

# AAID News

WINTER 2010

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY



## Editor's Notebook

David G. Hochberg, DDS  
Editor, AAID News



The large number who attended AAID's Annual Meeting in New Orleans experienced "lagniappe" (that little bit extra) at its finest. The Scientific Programs were so outstanding that many had trouble pulling themselves away from the Main Podium programs to attend Limited Attendance Workshops they had already paid for. Thanks to **Drs. Emile Martin, Shankar Iyer and Beverly Dunn** for planning such an outstanding meeting. AAID Headquarters' Staff executed it to perfection.

I am looking forward to next year's meeting in Boston, October 20 – 23, where we will find out how to "Navigate Zones of Implant Dentistry: Complications, Confidence and Comfort." ▀

## Clinical Bite

### Rehabilitation of relocated implants

*Editor's Note: The following was the winning Table Clinic presentation at the 2009 AAID Annual Meeting held in November 2009 in New Orleans. Congratulations to Gilbert Tremblay, BSc, DMD, of Pierrefonds, Quebec, Canada.*

#### Abstract:

In the following case study, three implants placed in a dysfunctional and non-esthetic position have been successfully relocated. A comprehensive dental rehabilitation was performed on the patient to restore masticatory functions and dental esthetic. The goal of this study is to



**Gilbert Tremblay, BSc, DMD**

develop surgical techniques to successfully relocate dental implants rather than replace them.

#### Introduction:

A 55 year-old patient comes in with a treatment requisition given she cannot speak properly or chew with her restored dental implants.

She also states having a tooth (#11) located "at the back of her dental arch" causing discomfort.

The clinical exam reveals 7 dental implants located in the edentulous space of teeth #16 to 22. Implant #11 is in fact positioned on the palate and is lying against the floor of the nasal cavity. This implant presents a bone dehiscence on the buccal surface. Implants #21 and 22 are almost in contact at the occlusal 1/3 and are mostly located at the apical portion compared to the rest of the teeth. All these prosthodontic implant

see **Clinical Bite** p. 12



**Figure 1-2: Patient' 3D radiographic reconstruction**



# President's Message

By Joel L. Rosenlicht, DMD  
President, American Academy of Implant Dentistry

For those of you who were not able to attend our recent Annual Meeting in New Orleans, you missed a wonderful opportunity to reconnect with friends and colleagues and participant in a wonderful educational experience. My congratulations to Dr. Beverly Dunn, our Past President, and all the members of the annual meeting committee who did a great job making this a truly successful meeting in times when doing so is getting more difficult.

It is a great honor that I have been inducted as president of the oldest and most influential Academy in implant dentistry.

I accept the presidency of this organization with a lot of humility. There have been many wonderful and effective leaders who have preceded me, as well as many members who have played an important part in my AAID career. I want to thank all of them — too many in numbers to mention — for all the support and encouragement they have given me.

As we enter the 59th year of this organization, it

humbles me to think that my membership began in 1983. For over 25 years the impact of the AAID on my career, its influence on my professional development, the friendships and successes that I have achieved, seem so integrally wrapped up in this organization and what it continues to offer to all its members. I am glad to have taken advantage of these opportunities. One of my goals for our future is that more of you — all our members — are able, interested, and look to the AAID to meet their career goals.

My specific goal and objectives for the coming year are to continue to secure the place of AAID as the premier implant organization, working with all disciplines of dentistry. We will continue to provide more educational opportunities, while offering leadership and support to our membership. I believe our credentials and our educational opportunities through District Meetings, Maxicourses®, Annual Meetings, multiple hands-on programs and especially our sponsorship of the ABOI/ID remain vitally important.

The public and the dental profession need to be aware of our purpose and all we offer. Our Research Foundation and *Journal of*

*Oral Implantology* continue to grow in size and influence though wonderful efforts of the Research Foundation Chairman, Dr. John Minichetti and our *Journal* Editor, Dr. James Rutkowski.

It would be a wonderful goal — one I am hoping to reach — to increase the number of our members who obtain their Associate Fellow or Fellow membership in the AAID and encourage them and all our qualified members to become Diplomats of the ABOI/ID.

As many of our dental specialties start educational programs in implant dentistry, we stand well poised to provide all the support and education they will need to achieve competence and comfort in both surgical and restorative aspects of implant dentistry (Shameful plug follows: Our theme for the 2010 AAID Annual Meeting is “Navigate Zones of Implant Dentistry: Complications, Confidence and Comfort.” Be sure to attend October 20 – 23 in Boston. I hope to see you all there).

As an organization we wish to remain inclusive to all those who want to join us. I look forward to having the AAID be the common ground and platform for the voice of implant dentistry.

We continue to provide meaningful programs abroad for our international members. A lot of credit needs to be given to our Global Committee Chairman, Dr. Nick Caplanis.

We look forward to adding to our membership many of these international  
**see President's Message p. 10**

## AAID NEWS

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AAIDNEWS is a quarterly publication of the American Academy of Implant Dentistry. Send all correspondence regarding the newsletter to AAID, 211 East Chicago Avenue, Suite 750, Chicago, IL 60611.

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## Business Bite

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*loss in your jaw when teeth are missing. Over time, bone loss distorts your appearance, which is obviously something you don't want, and we don't want. Implants are the best way to keep bone loss from occurring and altering how you look."*

### 4. Make it clear that case completion time is often less than in the past

Patients are accustomed to short-term treatment procedures, such as cavity restorations. When implants became part of the dental landscape in the 1980s, the majority of dental implant cases required six to nine months to complete. This was an inhibiting factor

for doctor motivation and patient case acceptance. That's often not true any longer — although patients may not know it.

*"Mrs. Jones, did you know that advances in dental implant systems have decreased treatment time significantly? The majority of cases are now completed in 12 to 16 weeks or less depending on the system used."*

By incorporating scripts like this, implant dentistry becomes a more desirable and attractive treatment choice for patients.

### 5. Appeal to the aging baby boomer population

The market for implants gets larger every year as baby boomers continue to age. Never has an age group been so well disposed to implants. This generation places a premium on the quality of life and appearing young. Consequently, dental implants meet their requirements much more so than dentures and/or bridges with their inherent limitations.

Consider an implant patient of about 60 to 65 years of age. This person came of age in the era of Woodstock, amid the birth of a very prominent youth culture. When they think of dentures, they think of a pair of "choppers" in a glass of water beside the bed — the sort of thing they saw in situation

comedies. It's not how they want to venture into old age.

*"Mrs. Jones, you look very young for your age. As you know, a great smile is a complement to a person's appearance. Dental implants are an excellent way to build a better smile and appear younger as well! No one ever knows you have implants. There is no possibility of embarrassing slippages, like with some traditional dentures."*

### Conclusion

With economic conditions expected to improve over the next few years, you should see an subsequent increase in patient interest about implants. As we know, implants are a highly effective procedure with many patient benefits. You understand that it is faster, it is less complicated and there are fewer contraindications. To achieve consistent implant case acceptance, patients must understand these benefits as well.

Scripting and patient education are two key systems that will enable practices to enjoy the highest implant production growth during the economic recovery. As we have seen with our clients, implant practices have the potential to expand at a pace of 15-20% per year in a good economy. Your implant practice can experience that same growth! ▀

## President's Message

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students and dentists who do make substantial sacrifices to be active members and support our meetings and the Academy.

The districts and their bi-annual programs they provide continue to enhance the relationships of our members and the camaraderie we are known for. It is a great way to become more involved with the AAID by being more active and recognized at the District level. It's the District organizations that allow the AAID to be connected to the Headquarters Office and our members. I challenge the Districts to continue to work together in our efforts to welcome new members and strengthen our cause.

We are in challenging economic times; our practices and families are, and should remain, our priority. We will explore alternative

means to continue being more relevant and meaningful to you through:

- Online Courses
- Treatment Planning Opportunities
- Membership benefits, etc.

We have a wonderful and very available Headquarters Office. Please take advantage of all our resources. Be proud of what the AAID is. I know I am. With our past, present and future leaders committed to AAID, our future is bright and exciting.

Thank you for the opportunity to serve you and our Academy. I will do my best to help guide us. I look forward to a great year for all of us.

Please feel free to contact me for any issues or concerns you may have to make the AAID a more meaningful organization for you. Have a great year, and I look forward to the upcoming District meetings and next year's Annual Meeting in Boston. ▀