘Up Front’ tab. We’ll be voting for approval at the business meeting on Saturday afternoon.

Shortly, we’ll be launching a new AO website specifically focused on patients and the general public. You’ve probably seen the updated website (osseo.org) which has much better graphics and is vastly more friendly to navigate. Developed by our very own webmaster, Terri Vargulich, this site will be joined by the new public site. You’ll still be able to access all of the great CE available online at our existing site. The Website Committee, under chair Dan Taub, DDS, MD, continues to expand the CE offerings available on our website including ever more webinars and online seminars, as well as a catalog of poster presentations from our Annual Meetings. The new site will be for the general public and offer comprehensive, but easily understandable, information about implant dentistry, and includes a “Find a Doctor” portal to locate an AO member in a specific area.

In closing, I’d like to thank my colleagues on the Board for all the time and effort they give to help make the Academy such an outstanding group. This may seem trite, but it has truly been a tremendous honor and privilege to serve and work with such a smart and committed group of people. I’d also like to thank Kevin Smith and his staff team for all the great work they do to make the organization run. They’re all true professionals and intensely dedicated to our continued success.

Last, I’d like to ask you all to reflect for a moment on where we’re going as a profession, and how you can play your part in its growth and continued success. We’re living through transitions in the science of implant dentistry, as well as transitions in the economic and business aspects of the care we provide our patients. As a profession, we need to be mindful of what, and how, we are passing on as our legacy to our younger colleagues and give them the benefit of the chance to make their own success, but with our help. And we need to always be mindful of the patients who give us their trust, and ask us to help them live better lives. These are weighty responsibilities, but deserving of our efforts and well worth the rewards of knowing how we each contribute.

Look forward to seeing you in Orlando, and passing the President’s baton to my friend Dr. Michael Norton.

Cheerio!

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Dr. Steven Eckert chosen for Nobel Biocare Brånemark Award... from page 1

invited to the staff at Mayo, where he was Graduate Program Director for Prosthodontics and a Professor of Dentistry. He is currently Professor Emeritus at the Mayo Clinic and Adjunct Professor at the University of Minnesota School of Dentistry. He practices at ClearChoice Dental Implant Center in Minneapolis and is Director of Research for ClearChoice.

Dr. Eckert is a Fellow of the American College of Prosthodontists (ACP), Academy of Prosthodontics (AP), American Academy of Maxillofacial Prosthetics (AAMP), AO, and ITI. He is a Diplomate and past director of the American Board of Prosthodontics (ABP). In addition to being past president of AO, he is also past president of AAMP, AP, and ABP. Dr. Eckert has edited numerous prosthodontic and dental implant textbooks and has written numerous articles in scientific literature.

He joined AO in 1991 and remembers concentrating on broadening the international reach of the Academy. He served on five AO committees before being elected to the Board of Directors.

All Titanium Society members and a guest of their choice are invited to attend the annual Titanium Society breakfast meeting, Saturday, March 18, at 7 a.m., where Dr. Eckert 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.
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Meet AO Board nominees Drs. Fiorellini, Vogel

Nominees for election to the AO Board of Directors at the annual business meeting March 18 in Orlando are Drs. Joseph P. Fiorellini, periodontist, Philadelphia, PA, and Robert C. Vogel, general practitioner, Palm Beach Gardens, FL, both longtime Academy members.

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

**Dr. Joseph P. Fiorellini**

Dr. Joseph Fiorellini is Professor of the Periodontics at the University of Pennsylvania School of Dental Medicine. In 1990, he received his DMD from the Harvard School of Dental Medicine and in 1993 was awarded the DMSc degree in the field of Oral Biology and a Certificate in Periodontology. Dr. Fiorellini has been a member of the Academy of Osseointegration for almost two decades. He has served on the Predoctoral Education Committee, Fellowship and Certificate Committee and is Chair of the Academy of Osseointegration/Academy of Osseointegration Foundation Research Grant Committee. In addition, he serves as an Associate Editor of the International Journal of Oral and Maxillofacial Implants (IJOI).

Dr. Fiorellini has published over 100 clinical manuscripts, reviews or textbook chapters and received awards related to clinical research including The Academy of Osseointegration Research Award, The American Academy of Periodontology Young Investigators Award, and The European Association for Osseointegration Research Prize. In addition to the Academy of Osseointegration, Dr. Fiorellini is the Vice Chair of the American Dental Association Commission on Continuing Education Provider Recognition. Dr. Fiorellini maintains a practice limited to periodontology and implant dentistry.

**Dr. Robert C. Vogel**

A native of Long Island, New York, Bob graduated from Columbia University Dental School in 1985 and immediately moved to Florida to begin a general practice residency at Jackson Memorial Hospital in Miami. It was there he decided his practice would focus on implant prosthetic treatment, research, and product evaluation. He opened his private practice in Palm Beach Gardens, Florida, working as a team member with several surgical specialists in the community. An intense interest in implant dentistry has brought him around the world to learn, collaborate, become friends and work with many of the pioneers in our profession. As an AO member early on, he has served on numerous committees, published in the International Journal of Oral and Maxillofacial Implants (IJOI), and presented at annual meetings. He has furthered his commitment to implant dentistry as an active Fellow of the ITI (International Team for Implantology). His hobbies are implant prosthetics.

In addition to the new directors, AO members participating in the annual business meeting will elect a new slate of officers headed by Drs. Michael R. Norton, President, James C. Taylor, President-Elect, Jay P. Malmquist Vice President, and Tara L. Aghaloo Secretary. Continuing on the Board are Drs. Clark M. Stanford Treasurer, Alan S. Pollack Immediate Past President, and Directors Amerian D. Sones, Jeffrey D. Lloyd, Joerg Neugebauer, and Hom-Lay Wang.

First two applicants to receive AO Certificate

The first two AO members, a California prosthodontist and a Pennsylvania general dentist, have Board of Directors approval to receive the new AO Certificate in Implant Dentistry, which will be presented at the Orlando Annual Meeting.

To meet Certificate requirements, they had to present evidence of completing 200 hours of continuing education over a three-year period, including 85 hours of “core knowledge.” They also submitted four case presentations covering the following categories: single tooth, fixed partial denture (fixed bridge), full arch fixed reconstruction, and over denture. They also had to be AO members for three consecutive years and have attended at least two Annual Meetings during that time.

Recipients of the first AO Certificates in Implant Dentistry are Paul P. Binon, DDS, MSD, prosthodontist, Roseville, CA, and Steven Present, DMD, general dentist, North Wales, PA.

“I am so pleased that the AO is offering a credible means of acknowledging proficiency in implant dentistry. The main reason I decided to obtain the certificate was to make a statement. Our patients and the public need to have a means of distinguishing fact from fancy. The hype is out there. I do implants, you do implants, we do implants is not good enough,” says prosthodontist Dr. Binon.

“I believe that obtaining an AO certificate is a very good start. It tells the public you know your stuff and have been vetted by fellow professionals. I believe it will give you considerable credibility,” Dr. Binon says.

“The new AO Certificate in Implant Dentistry will distinguish accomplished practitioners from those who have not met the challenge of continuing education requirements and case presentations,” says Dr. Amerian D. Sones, Dallas, TX, Chair of the New Fellowship and Certificate Committee. “Certification represents the highest standards of excellence in implant dentistry.”

The AO website, www.osseo.org, has complete information on how to apply for a certificate.
New AO University Partnership aims to enhance, foster university, student relationships

A new initiative, The AO University Partnership (AO-UP), based on a concept proposed by AO Board Director Dr. Amerian Sones, Dallas, TX, a Texas A&M University professor, focuses on multi-tiered programs for university constituents. “The mission of this partnership is to enhance the AO’s current relationships with universities and to foster new relationships with undergraduate students, postgraduate residents, faculty, and leading dental researchers,” Dr. Sones says. “As the original concept of osseointegration first was presented by the late Professor Per-Ingvar Brånemark, so the present and future work of the Academy continues to include nonbiased, evidence-based acquisition of knowledge represented at the highest level, the university level.”

The new partnership complements the AO Outstanding Student in Implant Dentistry program, provided to 60 dental schools since 2005, which recognizes students who have excelled and demonstrated exceptional interest and skill in the field of implant dentistry.

AO University partnerships have been established this year at the University of Pennsylvania, University of Illinois-Chicago, Texas A&M University College of Dentistry, and University of California, Los Angeles (UCLA)/University of California (USC). Many of the events were partnered with organizations already in operation at the school. This also represents a first-time for AO partnerships with the American Student Dental Association (ASDA), the Academy of General Dentistry, and local component societies of the American Dental Association.

Here is a report from Joshua Klein, a student leader at the University of Pennsylvania, on how the partnership developed there:

“Last year at the University of Pennsylvania School of Dental Medicine, members of the Executive Board of the student-run Implant Society were looking for a way to satisfy the growing interest of pre-doctoral dental students in the field of clinical implant dentistry and implant science. With the almost ubiquitous acceptance of dental implants by patients and practitioners, there was a strong desire by dental students to seek out information and resources to which they could turn.

“We decided to reach out to the Academy of Osseointegration for help. Working with former AO President Dr. Joseph Gian-Grasso, Philadelphia, PA, as our liaison and support, we developed a pilot program at Penn Dental. The mission of the AO Study Club was to provide pre-doc and post-doc students with an enriched didactic opportunity to develop their knowledge of implant dentistry and osseointegration sciences. Drawing from members of the AO community, we provided stand-alone lectures as well as an elective course, for which over 60 pre-doc students will receive credit towards their graduation requirements.

“Students benefited from the experience and knowledge of experts in the fields of periodontics, prosthodontics, and oral surgery, and were also able to see both the diversity and the depth of expertise that the network of AO members has to share. We were fortunate to host lecturers including: Michael Norton, BDS FDS RCS(Ed), London, England, UK, Bridget Marron, MDT, Harold Baumgarten, DMD, Philadelphia, PA, Louis Marion, DMD MS, Daniel Taub, DDS MD, Philadelphia, and Najeed Saleh, DMD, Merion, PA.

“We started this pilot program at Penn Dental with the hope that this model could be replicated at other dental schools. We feel strongly that, not only is it of value to teach students about dentistry, it is of great value to teach them where they can turn for continuing education after graduation. I am confident that the introduction to AO will help these future practitioners and our future patients.”

Dr. Sones adds: “The interest in the course was high, the overall reception was strong, and the students got some really strong exposure to the kind of depth and breadth of expertise that membership in the AO represents.”

Following are brief reports on other AO University Partnerships:

University of Illinois-Chicago, Illinois: AO sponsored the student, alumni, and faculty for the American Student Dental Association’s 12th Annual Prophy Cup Golf Tournament. The student president of ASDA served as liaison for organization with this university program. Approximately 75 students, faculty, and alumni attended. Information about the academy was circulated and presented.

Two programs were conducted at the Texas A&M University College of Dentistry. AO partnered with the Dallas County Dental Society (local ADA component) to provide a program entitled “Great Expectations.” A panel discussion with dentists representing various dental career paths was presented to approximately 100 senior dental students. The AO sponsored dinner, and information regarding AO was provided to students, many of whom heard about AO for the first time.

Later, AO partnered with the Academy of General Dentistry for a presentation and dinner attended by 75 students, ranging from first year to senior dental students. AO sponsored the dinner and former AO Board member Dr. Frank Higginbottom, Dallas, TX, presented a lecture on the treatment options dental implants may offer patients.

UCLA/USC: Scheduled for February 15, 2017 is a partnership with the Academy of General dentistry for both UCLA and USC. This program, hosted at UCLA, will be directed by AO past president Dr. Russell Nishimura, Westlake Village, CA. Communication with the AGD chapter student president, Valentina Babuchyan, led to the creation of this program.
Dr. Carl E. Misch, DDS, MDS, 1947-2017

By Dr. Hom-Lay Wang, University of Michigan, Ann Arbor

Dr. Carl E. Misch, a renowned implant dentist and mentor to many dentists and dental students, passed away peacefully at his home in Birmingham, MI, on January 4, at the age of 69. Dr. Misch was a pioneer in the field of implant dentistry, who shared his tremendous knowledge through his research, publications, teaching, and mentoring. His impact on all of our lives will never be forgotten.

Dr. Misch graduated from the University of Detroit School of Dentistry in 1973. He later earned a certificate in Prosthodontics and Oral Implantology from the University of Pittsburgh, School of Dental Medicine. He was a faculty member at various universities, including Temple University, University of Detroit Mercy, the University of Michigan, Louisiana State University, and Loma Linda University. He had been recently re-appointed as an Adjunct Clinical Professor at the University of Michigan.

Dr. Misch was the founder and Director of the Misch International Implant Institute, where he trained more than 4,500 dentists over the last 30 years. He left the world a better place because of his inspiration and dedication to training fellow dentists and treating patients. Dr. Misch was never shy to express his opinion and not afraid to challenge conventional wisdom, saying just recently, “We dentists do not attend a classical piano concert expecting to go home and play the complex piece perfectly, but we seem to expect to be able to reproduce the very next day the highly selected cases shown by presenters at the implant meetings.”

Over a 30-year period, Dr. Misch published more than 200 papers in the areas of implantology, and two textbooks: Contemporary Implant Dentistry (3rd edition) and Dental Implant Prosthodontics (1st edition). He served as a consultant for more than 16 companies. He is remembered for his unprecedented vision and passion to elevate the standard of care in implant dentistry.

I have listened to Dr. Misch’s lectures many times and every time learned something new. He was not only a mentor to me, but also a good friend and respected colleague. When I look back, he is no doubt the key person who guided me to the field of implant dentistry. I invited Dr. Misch to become a faculty member at the University of Michigan, so he could share his vast knowledge with our young future implant dentists. He and I collaborated on many research projects and published more than 30 papers together over the past 10 years.

Dr. Misch received many prestigious awards, including a Distinguished Service Award from the American Dental Association (2014) and Honorary Life Membership from the Association of Dental Implantology UK (2014). He was able to make significant contributions to our implant knowledge by providing his insights in many areas, such as implant biomechanics, implant design, implant occlusion, implant prosthetics, implant surgery, and implant advanced bone grafting.

He had a unique ability to conceptualize clinical concepts and bring these to realization. On a personal level, having Dr. Misch teach at the University of Michigan from 1998-2008 was a great benefit to our residents, faculty, and especially, our patients. His concepts and teachings will be an integral part of our program forever. The entire implant field will sorely miss him.

AO Board Member Dr. Amerian Sones, Dallas, TX, who uses one of the Carl Misch textbooks in her classes, adds: “I really regret that I was not able to bring him to Texas A&M to provide a lecture or CE course. We will remember him each week, as we review dental implant fundamentals.”

There were many stories about Carl Misch. His brother, former AO Board member Dr. Craig Misch, Sarasota, FL, good humoredly reflected on a few with Academy News Editor Dr. Bruce Barr, separating some of the alternative facts, such as placing implants in the Pope, from the real ones that in themselves need no embellishment.

According to Craig, Carl, the oldest of five, was the first in his family to go to college.

He was a very good baseball player and became captain of the team at Wayne State University in Detroit. Upon graduation, he decided to forgo minor league ball and chose a career in dentistry. He was one of the first to establish a practice limited to implants and, of course, started the Misch Institute to train others.

He began a part-time prosthetics residency program, followed by a one-year implant surgery fellowship at the University of Pittsburgh. He was far ahead of his time as a prosthodontist trained in surgery. He, and later Craig, were co-directors of the Oral Implant Center and implant residency at Pitt, until Craig went on to an oral and maxillofacial surgery residency.

Craig related that his late brother’s passion for dentistry was contagious, and he has fond memories of teaching with Carl, owing him a lot for opening his eyes to the world of implant dentistry, as Carl did for so many thousands of others.
The International Journal of Oral & Maxillofacial Implants (IJOMI) has been the official journal of the Academy of Osseointegration since the Academy’s inception. With the first issue of IJOMI published in the summer of 1986, Dr. William R. Laney was the editor-in-chief and the intellectual force behind the journal. Those of us who have had the privilege of knowing and working with Bill Laney understand how his skills as a leader, thinker and creative force led to the development of the first journal devoted to implant dentistry in the era of osseointegration.

The first article in issue 1, coauthored by Albrektsson, Zarb, Worthington and Eriksson, looked at the “long-term efficacy of currently used dental implants.” The article set the tone for this journal, which reflected positively on the efforts of the Academy of Osseointegration to achieve an eminent position in modern implant dentistry. The last article in issue 1, by McGivney et al, described “a comparison of computer-assisted tomography and data-gathering modalities in prosthodontics.” Not only was this article cutting edge in 1986, it could have been written a quarter century later and still been contemporary.

An assembled list of the authors who have published in this journal creates a “Who’s Who” of implant dentistry. It would be hard to identify an individual who has moved this discipline forward but has not published in IJOMI. It’s a remarkable achievement. Publications in IJOMI represent almost every continent (we have yet to see a publication from Antarctica) and most nations throughout the world. The international nature of the journal is likely its greatest achievement.

Over the first 20 years, Dr. Laney guided the journal’s development as no one else could have done. When he and Quintessence Publishing asked me to assume the position of Editor-in-Chief, I could not agree more rapidly. Of course, the risk in such a situation is that following a legend is a frightening task. I have done my very best to justify the confidence placed in me and hope that you are happy with the journal.

Over the years, IJOMI has maintained a balance between research, clinical practice and innovation. It is a peer-reviewed journal that benefits from the dedicated efforts of over 700 reviewers to ensure high editorial standards. As an editor, I am constantly amazed by the depth and breadth of knowledge that comes from our reviewers. No matter how focused the topic, the reviewers from IJOMI always find a way to offer suggestions that help our authors improve the quality of their submitted manuscripts.

Today the journal receives more than 600 new submissions each year. It publishes 160 of these articles, thereby creating an insightful, quality publication, issue after issue. Quintessence Publishing was early to the electronic submission environment, allowing this journal to expand the number of authors and the countries they represent in a dramatic way. The publisher was among the first in dentistry to combine both print and internet-based publications to allow readers to benefit from the receipt of a large quantity of articles but with the necessary detail. Biomechanics and systematic review articles are good examples of the detail that IJOMI is able to provide by combining print and electronic media.

Biomechanics articles, which IJOMI has seen more of over the years, typically demand a large number of illustrations because many of the biomechanics testing approaches are highly dependent upon visualization of different model systems, testing apparatus, visual outcome of the testing, etc. While the average scientific submission to the journal is between 10 and 15 double-spaced pages, an average biomechanics submission will more than double that number.

The average reader of IJOMI, I have learned, may not entirely understand the methodology of every biomechanics article, as it navigates its unique path. I remember that band leader Count Basie used to say, “If it sounds good, it is good.” That quotation is probably appropriate when we think about biomechanics: although we may not understand all of it, if what we read sounds good, understanding that very few of the readers are PhDs in biomechanics, the tendency is to “call it good” and stop at that. So in this way, the printed journal presents an abstract of such an article and the online journal presents the entire article, illustrations and a lengthy reference list to help the reader – especially the reader who is a PhD in biomechanics – understand how this study developed the way that it did.

Systematic reviews of the literature are another type of article growing in number. In such articles, several procedures must be completed to first identify a relevant library (item generation), followed by a selection process that makes the list of articles manageable (item reduction) and then the complete and comprehensive review of the articles to create a final list of articles that undergo comprehensive review (second level of item reduction). This does not always occur in three simple steps; in many instances it requires multiple steps to identify the items because it’s not just a one-time search of PubMed, but of more databases and then the ubiquitous hand searching of the existing articles to determine if there are references identified in those articles that were missed in the database searches. It may be possible to describe the original list just by the search terms that were utilized, but upon the reduction of the items it is not unusual to see a 200-reference list and that can be published in the electronic version of the journal. So as you can see, this combination of paper and electronic has made a dramatic difference in the way the journal presents itself to readers.

IJOMI has been, since its inception, a scientific journal. This means that it publishes articles that follow a scientific method...
New Academy News Editor Dr. Harriet McGraw: “just a member who wants to contribute”

The new Editor of Academy News, a general dentist with an interest in implants who practices in the picturesque northern Michigan lakeside resort community of Harbor Springs, describes herself as “just one of the members who appreciates the organization and wants to contribute.” Her practice emphasis is on implants and complex restorative cases.

When Dr. Harriet K. McGraw isn’t in her office, you are likely to find her outdoors skiing, snowshoeing, hiking, hiking, sket shooting, boating, or playing tennis or pickleball. She and her husband, Vaughn, a periodontist, make the most of the many opportunities their community affords for outdoor sports.

Dr. McGraw grew up 275 miles southeast of Harbor Springs in Detroit, where she graduated from Cooley High School. She went on to the University of Michigan, Ann Arbor, for undergraduate and dental school, receiving her DDS degree there in 1978.

Advanced continuing education has played a key role in Dr. McGraw’s professional development. Among the many continuums and multi-day courses she’s attended are an occlusion and hands-on complex restorative continuum with Dr. Clifford Fox, an esthetics continuum at LSU and multiple small-class-size courses at the office of Dr. Frank Spear, as well as The Kois Center. She considers new AO Board Member Dr. Robert C. Vogel, Palm Beach Gardens, FL, an important mentor.

Dr. McGraw is a founding member of the Northern Dental Network, an interdisciplinary study club, established in 1999. In addition to the ITI and AO (joined 2005), she is a member of the E.B. Vedder Prosthodontic Study Club, having served as a board member and past president. She is past president of the local dental society and currently serves on its board as Peer Review Committee Chair. A past chair of the state committee on peer review, she was recently reappointed to the committee.

Dr. McGraw was named to the AO’s Academy News Committee three years ago and has served as Vice Chair for the past year.

Hundreds of residents, students attend AO outreach programs in four cities

Hundreds of residents and students attended four AO Membership Committee resident/student outreach programs held this year in San Juan, Puerto Rico, Hollywood, FL, Augusta, GA, and Gainesville, FL, Committee Chair Dr. Jeffrey S. Ackerman, Alexandria, VA, reports.

Coordinators for the programs were:

- in Puerto Rico, Dr. Javier Tolosa, Guaynabo, PR; Hollywood, Dr. Saynur Vardar-Sengul, Ft. Lauderdale, FL;
- Augusta, Dr. Andrew Kelly, Advance, NC; and Gainesville, Dr. Douglas F. Dompkowski, Bethesda, MD.

Speaker in Puerto Rico was Dr. Jose Morales, San Juan, PR, oral surgery resident director at the University of Puerto Rico School of Dentistry. In Hollywood, prosthodontist Tal Morr, DMD, MSD, addressed the topic, “Conventional vs. digital techniques in implant dentistry, is one better than the other?” Speaker in Augusta was Dr. Michael E. Pruett. Dr. Dompkowski, the organizer, was also the speaker in Gainesville.

This was the ninth year AO has sponsored postgraduate outreach events to reach postgraduate students and enlist membership in the Academy. “These programs have been a valuable tool. The benefits of AO membership are emphasized. The programs enhance the vision of the Academy and provide outreach to residents beginning their professional careers,” Dr. Ackerman says.

Update AO member contact information

Do we have your current information for the Membership Directory? Members may update their contact information online at osseo.org, or send an email to Barbara Hartmann, barbara@osseo.org.

The outreach programs were sponsored by The Straumann Company.

The Membership Committee also organizes the highly successful New Member Lunch to be held Thursday, March 16, at the Annual Meeting.
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Top 5 things I cannot do without in implant dentistry

By Dr. Ueli Grunder, Zollikon-Zurich, Switzerland

The Academy News Committee is delighted to introduce a new periodic feature in the newsletter. We will ask top clinicians to list the 5 things that they cannot do without in their practice of implant dentistry. In this article, Dr. Ueli Grunder identifies his top 5. A frequent speaker at AO annual meetings, Dr. Grunder is past president of the Swiss Society of Oral Implantology (SSOI) and the European Academy of Esthetic Dentistry (EAED).

In our office, we see a lot of very demanding patients who need implants in the aesthetic zone. Having treated such patients for 30 years, we learned the keys for success to achieve the optimal results and to maintain them over years. Out of many important considerations for these kinds of treatments, the top 5 are:

1. Modern implant design. The use of an implant with the following characteristics: Sharp self-cutting screw, a very precise and stable implant-abutment connection (in the past, we believed that platform switching is the key for reduced bone remodeling, but we learned that a solid connection and therefore reduced micro-movements are much more efficient), a small abutment screw and narrow access channel.

2. Titanium reinforced PTFE membrane. Bone augmentation is needed in most of the cases in the aesthetic zone. Using the GBR method, the result is dependent on the time we allow for the new bone to mature – in most cases this time is longer than resorbable membranes will stay intact. Therefore the use of a non-resorbable membrane is indicated. To get the ideal three-dimensional bone volume, a titanium framework is needed. The application of such a membrane is technique sensitive, but it’s worth learning this technique – the results are great.

3. Soft-tissue graft. The longer we can observe our implant cases the more we understand how important a healthy thick soft tissue around our implants is. Soft tissue grafts help a lot to achieve and maintain such a thick mucosa and even if we don’t fully understand when and why, in many cases we see an increase in thickness over the years.

4. Time. Time is a very important aspect for a treatment with implants in the aesthetic zone. Thanks to special implant surfaces, osseointegration can be achieved much faster, and therefore we all expect that any implant treatment can be finished in a very short time. But Mother Nature did not change. Especially, guided bone regeneration and soft tissue healing still need time. To achieve excellent long-term results, sufficient time to allow the tissue to heal is essential in aesthetically very demanding cases.

5. Implant retrieval tool. The more implants are placed the more often we also see failures. Removing a failing implant in the old days with trephine or other burs ended always with an enormous bone defect. But we learned that even an osseointegrated titanium implant can be easily unscrewed using special retrieval tools, which makes our (and the patients’) lives easier. Implants with unfavorable mechanical shoulder stability should not be used anymore and since as of today Zirconia implants cannot be removed with these tools, they should therefore not be used!

IJOMI – it’s our Journal…from page 8

od. Early descriptions of scientific method talked about the IMRAD approach, an acronym for Introduction, Methods, Results, Analysis and Discussion. More current approaches to the publication of scientific articles present an abstract that provides a purpose for the research, materials and methods, results, and conclusions.

You will notice that the abstract does not include a discussion. This is intentional because in a discussion there is an opportunity for opinion to be presented. If an abstract were to present an author’s opinion or interpretation, it is distinctly possible that those would be so abbreviated as to potentially create an illusion regarding the outcomes of the article. Looking at the article itself, there should be an introduction that creates a context for the study.

At the end of the introduction, the author should provide very specific aims for the study. At that point the author will describe materials and methods, results, discussion and then a set of focused conclusions that answer the questions that were raised in the specific aims.

Scientific writing follows a path that is more closely related to journalism in that it is reporting observations that were made during an investigation. Scientific writing should be clear and concise. Although it should be easily readable, it is not necessarily artistic; artistic writing is entertainment, while scientific writing is educational.

As readers of scientific literature, we often come across unique patient treatment or technical reports. In the scientific journal, a case or technical report is an exceedingly difficult submission because it must present information that is absolutely novel. Different editors interpret this in different ways, with some...continued on page 13
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Case and histology courtesy of Gustavo Avila-Ortiz, DDS, MS, PhD
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Clinical Technique

Can panoramic radiology be an effective diagnostic tool?

By Tolga F. Tozum, DDS, PhD, Academy News Editorial Consultant

Although few disagree three-dimensional radiology is the standard of implant care, many thousands of cases are done around the world with two-dimensional periapical and panorex films. Regardless of the technology, all agree radiographs are critical in evaluating anatomical structures and jaw bone quality, important factors in implant stability and ultimate successful integration. Dual-Energy X-ray Absorptiometry (DEXA) and Medical-Computerized Tomography (M-CT) have been replaced by the lower dosage CBCT as a way to determine Hounsfield units, but are there some other resources for the surgeon for evaluating and communicating the bone quality, if 3D technology is not available, and how reliable is it?

Mandibular Cortical Index (MCI) is a proven method in oral/dental maxillofacial radiology where a practitioner by visually identifying the inferior cortex of the mandible, the area distal to mental foramen is classified according to the sharpness and porosity of mandibular cortex. If the endosteal margin of the cortex is even and sharp on both sides of the mandible, it is classified as an MCI class 1. If the endosteal margin has resorptive cavities with cortical residues one to three layers thick on one or both sides, then it is a class 2. And if the endosteal margin consists of thick cortical residues and is clearly porous, it is an MCI class 3.

Can we, the clinical researchers and implant surgeons, use MCI evaluated on panoramic x-rays to predict the intra-surgical and/or post-surgical success rates of our dental implants? A limited number of clinical research studies have been published and some of them are relevant to understanding the relationship between this important index and implant dentistry. MCI evaluations at chair-side at the very initial stages of diagnosis before implant surgery seem to provide some useful information about the mandibular jaw bone quality. Although there is controversy in literature, some clinical research presentations say that panoramic indices are effective in distinguishing osteoporotic patients. Some recent human research studies confirmed that MCI at mandibular basal-cortical bone evaluation could be used to identify post-menopausal females with low bone densities, quantified by the sophisticated DEXA MCI index to discriminate osteoporotic status from healthy status at chair-side. This index also seems to provide promising association with implant stability evaluated by resonance frequency analysis (RFA).

Even though CBCTs are the undisputed standard, we cannot discount the commonly used two-dimensional radiographs, such as panoramic radiology, as unworthy of study for improvement in their ability to evaluate bone and thus maximize efficacy in implant surgery.

Acknowledgment: I would like to thank Serdar Uysal, DDS, PhD, an Associate Professor at Department of Dentomaxillofacial Radiology, Hacettepe University, Ankara, Turkey, for his significant comments in the preparation of this article.

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IJOMI – it’s our Journal...from page 11

taking a very large umbrella view and others taking a very focused view of novel information. Before the online version of IJOMI became available, there were very few case or technical reports selected for publication in the journal. The reason for this is that a case or technical report does not present science; it simply presents an illustration of something that has happened once. Many case series, cohort studies, case-control studies and even randomized controlled clinical trials grow out of ideas that started with a case or technical report. IJOMI does accept truly novel case or technical reports, but more times than not, articles of this nature are referred to journals that more frequently publish this type of descriptive article.

How can a journal like this continue to be an innovative force in the dissemination of knowledge in the discipline of implant dentistry? This is a difficult question and one that is considered frequently by the editorial board, the publisher, and the Editor-in-Chief. The journal continues to work with organizations such as AO and ITI to publish results of consensus conferences that certainly move the field forward. Likewise, the journal challenges authors to continue to provide innovative approaches toward the treatment of debilitated dental patients in the spirit that helps this journal to remain at the cutting edge of implant dentistry.

I’m hopeful that as you read these words you find yourself agreeing with the concepts. If you recognize things that could be done to further improve the journal, please send us a message. My email is available in the AO directory and I am quite responsive. If I fail to return a message, please try again because I probably found myself buried – but I almost always make my way to the top of my email within a couple days. Remember, IJOMI is your journal. Please take pride in ownership and help us keep it vital.
Editor’s Editorial

Oh Say Can You See Will This Future AO Land Be For You and Me

By Bruce Barr, DDS, Newsletter Editor

Dr. Bruce Barr

The Star Spangled Banner and Woody Guthrie’s This Land is Your Land trumpet America’s supreme ethos. Liberty over tyranny. Equality over discrimination. Resistance over apathy. AO harmonizes with these ideas by fostering collaborative scientific exploration, and by insisting that intellectual independence and ethical prudence prevail over politics and commercialism. But whereas Woody was content to “roam and ramble” from California to New York island, AO seeks global influence. Our stated mission of improving oral health by advancing the science, ethics, and practice of implant dentistry and supporting the professional needs of its members worldwide clearly aligns with AO’s ambition for international significance. It is less obvious, however, whether prioritizing pure science must conflict with keeping the lights on. Furthering implantology by being recognized for excellence in education should actually empower AO’s financial sustainability, and I hope that by the close of my final editorial we will share a positive vision of AO’s future.

As editor, I have endeavored to optimize AO’s newsletter into an agnostic conduit of ideas, an organizational information pipeline accessible and salient to the academic researcher, the Park Avenue periodontist, and the new DDS eager to place her first implants. AO now has the opportunity to distinguish itself as a rare and possibly unique forum in which scholars and practitioners of all experience and stature commingle to share ideas. Our future may even depend on protecting a safe venue for honest, open dialogue. “Do what is best for the patient” is the only stable aspect of a field alive with rapid technological and political change. As a community, we need a trusted nonproprietary gathering place to discuss and to collectively understand the vicissitudes of the day. AO is that place.

Three years ago I embarked upon this editorship determined to expose the hypocrisy, hubris, and commercialism that plague our market while shifting the newsletter to a more member centric publication. I recruited Bob Dylan, Wonder Woman, and the Twilight Zone into illuminating the mercenary tendencies of corporate sponsors, the lack of regulatory hegemony of the ADA over specialization, and the threat that complacent dilettantes pose to the integrity of implantology. Only Guthrie could dispel this doom and gloom. Like his redwood forests – hospitable, unpolluted, and majestic in a beleaguered landscape – AO offers a sanctuary for you and me. For everyone.

I thank the board for the honor of this editorship, and Kevin Smith, Dick Bragaw, and Michael Norton for hours of sometimes contentious but always fruitful collaboration. I am especially grateful to the newsletter committee for their compelling contributions, as well as to the many member and nonmember dentists who graciously wrote pieces for the publication. I must also celebrate my friend Shanele: I am fortunate that he introduced me to AO all those years ago. And I must acknowledge my son Shanele for helping edit some of the editorials – the better ones were due to him.

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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.
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