



Academy of
Osseointegration
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Academy NEWS

A QUARTERLY MEMBER NEWSLETTER

Defining Musts for Interdisciplinary Success

*Five Things Needed From
Team Members, pages 10-12*



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ACADEMY NEWS

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President's Message

Moving forward with the AO agenda

By James C. Taylor, DMD, MA

The pace of the AO Agenda has continued to be high since our annual meeting in Los Angeles. First up was the site visit along with our AO Staff for our 2019 annual meeting in Washington, DC, to be held at the Walter E. Washington Convention Center. This is an outstanding facility, and will readily meet and exceed the needs and expectations of our global attendees. We also visited the National Museum of Natural History, where we shall hold our major social event of the scientific meeting: the President's Reception. This will be an incredible venue with ample space and much to see for our meeting attendees and their families, as we shall be using the majority of the exhibits and common spaces in this legendary facility for this event.

While in the DC area, we also dropped down to National Harbor with local AO Ambassador Dr. **Mehrdad Favagehi** for a site visit at the Gaylord National Resort & Conference Center for our inaugural North American Regional Meeting. This landmark regional event will feature two hands-on sessions on Friday 14 September 2018 with regional AO Member-Speakers Mr. **Tony Prestipino** (Artifex Lab) and Dr. **Joe Fiorellini** (UPenn), followed the next day with a full-day scientific session with regional AO Member-Speakers Drs. **Edgar El Chaar** (NYU), **Tom Taylor** (UConn), **Eva Anadioti** (UPenn) and **Maria Troulis** (Harvard). I'll personally be on site for this one, and look forward to seeing you there!

Then it was off to Johannesburg in South Africa to host an AO Symposium within the 3rd International Congress of our friends and continental partners, the South African Association of Osseointegration. Led by their President Dr.

Jacques Beukes, the SAAO put on an excellent Congress and were wonderful hosts. Our AO Symposium featured AO Member-Speakers Drs. **Alessandro Pozzi** (Rome), **Zvi Artzi** (Tel Aviv) and **Michael Norton** (London), who not surprisingly gave outstanding presentations and represented AO well.

While in South Africa, I took the opportunity to spend the day with one of our key AO Sponsors, Southern Implants, at their head office and production facility just outside of Pretoria. Graciously hosted by Founder & Managing Director Mr. **Graham Blackbeard**, my visit was both convivial and highly informative, as Graham walked me through every process in this incredible facility. And when you see Graham at our 2019 meeting in DC, be sure to ask him about the inspiring classic car collection that he keeps there on site!

Following our AO Board of Directors meeting in Chicago in June, I headed to London to moderate our inaugural AO/IADR Symposium within the 2018 meeting of the International Association of Dental Research, featuring AO Member-Speakers Drs. **Petra Gierthmühlen** (University of Düsseldorf), **Hugo De Bruyn** (Ghent University) and **Nikos Donos** (Queen Mary University of London). The synergy of the knowledge generated by their three respective research agendas was something to behold, and the Symposium was well received by the IADR audience. Our hats are off to IADR Executive Director Dr. **Chris Fox** and his team for their enabling partnership in the success of this new initiative, which we look forward to continuing at IADR 2019 in Vancouver, Canada.

Continues next page



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- 1 AO President Dr. James Taylor at the National Museum of Natural History in Washington, DC.
- 2 At the Gaylord National Resort & Conference Center in National Harbor, MD: (L to R) local AO Ambassador Dr. Mehrdad Favagehi; AO President Dr. James Taylor.
- 3 Near Pretoria at Southern Implants: (L to R) Mr. Graham Blackbeard, Founder & Managing Director of Southern Implants; and Dr. James Taylor, AO President.
- 4 Near Johannesburg with SAAO leaders and our AO Member-Speakers: (L to R) Drs. Blackie Swart, SAAO President Elect; Alessandro Pozzi, AO Member-Speaker; Jacques Beukes, SAAO President; James Taylor, AO President; Zvi Artzi, AO Member-Speaker; Michael Norton, AO Past President and Speaker; and John Bronner, SAAO Past President.
- 5 In London at our inaugural AO/IADR Symposium: (L to R) Drs. James Taylor, AO President; Petra Gierthmühlen, AO Member-Speaker; Hugo De Bruyn, AO Benelux Ambassador and Member-Speaker; and Nikos Donos, AO Member-Speaker.

The evening prior to our IADR Symposium, AO Past President Dr. Norton hosted a UK Charter Chapter meeting at his very smart Harley Street office in London. Current and future AO Members from the region attended, and our AO Member-Speaker was Dr. De Bruyn, who had kindly come in a day early for the IADR meeting to be a part of this Charter Chapter event.

Then it was back to Chicago for the 2018 edition of the quadrennial AO Summit on Osseointegration, with this year's theme being "OPTIMIZED PATIENT CARE: Converting Osseointegration to *Patient*integration." Led once again by AO Vice-President Dr. **Clark Stanford** as Summit Chair, it brought in distinguished researchers, academics and clinicians from around the world to debate the drafts of three systematic reviews created by its groups: Primary Stability & Osseointegration, Inflammation & Osseointegration, and Systemic Health, Medications & Osseointegration. You can look forward to seeing the proceedings of the Summit in an upcoming Supplement of the *International Journal of Maxillofacial Implants* (JOMI).

And so it was just another typical fiscal quarter in the history of the AO, as we collectively continue to shape the present and future of global implant dentistry for the benefit of our patients worldwide.



In Chicago at the 2018 AO Summit. Seated are: (L to R) Drs. Joseph Fiorellini, AO Director and Group Chair; Tara Aghlao, AO Secretary and Group Chair; Clark Stanford, AO Vice-President and Summit Chair; John Brunski, AO Member and Group Chair; and James Taylor, AO President and Participant.

Updates to prestigious Certificate Program

Since 2016, Academy of Osseointegration (AO) members from around the globe have been achieving the AO Certificate in Implant Dentistry as a key way to demonstrate their education and experience that verifies core knowledge and clinical skills in the field of implant dentistry.

"The main reason I decided to obtain the certificate was to make a statement," said **Paul P. Binon**, DDS, MSD, a prosthodontist from Roseville, CA, one of the first AO members who received the Certificate. "It tells the public you have been vetted by fellow professionals. I believe it will give you considerable credibility."

For 2018, changes have been made to the Certificate program and the following exceptions now apply:

- Members who possess a mono-specialty certificate, AEGD certificate or GPR certificate - older than 5 years - will have the 85 hours of required core knowledge credits waived.
- Members who have a mono-specialty certificate, AEGD certificate or GPR certificate - within the last 5 years - will have the 200 CE hours requirement waived.

To achieve the Certificate, applicants are evaluated on three criteria:

- Continuing Education and Core Knowledge.
- Clinical Skills.
- Commitment to AO.

The AO Fellowship and Certificate in Implant Dentistry Committee reviews and approves completed applications.

Applicants with complete applications will receive an email within two-to-four weeks notifying them of their acceptance.

"Obtaining the Certificate was a goal I set for myself. It is humbling recognition from AO for my work and practice in the field of dental implants," said **Israel Ismaj**, DDS, a general practitioner from La Jolla, CA, and the most recent recipient of the Certificate at this year's Annual Meeting.

Dr. **Amerian D. Sones**, AO treasurer and board liaison to the Fellowship and Certificate in Implant Dentistry Committee said, "The certificate is attainable by all. It is a testament to your level of achievement and respected by the community, peers, and patients. Meet the challenge of these requirements and showcase your work, which defines your contemporary knowledge of implant dentistry. For the new clinician, it is very much in reach and for the seasoned clinician, you have the cases for the AO Certificate in Implant Dentistry. Make this year the year you submit the application!"

Please refer to the FAQ list (osseo.org/frequently-asked-questions) for answers to the most commonly asked questions. Additionally, please contact AO at certificate@osseo.org or 847-439-1919. Once achieved, the AO Certificate in Implant Dentistry will be dated and valid for one year and will automatically renew each time a successful applicant renews his or her AO membership.

See complete information about application requirements and apply today at osseo.org/ao-certificate!

Ten years later: Insights from a young clinician

By Ismael Khouly, DDS, MS, PhD, New York, NY,
Co-Chair, AO Young Clinicians Committee

As an active member in the Academy of Osseointegration (AO), I have enjoyed the opportunity to share my research, to network with colleagues, and to contribute to the advancement of our profession. What I have found particularly valuable is the time I have spent on the Young Clinicians Committee (YCC), an involvement that has helped me realize how essential the younger members of AO can be for the vitality and long-term growth of the organization.

My path to membership in AO might be similar to some of my colleagues. Following graduation from the University of Granada in Spain, I worked at the dental institutes at the University of Oslo in Norway and Queen Mary's University of London. Then, it was off to the United States for a three-year residency at the New York University (NYU) College of Dentistry that began in 2008. Since then, I have been fortunate to achieve a faculty appointment at NYU and later become Associate Director of Periodontology & Implant Dentistry at the Bluestone Center for Clinical Research.

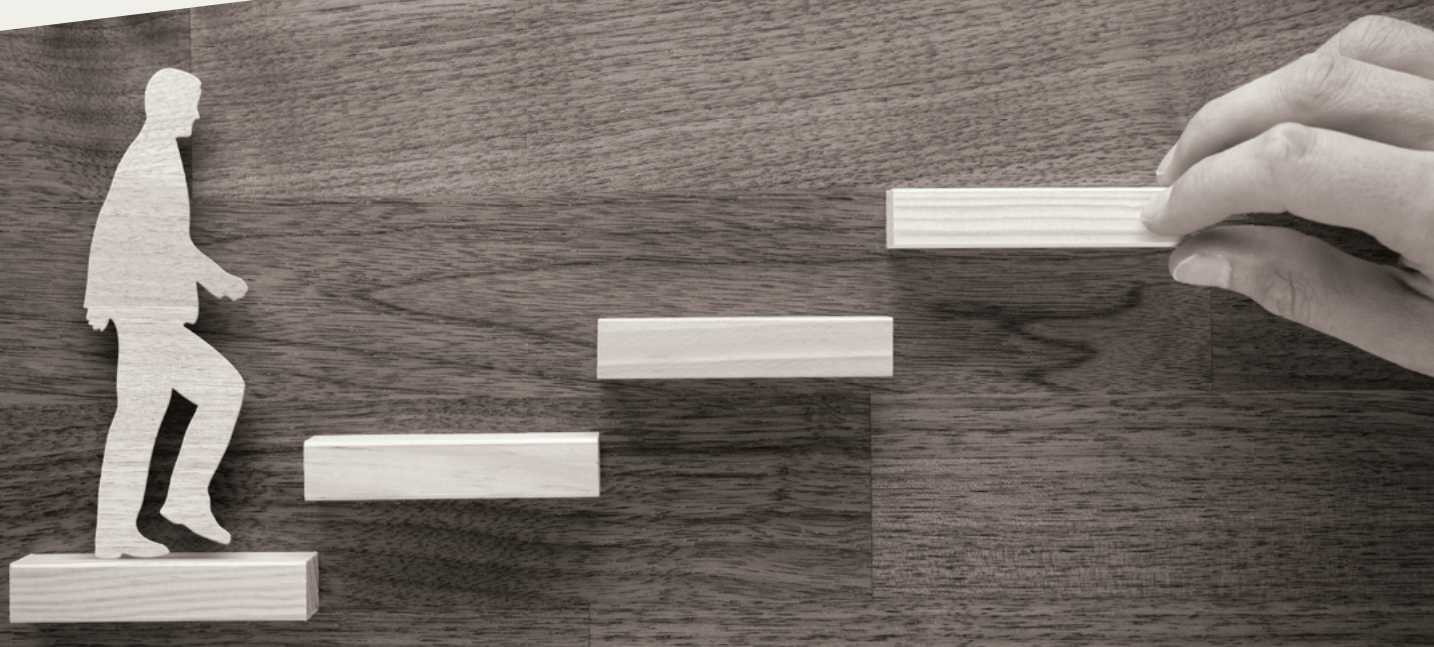
During the NYU residency, I became involved in clinical research trials, the results of which I was able to present at the AO Annual Meeting. From that initial introduction, I have been attending AO meetings ever since. I became a member of AO because I was cognizant of the many benefits available to members, including up-to-date scientific programs, access to online articles, and online webinars. I was also compelled by the caliber of research shared at the Annual Meeting, alongside the opportunities to interact with colleagues from around the world, including private practitioners, clinical academics, and researchers. Those networking opportunities have led not only to research collaborations with other members but also great friendships.



The Young Clinicians' Reception is viewed as a key benefit of AO membership, which Dr. Ismael Khouly, New York, NY (third from left); attended at AO's 2018 Annual Meeting along with many of his colleagues from around the globe.

Inspired by the wealth of resources and connections my AO membership brought in my early years as a clinician, I joined the YCC and recently became its co-chair, along with colleague, Dr. **José García Montemayor**. Our guiding principle for the committee is to encourage networking among young professionals in the field; an element we have worked to facilitate through YCC receptions at the annual AO meetings. Beyond the social aspects, we feel strongly that the YCC can be a central source of support for the younger generation of scientists and practitioners, enabling them to learn from and interact with more established colleagues.

Thus, as I reflect upon my past decade of involvement in AO, I would like to reach out to and hear from our organization's younger members. We've seen the energy and innovation they bring to the research presented at Annual Meetings, and would be thrilled to see that same energy infused into the programming and membership benefits AO provides. If you are a younger AO member, with ideas on how to boost membership benefits or improve offered programming, we'd love to hear from you. Please contact me directly at iek3@nyu.edu.



My first contact with AO as a young clinician exceeded my expectations

By Dr. José Antonio Garcia Montemayor, San Jose Del Cabo, Mexico, Co-Chair, AO Young Clinicians Committee

My introduction to AO four years ago was through a friend who recommended that I attend the Annual Meeting. I often considered attending, but being there was beyond what I expected. From the beginning, I was impressed by the speakers, who showed how they handled issues and situations I see in private practice. They presented clear solutions to problems.

On Thursday, the day on which the Annual Meeting begins, I attended as many sessions as possible. The exposure to implant providers and dental equipment was also very interesting.

For me as a young clinician, everything was going very well that first day, but I wanted to share more with people my age. The reception for young clinicians was scheduled at 7:00 pm. I had not considered attending because I thought it was for a small group and required a reservation. Fortunately, a dentist who was on the committee of young clinicians greeted me at the end of the Welcome Reception in the exhibit area and invited me to attend the Young Clinicians' Reception.

That invitation is something I will always appreciate because there was an opportunity to meet people my own age from different parts of the world in a very relaxed atmosphere. The important point to realize is that dentists my age from around the world were at the same level, and the lectures and presentations at the AO meeting helped us, as we learned together and from one another.

By Friday, I already had made friends with young clinicians I had met at the previous evening's reception. They were young people, with whom I could attend the lectures, share conversations at lunchtime, and attend the Friday evening President's Reception.

Currently, the invitation to the Young Clinicians' meeting has a broader reach through AO social media outlets. Growth in the number of young clinicians within AO has been such that the group has seen continued, increased attendance at the Young Clinicians' Reception. Many return every year because of the valuable information they acquire from AO's Annual Meeting.

In addition to the reception, the AO Board this year voted to allow the Young Clinicians' Committee (YCC) to select a speaker from the Annual Meeting main podium to present at a special YCC interactive session, affording young



Dr. José Antonio Garcia Montemayor, Mexico (at left) enjoyed the 2018 Presidents Reception in Microsoft Square with other AO Young Clinicians, including (from center) Drs. Riad Almasri and Ehesar Caffroni, both from Dallas, TX.

clinicians their first opportunity to participate directly in the forum as a separate group.

I came as a foreigner to the United States to attend my first AO meeting. Things went better than I expected, and by the last day of that first meeting, I had made friends whom I have continued to see at annual meetings for the past four years. I am an active member, and every year I hope to return because I realize that important information about implants is presented in advance of publication, new cases are observed, and important scientifically based studies presented. Above all is the opportunity to experience live learning about implants with dentists who belong to AO.

At annual meetings, I have made friends from Brazil, U.K., Spain, Hong Kong, and Israel, not to mention the U.S. and Canada. Even with all the social media we have now, it is always better to make friends from the same profession face-to-face. AO provides the opportunity to connect with international colleagues we can see each year.

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AO University Program attracts Texas A&M post graduates

AO's University Global Outreach Program is continuing to move forward with its goal of expanding university partnership opportunities in 2018.

Its latest effort was an invitation-only postgraduate event in partnership with the Texas A&M University, College of Dentistry. Nearly 100 individuals, including postgraduate residents, university faculty members, and local AO members were in attendance at the event, held at the Perot Museum of Science in Dallas, Texas. Organizing such events continues to be a main initiative of the AO university program to help the Academy make an impact on graduates and postgraduates during the important graduation season.

The event was structured in an informal manner to facilitate maximum dialogue and opportunities for networking. Instead of a formal academic presentation, the main program for the evening was "A Conversation" with a local implant master and former AO Board Member, Dr. **Frank L. Higginbottom**, who discussed how the Academy has positively impacted his private practice and his professional well-being. Dr. Higginbottom is actively involved in clinical dental education and research, holding faculty positions at Texas A&M College of Dentistry.

In lieu of a traditional catered dinner, the event featured "Special Desserts and Coffee" prior to Dr. Higginbottom's talk. Attendees enjoyed the entire Ross Perot Museum of Science to themselves for the remainder of the evening. Along with many other scientific exhibits of interest, the museum's newest exhibit, "Being Human," had just opened,

providing attendees with an opportunity to view and learn how DNA affects all human traits.

Among those in attendance were AO members, all from Texas, Drs. **Pedro Franco**, Irving, **Mark Glover**, Dallas, Past President **Stephen Parel**, Dallas, **Robert Gilbert Triplett**, Dallas, **Robert Buckles**, Plano, **Jim Bates**, Dallas, **Riad Almasri**, Dallas, **Kathia Steel**, Dallas, **Pilar Valderrama**, Dallas, **Thomas Wilson**, Dallas, and **Ronald Woody**, Garland. All have been ardent supporters of the Academy's university partnership events. Several of these individuals are also sponsoring dental residents to attend AO's 34th Annual Meeting (March 13 - 16, 2019 in Washington, DC).

"This is an exciting time for students completing dental school, as their opportunities are numerous and an event off campus provides a venue for meeting AO members in private practice," says Dr. **Amerian D. Sones**, DMD, MS, AO treasurer and a prosthodontist from Dallas, Texas. Dr. Sones is co-chair of AO's Global University Outreach Task Force; director, Continuing Education, Texas A&M College of Dentistry; and Sammons Cancer Center maxillofacial prosthodontist, and lectures for the postgraduate and AEGD residency programs.

"Although their dental education is excellent at school, these university partnerships are very important to expose students to the Academy's wealth of member resources that will enhance their skills and help guide them along the pathway of clinical success throughout their careers," concluded Dr. Sones.



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Five things I need from my restorative partners

*By Paul Fugazzotto, DDS,
Academy News Editorial Consultant*

I expect and need the same things from my restorative partners they expect and need from me. The phrase **restorative partner** rather than restorative dentist is specifically chosen. Restorative dentists, laboratory technicians, other involved dental specialists, the patient, and I are all part of one team.

I am assuming a reasonable level of clinical ability. At the risk of bruising egos, the technical aspects of the therapies we perform are easily mastered. It is the combination of technical ability, along with diagnostic and clinical acumen which makes the difference.

1 A willingness and desire to become part of an interdisciplinary team, as characterized by a “patient first” mentality and a lack of competition between team members:

In such a team, all decisions are based upon patient needs and desires, rather than “what’s new” or by profit margins. There is no competition between team members to perform certain services. A territorial outlook does not exist between my restorative partners and me.

2 Appropriate understanding and conceptual competence in all phases of therapy: My restorative partners know more about restorative treatment options and their indications and contraindications than I do. The laboratory technicians we work with offer valuable insight to the rest of the team about

appropriate protocols and expected results. I am more well-versed in surgical therapies and potential treatment outcomes than other members of my team. Sharing information with each other in a non-condescending, ego-free manner helps the synergistic effects of a well-working team blossom.

3 A commitment to comprehensive care: (The components of such care include a complete insightful diagnosis, thorough case workup, and the necessary treatment planning efforts.) Dr. **Jerome Groopman**, a physician and author, speaks of the tyranny of diagnosis. It is difficult, if not impossible, to maximize treatment outcomes in the face of an incomplete or incorrect diagnosis. We must resist the external pressures (time constraints, insurance companies, patient misinformation, etc.) which are trying to turn us into pieceworkers and, rather, spend the time necessary for all phases of therapy.

4 The ability to carry out differential treatment planning grounded in the patient's needs and desires rather than those of the clinician: When looking at an individual site, the consideration of a furcated molar exemplifies this need. Should the tooth undergo resective periodontal therapy, regenerative periodontal therapy, a combination of resective and regenerative periodontal therapy, tooth extraction and grafting, or tooth extraction and grafting with immediate implant placement? To offer an example: I received my periodontal training from Drs. **Gerald Kramer, Ron Nevins, Nicholas Dello Russo**, and other fabulous clinicians, coupled with the biologic insights of **Morris P. Ruben**. As such, my therapeutic concepts were grounded in periodontal prosthetics. Root resections were carried out, when indicated, in the pre-osseointegrating implant era. After graduation, I attended my first American Academy of Periodontics (AAP) meeting. There, I met residents from a periodontal program well known to eschew pocket elimination therapy and root resection, in favor of more "conservative," non-surgical approaches in the face of moderate to severe periodontal disease. As we were standing around talking, a periodontist who had recently graduated from the alluded to program said to me "You went to BU, you must do a lot of root resections."

My response: "I do root resections when I believe they are indicated."

His response: "I don't do root resections. They don't work."

This statement took me aback. As a recent graduate, I assumed the therapies I was taught were successful. Perhaps something had been left out of my training.

I asked the periodontist: "How many root resections have you performed?"

His response: "None. They don't work."

Rather than waste any more of my life in such a fruitless discussion, I moved on.

I would much prefer to be treated for my periodontally-involved molar by a surgeon who is well-versed in all treatment modalities, rather than one who has no experience in given modalities and thus utilizes a specific treatment in all situations.

While a discussion of treatment considerations for an individual site is instructive, applying the same rigors to comprehensive treatment planning and appropriate treatment of a patient's oral and general health concerns is both necessary and enlightening. Treatment planning for comprehensive care requires the commitments already mentioned, as well as a willingness and ability to "think outside the box," when the box is defined as multigenerational dogma masquerading as biologically based, research-grounded postulates. Conceptual foundations of our field continue to evolve and become seemingly more complex. We must be able to see through such faux complexities and remain true to our missions as clinicians.

5 An ability to recognize the need for a referral at incipient disease stages, coupled with a facility in explaining treatment needs to patients in a manner which instills value: Such a practitioner also has the ability to "close cases," resulting in patients undergoing their necessary care.

While the five "needs" detailed above are important, a sixth "need" must be the basis of everything we do:

6 Someone who believes in the sanctity of treating human beings and proscribes to the statement that he or she should treat all patients as they would themselves.

The "requirements" I have detailed are not chimeric. My restorative partners, whether they be "specialists" or not, all fulfill these criteria. I hope that I do as well.

Dr. Paul Fugazzotto is a periodontist. This article is part of a planned series on five things I need from my referring dentist.



Dr. Paul Fugazzotto

Five things I need from my surgical partners

By Robert C. Vogel, DDS

As shocking as this may be to many of the surgeons I've worked with over the years, this list will not include donuts, cookies, cocktail parties, or golf. Even the most perfect donut in the universe cannot make up for a non-restorable implant, for which I never received a postop radiograph. My surgeons' goal should be to make my job easy, while providing uncompromised care to our mutual patients. Years ago, my close friend and surgeon asked me how to get more GPs to refer to him. What follows is what I like to refer to as "Being One with the Implant." In other words, all the parts of the implant "Team" need to function as one, like a fine Swiss watch. Each component, the laboratory, the restorative and the surgical partners need to work together precisely.

So...let's break this down to five things:

- 1 Education:** If the surgeon is not aware of state-of-the-art treatment concepts, they are off the team. There is so much quality education available today, at national and international symposia, local meetings, and online, that I'm intolerant of implant ignorance. I don't expect my surgeon to select abutment materials but I do need them to have a clear understanding of the restorative goal.
- 2 Communication:** I recently stopped working with a surgeon after having a patient in my chair for a treatment plan presentation, only to find that four maxillary implants had already been placed. The surgeon placed them three days earlier because he had an opening in his schedule. No report, no radiographs, no more patient referrals...We're done! To make matters worse, there was inadequate vertical space for the originally proposed hybrid prosthesis. Instead, an overdenture had to be fabricated. My patient thinks the surgeon is wonderful but hates that she has a removable appliance. Critical to communication is timely sharing of radiographs. Whether it is a periapical from the restorative office or a screen shot of a cone beam, patients want to know that we share their images. Seeing them on a monitor is confirmation that their treatment is being provided by a truly coordinated team.
- 3 Embrace Technology:** If you're retiring next week, a new CBCT and intraoral scanner is probably not a wise investment. If it is going to be two weeks...get with the program! I think the term "digital workflow" is becoming a cliché. Maybe it should just be "workflow." Digital diagnostics, digital treatment planning, digital design,

CadCam fabrication: these are not a fad but a necessity for providing the most conservative treatment that optimizes productivity and precision while maximizing affordability for our patients. If you are not 100 percent comfortable with this, please refer to the first topic discussed: Education.

- 4 Laboratory Relationship:** We can capture a ton of valuable data but to use it effectively we need an educated laboratory team member, who can help design and fabricate guides, provisionals and final prostheses. I would never attempt a single unit screw-retained restoration or full arch hybrid without having my laboratory involved in the initial planning. My laboratory partners use planning and design software that virtually eliminates potential prosthetic disasters before treatment begins.
- 5 Consistent Message:** Through pre-surgical planning and interoffice communication, my patients need to hear a consistent message related to fees, treatment time, provisionalization and final outcomes. I expect our patients to understand that there are separate surgical and prosthetic fees in order to avoid financial surprises. This consistent message needs to start at the front desk, as soon as the patient is greeted. A very comforting first impression is when my patient is greeted by someone who says, "The doctors have already discussed your case and your radiographs are here."

In conclusion: Keep in mind, only once these five criteria are met, I prefer jelly to glazed.

Dr. **Robert Vogel**, a member of the AO Board of Directors, is a general dentist. This article is part of a planned series on five things I need from my referring dentist.

Dr. Robert C. Vogel



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*Hoganson DM, Owens GE, O'Doherty EM, Bowley CM, Goldman SM, Harilal DO, Neville CM, Kronengold RT, Vacanti JP. Preserved extracellular matrix components and retained biological activity in decellularized porcine mesothelium. Biomaterials. 2010, 27: 6934-6940.



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Number of AO Outstanding Dental Students reaches 700

Since 2005, the Academy of Osseointegration (AO) has recognized more than 700 students around the United States with an Outstanding Dental Student in Implant Dentistry Award, including 54 students from the Class of 2018.

The award provides dental students with recognition among their peers and a head start on joining the professional field of implant dentistry. Nominated by their respective schools, each student receives a free year of AO membership, a complimentary subscription to the *International Journal of Oral & Maxillofacial Implants* (JOMI), \$500, and a certificate. Additionally, this year's selected students receive a complimentary registration to AO's 34th Annual Meeting set for March 13-16, 2019, in Washington, DC. Congratulations to the following 2018 awardees:

Faith Adewusi

University of Connecticut School of Dental Medicine

Alena Ragheb Agha

Rutgers University School of Dental Medicine

Mohammed Ali Ebn Alnassir

University of North Carolina at Chapel Hill School of Dentistry

Hunter T. Allen

Indiana University School of Dentistry

Caleb P. Blackburn

Louisiana State University School of Dentistry

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Catherine Young

University of Texas Health Science Center at San Antonio School of Dentistry

AO offers latest mobile app technology, special mobile-only features

Understanding member needs for easy access to news and events, member information, calendar reminders – and most importantly – a convenient method of real-time communication with other members, the Academy of Osseointegration (AO) earlier this year launched a new mobile app: “AO 365.”

The benefit of AO 365 is having the Academy at your fingertips wherever you go. This fully optimized, customizable and user-friendly tool, offering the most relevant features for AO members to integrate into their daily professional lives, is available on both Android and iOS platforms.

At the touch of the app icon, members have immediate access to a secure, members-only portal that allows access into a wealth of **Member Resources**, including the Membership Directory. AO 365 provides a simple method of searching for and contacting your colleagues, no matter where they practice. All active members are listed and can be sorted in a variety of combinations including “Name and Dental Specialty,” “Matchmaking” and “Multiple Locations.” Once you’ve searched for your colleagues, a special app-only feature is the ability to then save your customized contact list to “**MyList**” for quick access on the go.

Via the Member Resources area, members can also go directly to the online website to view articles from the *International Journal of Oral and Maxillofacial Implants (JOMI)* in their entirety. A key benefit of AO 365 is that it utilizes single sign-on functionality, which means no additional logins or passwords are required. In addition, app users can click into the AO e-Learning Center on the go. Currently more than 80 videos across two dozen subject matters, as well as 200 e-posters presented at AO’s 2018 Annual Meeting are available for viewing – no longer just from your desktop.

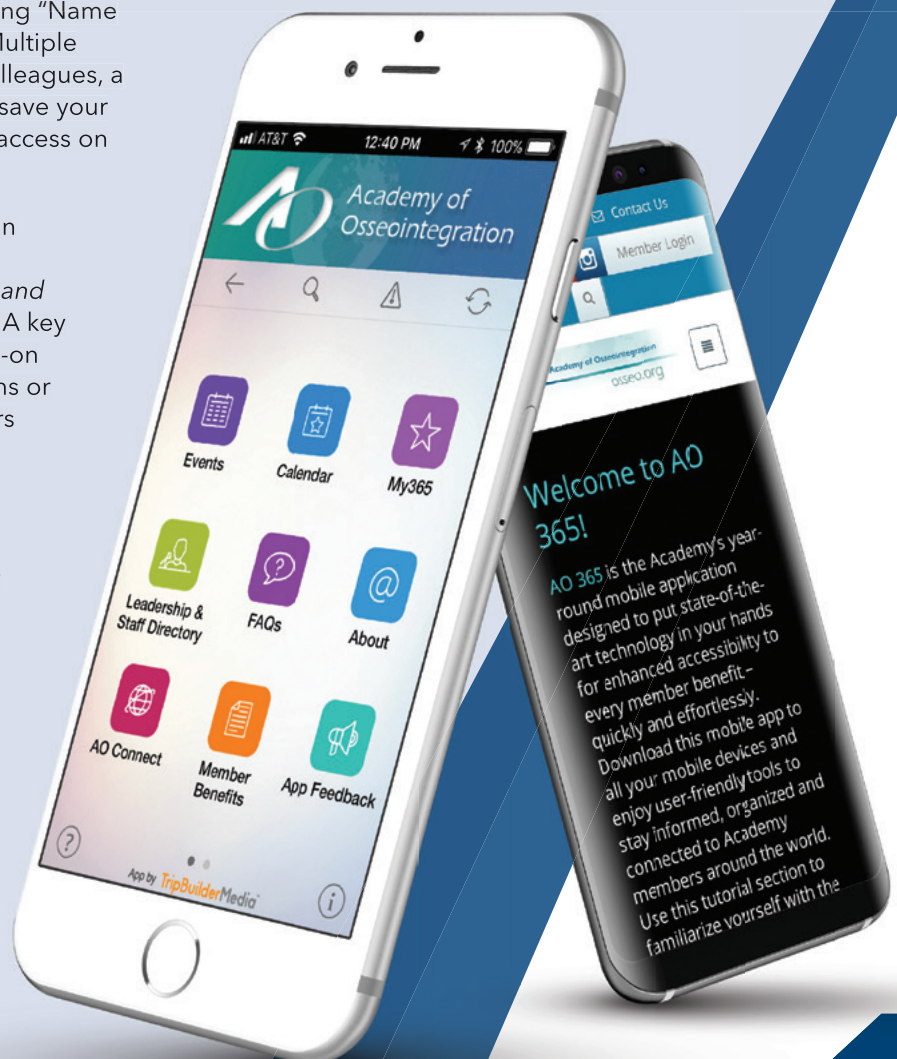
Another special app-only benefit is the ability to make personalized notes right in AO 365. The “**MyNotes**” section is a simple to use, handy tool for easy access to all of your notes from the various app sections. When you enter your personal notes, they automatically collect in this central location for easy reference.

Additional app features include **Committee Forums**, which provide a private chat venue for committees

and special groups to utilize for real-time discussion and document sharing, saving preferred **Calendar** items with the “**My 365**” feature, as well as a convenient way to access and update your individual member information via **MyProfile**. Plus, AO 365 users can also receive *Academy News* and AO **CONNECT** directly through the mobile app or log directly into any of AO’s social media platforms – everything is in one place!

Given the latest technology trends and AO member preferences, “AO 365” is a critical communications vehicle for AO and its members to stay connected.

Download instructions and easy-to-follow tutorials are available on osseointegration.org (osseointegration.org/ao-365-mobile-app) to make it as simple as possible for you to integrate the convenience of this new technology into your AO experience today. Don’t get left behind – we’ll see you on AO 365!



AO events and CE calendar

2018

September 19 - Live Webinar: "Soft Tissue Management in the Esthetic Zone - New Thoughts for the Future"
Markus Hürzeler, DMD, PhD

September 25 - Live Webinar: "Crestal Approaches for Sinus Augmentation"
Michael Block, DMD

October 3 - Live Webinar: "Peri-Implantitis Prevention/ Implant Maintenance"
Georgios Romanos, DDS, DMD, PhD

October 11 - Live Webinar: "Post Extractive Dental Implant: State of the Art, Clinical Rationale and new Techniques"
Marco Cicciu, DDS, MSc, PhD

October 27- 28 - Spain Charter Chapter, Valencia, Spain

November 14 - Live Webinar: "Treatment Options for the Edentulous Maxilla"
Tara Aghaloo, DDS, MD, PhD

November 20 -

Live Webinar:
"Vertical and
Horizontal Bone
Augmentation with
Particulate Bone"
Istvan Urban, MD,
DMD, PhD



2019

January 25 - Hellenic Association of Oral and Maxillofacial Surgery (HAOMS) Meeting, Greece

Faoud Khoury, Prof, DMD, PhD (Germany), **Daniele Cardaropoli**, DDS (Italy), **Fernando Rojas Vizcaya**, DDS, MS (Spain)

March 13-16, 2019 - AO 34th Annual Meeting: "Current Factors in Clinical Success"
Walter E. Washington Convention Center, Washington, DC

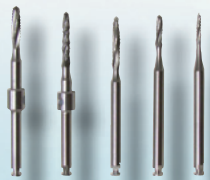
Bone Grafting and Implant Support

Trephine Burs



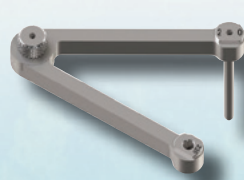
Stainless, durable, and available in a variety of sizes.

Lindemann Drills



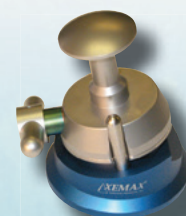
Side-cutting action is ideal for redirecting a pilot osteotomy.

Para-Drill Aid 2



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Xemax Bone Mill



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Diamond Osteotomy Burs



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Bone Trimming Burs



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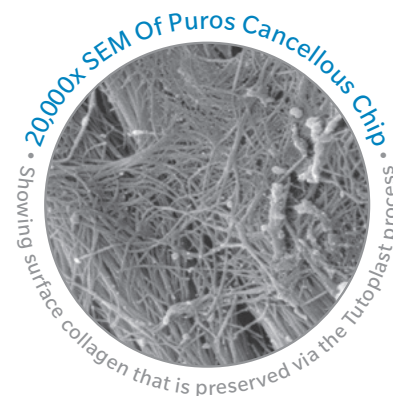
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Our patients might best take a good look at nutrition

By Lourdes Ann Christopher, DDS, MS, Academy News Editorial Consultant

An apple a day keeps the doctor away...

Wouldn't that be nice? Isn't that what everyone wants? It may be what everyone wants but it isn't happening. In the United States alone last year, \$3.4 trillion was spent on healthcare. What the U.S. population has for all the dollars spent is a sick population with low energy, mental foggy, poor health, and expanding girths. To which modern medicine responds with more and more pharmaceutical medications and radical options such as bariatric surgeries. This is the milieu in which we practice implant dentistry. These are our patients. Patients who look us in the eyes expectantly after we place a dental implant and ask, "What can I do to help my implant treatment be a success?"

How often do we shift gears from worrying about the perfect implant placement to addressing what might ultimately have a more important role on implant survival and answer our patient, "Take a good hard look at your nutrition."

Many of our patients live on a diet consisting mainly of carbohydrates and animal products, replete with calories and fat but short on important nutrients. These foods are high in saturated fat, salt, and sugar. The more processed the food, the less nutritious. Does this have an effect on our implants? Unfortunately, there is little research on nutrition and dental implant outcomes, but there is significant research on nutrition and bone health.

Saturated fat has been shown to have detrimental effects on bone health in adults, possibly by reducing calcium absorption from the intestine, reducing bone formation, and enhancing bone resorption. Conversely, dietary n-3-long chain polyunsaturated fatty acids play an important role in bone metabolism and may help in the prevention and treatment of bone disease. An added benefit of these healthy oils is that they may prevent sucrose-induced insulin resistance by improving peripheral insulin sensitivity which can lead to non-insulin dependent diabetes mellitus. According to the CDC, 25% of Americans over the age of 65 are diabetic. This is the age group of patients most likely to be seeking one or multiple dental implants. As we are all aware, diabetes is a known risk factor for implant complications, both in the early implant healing period, as well as implant maintenance.

Protein plays a significant role in bone metabolism. The source of protein, however, will determine whether the role of protein is positive or negative. Fish protein is positively associated with bone health, as are animal proteins

found in traditional Mediterranean or Asian diets. However, animal proteins found in the traditional Western diet are often not positively associated with bone health.

High sodium diets have been shown to alter calcium metabolism and to increase bone resorption, especially in postmenopausal women.

This is just the tip of the iceberg. Little by little, we are unravelling the ways in which a diet high in saturated fats, sugar, and salt is not good for the bone into which we are placing dental implants. But is any of this a surprise to us? Not really. Nor is it a surprise to our patients.



This past summer, during a particularly long car trip, I binge watched some movies from the food documentary section of Netflix. A particularly inspiring movie was "Fat, Sick and Nearly Dead." This documentary chronicles the adventures of a very entertaining Aussie, who travels across the U.S., armed with a film crew and a juicer. He loses a significant amount of weight and gets himself off several prescription medications by only drinking a nutrient-rich, plant based green juice. What was particularly interesting in the movie, however, were all the Americans, whom he interviewed, who said they knew what they should be eating but just didn't do it. Nearly everyone admitted to this.

As health care professionals, we need to inspire our patients to care about nutrition. We want to avoid causing the inevitable eyes glazing over when we mention eating more fruits and vegetables. Improving one's nutrition is more than eating a salad for lunch or ordering a veggie pizza instead of the meat lover's option.

The day we place an implant, we have a unique opportunity to change our patients' lives. When our patients ask if there is anything they can do to help make their implant treatment more successful, we can look our patient back in the eyes and say, "Yes, there is something you can do to help make your implant treatment a success! Nourish your body as best you can. Learn more about the food you eat. Seek out professional help, or if you can't make it off the couch, check out some food documentaries on Netflix. Today is a good day to change the rest of your life."

There are three things which will bring the end of civilization, even the mightiest that have ever been or shall be . . . impure water, impure air, and impure food.

- Zend Avesta, 3000 BC

Too much information, not always enough thinking

By Harriet K. McGraw, DDS

Implant dentistry has seen vast changes over the past 30 years. In addition to changes in surgical techniques, implant design, restorative materials, biologics and imaging, computer technology has become a valuable adjunct, providing the basis for digital workflow.

With so many resources available for collecting information and performing procedures, one would think there would be few failures. Unfortunately, that is not the case. Rather, the number of adverse outcomes is increasing. More and more, specialists have to deal with failures or poor results from other offices. A few years ago, Dr. **Dennis Tarnow** lamented that 60% of his new implant patients were being seen for retreatment.

The most current technology and materials are no substitutes for careful and thoughtful treatment planning that focuses on information that is pertinent to a specific patient. No one protocol is applicable to all patients; even for the most straightforward cases.

Knowing how to perform a procedure skillfully is of no value if it is not the correct procedure for the problem being addressed. Recently, a patient who had had a tooth extracted at another office was told by the clinician that an implant would be a possibility in the future. The patient had been irradiated in the head and neck region. Following the extraction, he developed osteonecrosis. It is questionable whether the tooth should have been extracted in the first place, let alone entertaining placing an implant! Because it can be done doesn't mean it should be done. The surgeon's technical skills were fine. His information processing skills were not.

Warren Buffett wisely advised, "It's much easier to stay out of trouble now than to get out of trouble later."

"Staying out of trouble" requires the ability to synthesize relevant information in developing a treatment plan. Successful implementation of the plan depends on all individuals responsible for providing treatment knowing the details specific to a case. In their articles in this issue, Drs. **Robert Vogel** and **Paul Fugazzotto** highlight the importance of all members of the team understanding and sharing a common goal. Having the skills necessary to perform specific procedures is a given.

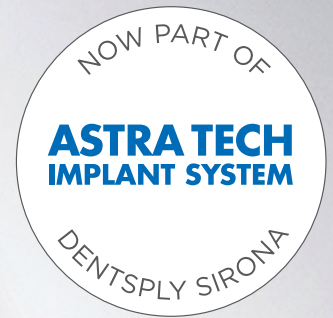


Coordinating care as a team allows each member to provide input in his or her specific area of expertise prior to beginning treatment. The shared information aids in identifying potential problems, thereby reducing the need to "get out of trouble." Everyone benefits from the collaborative effort; clinicians, laboratory technicians and, most importantly, patients.

There is no technology or dental material that can take the place of using one's brain!

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 hkmcgraw@me.com. We will endeavor to publish pertinent comments or views when space permits.





THEIRS

1. Place implant.
2. Use reamers to remove and reshape bone, or find a compromise in implant placement between the mesial-distal aspect of the bone.
3. Use every trick in the book to make it work.



OURS

1. Place the OsseoSpeed Profile EV implant at an angle and see how the implant neck aligns with the anatomy.

Images for illustrative purposes only.

Another workaround made obsolete by Dentsply Sirona Implants.

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