

Academy News



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Osseointegration**

Advancing the Vision of Implant Dentistry

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In This Issue

Strategies to increase implant utilization 2

A member profile for the new millennium 4

Student profile 5

Academy creates dynamic learning experiences 7

First regional meeting draws 100 9

Big 'D' stands for Dallas/Dentistry 11

Multifaceted educational experiences 11

AO continues to grow . . . 13

News from across the pond 13

New student members update 14

Osseointegration Foundation News *Special Insert*

Academy News

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Special Feature

Best approaches for narrow space restorations

By Dr. Charles A. Mastrovich

Implant retained replacement of a single mandibular incisor often presents a challenge to the implant team. The mesial-distal dimension of a mandibular central incisor at the CEJ averages 3.5 mm and only increases to 4.0 mm with the lateral.¹ These dimensions can shrink further with the imbrications so commonly present or with bone bed resorption. Lack of space then directs the surgeon toward selection of a fixture of reduced diameter to avoid bone bed or adjacent root complications.

Typically, in an implant line, the reduced diameter option forces design limitations. These include reduced pillar strength due to thinner titanium cross-sections and compromises in the abutment-implant interface in both geometry and accommodation to a smaller screw joint. Once the case is returned, the restorative doctor chooses either a screw or cement retained restoration. With screw retention, the screw space and location become critical, again due to limited available space and anatomical limitations. The cement-retained option becomes an attractive alternative,

avoiding the prosthetic screw issues. However, the need for maintenance in the form of retorquing or replacing bent or broken abutment screws has been reported in many papers.

Crown cementation can block routine access to an abutment screw should maintenance of a screw become necessary. A premachined, cementable abutment sys-

... continued on page 8

Dallas site of 2002 Annual Meeting



Turn to page 11 for a preview of the 2002 Annual Meeting in Dallas

Strategies to increase utilization of implants

By Dr. Dayn C. Boitet

One of the goals of the Academy's recently approved strategic plan is to increase the utilization of dental implants. It is a goal shared by implant manufacturers and many others. Achieving the goal has many facets, such as insuring quality education to maintain the current high levels of success associated with implant procedures. That education may be delivered at four levels:



Dr. Dayn Boitet

- **The predoctoral level.** The AO has been involved in a joint effort with the International Congress of Oral Implantologists (ICOI), Nobel Biocare/Sterioss, Straumann and Sulzer Calcitek to increase predoctoral implant training

throughout U.S. dental schools. In two years, this program has contributed to growth to 50% of dental schools offering implant education from 9%. Obviously, we would like to see all dental schools appreciate the importance of implant education.

- **Postdoctoral residency programs.** Implants are an integral part of most postgraduate programs in oral and maxillofacial surgery, periodontics and prosthodontics. Their role in orthodontics is also expanding. Currently, the strongest of these four levels are the residency programs. Hopefully, all dental schools will appreciate the necessity of extending these programs to the predoctoral level.
- **Practicing dentists not using implants or underutilizing them.** Dentists who have chosen not to introduce implants

into their practices and those who only occasionally work with implants make up the next group. It is largely composed of general dentists, although many specialists still underutilize or fail to use this treatment modality.

- **Professionals who routinely use implants.** Most AO members fall into this category. They are constantly seeking to refine their skills and expand their education in implant dentistry.

As an organization, we are striving to influence growth, particularly at the predoctoral level and among dentists not using or underutilizing implants. This by no means indicates a shift in direction from our responsibility to postdoctoral programs or the last group. We will continue to provide the highest levels of education for them.

**Northshore
Dental Labs Ad
- This Page**

Let me focus this commentary on dentists not using or underutilizing implants. The Academy is involved in a joint task force with the American Academy of Periodontology (AAP), American Association of Oral and Maxillofacial Surgeons (AAOMS), and several leading implant manufacturers to reach these practitioners. The first issue is understanding the barriers to implant utilization practitioners face; the next step, determining how to overcome them.

Barriers to implant utilization

The first barrier is inadequate training and education. Many practitioners hesitate to offer implant-assisted treatments simply because they do not know enough about them or how to perform the procedures properly. They may not offer this treatment option or fail to refer patients to implant specialists, so that neither patient nor specialist will be aware of their lack of knowledge in this area. There is also a preconceived notion that implants may not be successful, based on lower, outdated success rates during the early days of implant therapy.

Another problem surfaces when a dentist does not fully appreciate the particular complexities of an individual patient case. The practitioner may try to treat a case beyond his or her scope, hesitating to use implants again. The case may become a source of frustration and cause financial loss when professional, componentry and laboratory costs exceed expectations.

As with many new procedures, implants have a learning curve, and the doctor must realize that it will involve accepting some financial costs. There are many implant systems available, and each uses multiple components. It can be overwhelming to try to stay knowledgeable in all available components even for experienced practitioners and specialists. Manufacturers are introducing more versatile abutments, color coding, and other ideas to make implants more user friendly. There is more to be done in this area.

At the same time, we have to recognize that implants are technique and component sensitive. The AO and the implant

manufacturers offer the means to educate willing practitioners. Through such avenues as our new regional meeting initiative, we hope to reach out to more of our peers. As AO members, we need to promote these programs and encourage the participation of our colleagues.

“As AO members, we need to promote these programs and encourage the participation of our colleagues.”

Implant dentistry is not for every practitioner. It requires a level of proficiency and skill that may not be suited to all practices. Attempts to provide assembly line implant therapy can ultimately bring harm to patients and compromise prospects for successful treatment. The quality of care for our patients must not be compromised by an over-zealous push to bring everyone “on board.”

Cost considerations

Another major consideration in implant treatment is cost to the patient and clinician. Getting started in these systems can be expensive, especially for the new clinician facing many other start-up costs. Clinicians may stick to one or maybe two systems because of familiarity and the expense involved with stocking instrumentation and components for multiple systems.

Typically, implant-assisted treatment has a higher fee than other treatment modalities, such as traditional fixed or removable prosthetics. With each patient, we must weigh and present the advantages and disadvantages of treatment options and consider their long-term costs. Due to their long-term success, implants are often the better investment. We need to educate practitioners and patients in this regard.

Often these procedures receive no insurance coverage, so the patient faces additional out-of-pocket expense. An article in the last edition of *Academy News* discussed the controversy of the two-edged sword of having dental insurance covering

implant procedures, so I won't repeat it. Patients need to know that insurance may not cover implants and why (big hint: it is not because they are experimental).

How do we remove these barriers?

I do not see how we can remove the cost barrier in the near term. The manufacturers are not making the huge profits many suggest they are. Increased utilization will help them lower costs. Simplification in componentry and laboratory techniques will help lower clinicians' costs. This will ultimately benefit the patients by lowering their costs.

I welcome your comments and input, which will assist the Board of Directors, Councils, Committees, task forces, and membership in delving into issues and working on solutions. Please respond to headquarters or e-mail me at Kayakfl@AOL.com.

Committee Seeks Photos, Information

A new AO committee headed by Dr. **Akshay Kumar**, Hackensack, NJ, seeks photographs, artifacts, or information that might be included in a commemorative history of AO.

The Committee's goal is to publish a commemorative piece delineating the history and trends over the past 15 years, for release during the March 2002 Dallas Annual Meeting.

Dr. Kumar and Dr. **Stephen J. Chermol**, West Chester, PA, recently spent a weekend sifting through boxes of archived material at the Academy's headquarters. They have interviewed at least 25 original members to get their personal stories and viewpoints. Other members of the Committee are Drs. **Charles L. Berman** and **Jorge E. Barrios**, both from New York, NY.

Members who have information for the history may contact Dr. Kumar directly at 201/489-5155 or the Academy at 800/656-7736.

A member profile for the new millennium



From our
Orange Park, FL,
correspondent

Orange Park, FL — Dr. **Dayn Boitet**, current president of the Academy of Osseointegration, was born in Ft. Wayne, IN. He began to distinguish himself early on. In the vernacular of Garrison Keillor's fictitious Lake Woebegone, where "all the children are above average," young Dayn was exceptionally "above average." He graduated from high school, Indiana University's undergraduate college and then its dental school, all with honors. He accomplished these feats even while working long hours at odd jobs to pay for his education.

Upon graduation, he entered the U.S. Naval Dental Corps. At an early post, he met a person with whom he knew he wanted to "sign up for the duration." A young, vivacious personality, barely contained within an attractive, newly sworn-in R.N. named Judy, met Dayn's eye. And, yes, to paraphrase a Navy slogan, it's been "more than an adventure." They got married while they were stationed together at the Naval Air Station in Jacksonville, FL.

'Can-do' attitude

Dayn's Navy career exemplified hard work and a true "can-do" attitude. He earned recognition as an outstanding junior grade dental officer while on active duty for three years. Continuing as a reserve officer, he helped his unit win an Admiral's award for top reserve unit, worldwide.

Captain **Ed MacDonald**, Dayn's commanding officer in the Dental Corps, said: "Dayn was the most clinically capable and in possession of the highest managing skills of any lieutenant I ever had in my many years of command. I put him in for early accelerated promotion."

Upon entering private practice in 1981, he dedicated himself to endeavors that would propel him to deliver top-quality dental care to his patients. His work in

organized dentistry eventually led him to become president of his county dental society. His constant striving to improve the dental care he could deliver was occasionally frustrated by aspects of partial and full edentulism. In the mid-1980s, he embarked upon continuing education efforts to aid these needy patients.



Beyond his practice, Dr. Boitet finds fulfillment in family, as he beams following the arrival of the first of his four children in 1982.

Dayn had become trained in a number of dental implant systems. However, he was primarily interested in evidence-based outcomes and long-term data. In early 1987, his thirst for knowledge led him to travel to meet Professor **Per-Ingvar Branemark** and listen to his philosophy of dental rehabilitation. Later, he searched for further continuing education with similarly minded individuals who required true scientific studies.

Intellectual home

In a cold March of 1988, Dayn and his wife Judy traveled to Dallas to attend their first AO Annual Meeting. There he met scientists and dental practitioners from the world over and began to feel that he had found an intellectual "home." In its early days, the AO had been started as a study group of dental specialists interested in the science of how osseointegration

could help their patients. Dayn was one of the first general dentists to become attracted to the use of osseointegration.

Initially, general dentists were admitted to AO membership only on an "affiliate" status, whereas those with specialty training in implant dentistry were admitted as "active" members with full voting privileges. AO Past President Dr. **Mike Block** was then head of credentials/membership. He led the AO to offer a means whereby affiliate dentists could be "promoted" to active status by demonstrating in case presentations before an oral exam review panel that they possessed the knowledge and skills required for active membership status.

Dayn was the first general dentist to take and pass this test. Dr. Block adopted the format used to organize and present his knowledge and experience as a template for future persons interested in promotion to active status.

Expand knowledge

Dayn continued to travel and expand his knowledge base in implant dentistry, participating in a group founded by Dr. **Kenji Higuchi** and Professor Branemark and as a founding member of the Southeastern Foundation for Osseointegrated Oral Reconstruction, and others. However, his main focus of interest in the field remained the AO. Dayn also has taught implant dental restorative techniques across the U.S. and in Ireland.

Mike Block introduced Dayn's name for a seat on the AO Board of Directors. Once Dayn received that opportunity, he quickly began to demonstrate the scientific, organizational and interpersonal skills that have marked his presence ever since.

Dayn was assigned many responsibilities as a member of the AO Board. He has served on and headed many committees, including Annual Meeting Program Chair in 1999. He has earned Fellow status in the AO. As Past President Dr. **Bejan Iranpour** recalls, "Dayn gracefully and enthusiastically accepted all

assignments. Dayn has the ability to grasp quickly the essence of issues, correlate them and arrive at a workable solution. Dayn has no fear or reluctance for undertaking any task, if it may benefit the Academy and its members.”

Benefit the future

With Dr. Iranpour, Dayn initiated a project with potential to benefit the future of dental education nationwide. At the 1999 Annual Meeting, he coordinated and ran a workshop with Dr. **Richard Kraut** to which deans from all U.S. dental schools were invited. They discussed how AO/ICOI (International Congress of Oral Implantologists) would help to facilitate the teaching of implant dentistry at the pre-doctoral level. It was well received by dental schools and now is an ongoing project under one of the Academy's strategic goals, as outlined by immediate Past President Dr. **Mel Schwarz**.

Long hours paying attention to innumerable minute details can wear on any AO officer. During such times, Past President Dr. **Gerald Graser** recalled, “Not only was Dayn known for his thoughtful and well-reasoned contributions to many important issues, but Dayn knew how to keep everyone from burning out under stress. His ever-present sense of humor lifted spirits on many a long day of delib-

erations. Dayn and Dr. **Spencer Wolfe**, of Dublin, Ireland, would often go on one telling jokes until everyone was refreshed from laughter.”

Amidst all of this service to “God, country and AO,” Dayn and Judy have somehow found the time to raise their four children. Yes, Dayn does have a life outside his top-quality practice in Orange Park, FL, and it has included being a true family man. Other interests, which never have left him, include being an outdoorsman with intense involvement in kayaking on the lake behind his home, bicycling and traversing the county roadways

“Dayn knew how to keep everyone from burning out under stress. His ever-present sense of humor lifted spirits on many a long day of deliberations.”

in his Porsche Boxster. After years of dedicated, intense effort, he has earned his Black Belt in Karate, along with the younger of his two sons, Jarrod.

Boundless energetic spirit

Dayn's greatest virtue is his boundlessly energetic spirit, which inspires us all. His humility in service to others makes



A junior grade dental officer in 1978, Dr. Boitet's Naval service was recognized as “outstanding” in three years of active duty.

him truly worthy to be AO president. His accomplishments represent goals for us all to follow for the greater good of all who depend on us—namely patients, staff and family.

His example does hold a mirror to us as a role for an ideal member in our great Academy for this new millennium. And, it is fitting that he return to the city where his AO experience started, Dallas. This time, he will arrive as the first general dentist ever to rise to president. When he concludes his year as president, at the end of the business meeting, we will all be better off for his having been here and having led the Academy of Osseointegration into its rightfully bright future.

Student Profile

What drives Dr. Barbra Berwald's intense dedication?

The force driving Dr. **Barbra Berwald's** intense dedication to the specialty of periodontology and implant dentistry at first seems elusive. As a biology major at Brandeis University, Waltham, MA, she was interested in science but had not considered dentistry. No one in her family or among her close friends or associates had been a dentist. Her husband, Andrew, is an investment banker in New York City, and many of her relatives worked in the business world. She admits to entering the dental school at the State University of New York-Stony Brook “randomly,”



Dr. Barbra Berwald

after first considering research and medical school.

Yet her residency supervisor, Dr. **Vincent J. Iacono**, Stony Brook, calls her one of the most dedicated students he has taught. “She has volunteered to come back to teach new residents at the University. That's an indication of her dedication. She's a top student, having won the periodontology award the year she graduated (June 2001) and scoring in the top 5% on a national examination for residents in periodontics,” Dr. Iacono says.

Dr. Berwald, of Great Neck, NY, is a standout among the Academy's 2001 graduating student members. She joined AO in 1998. “I decided to be part of it. I wanted to get the journals, have access to the meetings and keep up to date

... continued on page 7

“Easy Abutment” ad - Noble Biocare

Academy creates dynamic learning experiences

By Dr. David Guichet, Newsletter Edition

Contemporary media have set the tone for what is expected today in news and entertainment. With the passing of the 20-year anniversary of MTV, today's young professionals have been brought up in an age of constantly accessible, professionally produced, cutting edge media.



Dr. David Guichet

The globalization of network news has produced familiar accentless voices such as Tom Brokaw, Hugh Downs and Ted Koppel. Like it or not, these orators have set the standard for what is expected in presentation and speaking style.

Inform, enlighten, entertain

Education should strive not only to inform but to enlighten and entertain. Dr. **Rainer H. Bergmann**, Palm Desert, CA, states that education is most efficient when multiple senses and emotions are engaged in a dynamic manner. His presentation focuses on how to optimize educational effectiveness through use of the surgical microscope, digital photography, digital video and computer presentation software. These tools enable us to document and present techniques that could only be learned through apprenticeship or, less effectively, through slides before. Seeing is believing! Learning is most effective when a discovery experience takes place, not when students are

merely given information, according to authorities.

How do you position yourself to achieve efficient learning and discovery of the latest implant concepts and techniques? One method proven very effective is to attend the Academy's Annual Meeting. Invite a team member or peer to join you. Whether you are a surgical, restorative or technical specialist, informal discussion reinforces major concepts that may otherwise be forgotten. The Annual Meeting provides many opportunities

Question:

What do Disney, MTV and CNN have in common?

to interact with some of the greats. Sometimes a well-directed question can land the best information of an entire meeting. The meeting also gives team members an opportunity to calibrate their philosophies.

The Academy's Annual Meeting provides world-class education. The AO piloted a successful regional meeting program in May in Los Angeles, organized by Drs. **Robert E. Garfield**, Los Angeles, and **Amerian D. Sones**, Pacific Palisades, CA. This meeting may serve as a model for future Academy regional endeavors

may otherwise be forgotten. The Annual Meeting provides many opportunities

Answer:

A professional presentation delivery format for starters.

and may provide a basis for regional study group activity. Small group learning is a coveted opportunity for knowledge-thirsty professionals.

A major Academy goal is to spread the message about the effectiveness of osseointegration and teach the most current scientifically substantiated techniques. Another goal is to reach out to new members. Past President Dr. **Melvyn S. Schwarz**, Torrance, CA, has made increasing dental implant utilization an Academy focal point. These efforts require continued outreach.

Tell a friend.

Stay informed and tell a friend about the AO. Many implant techniques are now gaining outcome data and may supplant the conventional fixed partial denture modalities in certain circumstances. The AO and its members are optimally positioned to be key players in introducing and distributing state-of-the-art implant dentistry techniques and information.

As we approach the future, let's ask these questions: Do I effectively document my patient's condition and/or treatments? Do I know how to effectively (formally or informally) communicate patient conditions to professional colleagues? If asked, could I present my patient's condition before a group? Would I computerize the information or stick with overheads or slides? Come see how the experts do it at next year's Annual Meeting, March 14-16, 2002, in Dallas, and remember: Tell a friend.

What drives Dr. Barbra Berwald... *continued from page 5*

with the latest developments in implant dentistry," she says.

"Implant dentistry will enhance my future practice by giving my patients greater treatment planning options. It will help me serve patients better," she says. She chose the periodontology specialty after receiving an orientation to all the specialties during an externship at North Shore University Hospital. With Dr. Iacono's guidance, it was a short leap from there to implant dentistry.

Dr. Berwald currently works four days a week, dividing her time between two general dental practices, one in Garden City, the other Manhasset, where she provides periodontol-

ogy and implantology. The four-day schedule leaves some free time for three-month-old Benjamin, who arrived shortly before her Stony Brook graduation.

One quality Dr. Iacono admires about Dr. Berwald is "her ability to combine family life with a dedication to implantology." Another thing he's noticed is that "she's convivial. She's a really nice person."

That ability to keep a balance in life and to enjoy it may be the key to her motivation: she's at the beginning of a career with great promise, and she's having a very good time. What more needs to be said?

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Best approaches for narrow sp

tem offers many desirable features, including ease of use resulting in time and cost savings, especially when the anatomy of the site closely matches an offered abutment size.

However, what happens when tissues fail to match premachined ideals, as with highly contoured tissue in the esthetic zone? A nonmodified premachined abutment can leave deep interproximal crown margins, resulting in cementation difficulties if the facial margin is carried low enough for esthetic demands. In these nonconforming cases, customization of an appropriate premachined solid or cast to abutment creates a site-specific solution solving the esthetic and biologic needs.

Case example: extraction by nail gun

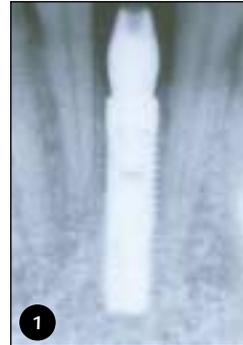
The following case illustrates such a solution:

A patient came to my office in June 1996, following an accidental, traumatic extraction of tooth #24 by a 16-penny nail gun from a distance of approximately five feet. The nail



Northwestern University Dental School and completed the general practice residency program at Sepulveda Veterans Administration Hospital, Sepulveda, CA.

Figures 1 - 5



Once fixture integration is achieved, Dr. Mastrovich begins restoration, a fixture level transfer is made and a solid titanium abutment customized, predominantly extra orally. Providing a natural transitional contour from the circular implant top to the typical elliptical tissue level emergence profile of the lower central incisor is a priority.

had shattered the tooth, along with some of the supporting alveolar bone. The tooth fragments were removed, the site was bone grafted and allowed to heal before fixture placement.

For fixture implantation, an Astra Tech 3.5 mm reduced diameter implant was chosen and placed to osseous crest. This system supports several design features that made it an attractive choice. The 3.5 mm external diameter of this implant, designed as a parallel-sided

ce restorations... *continued from page 1*

externally threaded fixture, was dimensionally suited to the available bone bed. Additionally, the system used in 1996 had two design features that allowed it to achieve steady state crestal bone to the level of the top of the fixture.

The surface preparation, Tioblast, in clinical use since 1991, has been well researched^{2,3,4} and is obtained by using grit blasting with titanium oxide, thus subtracting material from the implant surface without contamination. The Tioblasted surface is carried to the top of the implant to support integration to that point.

The abutment-implant interface is designed as an 11-degree cone screw (Conical Seal), and provides for a mechanically stable interface⁵ capable of efficient load transfer deeper into the fixture, away from the osseous crest.⁶ Essentially, the friction fit stability of this joint allows this two-piece system, with the inherent restorative flexibility, to behave biologically and mechanically as a one-piece system.⁷ The bone does not need to remodel away from this interface. This prevents the automatic remodeling of the bone down to the first thread,^{8,9,10} thus helping to preserve the interproximal osseous tissue height. This feature may be relevant, especially in the esthetic zone, in providing maximum osseous support for the interproximal dental papilla.^{11,12}

They achieved fixture integration and returned the case to my care for restoration (Figure 1,2). A fixture level transfer was then made (Figure 3). A solid titanium abutment was customized predominantly extra orally (Figure 4) and

finalized chair side, taking care to provide a natural transitional contour from the circular implant top to the typical elliptical tissue level emergence profile of the lower central incisor (Figure 5).

The internal fit of the cone screw abutment connection allows for efficient trouble free transfers, abutment seating without fear of tissue entrapment, and the need for radiographic verification. As the abutment emerges from the implant at only 3.3 mm diameter, a narrow mesial-distal abutment contour can easily be attained. The abutment was then seated (Figure 6) and impressions were completed, utilizing standard techniques for fabrication of a cement-retained crown.

The immediate postoperative view (Figure 7) was taken after cementation with the usual surface gingival irritation secondary to cement removal. The five-year postoperative radiograph (Figure 8) shows steady state bone stability to the top of the fixture. The current clinical presentation is included (Figure 9).



First Regional Meeting Draws 100

With more than 100 registrants, AO's first regional meeting in Los Angeles, May 19, exceeded its goal of expanding professional education on implant dentistry to general practitioners. About a quarter of participants signed up for a follow-up regional study club and/or applied for AO membership, reported Dr. **Robert E. Garfield**, Los Angeles, CA, Regional Meeting chair.



Dr. Robert Garfield

"The program succeeded in achieving its three key goals: informing dentists of the new standard of care for replacing teeth; educating them on how to achieve this both clinically and from the practice management standpoint; and demonstrating that implant dentistry is beneficial and rewarding, in terms of patient satisfaction and the economic issues involved in managing a practice," Dr. Garfield said.

"We created an opportunity for dentists to learn more about implant dentistry and improve their own skills. The fact that so many seized continuing opportunities to participate in the study club or as members of AO is evidence that the program succeeded," he added.

Building on that success, the Committee on Regional Meetings, under the direction of the newly formed Council on Clinical Practice, chaired by Dr. **Wayne Harrison**, Plano, TX, is planning additional regional meetings in Indianapolis, IN — coordinated by Dr. **Jay R. Beagle** — and Washington, DC — Drs. **Peter Passero** and **Abraham Ingber**, collaborating on coordination — in the Spring.

"We started on the West Coast and chose Los Angeles because we anticipate stronger interest and registration in major markets, but we're not taking anything for granted. As we expand to the Midwest and East Coast, we plan to compare results in a mid-sized city like Indianapolis with the major metropolitan areas," Dr. Garfield explained.

“Simplicity That Makes Sense” ad - 3i

Big 'D' stands for Dallas/Dentistry

By Kevin P. Smith, Executive Director

Dallas TX, will be the site of the Academy's 17th Annual Meeting, March 14-16, 2002. It has been 12 years since the Academy held its annual meeting in the Big D. For three consecutive years (1988-1990), Academy Presidents Drs. **William R. Laney, Paul H.J. Krogh** and **Gerald Barrack** hosted Academy annual meetings in Dallas. Now the Academy returns to the ninth largest U.S. city, one of the nation's top convention cities and the number one visitor destination in Texas.

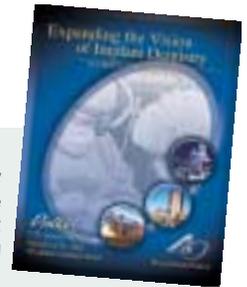
According to the Convention and Tourism Bureau, Dallas has more shopping centers per capita than any other major U.S. city and four times as many restaurants per person than New York City. Dallas is served by DFW International Airport, one of the world's busiest, making it a convenient destination from anywhere. The early spring weather in mid-March should provide a welcome change for many of us from less temperate zones.

The Wyndham Anatole Hotel, the largest convention center in the Southwest, will be AO's official annual meeting hotel. Located in the heart of the Dallas Market Center, the Wyndham Anatole is nearby downtown business, arts, nightlife and shopping. There are plenty of restaurants, shops and things to do in and around the hotel described as a village within a city.

Dallas has changed its image since the "wild west" days when Doc Holliday came to town in 1875 to restore his health and open up a dentist's office. He later took to gambling and, as legend has it, left Dallas rather quickly after he killed

a man during a poker game. We're sure he would have stayed on the "straight and narrow" and continued his career in dentistry if he could have increased his fledgling practice by learning some dental implant skills.

The Preliminary Program is available on AO's Website at www.osseo.org



Wyndham Anatole Hotel, AO's official Annual Meeting Hotel

Founded in 1841 as a trading post on the Trinity River, Dallas later became the financial and professional service center for the booming East Texas oil fields. In July 1958, the integrated circuit computer chip was invented in Dallas, ushering in a new age of renown as the "silicon prairie." Local giants in the technology industry include Texas Instruments and EDS.

Perhaps best known in the sports world as the home of "America's team," the Dallas Cowboys, Dallas is a major sports center, hosting the Texas Rangers (American League baseball), Dallas Stars hockey team, and Dallas Mavericks in professional basketball. It is home of Texas Stadium and the Cotton Bowl.

Dr. **Stephen L. Wheeler**, Encinitas, CA, 2002 Annual Meeting Chair, and Dr. **Clarence C. Lindquist**, Washington, DC, 2002 Program Chair, are putting together a very exciting program. With the Dallas Wyndham Anatole Hotel as our site and an excellent lineup of scientific program speakers and educational activities, the 17th AO Annual Meeting is bound to be a huge success. Don't miss it!

Multifaceted educational experience planned for Annual Meeting, March 14-16, 2002

An educational program to enhance member practices, highlight the latest advances in implant dentistry and maintain Academy leadership in patient care is the foundation of AO's 17th Annual Meeting in Dallas, March 14-16, 2002. Under the umbrella theme "Expanding the Vision of Implant Dentistry," the meeting will include a three-track scientific program and interactive educational seminars focusing on new technology and treatment procedures.

"The Academy's Annual Meeting is the centerpiece of our organization, providing a multifaceted educational experience from both a clinical and research stand-

point," said Dr. **Clarence C. Lindquist**, Washington, DC, Program chair. "It provides an excellent opportunity to share professional experiences with our colleagues and peers, while familiarizing ourselves with the newest research and development in implant dentistry," he added.

The program kicks off Thursday, March 14, with the forward-looking symposium, "Challenges on the Horizon." A panel of experts will cover soft tissue engineering and its applications in dentistry, bone and soft tissue reconstruction and gene therapy for alveolar bone engineering—all critical issues ahead.

"Over the next few years, these procedures will gain importance in our profession," Dr. Lindquist said. "As we become more adept at restoring missing bone and soft tissue, we can better formulate ideal means for treating patients with specific needs."

The three-track scientific program breaks down into key segments of implant dentistry: Core Curriculum, Surgical and Restorative.

"Individual members can focus on a specific area to enhance their practices or

... continued on page 12

Multifaceted educational experience... *continued from page 11*

create their own educational program by attending particular sessions in all three," said Dr. **Stephen L. Wheeler**, Encinitas, CA, Annual Meeting chair.

"While AO has always been recognized as representing the upper echelon of implant dentistry, we want to make sure we don't leave anybody behind. We designed the core curriculum track as a nuts and bolts program for those new to implant dentistry. We want to reach out to the younger, less experienced practitioners, help them further their careers and continue to strengthen the Academy," he added.

"Point-Counterpoint" sessions will provide a forum for rigorous debate on current issues in implant dentistry. Moderators will pit experts against one another to discuss controversies in treatment, drawing on audience input to fuel the discussions. Topics include

"Immediate vs. Delayed Loading," "Screw Retained vs. Cemented Restorations" and "Occlusal Overload and Crestal Bone Loss: Fact or Fiction."

"We want to reach out to the younger, less experienced practitioners, help them further their careers and continue to strengthen the Academy"

Limited attendance lectures, Friday, March 15, give AO members an opportunity to discuss implant dentistry with invited speakers in a smaller, more intimate setting, while the Corporate Forum (Thursday, March 14) previews the latest in research and development through manufacturer-hosted educational seminars.

"Recent advances in areas such as stem cell research make this an exciting time

for implant dentistry professionals," Dr. Wheeler said. The Corporate Forum is a good place to learn of these advances first-hand."

To improve the important relationship between dental technicians and surgeons, AO again will offer its Dental Implant Lab Technician Program.

"Technicians are an integral part of the implant team and often the ones who develop the templates for implant procedures. As such, they are critical to a patient's benefit," he said. "A lot of the cases we see these days are quite complex. Greater understanding between technicians and surgeons results in better quality care and fewer potential problems during recuperation."

Complete program and registration information will be mailed to AO members in October.

Osteo Implant ad

Implantology expands in Europe, with similarities to North America

By Dr. Michael R. Norton

Welcome to what we hope will become a regular feature in *Academy News*, updating American colleagues on all that is



Dr. Michael Norton

happening here on the other side of the proverbial pond.

Implantology continues to expand here, as in the North American continent, with ever-increasing

numbers of clinicians offering patients the opportunity to have dental implant therapy. It is estimated that the market continues to grow by as much as 20% per year. There is a remarkable similarity between the two continents regarding those groups now leading the way in offering implants—notably, specialists in oral surgery, prosthodontics and periodontics with an equally important contribution by those in general dental practice.

The United Kingdom has finally adopted the specialist system seen for so many years in both the U.S. and many of its European partner countries. It now has a notable list of specialists representing all major fields of dentistry. Interestingly, this includes two lists for surgery, with medically qualified maxillofacial surgeons forming the oral surgery specialist register and non medically qualified oral surgeons being described as specialists in surgical dentistry, with the placement of dental implants listed among the treatments they provide. Is this some degree of recognition for implants by the establishment, I wonder?

The conference calendar is busy as always. I have just returned from the Osteology 2001 meeting in Barcelona, Spain, where I was delighted to see some colleagues from North America. However, much progress is still required before we will see a truly representative

group of U.S. and Canadian clinicians at meetings held on this side of the Atlantic.

The AO Annual Meeting attracts increasing numbers of Europeans keen to rub shoulders with their American counterparts, and it is my hope that we will see an equivalent increase in the flow of colleagues eastwards.

In Barcelona, they treated us to some excellent information on the ongoing work and research on tissue engineering methods, with notable contributions from Drs. **William Giannobile**, **Robert Marx**, **James Mellonig** and **Myron Nevins** flying the stars and stripes along with contributions from a host of internationally renowned researchers from across Europe. Much emphasis was placed on the use of platelet rich plasma (PRP) and bone morphogenetic proteins (BMP). Some refreshing views on both products resulted in healthy discussion and occasional disagreement as to the efficacy of the former and application and safety of the latter. They featured BioOss heavily as the non-autogenous product of choice, and some interesting views were vented over its safety, a big issue in Europe because of BSE (mad cow disease).

Two more notable conferences coming up in Europe later this year are the EAO annual congress in Milan, Italy, September 14-15; and London 2001, an international implant congress in London, UK, October 12-13.

Information on the EAO congress, is online at www.eao.org and for London 2001 at www.adi.org.uk. In the meantime, we will continue to drum up European support for next year's AO Annual Meeting, which we always look forward to with great anticipation.

Michael R. Norton, a member of the Board of Editorial Consultants of Academy News, is the UK officer for the International Relations Committee and one of AO's first British members. He operates a dental implant practice in London.



AO continues to grow, as general dentists have integral role

By Dr. Peter K. Moy
Chair, Membership Committee

As AO's membership has grown from 742 in 17 countries a decade ago to over 4,300 in 70 countries



Dr. Peter Moy

today, general practice dentists have had an increasingly important role.

AO President Dr. **Dayn C. Boitet**,

Orange Park, FL, was the first general practice dentist to become an active member of the Academy when it changed membership requirements in 1989. During the first three years after its founding in 1986, Academy membership was open only to specialists in one of three areas—periodontology, prosthodontics, or oral maxillofacial surgery. In those early years of implant dentistry, dental schools offered general dentists little or no formal education in the field.

Active membership is now open to any dentist, physician, or other basic scientist in implant dentistry. **Affiliate** members do not have to demonstrate a similar level of proficiency in implant dentistry. Affiliates may include certified dental technicians, nurses, auxiliary personnel and technical representatives of manufacturing companies with an interest in implant dentistry.

Other categories of membership are **Student**, for students or residents up to one year after their programs are completed; **Life**, a membership status granted by special vote of the Board of Directors; and **Fellows**, a membership status that recognizes active service to the Academy by meeting a series of objective criteria

... continued on page 14

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continued from page 13

approved by the Membership Committee and the Board of Directors. Until a few years ago, only specialists could become Fellows, but that category of membership is now open to general practice dentists as well.

As of July 2001, prosthodontists are the largest group in AO's active membership base with 994 members, followed closely by periodontists (936), oral and maxillofacial surgeons (898), general practitioners (736) and those who give no specialty (601, mostly students).

Membership benefits include: a subscription to *The International Journal of Oral & Maxillofacial Implants*, tracking the latest developments in osseointegration; *Academy News*, providing information on the Academy's current activities and achievements; notification and early registration for the Annual Meeting, the annual Academy Membership Directory; access to the largest network of contacts in implant dentistry today; new regional meetings that enable members to continue the networking started at the Annual Meeting.

The future of any organization is determined by its members, and the lifeline is bringing in quality new members. The "Member-Get-a-Member" recruitment campaign generated over 300 new members from November 2000 to March 2001, resulting in the largest number of new members in five years. At the AO's 16th Annual Meeting in Toronto, the Academy thanked its top new member recruiters by awarding a gold pin to **Dr. Dong-Seok Sohn**, Taegu City, Korea, for bringing in 12 new members, and silver pins to Drs. **Arnold S. Weisgold**, Philadelphia, PA (9 new members), **Paul A. Schnitman**, Wellesley Hills, MA (6 new members) and **Lara L. Scruggs**, Gainesville, FL (6 members).

The Membership Committee has decided to continue the "Member-Get-a-Member" campaign, building on our success over the past year. We will include additional incentives for members who recommend AO membership to their friends and colleagues.

New student members as of April 2001

Alexandre Aalam, DDS, Encino, CA
Khalid S. Al-Abidi, BDS, Gainesville, FL
Sundos AJ Al-Awadhi, BDS, Boston, MA
Jassim A. Al-Maseeh, BDS, Philadelphia, PA
Mohanad Al-Sabbagh, DDS, Amherst, NY
Francine E. Albert, DMD, Toronto, Canada
Fawzi Ali AlGhamdi, BDS, MS, Fort Lee, NJ
Aziz J. Aliev, DDS, Pittsburgh, PA
Fahad H. Alkahtani, DDS, Edgewater, NJ
Raed K. Aloul, BDS, Gainesville, FL
AbdelHadi A. Alzelzeleh, DDS, Gainesville, FL
Vana Andreou, DDS, Toronto, Canada
Jose I. Arauz-Dutari, DDS, Rochester, NY
Mansoor Ashraf, DDS, Manhasset, NY
Nikolai Attard, BChD, Toronto, Canada
Reva M. Barewal, DDS, San Antonio, TX
Ziad E. Batrouni, DDS, New York, NY
Davide Bencivenni, DDS, Buffalo, NY
Eran A. Berenstein, DDS, Pembroke Pines, FL
Lior Berger, DMD, Buffalo, NY
Giuseppe Bianco, DDS, New York, NY
Robert Bouclin, DMD, Quebec City, Canada
Myra J. Brennan, DMD, Chestnut Hill, MA
Jean-Francois Brochu, DMD, Toronto, Canada
Jason G. Burns, BDS, Kingston, UK
Brian C. Butler, DDS, Dallas, TX
Aaron B. Carner, DMD, Lexington, KY
William E. Carroll, DMD, Lexington, KY
Paulino Castellon, DDS, New Orleans, LA
Jeffrey Ceyhan, DDS, Seattle, WA
Harinderpal S. Chahal, DDS, Bronx, NY
Elena L. Cheshankova-Kostova, BDS, MSc, Boksburg, South Africa
John L. Chiou, DMD, Boston, MA
Susannah A. Choi, DDS, Jacksonville, FL
Brad Crump, DDS, MS, Dallas, TX
Robert Troup Davis, DDS, Trenton, FL
Anne E. Day, DMD, Philadelphia, PA
Luigi De Carolis, DDS, New York, NY
Marina Rose De Castro, DMD, New York, NY
Edmond A. Demirdjan, DDS, Middle Village, NY
Luis D. Diaz, DDS, Loma Linda, CA
Cecilia Dong, DMD, BSc, Toronto, Canada
Herlin K. Dyal, DDS, South San Francisco, CA
Ahmad A. Ekrouf, DDS, Williamsville, NY
Miguel Estrella, DDS, Loma Linda, CA
Domna Evangelidou, DDS, MSc, Columbus, OH
Neer Even-Hen, DMD, Rochester, NY
Yoav Finer, DMD, PhD, Toronto, Canada
David M. Gardner, DDS, Westbury, NY
Wael N. Garine, BDS, Rochester, NY
Brian L. Gear, DMD, Gainesville, FL
Ashraf S. Ghoneim, BDS, Amherst, NY
Rogério Sampaio Gilberti, Sao Paulo, Brazil
Jose E. Gonzalez, DDS, Greenwood, IN
Edgar Grageda, DDS, Redlands, CA
Joshua P. Grant, DDS, Amherst, NY
Alabbas Hamiduddin, DDS, Philadelphia, PA
Brody J. Hildebrand, DDS, Dallas, TX
Nathan E. Hodges, DDS, Dallas, TX
Marianne Hoffmeyer, DDS, Houston, TX
Chang-Soo Hong, DDS, Kim Hae, South Korea
Debbie L. Hoskins, DMD, Gainesville, FL
Chia-wen Hsieh, DDS, Philadelphia, PA
Adnan A. Husain, DDS, Buffalo, NY
Jae-Woong Hwang, DDS, MSD, Boston, MA
Anas S. Jan, BDS, TMD, Malden, MA
Bundhit Jirajariyavej, DDS, MSc, New Orleans, LA
Brenda M.C. Joy, DDS, North York, ON
Min-Sok Kang, DDS, Rochester, NY
Pilgoo Kang, DDS, Pittsburgh, PA
Tae-Heon Kang, DDS, Philadelphia, PA
Fumio Kanno, DDS, Philadelphia, PA
Marianthi Karakasidou, DMD, New York, NY
Andrew B. Kay, DDS, Toronto, Canada
Eunghwan Kim, DDS, Baltimore, MD
Hyeongil Kim, DDS, Williamsville, NY
Hyesung Kim, DDS, New York, NY
Ki-Young Kim, DDS, Incheon, Korea
Pilsong Kim, DDS, Loma Linda, CA
Sung Ryul Kim, DMD, Framingham, MA
Stephen Kowalczyk, DDS, Bronx, NY
Dimitrios J. Kremmydas, DMD, Boston, MA
Jennifer A. Kushner, DDS, Toronto, Canada
Priscilla Kwong, DDS, Philadelphia, PA
Eric Lacoste, DMD, Ste Foy, Canada
Leslie P. Laing Gibbard, DDS, PhD, MSc, Toronto, Canada
Emilie Larrazabal, DMD, Glen Mills, PA
Maria Lavda, DMD, Columbus, OH
Marisa Leandro, DDS, Rockville, MD
Dae Hyun Lee, DDS, Seoul, South Korea
Kelly Yun-Kyung Lee, DMD, Philadelphia, PA
Neal Erik Lemmerman, DMD, Lexington, KY
Dina A. Lew, DDS, MD, Cerritos, CA
Mark T. Litterer, DMD, Lexington, KY
Chiun-lin Liu, DDS, Bala Cynwyd, PA
Daniele Muniz Lolola, Sao Paulo, Brazil
Roberto Luongo, DDS, Astoria, NY
Robert H. Lyford, DDS, San Antonio, TX
Adolfo S. Magalhaes, DDS, New York, NY
Leo A. Massaro, DDS, Indianapolis, IN
Robert Mehanna, DMD, Boston, MA
Dario A. Miranda, DDS, Chicago, IL
Dae-Hee Moon, DDS, New York, NY
Sonia C. Morgan, DDS, Bradford, MA
Dimitrios Mylonas, DDS, MSc, Carrboro, NC
Moshe Neuman, DDS, DMD, BMedSc, MS, Rochester, NY
Hoang T. Nguyen, DDS, Columbus, OH
Fred J. Norkin, DMD, Aventura, FL
Ryotaro Ozawa, DMD, Nagoya, Japan
Jun-Ho Park, DDS, Seoul, South Korea
Sang E. Park, DDS, Boston, MA
Michael Pikus, DDS, Forest Hills, NY
Sandra G. Pokhai, BS, DDS, New City, NY
Panagiotis C. Psychogios, DDS, Buffalo, NY
Alexandra Raut, DMD, Bronx, NY
Christopher O. Register, DDS, Bethesda, MD
Kenneth D. Rubinstein, DMD, Davie, FL
Nestor A. Schejtman, DDS, Rochester, NY
Luigi Schiboni, MD, DMD, Miami, FL
Robert M. Schulman, DMD, Farmington, CT
Andreas Sfakianakis, DDS, MDS, Iraklion, Greece
A. Hossein Shahrabi, DDS, Gainesville, FL
Michael J. Shannon, DDS, Metairie, LA
Anupama Sharma, DDS, White Plains, NY
Irit Shoval, DDS, Thornhill, Canada
Ziv Simon, DMD, Toronto, Canada
Michael D. Singer, DMD, New York, NY
Harinder D. Singh, DDS, Jacksonville, FL
D. Scott Skinner, DDS, Augusta, GA
Donald A. Somerville, BSc, DMD, Dallas, TX
Maggie C. Tantraphol, DMD, Boston, MA
Catherine Theocharopoulou, Athens, Greece
Vasiliki Tsakalelli, DDS, Buffalo, NY
Luzia Sakaguti Umetsubo, DDS, Jacarei, Brazil
Kiyotaka Umezui, DDS, Loma Linda, CA
Francesca Vailati, MD, DMD, New Britain, CT
Eyal Venezia, DMD, MSc, Jerusalem, Israel
Leandro Viera, DDS, Lages, Brazil
Maria Sheryl J. Villareal, DMD, New York, NY
Alvaro Farnos Visedo, DDS, Loma Linda, CA
Kevin B. Wallace, DMD, Gainesville, FL
J. Desmond Ward, DDS, New York, NY
Melinda P. Warren, Carrboro, NC
Colleen Watson, DDS, Brooklyn, NY
Theodore C. Weesner, DDS, Oak Harbor, WA
Richard A. Williamson, DDS, Lincoln, NE
Karen K. Wolf, DDS, Iowa City, IA
Fong Wong, DDS, Bedford, MA
Sun-Kyong Yoo, DMD, New York, NY
Hyung-Ui Yoon, DDS, Fort Lee, NJ
Nadeem Zafar, BDS, MSc, Camberly, UK
John P. Zarb, DDS, Toronto, Canada
Richard L. Zimmerman, DDS, Rockville, MD
Paul-Henry Zottola, DMD, Rochester, NY

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